BCNU UPDATE is published six times each year by the BC Nurses’ Union, an independent Canadian union governed by a council elected by 26,000 working nurses from across the province. Signed articles do not necessarily represent official BCNU policies.

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BCNU is affiliated with the Canadian Federation of Nurses Unions.
responded with increased issue-oriented political action. While maintaining our non-partisan status, we have ensured the issues of nurses have been well communicated to the public and politicians, during times of election, and on an ongoing basis. The credibility of nurses continues to be high. Our lobbyists combine this credibility with the campaign voices of nurses across the province to influence health policy by communicating to our stakeholders the experience of providing patient care from the frontlines. And oh what campaigns they have been! The pride, the commitment and the unity shine through in the faces of everyone who participated in those campaigns.

But what of the future? On this day, our history has positioned us as a strong voice of influence, and a vehicle for member organizing and action. Let’s build on that. Our strategic plan (see page 28) lays out a comprehensive plan for the next three years, which will focus on:

- strengthening medicare and fighting privatization, including organizing new worksites
- strengthening our organization, including successorship planning and developing new activists
- improving the working conditions of all members.

We have our work cut out for us. Including and recognizing the role of students, our retirees, members on LTD and the multicultural diversity of our membership to the continued strength of BCNU is vital. Equally important is the role that each of you, the membership, play in keeping BCNU strong. BCNU is the work of three generations of nurses, and we congratulate and thank every one of them for their contribution. We owe it to all those activists; to ourselves, to keep the vision vital and moving forward. Future generations depend on it.

Twenty-five years is one landmark in history worth celebrating. There are many more to come. Be an active part of our future.

WE are the BCNU – 25 years STRONG.
BCNU ELECTION
Three candidates are vying for the position of BCNU president in elections to be held in May.

The candidates are Julian Finn, a steward at Richmond Community Services, incumbent BCNU president Debra McPherson and Patt Shuttleworth, a former BCNU vice president from Cranbrook.

Information about the candidates is posted on the BCNU website. It will also appear in the next Update and will be mailed to members in April along with information about how to vote using our televoting system.

BCNU vice president Anne Shannon was re-elected by acclamation.

BCNU WINS RNs’ WAGES AT MAYFAIR MANOR
In February, BCNU successfully pressured the provincial government and the Fraser Health Authority to cover wages and benefits owed to nurses and other staff at Port Coquitlam’s Mayfair Manor, a privately-owned long term care home, which is teetering on the brink of financial insolvency.

“We are pleased the health authority and the ministry of health have understood the necessity of doing the right thing for the employees of Mayfair Manor,” says BCNU president Debra McPherson.

“These employees are to be congratulated for standing by their frail elderly residents out of a sense of professional duty, even though they had received no encouragement from the employer that they would ever be paid again.”

In a letter to health minist-

Meeting boosts long term care nurses’ profile

BCNU has stepped up its efforts in support of long term care nurses with a well-attended forum in Vancouver that may become an annual event.

More than 130 RNs from 36 Lower Mainland long term care facilities met with BCNU president Debra McPherson and their regional chairs to discuss a wide range of contentious work issues, including skill mix problems, rising acuity rates and increasing privatization and decertification since the BC Liberals implemented Bill 29 in 2002.

The chairs had issued an open invitation to all long term care nurses in the Lower Mainland to attend.

The nurses described in detail the problems they face every shift while trying to deliver quality care to residents at their understaffed facilities. Major issues include workload, shortage of registered nurses and difficulty in meeting practice standards.

BCNU PRESIDENT Debra McPherson meeting with Vancouver-area long term care nurses.

McPherson and BCNU executive treasurer Mabel Tung also spoke about BCNU’s growing multicultural network and encouraged members to get involved with the group and to attend and participate at their BCNU regional meetings.

The message at the event was the need to speak out about the concerns of long term care nurses and to share their experiences with other nurses wherever and whenever possible. McPherson thanked Central Vancouver co-chair Mebrat Kebede and the other Lower Mainland chairs for organizing the informative and fun evening, which included a delicious 10-course Chinese dinner.

MAKING NEWS

Supreme Court hears Bill 29 challenge

The Supreme Court of Canada heard the legal challenge mounted by three BC health care unions against Bill 29 on February 7.

The unions – BC Nurses’ Union, HEU and BCGEU – argued certain aspects of collective bargaining are protected by the freedom of association provisions contained in the Charter of Rights and Freedoms.

BCNU president Debra McPherson says that Bill 29 affects the ability of registered nurses and registered psychiatric nurses to care for their patients.

“Bill 29 eliminated training opportunities, restricted the movement of nurses to new positions and caused the lay-off of hundreds of nurses, putting patients at risk, particularly seniors in long term care.”

The Supreme Court is not expected to hand down a decision for several months.

The unions’ challenge involves both the equality and freedom of association provisions of the Charter.

When the Court granted leave to appeal last April, the unions’ lead counsel, Joseph Arvay, said that the move was significant because the Court had
Liberals push private health care

THRONE SPEECH SIGNALS HIGHER COSTS TO PATIENTS, GIVING PRIORITY TO THOSE WHO CAN AFFORD TO PAY

The provincial government has signaled plans for a greater role for private, for-profit medical entrepreneurs in the delivery of health care in BC, resulting in a system offering priority service to those who can afford to pay.

Under the guise of “upgrading” the Canada Health Act, February’s Throne Speech represented a shocking manifesto for the dismantling of publicly-funded, publicly-delivered medicare in this province, contrary to the wishes of British Columbians, says BCNU president Debra McPherson.

“Adding the word ‘sustainable’ to the Canada Health Act can mean only one thing: the government will decide what’s sustainable to cover under the public system. Anything beyond that, the government will strip from coverage under medicare and force patients to pay out of their own pockets.”

In fact, the percentage of Canada’s national income spent on health care over the past 30 years has not changed significantly and is similar to other western industrialized countries, except the United States where costs are considerably higher.

“It is ironic in the extreme,” adds McPherson, “for a government that is boasting record surpluses and revenues, and that began its term in office providing huge tax cuts to the wealthiest citizens and corporations, to now come and declare that health care spending is not sustainable.”

While the premier and health minister want to spend taxpayer’s money on “fact-finding” junkets to find out about health care systems in Sweden, Norway, France and the United Kingdom, the government would be better off touring British Columbia and speaking to nurses and patients about their health care solutions, McPherson says.

“Many of the problems in our health care system today are the result of the closing of hundreds of hospital and long term care beds and entire facilities in the early years of this government’s mandate.”

CLARIFICATION

The article about threats to medicare in the January 2006 Update referred to “double-dipping” at various private surgery clinics.

The article referred to the practice by which some surgeons have been billing MSP for surgeries they perform at the clinics. The clinics then collect a “facility fee” from the patient for the same procedures. The practice has been admitted by some clinics and confirmed by the provincial government.

In one instance which came to our attention, BCNU legal counsel persuaded a private clinic to reimburse a $3,000 fee paid by a BCNU member, whose surgeon had already billed MSP for her procedure.

While this form of double-dipping may be widespread, the article did not mean to suggest that all surgeons are engaged in this practice.
B CNU held its last three regional bargaining conferences in early January. Nurses from BCNU’s Fraser Valley, South Islands and Coastal Mountain regions gathered to discuss bargaining priorities and to hear presentations from president Debra McPherson and Gary Fane, BCNU’s new executive director of negotiations and strategic development.

“It was a very good meeting,” says Fraser Valley chair Linda Pipe. “We learned a lot and had fun. The evaluations show that Debra and Gary were very well received by our members.”

“After talking with members across BC,” says McPherson, “I feel very confident about bargaining. We have lots of strong activists and our members are always there for our bargaining committee if we need to call on them.”

Like most BCNU members, Fraser Valley nurses picked wages and workload as their top two bargaining priorities. “Our number one priority is for a wage increase, which will lead to better pensions when we retire,” says Pipe.

“Our second priority is for nurse/patient ratios, which includes workload measurement tools for all sectors and will lead to safer workplaces.”

The info collected from members at the 16 regional bargaining conferences makes up a critical part of the planning and preparation that goes into our union’s bargaining strategy. The next Update will include highlights of BCNU’s 2006 Bargaining Conference held in Vancouver on February 28 and March 1.

Visit www.bcnu.org for bargaining updates.
1 Lion’s Gate Hospital RN Peggy Mitchell (Coastal Mountain). 2 Abbotsford Home Care RN Laurie Strocel (Fraser Valley). 3 South Islands regional bargaining delegates. 4 South Islands co-chair Jacqui Ferrier. 5 Mission Mental Health RN Jacqui Thesen (Fraser Valley). 6 Debra McPherson with Fraser Valley regional bargaining delegates. 7 From left, BCNU president Debra McPherson, Fraser Valley chair Linda Pipe and BCNU executive director of negotiations and strategic development Gary Fane. 8 From left: Lori Ann Locken, Josefa Aquino, Holly Meadows, Lydia MacDonnell, Leslie Zinger, Patricia Milloy (South Islands). 9 Coastal Mountain chair Becy Seet. 10 BCNU executive director of negotiations and strategic development Gary Fane at the South Islands regional bargaining meeting. 11 Coastal Mountain regional bargaining delegates. 12 From left, Fraser Valley chair Linda Pipe and Fraser Valley steward coordinator Joyce Seniuk.
BCNU: Twenty-five years strong

On June 11, 1981, 200 nurses from across the province gathered in the ballroom of Victoria’s Empress Hotel to participate in the first annual convention of the British Columbia Nurses’ Union and to celebrate its legal separation from the Registered Nurses Association of BC.

“It was exciting to be at our first convention,” recalls former BCNU vice president and regional chair Sheila Blaikie. “We had a sense of making history. A lot of people there believed our new union would help move our profession ahead while also improving our wages, benefits and working conditions.”

“One of this union’s constitutional objects is the promotion of the highest standards of health care,” Wilma Buckley, BCNU’s first elected chairman (the title of president wasn’t adopted until 1988) told convention delegates. “What we achieve at the bargaining table goes a long way toward raising those standards, toward improving the quality of care.

“If the collective agreement assists nurses to obtain continuing education to update skills and knowledge – then standards of care will be raised. If professional responsibility clauses become a reality in BC – then standards of care will be raised. If better wages and benefits attract more people into the profession, and help alleviate the nursing shortage – then standards of care will be raised. If contract language protects nurses from working seven straight days, when fatigue can put them at risk – then standards of care will be raised.”

Nora Paton, BCNU’s first chief executive officer and a driving force behind the founding of our union, told delegates that “nurses now have a strong organization to represent their concerns in the workplace; and we’re getting stronger and better at what we do.”

BCNU has changed significantly since our historic first convention. We’ve grown in size from 16,000 to 26,000 members. We’ve evolved from a relatively conservative organization that emerged from RNABC to become a grassroots, member-driven union. For example, BCNU’s elected president didn’t become a full-time paid officer until the late 1980s. Until then, most public outreach, including lobbying the government and speaking to the media, was conducted by senior staff members.

Today, we’re also a more democratic and open union, with our president and other executive committee members elected by all 26,000 members, instead of by several hundred convention delegates. In the past 25 years, frontline hospital nurses’ top wages jumped from $12.05 to $33.46 per hour.

We’ve also transformed ourselves from an organization focused mainly on negotiating contracts, handling grievances and other labour relations issues into a union that champions a wide variety of social justice issues and is one of our country’s most respected...
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and outspoken defenders of public health care.

“We’ve made dramatic changes over the past 25 years,” says current BCNU president Debra McPherson, who attended the 1981 convention as a young steward from UBC Hospital.

“We’ve seen wages, benefits and working conditions improve considerably. We’ve now brought nearly all our members under one collective agreement.

“We ensured there were no longer any second-class nurses as there were in 1981, when most long term care nurses earned far less in wages and benefits than hospital nurses. Unfortunately, some of those inequities have reappeared since the Liberals implemented Bill 29.

“We’ve also moved to the organizing model, which puts decision-making power into the hands of nurses in their workplace. We’ve implemented a popular education model and we’re reaching out to nursing students and young nurses. We’ve launched a new multicultural committee, because we recognize that as the face of BCNU’s membership changes, the face of our activists and leaders must also change.”

“BCNU has given nurses a sense of their own power,” adds Ivory Warner, BCNU’s president from 1994 to 1998. “Our union is now a place where you work in long term care, the community or in a hospital – have a home, a place where their problems and issues are recognized by everyone.”

“We’re now a grassroots organization where everyone has the right to have their voice heard,” says current BCNU treasurer and VGH nurse Mabel Tung. “You can attend convention and bargaining conferences and speak your mind about the direction you would like to see our union head.”

“I think that one of our most important accomplishments,” says Wilma Buckley, who served as president until 1984, “has been to successfully promote a positive profile of working nurses to the broader community. Nursing is now seen as an honourable, full-time profession. It’s no longer something that little girls do until they’re married.”

NURSING LABOUR HISTORY, PRE-1981

Improving the lives of working nurses began long before BCNU’s first historic convention. But without a union advocating on nurses’ behalf, progress was slow.

The RNABC resisted calls from members to begin collective bargaining for nurses around the province until 1946, when Vancouver General Hospital nurses voted to join the Hospital Employees Federal Union (now HEU). After RNABC reversed its decision, St. Paul’s Hospital became its first certification, followed by several other Lower Mainland facilities.

In 1951, Evelyn Hood, a public health nurse, became RNABC’s first full-time director of personnel services and helped negotiate separate collective agreements with 17 hospitals and five public health departments. Wages for RNs at the time ranged from $180 to $218 per month.

BCNU’s founding was sped along by BCNU members participated with a broad-based coalition in 1983’s massive Operation Solidarity campaign. It was launched to oppose Premier Bill Bennett’s Social Credit government’s draconian “restraint” program.

WILMA BUCKLEY
BCNU’s first president and former Trail Regional Hospital RN

“When I was BCNU president [from 1980 – 1984] I continued to work as a full-time nurse at Trail Regional Hospital, first as a team leader on the surgical ward and then as a head nurse. The president of BCNU didn’t become a full-time, paid position until the late 1980s, and our Chief Executive Officer, Nora Paton, usually spoke on behalf of nurses to the government and also to the media on a day-to-day basis.”
a landmark 1973 Supreme Court of Canada decision. The court ruled that the board of the Saskatchewan Registered Nurses’ Association could be unduly dominated and influenced by management nurses and therefore shouldn’t also be the nurses’ bargaining agent. That judgment soon led to the formation of the Saskatchewan Union of Nurses and other Canadian nursing unions.

In 1976, the RNABC Labour Relations Division, with Nora Paton as its head, was formally established to bargain for nurses. The LRD had its own elected governing body, separate staff and funding. Erica Preddy became its first chairman. She was followed in 1978 by Doris Shepard and Wilma Buckley in 1980.

The RNABC and its LRD formed a joint committee to study the issue of separation in 1980. It unanimously recommended the two bodies separate completely.

In February 1981, the division held a special founding convention. Although the vote to become BCNU was a foregone conclusion, the day wasn’t without drama. “During the final motion to separate from the RNABC and become a union,” recalls Buckley, “members supported the motion unanimously. But a delegate fainted during the vote. We went to her rescue – we’re a bunch of nurses after all – and she was removed on a stretcher. That caused quite a commotion and forced us to take another vote – which also passed unanimously.”

1981
Delegates to BCNU’s first annual convention took time out of their busy schedule to march on a Victoria Weight Loss Clinic in support of striking nurses. In fact, BCNU’s first picket lines went up in front of seven BC Weight Loss Clinic centres in 1981. After nine months on strike, the members won a 22 per cent wage increase.

1983
In 1983, BCNU negotiated its first Master Collective Agreement. It provided marked improvements in rights and benefits, mostly covering nurses working in acute care facilities. Throughout the 1980s, the number of members and facilities covered by the MCA continued to increase.

Also in 1983, BCNU participated in a province-wide firestorm of protests against Premier Bill Bennett’s draconian “restraint” program. A coalition of unions, including BCNU, and community groups launched Operation Solidarity to fight the legislation, which included elimination of human rights protections and the drastic curtailing of public sector collective bargaining rights.

THE CHANGING FACE OF BCNU MEMBERSHIP

BCNU’s multicultural committee held its founding meeting in 2005. “It was an exciting meeting,” recalls BCNU treasurer and VGH nurse Mabel Tung, who chairs the group. “We had 50 nurses from diverse backgrounds talking about the future of BCNU and their place in it. Having a multicultural group supported by BCNU shows members that we are an inclusive organization that represents everyone.

“It’s critical for BCNU to address issues that are specific to nurses from visible and invisible minorities,” agrees BC Cancer Agency nurse Petra St. Pierre. “The face of BCNU is changing and it has to be reflected throughout the organization.”

Tung says statistics reveal that in 2001, 31 per cent of British Columbians and 49 per cent of Vancouverites have a visible minority background. In BCNU, in 2001, 17 per cent of members were from a visible minority – but only 6.3 per cent are in BCNU leadership positions.

“It’s important to support members of visible minorities in getting involved in BCNU and also to develop the skills they need to help build our union,” says Tung.

BCNU’s treasurer also would like to see more members speaking out in the ethnic media. “We need more nurses talking to their own communities about issues,” she says. “We need to do a better job promoting BCNU and our issues in those communities.”

HELEN GRACE SIOSON
Steward and Fair Haven Home RN

“BCNU’s Young Nurses Conference [in 2002] was one of my proudest moments. To be part of a union that’s trying to recognize different groups and bring them together, celebrating what we are, it’s just amazing. Similarly, BCNU’s multicultural group was my door to get out of my shell and recognize my potential to do things, no matter what your background or where you trained. Knowledge is power, and being involved in BCNU empowers me and the other members of my facility.”
Help us improve BCNU’s records by emailing the names of unidentified members you recognize on these pages to dtatroff@bcnu.org.

1 Vancouver rally, 1983. 2 BCNU president Colleen Bonner. 3 Solidarity March, 1983. 4 Home nursing visits include many types of special services and nursing care, 1987. 5 BCNU labour school RNs Eva Marie Marchioro (front) and Susan Epp, 1988. 6 BCNU members at Operation Solidarity rally, 1983. 7 BCNU’s Fifth Nurses’ Master Agreement. 8 Victoria rally, 1983. 9 RN Nancy Dobie. 10 Helene Greenaway (right) with unidentified delegates, 1983. 11 BCNU vice president Beth Ann Derksen holds banner at rally to protest Mulroney government policies, 1985. 12 Nurse Janice Swanson supporting locked out Vancouver theatre employees, 1984.
In late July, BCNU president Wilma Buckley was a keynote speaker when nurses joined 20,000 other protesters on the lawn of the legislature. “The government has launched an attack on citizens — subverting rights, destroying vital services, putting people second to an anti-social philosophy,” she told the crowd. “That is intolerable. Nurses are for putting an end to it. This is why we are here today, to fight for people.”

PARITY FOR LONG TERM CARE NURSES
In the early 1980s, BCNU launched a campaign to organize nurses working at non-union long term care facilities.

That important campaign was the first step in a process that put BCNU on the map as a union at the forefront of the struggle for social justice. BCNU’s goal was to bring the wages, benefits and working conditions of underpaid and unorganized nurses up to the same standards as their hospital colleagues.

BCNU hired three labour relations officers to run the campaign. “When we started, long term care nurses had terrible working conditions and earned 30, 40 and sometimes even 60 per cent less in wages and benefits paid to hospital nurses,” recalls Ray Haynes, a BCNU LRO from 1980 to 1989. “Most were immigrant women and Licensed Graduate Nurses.” The LGNs were RNs from other countries who RNABC only allowed to practice as LGNs.

“By organizing them,” says Haynes, “we were able to make a huge difference in their standard of living and working conditions. “It’s really to BCNU’s credit that the organization spent the money needed to organize those facilities. It definitely wasn’t a profit-making proposition. But organizing the unorganized is always the right thing to do.

“Many employers were just rotten, right out of the Stone Age. They tried intimidation and, occasionally, tried to fire the nurses. So we worked very clandestinely, meeting in people’s homes until we knew we had a positive vote cinched.”

One of their first victories was in 1982, when a strike at Carlton Private Hospital resulted in nurses receiving wage parity with hospital nurses.

Haynes says that as news of their successes spread, non-union long term care nurses around the province began contacting BCNU.

“We eventually organized 1,000 nurses in over 100 facilities. But certification was just the beginning. Signing the first contract was always difficult and nurses were often forced to strike.”

In 1985, nurses launched job action at 12 private long term care facilities and stayed off the job for up to 20 days. In 1987, nurses at 16 private facilities, took job action, lasting up to 41 days.

Full victory for most long term care nurses was finally attained in 1991, when an arbitrated settlement resulted in wage parity, plus equal health and welfare benefits, with hospital nurses.

1988
BCNU established our Legal Expense Assistance Plan. LEAP provides assistance to members charged under a pro-
TO PROMOTE NURSES, BCNU HAS DEVELOPED A BROADER SOCIAL ROLE

During the past 25 years BCNU has evolved beyond simply negotiating and protecting collective agreements, to address wider concerns facing nurses inside our worksites and beyond.

BCNU members have learned that nurses’ gains come not only at the bargaining table, but from efforts to promote social justice, influence governments and develop allies.

As employers closed hospitals and laid off nurses, BCNU joined in coalitions with other unions and other social groups to fight back.

In 1994, we joined other RNs in the National Federation of Nurses Unions (now the Canadian Federation of Nurses Unions).

Tri-union solidarity between BCNU, HEU and HSA became an important part of our strategy.

In 1997 BCNU deepened its association with the rest of the labour movement by joining up with the Canadian Labour Congress, and in 2002 the BC Federation of Labour. Members also got active in their communities through local community coalitions and labour councils. Also significant were our alliances with community organizations and seniors groups.

We were instrumental in helping organize the BC Health Coalition, where seniors, community organizations and unions advocate for public health care.

Rudy Lawrence of the Council of Senior Citizens Organizations is a regular speaker at BCNU Conventions. Joyce Jones of the BC Seniors Network is co-chair of the BC Health Coalition, along with BCNU’s Alice Edge.

BCNU also supported the creation of safe injection sites by helping to fund the documentary Fix, and in 2005 co-sponsoring a project with the same director and a group of BC nurses aimed at helping RNs better understand health care issues for substance abusers.

Last year, BCNU became involved, through CoDevelopment Canada, in a pro-active health project in El Salvador and a women’s program in Honduras.

BCNU also supports the Canadian Centre for Policy Alternatives, which produces solid research on public policy issues, and is an effective counter to business-financed think tanks that promote the dismantling of social programs.

We’ve also participated in a staff exchange program with Australia’s New South Wales nursing union.

SHEILA BLAIKIE
Former BCNU vice president and Council member

“BCNU members have been extremely fortunate to have had so many long-time activists working on their behalf over the past 25 years. Members of our Council and regional executives, stewards and other activists have hung in there over the years and volunteered countless hours of their own time to improve conditions for nurses and their patients. They’re devoted to the organization and their tireless efforts have made a real difference.”
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deal and the lack of bargaining information coming from the union office. On June 27, more than 700 angry nurses packed into Vancouver’s Plaza 500 Hotel to demand answers about the contract from BCNU’s staff and elected officials.

“Our president, Pat Savage, came by herself,” recalls McPherson, who was a Council member at the time. “No one from the bargaining team or senior staff accompanied her. It took courage for her to stand up to the members and answer all their questions.

“One lesson we learned in 1989 is we now recognize the fact that during job action it’s the members who drive the engine, and the leaders have to stay in touch with them and keep them informed.”

On June 29, 150 irate nurses held a rally outside BCNU’s office. Some of them occupied the building and held a news conference, demanding negotiations for a better contract resume immediately.

“I was in the office when they stormed it,” recalls Fernie RN and current BCNU executive councilor Andy Wiebe. “I thought they were going to rip the office apart. It was pretty awesome, let me tell you. Members wanted to have their voices heard and they did.

“The ‘Vote No’ campaign was based on the organizing model. When you want to get your point across, you do one-on-one, you talk with the members and build a campaign. That’s exactly what the ‘Vote No’ group did. They came to us to tell us why they wanted us to vote no.”

In the following days, many Vancouver-area nurses donated money for a “Vote No” campaign, which was led by McPherson and fellow Council member Bernadette Stringer. The pair traveled the province by car, meeting with nurses, listening to their concerns and urging them to reject the proposed package.

On July 12, 65 per cent of nurses voted against ratification, with members in eight of BCNU’s nine regions rejecting the deal.

“The ‘Vote No’ camped proved that you can’t ignore the members,” says Burnaby Hospital steward Kathy Bonitz. “Since then BCNU has become much more of a member-driven, grassroots organization. And that’s a very good thing.”

In early-August, mediator Vince Ready entered the fray and, on August 18, announced a series of binding recommendations. The new contract was for two years instead of three and raised wages by 20.9 per cent; from $17.43 per hour to $21.08, the highest in Canada.

“We accept the report under duress,” BCNU President Pat Savage declared at a news conference at the end of the bitter six-month struggle. “We will begin now to prepare for the next round of negotiations – and to develop mechanisms to make sure the public understands the patient care problems that are sure to result from this shortsighted settlement.”

1990
Public Service nurses directly employed by the provincial government launched a strike to achieve pari-
They walked picket lines, handed out leaflets and met with their MLAs and the media. After five weeks of job action they won a 22 per cent wage increase, bringing them nearly in line with hospital nurses.

1992
BCNU launched a highly successful anti-violence campaign, with a video, literature and media blitz. “We engaged the public and our employers in a dialogue about the issue,” says McPherson, who was president at the time. “Unfortunately, employers have not taken seriously the real dangerous situations that nurses often work in, so it’s still a problem that BCNU is working on today.”

1993
When the provincial NDP government announced plans to close Vancouver’s Shaughnessy Hospital, concerned nurses organized a campaign to save the facility for their patients. They began working with a broad-based coalition that included unions, doctors, patients and community groups. They lobbied politicians, organized rallies and marches, handed out pamphlets and spoke out to the media.

“Our fight really showed the power of our members,” says former Shaughnessy steward Kathy Bonitz. “So many nurses got involved and accomplished things they never thought possible, like speaking to the media. I remember shaking in my boots while presenting a brief at Vancouver City Hall.

“We worked our hearts out,” adds Bonitz, who now works at Burnaby Hospital. “And even though we eventually lost the fight to save Shaughnessy, it was worthwhile because we learned so much about how to run a campaign, how to deal with the media, lobby politicians and organize rallies. What we learned has helped us win other campaigns.”

The struggle to save Shaughnessy also played an instrumental role in the creation of the Employment Security Agreement for nurses and other health care workers in 1993. The innovative agreement provided nurses with three years of job security and included the Healthcare Labour Adjustment Agency, which funded retraining programs, early retirement incentives and job placement alternatives for laid off employees.

1994
BCNU joined the Canadian Federation of Nurses Unions.

THE ORGANIZING MODEL
In the early days of trade unionism, union members were willing and active participants who had fought for the right to join and belong to a union. Workers had a close relationship to their union, and saw their leaders on a regular basis.

But over the years, as unions grew in size, and relied more on the professional skills of staff “experts” most members came to feel more removed from their union. If they never filed a grievance, most likely the only time they thought about their union was every three years or so when a new contract was being bargained.

In 1995, BCNU’s leaders decided to reverse this trend by adopting the organizing model, which relies on some of the practices of early trade unionism.

In the organizing model, leaders, staff and members solve problems together. A much greater emphasis is placed on member education and communication. That’s why BCNU expanded those departments and added a campaign component in the mid-1990s. Developing members’ skills and abilities became a priority, with education and involvement open to everyone. Equipped with this support, members began to focus on achieving change in their workplaces through campaigns or small group actions.

In addition to internal organizing, BCNU began to spend more energy dealing with a range of union, political and social issues. While remaining non-partisan, through the leadership of its elected officials, a network of lobbyists and dedicated stewards, BCNU’s voice on issues related to the social determinants of health and the protection of public health care began to be heard throughout the province. By drawing upon the strength of its members, BCNU has grown to become the vibrant and influential organization it is today.

PETRA ST. PIERRE
Steward and BC Cancer Agency RN
“I’ve been a steward for three years and it’s been a really empowering and enjoyable experience. BCNU does a good job welcoming new members and encouraging new stewards. Whenever I’ve needed help with an issue, I’ve been able to call the office or other stewards and people have always been more than happy to assist me. I’ve found BCNU to be extremely welcoming and supportive. I couldn’t continue without that support.”

February/March 2006 21
2 Vancouver community nurse Diana Lilly at rally for better mileage allowance, Bargaining 2001.
4 Peggy Eburne, Simon Fraser co-chair, addresses community nurse rally, Bargaining 1998.
7 Multicultural Committee at Convention 2005.
8 Former vice president Patt Shuttleworth with US seniors protesting high drug prices.
13 BCNU lobbyist Judy Tyrrell with unidentified nurse asking Opposition Leader Gordon Campbell to sign BCNU’s nursing care pledge, Bargaining 2001.
Long term care nurses gained full access to the Employment Security Agreement.

Public Service nurses, after intensive lobbying, won an agreement to bring their wages and premiums in line with the BCNU Master Collective Agreement.

Public health nurses in the Lower Mainland launched a lengthy strike.

Their creative job action — including an occupation of Vancouver City Hall — garnered widespread support from the public and other nurses.

“I remember singing ‘We Shall Overcome’ in the council chambers,” remembers long-time BCNU activist Diana Lilly. “It was an important strike for us because we were a small group and until then we hadn’t ever done any dramatic type of job action. Afterwards, we felt like we really belonged in the BCNU.”

Their strike eventually secured an agreement that mirrored the one achieved by Public Service nurses.

BCNU also began expanding and improving our education department by increasing the number of educators and moving to a popular education model.

1995

The community nurses’ struggle, and the fight to save Shaughnessy Hospital, helped convince BCNU to adopt the organizing model of trade unionism (for more information, see page 21).

“The organizing model allows nurses to be active at the local level,” says Ivory Warner, who was president at the time. “If there’s a particular issue that is important to nurses at a worksite, they can decide for themselves what action to take. They can write a petition, wear buttons, hold sit-ins. But they can do it themselves, without having someone at the union office telling them what to do. They can organize a campaign that is appropriate for them in their worksite.”

“I think moving to the organizing model was the best thing we ever did,” says BCNU executive councillor Andy Wiebe. “It helped put power back in the hands of members and let them make their own decisions.”

In 1995, BCNU also helped Licensed Graduate Nurses win support from the Healthcare Labour Adjustment Agency to successfully write their RN exams.

BCNU formed its first gay and lesbian committee to promote equality in the union and workplace.

BCNU began promoting a model of integrated primary health care, lobbying for a network of community health centres staffed by salaried, multi-disciplinary teams. The initiative complemented our union’s defense of public health care at a time of deep federal funding cuts.

1996

BCNU launched our “Some Cuts Don’t Heal” campaign to defend medicare and quality health care services. The member-driven campaign targeted federal government health cuts.

BCNU invited US consumer advocate Ralph Nader on a tour of BC to help publicize the campaign and highlight the problems of US-style health care and the dangers of allowing a private parallel system to develop in Canada.

FRANK GILLESPIE
Vancouver Metro regional chair and St. Paul’s Hospital RN

“The most exciting times in BCNU for me came from feeling part of the bigger picture, such as during Operation Solidarity, when we formed coalitions with other unions and social groups. And it was great to be part of our 2001 bargaining effort, which really jelled our membership and awakened the sense of the value and worth of nurses’ work. I also had a real feeling of solidarity with the issues facing working people when we supported HEU during their last job action.”
“That campaign was near and dear to my heart,” recalls Warner. “We believed bringing in Nader would get people talking. It was all about saving medicare and that is a fight that continues to this day.”

In March, after bargaining for one provincial contract to cover the vast majority of RNs broke down, the government appointed Vince Ready as Industrial Inquiry Commissioner.

In May, Ready issued his recommendations, which were accepted by BCNU, but not HEABC. In June, the government imposed Ready’s recommendations, bringing many long term care nurses into the PCA and establishing a process for melding the various collective agreements.

Ready’s decision also awarded employment security; casual call-in by seniority; bumping rights for displaced nurses; superstats for all nurses; and the right to port benefits from one employer to another.

But Ready’s melding award eliminated some of the superior benefits held by municipal and Public Service nurses before they were merged into the Provincial Collective Agreement, including a superior sickness plan and mileage allowances.

1997
BCNU kicked off our “We Can’t Stop Caring” campaign with TV and newspaper ads, membership meetings and political lobbying. Its goal was to promote the role of RNs and RPNs and to stop their removal from vital frontline work.

Also in 1997, BCNU deepened its connections with other workers by joining the Canadian Labour Congress, the umbrella organization for most Canadian unions.

1998
BCNU restructured into 16 regions that corresponded to provincial health board boundaries. Our new office on Regent Street in Burnaby opened.

BCNU worked with nurses to develop First Call protocols at Ashcroft District Hospital. The model soon spread to other rural areas.

1999
BCNU Public Service nurses, who still earned $3 less per hour than hospital nurses, finally achieved wage parity.

Also, the National Federation of Nurses Unions became the Canadian Federation of Nurses Unions, representing 125,000 nurses from all provinces except Quebec.

2000
BCNU signed our first independent collective agreement with a First Nations employer, the Nisga’a communities of northwestern BC.

BCNU launched the member-led Building Union Solidarity education program.

The BUS workshops – an introduction to union activities for members interested in becoming stewards – continue to be delivered in BCNU’s 16 regions by member educators.

BCNU initiated a province-wide “Non-Nursing Duties” campaign. Nurses tracked the number of hours devoted to a dizzying array of tasks that kept them from their patients. Some health regions agreed to hire more RNs and support staff.

2001
Nurses publicized our demands for a big wage increase by holding rallies, lobbying politicians, speaking out on radio talk shows, writing letters to editors, leafleting and running a successful, award-winning TV ad with the punch line “Sir, why don’t we just pay them what they’re worth?.”

Nurses collected over 85,000 signatures on petitions that called for “dignity, respect and fair pay for BC’s nurses.” The petitions were delivered to NDP Premier Ujjal Dosanjh.

Our employers opened negotiations

### PENNY HENDERSON
North West regional chair and Mills Memorial Hospital RN

“My most exciting moment in BCNU had to be the ’89 strike when everyone got together, we had lots of fun on the picket line and I got to know a lot of people. It made me think about becoming more active in the union. My most rewarding experience was getting a needleless system into our facility after I got a needlestick injury . . . I was able to work through the Joint Occupational Health and Safety committee on how to prevent these kinds of injuries.”
with 37 concession demands and no monetary offer.

Nurses held a massive rally on the lawn of the legislature in Victoria. With a provincial election looming, Premier Dosanjh and Opposition Leader Gordon Campbell both spoke at the event. Two days later, over 18,000 nurses voted 95 per cent in favour of taking job action.

Shortly after the vote, BCNU launched an overtime ban. “Our job action was extremely successful,” recalls BCNU executive councillor Andy Wiebe. “It was an exciting and very busy time. We just jumped into things without a lot of prep. But our members were very supportive.”

The ban’s success forced employers to table their first monetary offer, which nurses rejected. The BC government then appointed Vince Ready as an Industrial Inquiry Commissioner.

During the provincial election, nurses turned up the heat on politicians. Just days before the vote, Premier Dosanjh instructed a reluctant HEABC to offer a wage and benefits package similar to the Alberta nurses’ contract. Shortly after the BC Liberals swept into power, 20,500 members voted on the offer; 96 per cent voted to reject the deal.

But the BC Liberals moved quickly to impose a “cooling off period,” forcing BCNU to abandon our successful overtime ban. Nurses continued to pressure the new government to improve its offer.

2002

In January, the Liberals ripped up the contract they had previously imposed on nurses by passing Bill 29, which eliminated job security and union successorship rights, weakened bumping rights and cleared the way for the privatization of health services.

BCNU joined the BC Federation of Labour, which helped to strengthen our alliances with other unions resisting the Liberals’ attacks on workers and services.

BCNU launched a lawsuit with BCGEU and HEU claiming that Bill 29 violates the Canadian Charter of Rights and Freedoms with respect to freedom of expression, freedom of association and equality rights for women.

2003

Members from across BC participated in a massive rally in 2002 in Victoria. The protests were called after Premier Campbell’s Liberal government imposed Bill 29 and other anti-labour legislation. Bill 29 eliminated job security, weakened bumping rights and opened the door to the privatization of health care services.

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2003

Members around the province fought BC Liberal health care program cuts, lay-offs and facility closures.

About 150 young nurses and students attended BCNU’s first Young Nurses Conference. Participants learned about BCNU, talked about their experiences and discussed their concerns about the future of nursing.

“I think it’s really positive that BCNU is so keen to help make new,

DIANA LILLY

Steward, Vancouver Community RN

“My most exciting moment in BCNU was when I realized I was finally making more money than the dog catchers employed by the City of Vancouver. That was after the 1994 municipal strike, when we shut down a city council meeting. It’s so rewarding when members come up and say thanks for helping them through some really rough times and keeping them in nursing. Our big challenge now is to convince younger nurses to replace the activists who are retiring [Lilly retires in March].”
young members a part of the union,” says Petra St. Pierre, an RN and steward at the BC Cancer Agency who attended the conference.

“My advice to young members is that BCNU is your union and you need to participate.”

2004
While other unions were forced to take concessions, including deep wage cuts, BCNU secured a contract with no concessions and a process for discussing key nursing policy issues with government and health authority officials.

2005
Our union was in the BC Supreme Court in 2005, seeking to reverse cuts to medical coverage for retired nurses that were imposed as a result of BC Liberal government spending cuts in 1992.

BCNU also launched campaigns to reduce needlestick injuries and to stop violence against our members. Nurses began lobbying the WCB and employers to ensure the board’s violence regulations are enforced and safe needles are introduced in our workplaces.

At regional bargaining conferences, members made measures to address workload and improved wages their top two priorities for Bargaining 2006.

LOOKING AHEAD
“I’m excited about the challenges facing BCNU in the years ahead,” says current BCNU president Debra McPherson. “We’re heading into an important round of bargaining. We also have a new federal government and a provincial government that have been articulating a desire to promote more private health care.

“It’s also imperative that we cultivate future leaders to run our organization. We need to make sure they feel welcome and have the help they need to have their voices heard.”

“We’ve gained so much at the bargaining table over the past 25 years,” adds Vancouver community nurse Diana Lilly, “that it’s hard to convince young members who didn’t go through those battles how easy it would be to lose what we’ve now got in our collective agreement.

“But we have to convince new members not to be complacent. BCNU needs younger nurses to replace the older activists who are retiring and to keep on fighting for better working conditions.”

“We also need to continue bridging the gap between the two generations of nurses that make up the majority of our union,” says McPherson.

“We have the baby boomers, who are rapidly moving into retirement, and we have the new generation, which is starting to replace us.

“Both groups have different needs, and BCNU has to ensure they compliment each other, in terms of our collective agreement, in terms of our campaigns and programs and also in terms of our visions and values as an organization.”

TINA COLETTI
West Kootenay regional chair and Kootenay Lake Regional Hospital RN

“What’s most rewarding about my work in BCNU is when I can help a member move to action to do something about their situation. I love the grassroots effort and commitment that develops around BCNU campaigns, and how people collectively take steps forward to push their issues to the forefront. Maybe they don’t always get a win, but people learn to stand up and tell their story while feeling supported by a larger collectivity, which is the union.”
Dear Member,

BCNU has enjoyed success as a consequence of its annual planning process. This process has enabled us to carefully plan major initiatives and closely align Council priorities with our annual operational planning process. While this process has served us well, we now have the capacity to anticipate longer term developments in the health care system and plan strategies which will result in greater strength and effectiveness of BCNU.

This strategic plan, for the first time, spans a three-year time horizon. We have focused on significant “make or break” issues facing BCNU and our members. These issues represent issues of major strategic importance and will, if successfully addressed, result in long term value for improving the health and well-being of our members, our communities and our health care system.

For the next three years, Council has embraced the following major strategic directions:

1. Champion our publicly funded and publicly delivered health care system and protect the public and BCNU members from efforts to erode it.
2. Optimize the organizing model to enhance members’ collective power, influence and profession.
3. Actively pursue opportunities to enhance the profession and working conditions to address the nursing shortage.

For each of these directions, we have formulated objectives, actions and timelines. Council will monitor progress in these strategic directions as a core component of its own work and through staffs’ operational planning and reporting process. Most importantly, we expect our members to hold us accountable for our planned achievements and thus, reporting on our progress will become a regular feature of our member communications and meetings.

Together, we can become even stronger and more effective.

Sincerely,

Debra McPherson
President

Message from BCNU president
Debra McPherson
OUR PURPOSE, AND BELIEFS

Core Purpose
The core purpose of BCNU is to promote and protect the socioeconomic well-being of our members and their communities.

Values
• Collectivity
• Honesty — integrity
• Equality
• Caring, compassion, social justice
• Democracy — participative, member driven

Core Beliefs
We believe:
1. Everyone has the right to be treated with honesty, integrity, courtesy and respect.
2. Every person has the right to equality regardless of gender, race, creed, colour, sexual orientation and physical ability.
3. Every person has the right to participate in decisions about their own health and the delivery of health services in Canada.
4. All workers have the right to belong to a union and to free collective bargaining.
5. Every member has the right and responsibility to participate in the affairs of the union.
6. As part of the labour community, we have all the rights and responsibilities inherent therein.
7. All workers have the right to expect that their socioeconomic welfare will be safeguarded and promoted.
8. All workers are entitled to a healthy and safe workplace.
9. As a union predominantly comprised of women, we must take a leadership role in addressing issues of particular concern to women.
10. All health care workers have the right and responsibility to participate in health care decision making.
11. The five principles of the Canada Health Act: universality, public administration, comprehensiveness, accessible, and portability are critical.
12. Social determinants impact health and well-being.

OUR PLANNING CONTEXT
BCNU is operating in a rapidly changing health care system, both provincially and nationally. The pace of change is escalating and strong leadership is required to protect and promote nurses’ interests. To be collectively strong and effective, we must build on our strengths, deal proactively with our weaknesses, mitigate our threats and capture opportunities.

Building on our Successes and Strengths
BCNU and its members continue to enjoy positive public support and endorsement. As advocates and guardians of a publicly administered, funded and delivered health care system, nurses are credible, proactive leaders. This is a key strength for forming effective relationships with government, health authorities, and other organizations and unions.

During the last year, we have made significant inroads in our goal of better integrating occupational health and safety into our activities, most notably in the area of violence prevention and intervention and preventing needle sticks. We have also reached a point where there is no longer denial of the significant nursing shortage. This has created an environment where employers are becoming increasingly willing to honour BCNU’s entitlement to important data such as sick leave usage. This is a critical success factor in BCNU’s policy and bargaining discussions. There are clear signs that Professional Responsibility Forms (PRFs) are being more widely used and are reaping benefits, though clearly much more potential in this process is yet to be harnessed.

Our education programs continue to be recognized among members and other unions as being dynamic, engaging and effective. Our staffs’ expertise and their various backgrounds help ensure these programs have a strong focus on members’ needs.

We now have a ten-year experience with the Organizing Model and have seen many successes at local, regional and provincial levels. However, this model can be further optimized and will represent a major focus of Council during the next three years. Optimizing this model is critical to further increasing activism among individual nurses, within worksites, regions, and the province. A more effective organizing model enables us to become more innovative and responsive, and to mobilize member capacity.

BCNU prides itself in being member-driven. We have high accessibility to individual members and provide an open website which enables access to an incredible amount of information and tools.

Perhaps our most significant strength, however, is our ability to continually challenge the status quo. Collectively, we always want to push our ability to make the health, well-being and work lives of our members better and to improve the health care system; not simply protect what exists today. We are committed to being receptive to change at many levels: within our own Council structure and processes, within the ways we work together and with others.

Recognizing our Internal Weaknesses
BCNU continues to struggle to ensure its relevance to all nurses, a challenge enhanced by our diverse membership. We strive to be important in the lives of all nurses whether younger or older; new, mid-career or, experienced; and those in both rural and urban sites. We must better understand how to engage all regardless of practice setting, age, experience and culture.

We must find new and better ways of building nursing
leadership at every level and supporting nurses to become effective, credible advocates. We must accomplish this within our available human and financial resources. Within BCNU’s Council, staff and membership, we are also experiencing demographic shifts which will test our effectiveness in succession planning and leadership development.

Regional Council members are reporting increased difficulties in securing time off from work for shop stewards to conduct union business. Consequently, stewards are experiencing stress caused by exceptionally high member (and employer) expectations of them. The result is escalating difficulties in recruiting new stewards and retaining experienced ones. Clearly, there is a need for BCNU to ensure stewards are more fully supported for their important work. This will require focused efforts to access mechanisms to get time away from work to engage in activism.

As an organization, BCNU must pay additional attention to evaluating what we do as a core component of demonstrating accountability to our members. This ranges from evaluating member experiences of the policy discussions framework; of our own ability to engage members; the results BCNU is able to achieve with its programs and services commensurate with the allocation of human and financial resources; to how Council, committees, staff and regions are organized to carry out work.

This focus on evaluation provides a means of assessing our internal capacity. Far too often we try to meet all expectations without adequate capacity, an Achilles heel of the nursing sector. As 2006 will be a bargaining year, our capacity will be challenged to be simultaneously effective in bargaining and in maintaining reasonable levels of member services.

Capturing Opportunities
There are opportunities to meaningfully engage nurses in the 2006 bargaining and collective agreement processes. Harnessing nurses’ passion will be particularly important as plans are formulated to develop campaigns that highlight critical work-life issues affecting all nurses, not just nurses already involved in their union.

With a federal election completed and a new minority Conservative government in place, there are also opportunities for BCNU (through the Canadian Federation of Nurses Unions) and its sister unions to ensure protecting our health system, dealing with nursing supply, work-life and retention issues are key issues. Similarly, BCNU’s affiliation with the BC Federation of Labour and the Canadian Labour Congress can be leveraged to highlight issues relating to the erosion of the Canadian health system.

Within British Columbia, there are signs employers have accepted the nursing shortage is real. This provides BCNU opportunities to engage employers more meaningfully to address nursing supply and work-life issues, including for example, achieving greater career mobility across the entire continuum of health services. To further leverage nurses’ unity, there are also opportunities to further organize nurses, including for example nurses who work in private health care settings.

While the Organizing Model is reaping benefits for BCNU’s nurses, our experiences can now be used to further deepen this grassroots approach to enabling nurses to become effective advocates. We know there are further opportunities to identify and support nursing leaders within all sites and that young nurses must be provided with opportunities to understand that their ideals match those of their nursing union.

Changes in the population of British Columbia present opportunities for BCNU and the nursing profession to grow and better reflect the demographic mix of the province. In particular, representation from the many cultures within British Columbia has been a challenge for nurses and particularly for BCNU.

The following are the Strategic Directives approved by Council for 2006 – 2008.
**STRATEGIC DIRECTION 1**

Champion our publicly funded and publicly delivered health care system and protect the public and BCNU members from efforts to erode it.

**Planning Imperative**

Canada’s publicly funded and publicly delivered health care is known to be one of the best in the world, but is being eroded. The standards of care and access to services are being diminished, resulting in service fragmentation and real concern regarding safety. This poses a moral dilemma for nurses as they increasingly observe incidences where patients are able to exert their financial ability to access care in private settings. Society’s most affluent and influential citizen’s are consequently easing governments’ accountability for publicly funded, publicly administered and publicly delivered health care services.

Private health services represent a violation of the Canada Health Act and compromise Canadian values and its social safety net. In addition, nurses themselves are deeply affected as competitive pressures work to erode valued collective agreement provisions and serve to devalue the importance of responding to substantial quality of work life issues.

<table>
<thead>
<tr>
<th>OBJECTIVE 1.1: Organize private settings.</th>
<th>Actions</th>
<th>Lead</th>
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<tbody>
<tr>
<td>a. Establish and implement a certifying program.</td>
<td>a.</td>
<td>Council/ Organizing Staff</td>
</tr>
<tr>
<td>b. Educate all nurses on the benefits of using and working in the public health care system.</td>
<td>b.</td>
<td>Council/ Communications</td>
</tr>
<tr>
<td>c. Review the results of research on working conditions in private and public care settings.</td>
<td>c.</td>
<td>Council/ Communications</td>
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<table>
<thead>
<tr>
<th>OBJECTIVE 1.2: Engage targeted health care user groups (e.g., seniors) and health professionals to educate the public regarding the advantages of a public health care system and the dangers of privatization.</th>
<th>Actions</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Add a module to the presentation to student nurses on privatization.</td>
<td>a.</td>
<td>Council/ Member Educators</td>
</tr>
<tr>
<td>b. Continue with health coalition involvement and funding.</td>
<td>b.</td>
<td>Council/ Member Educators</td>
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<tr>
<td>c. Develop an advertising campaign which focuses on one privatization issue annually.</td>
<td>c.</td>
<td>Council/ Communications</td>
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<table>
<thead>
<tr>
<th>OBJECTIVE 1.3: Use strategic avenues such as political activism, legal action, and collaboration with organized labour to protect public health care and fight privatization.</th>
<th>Actions</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Through collaborative efforts with CFNU and CLC, make public health care and whistle blowing a leading 2006 Federal election issue.</td>
<td>a.</td>
<td>President/ Vice President</td>
</tr>
<tr>
<td>b. Coordinate legal action with other stakeholders on the Quebec decision, including through the Resolution to the BC Federation of Labour, and recognition of the need to be actively reactive.</td>
<td>b.</td>
<td>Council/ Legal Advisors</td>
</tr>
<tr>
<td>c. Coordinate campaigns at a federal level with CLC and CFNU.</td>
<td>c.</td>
<td>President/Vice-President/Council</td>
</tr>
<tr>
<td>d. Lobby for Whistle Blower legislation in British Columbia.</td>
<td>d.</td>
<td>Council/Activists</td>
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<tr>
<th>OBJECTIVE 1.4: Make the private less profitable.</th>
<th>Actions</th>
<th>Lead</th>
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<tbody>
<tr>
<td>a. Certify staff of private clinics, agencies and unorganized worksites such that staff benefit.</td>
<td>a.</td>
<td>Council/ Organizing Staff</td>
</tr>
<tr>
<td>b. Act upon any legislative and legal ability which might prohibit public funds being contributed to the private system.</td>
<td>b.</td>
<td>Council/ Legal Advisors</td>
</tr>
<tr>
<td>c. In conjunction with CFNU and the BC Health Coalition, publicize research on the cost inefficiencies of private health care and cost effectiveness of public health care as a means of educating the public and compelling them to action.</td>
<td>c.</td>
<td>President/ Vice-President</td>
</tr>
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</table>
STRATEGIC DIRECTION 2
Optimize the organizing model to enhance members’ collective power, influence and profession.

Planning Imperative
The success of the Organizing Model represents success for BCNU and its members. The Organizing Model is a grassroots approach that builds membership involvement of members, builds membership confidence and engagement, creates solidarity, enhances the nursing profession, and epitomizes BCNU’s values. There is now a need to build upon a ten-year experience with the Organizing Model and to create the right structure and the right processes to support the best use of finite resources, both within BCNU and within worksites. The Organizing Model is working for BCNU, but its value can be optimized through careful review of what is working well and what can be improved for the future. As the Organizing Model touches every aspect of BCNU’s governance, operational and regional structures, a comprehensive plan that takes interdependencies into account is required.

OBJECTIVE 2.1: Conduct a review of BCNU structure for recommendation at the 2007 convention.

<table>
<thead>
<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>a. Appoint a task force with terms of reference and guiding principles.</td>
<td>Council</td>
</tr>
<tr>
<td>b. Develop, implement and evaluate a communications strategy to keep major stakeholders informed and involved.</td>
<td>Task Force/Communications Staff</td>
</tr>
<tr>
<td>c. Undertake extensive consultation with members to ensure involvement and understanding of Task Force work.</td>
<td>Council/Regional Executive</td>
</tr>
</tbody>
</table>

OBJECTIVE 2.2: Create an equitable funding and accountability structure in tandem with the timelines of the organization review.

<table>
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<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>a. Undertake a disciplined process of documenting current and future practices and the impact of the organizing model on lifestyle issues of Council and Regional Executives and nurses.</td>
<td>Council</td>
</tr>
<tr>
<td>b. Develop an interim funding and accountability process to support council and regional functions.</td>
<td>Finance/Executive Committees/Council</td>
</tr>
<tr>
<td>c. Develop and implement the systems, structures and processes to support a new structure.</td>
<td>Finance/Executive Committees/Council</td>
</tr>
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</table>

OBJECTIVE 2.3: Focus on developing effective strategies for the recruitment and retention of knowledgeable and experienced activists such that current numbers of activists are maintained and the number of stewards is increased by 15 per cent over three years.

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<th>Actions</th>
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<tbody>
<tr>
<td>b. Develop and implement the tools and processes which support Regional Executive and Steward Teams in the recruitment and retention of stewards, including education programs, buddy systems, etc.</td>
<td>Education and Campaigns Departments/AD Hoc Council Members</td>
</tr>
<tr>
<td>c. Develop strategies to encourage the involvement of young nurses and minorities.</td>
<td>Vice President/Multicultural Group</td>
</tr>
</tbody>
</table>

OBJECTIVE 2.4: Understand, share and leverage best leadership practices to support effective Council and Regional Executive functioning.

<table>
<thead>
<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>a. Develop and implement process to share information on how each region functions.</td>
<td>President/Executive Directors</td>
</tr>
<tr>
<td>b. Develop and implement processes to capture best practices within regions.</td>
<td>President/Council/Executive Directors</td>
</tr>
</tbody>
</table>
STRATEGIC DIRECTION 3
Actively pursue opportunities to enhance the profession and working conditions to address the nursing shortage.

Planning Imperative
Members are experiencing intolerable working conditions. To resolve these issues requires government commitment and ambitious bargaining objectives which cause employers to confront the issues being experienced by nurses. In pursuing opportunities, BCNU must ensure concrete action is taken, and that the current nursing shortage is not positioned as a rationale for inaction.

OBJECTIVE 3.1: Improve working conditions.

<table>
<thead>
<tr>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>a. Ensure improved working conditions are addressed through the collective bargaining process.</td>
<td>Bargaining Team</td>
</tr>
<tr>
<td>b. Undertake specific campaigns aimed at working conditions.</td>
<td>Council/Campaigns and Lobbyists/Campaigns and Communications</td>
</tr>
<tr>
<td>c. Develop and implement a stakeholder lobbying plan.</td>
<td>Council/Campaigns and Lobbyists/Campaigns and Communications</td>
</tr>
<tr>
<td>d. Explore funding opportunities through federal and provincial government initiatives.</td>
<td>Council/Campaigns and Lobbyists/Campaigns and Communications</td>
</tr>
</tbody>
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OBJECTIVE 3.2: Be the voice of nurses regarding professional nursing issues.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use every opportunity to incorporate professional issues into union activities, such as continuing nursing competencies, and appropriate and safe skill mix.</td>
<td>Council/Regional Executives/Staff</td>
</tr>
<tr>
<td>b. Cultivate partnerships with key stakeholders such as schools of nursing and chief nursing officers as a means of developing solutions to working conditions and nursing supply.</td>
<td>President/Regional Executives/ Education Department</td>
</tr>
<tr>
<td>c. Participate in a grassroots participatory research process to thoroughly identify and articulate nursing issues.</td>
<td>Council/Campaigns/ Communications</td>
</tr>
<tr>
<td>d. Develop a specific public relations campaign to highlight nursing issues.</td>
<td>Council/President/ Campaigns/ Communications</td>
</tr>
</tbody>
</table>

OBJECTIVE 3.3: Push for an increase in the capacity to educate sufficient numbers of RNs.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lobby for increased numbers of nursing seats.</td>
<td>Executive/Lobbyists</td>
</tr>
<tr>
<td>b. Work collaboratively with the schools to address barriers to student recruitment.</td>
<td>Executive/Regional Chairs</td>
</tr>
<tr>
<td>c. Bargain for support (financial, decreased workload, access to educational opportunities, etc.) for mentors to support student nurses in training.</td>
<td>Bargaining Team</td>
</tr>
</tbody>
</table>

MONITORING OUR PROGRESS
BCNU’s commitment to the established strategic directions is reflective of the important issues facing our members.

Council is committed to ensuring this strategic plan remains a major focus at each of our meetings. We will actively monitor our progress and ensure our strategic directions remain relevant. As conditions change, we will be well positioned to amend existing plans and/or add new actions.

On an annual basis we will formally review our progress, make necessary changes, and plan for another ‘new’ third year. In addition, on an annual basis, staff will continue with its regular practice of developing an Operations Plan for Council review and approval. In this way, more detailed actions are planned, implemented, monitored and evaluated keeping our strategic plan a living, dynamic tool and creating long term value for our nurses and our communities.
For all workplace concerns contact your steward.

If your steward can’t help, or for all regional matters, contact your regional rep.

For all provincial, national or union policy issues contact your executive committee.

**STEWARDS**

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**MOVING? LET US KNOW**

When you move, please let BCNU know your new address so we can keep sending you the Update, election information and other important BCNU material. To change your address contact Leslie Rhodes at 604-433-2268 (local 2192); or 1-800-663-9991; or lrhodes@bcnu.org
This newspaper ad was part of BCNU’s 1997 “We Can’t Stop Caring” campaign, which was aimed at stopping the removal of RNs from the frontlines of health care.