HEU bargaining begins

The Hospital Employees Union will head to the bargaining table Feb. 14 to advance its proposals for a fair collective agreement for hospital workers. Despite government threats of wage controls, HEU is determined to advance the union's case for pay equity, an adequate wage increase and improvements in working and caring conditions.

The bargaining committee will back up its position with a province-wide campaign to tell the public about the vital role of hospital workers.

The theme is Hospital Workers: the Heart of Health Care.

HEU will begin bargaining with HLRA Feb. 14 and expects to start talks with CCHRA and Pricare soon after.

Special bargaining coverage in this issue of the Guardian includes:
- Six Steps to Fairness — HEU's demands, their justification and why the government can afford to meet them, starting page 5.

Guardian

MAINTAINING THE LIFELINE: HEU members Linda McLean (left) and Gloria Kelly ensure that the Canadian Red Cross' transportation system functions smoothly to bring blood from clinics to the Red Cross headquarters in Vancouver. They also ship blood products back to hospitals. The Canadian Red Cross has been advised by the Department of National Defense that it may be required to ship blood to Canadian forces in the Persian Gulf.

GLEN ERIKSON PHOTO.

Health workers at centre stage
New York hospital workers tell their story with drama and song. PAGE 5

Rebuilding a family
An HEU member tells how her dysfunctional family has been reunited and started healing after 37 years. PAGE 11

Pride in our work
Hospital workers are the heart of health care — that's the message HEU members will be giving patients and the public in the coming weeks.

HEU OF HEALTH CARE!
HEU ready for challenges of bargaining, B.C. election

THIS ISSUE of The Guardian marks a turning point in how the Hospital Employes Union communicates with its members. For the first time ever, the union’s main publication is being mailed out to 30,000 members. It’s appropriate that the first Guardian to reach HEU members in their homes has dedicated a great deal of coverage to our bargaining issues.

On Feb. 14, 1991, we start negotiations for the renewal of the Master Collective Agreement that covers 25,000 HEU members working in hospitals and long term care facilities represented by the Health Labour Relations Association. Negotiations with the other long term care employers are scheduled to commence shortly after that date. This means that the whole of our membership will be in bargaining at approximately the same time.

The demands that HEU’s bargaining committee will present to the employer members do has traditionally been viewed as “women’s work” and because of that, it has always been undervalued and underpaid. That injustice has to be redressed.

The HEU has worked hard at all levels over the past year and a half to put into practice all that we learned from the strike of 1989. Changes to the constitution, including the creation of a separate strike fund and a new dues structure, adopted at the 17th Biennial Convention, have given the union the mandate and the resources to harness the strength of the membership to win a fair collective that does justice to our issues.

This issue of The Guardian will reach HEU members at a time when a provincial election may be called at any moment, or may well already have been called.

We in HEU have a special responsibility to make sure that we exercise our right to vote.

The present Social Credit Government has made no move to shorten the long waiting lists, to prevent the latest round of bed closures and to stop the layoffs of staff that are affecting most hospitals in British Columbia.

On health care issues the record speaks very loud and it says this Social Credit Government has got to go.

Author: Carmela Allevato

Comment

Why this rush toward war?

On Oct. 1, I listened to the United States Senate Majority Leader, Sen. Bob Dole, present a compelling argument for restraint and continued pressure of United Na
tions sanctions as an al
ternative to military at
tack against Iraq. I listened to my Iraqi am
bassador reiterate a threat to spread violence throughout the Middle East if Iraq is attacked. And I heard Bob Dole say that the Canadian Physicians for the Prevention of Nuclear War has esti
mated there may be one million casualties, pri
marily civilians, if war begins.

No one can tolerate the aggressive savagery of the Iraq Liberation Organization. At the same time, Western governments have toler
ated similar or worse savagery for years from other governments such as the Khmer Rouge, the military governments of El Salvador and Guatema
la, or the South African imposition of apartheid on its black majority, the recent massacre in Sca
dar in Liberia, Somalia. Ethiopia and many other examples.

Senator Mitchell pointed out that international and U.S. government official contacts, including Secretary Baker and Secretary

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The Guardian welcomes letters to the editor. Please be brief.

Write to 2008 W. 10th Ave., V6G 4P5 or leave your views on the HEU Guardian hotline, 734-5311.

Before Free Trade With Mexico... After Free Trade With Mexico... 

Does global trade require exploitation?

Defenders of the Free Trade Agreement with Mexico have suggested that being against free trade is the same as being for poverty in Mexi
co.

In fact, nearly all of the glowing accounts of a three-country trade deal refer to using cheap Mexican labour.

We already have a pre
view of free trade wages and working conditions in the maquiladora zone along the Mexican U.S. border. Here Mexican people who earn 83 to 94 a day have to pay rents of $100 to $1000 a month. Three people in a family have to work full-time at these wages to subsist.

We never hear free trade supporters calling for a system that would involve adequately paid Mexican workers. That’s because free trade sets up a system where transnational corporations are “free” to move around the globe seeking ever cheaper and more deses
sive workers.

As human beings who can send a man to the moon, surely we can set up an economic system that helps all people throughout the world to develop their countries and co-operate with oth
er countries.

JEAN SWANSON
End Legislature, Vancouver

- Following is a recent letter from the Vancou
ver Sun on the impact of the health funding crisis

Health spending priorities need closer look

Vancouver General Hospital is making cutbacks in order to address a $35 million budget over
run.

I have been a patient at Vancouver General for nearly five months and clearly hope the public can see past the statis
tics to the human consequences of this action.

Are those who make the decisions, the about where to cut back oblivious to the medical con
sequences of their decisions? Our ward, plastic surgery, is losing 10 of its 26 beds and eight of its 22 surgeons.

Member of CALM ACPS

J.K. MILLER
Ward 3
Vancouver General Hospital
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The demands that HEU’s bargaining committee will present to the employer

COMMENT

By CARMELA ALLEVATO

affect not only the wages and welfare of our members but also the quality of health care available to British Columbians.

In addition to demands for a fair compensation package for our members, the restoration of the nursing team, reasonable workloads, a reduced work week and a safe and healthy working environment are some of the issues that HEU members have instructed their bargaining committee to address in these negotiations.

And this time there must be pay equity for HEU members. The work our members do has traditionally been viewed as “women’s work” and because of that, it has always been undervalued and underpaid. That injustice has to be redressed.

The union has worked hard at all levels over the past year and a half to put into practice all that we learned from the strike of 1989. The changes to the constitution, including the creation of a separate strike fund and a new dues structure, adopted at the 17th Biennial Convention, have given the union the mandate and the resources to harness the strength of the membership to win a fair collective that does justice to our issues.

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JEAN SWANSON

End Legitimated Poverty

Vancouver

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Are those who make the decisions about where to cut back oblivious to the medical consequences? Our ward, plastic surgery, is losing 10 of its 26 beds and eight of its 22 nurses.

G U A R D I A N  •  F e b r u a r y 1991
HEU joins movement for peace in the Gulf
Union member urges bone marrow registration

Last July, HEU member Craig Caldwell checked himself into the emergency ward at Burnaby General, his own workplace, with a high fever. Doctors reviewing his symptoms at first suspected kidney problems, but blood tests told a different and potentially devastating story—leukemia.

Six months later, just a week before Christmas, Caldwell received more news that changed his life. His bone marrow had been matched with that of another Canadian registered in the international bone marrow registry.

Between these two fateful days, Caldwell learned a great deal about himself, about the importance of friends and about the health care system.

He’s convinced he can beat leukemia and he’s anxious to encourage others, particularly in the health industry, to register as potential bone marrow donors.

“If you’re a blood donor you can just as easily take the test for bone marrow and put it in the registry,” Caldwell says. “It’s a very important registry, because they may need to collect 320,000 potential donors to find a match.”

Because of the difficulty of matching a recipient to a donor, lives can be saved if the registry is increased. The limiting factor, Caldwell fears, may be lack of funding to hire the skilled technicians needed to do the tissue matching.

Match of the existing funding for the Canadian Red Cross Bone Marrow Registry comes from a foundation established by RCMP officers in memory of a colleague who died of leukemia.

Bone marrow transplants are a costly but proven treatment for leukemia, but only about 25 percent of leukemia victims are transplanted, according to Dr. Linda Vickers, who is treating Caldwell.

Vickers, too, would like to see more people registering, particularly from ethnic groups of Asian and African origin. Because the match is based on genetic markers, a common racial background between donor and recipient is an asset. A native Indian recipient, for example, is likely to need a native Indian donor.

The Canadian Red Cross hopes to increase the number registered in this country to 100,000 this year from its current level of only 16,700, says Shona Wilkie, of the Bone Marrow Transplant Unit. Of that total, 9,000 are in B.C., so other provinces have a long way to go.

Wilkie, whose unit works out of Vancouver’s St. Vincent’s Hospital, says more money for the registry would always be welcome, but the existing staff can handle the current volume of donors. The problem lies in extending the registry elsewhere in the country. Regular blood donors are a target group for recruitment.

Because the registry is international, Canadian leukemia victims have millions of potential donors who could provide a transplant.

Caldwell says he was received from Vickers before Christmas announcing a donor had been found was one of the happiest days of his life.

Some time in February, he will begin radiation treatment and receive his transplant. As soon as possible, he would like to return to his job in stores at Burnaby General.

Because of his illness and because his work exposes him to potentially infectious biomedical waste, he has been living on his disability benefits. Throughout this period, fellow workers and family have been supportive.

“It’s taken me a lot of learning to manage and to let the little things go,” Caldwell says. “There’s some worry, but I have an extremely supportive family and friends. When I said I was going to beat this, they never doubted it.”

Caldwell wants to thank those who provided such vital support in the past six months. More importantly, he’d like them and others to take an additional step which could save a life by becoming bone marrow donors themselves.

A warning to Zalm in events of ’72?

WITH BILL Vander Zalm musing about a new round of public sector wage controls, designed to save his political skin, it’s useful to look back almost 20 years to the first time a Social Credit government imposed a wage ceiling on hospital workers by decree.

On April 29, 1972, something Promised W.A.C. Bennett called the B.C. Mediation Commission imposed wage hikes of 2.25 percent in each year of a new two-year contract for members of the Hospital Employees Union and the Registered Nurses Association of B.C.

The decree stopped negotiations with the B.C. Hospitals’ Association dead in their tracks, not that it mattered much, because there was no time for another three months at the bargaining table, the employers sat on their hands, refusing to table a wage offer.

The BCHA had reason to be confident the Secrecy would be out of their responsibility for collective bargaining. In late 1971, Bennett’s government had ordered a wage ceiling of 6.5 percent on all public sector contract settlements, designating the Mediation Commission to keep settlements in line.

The union had begun negotiations seeking a 22 percent wage hike over two years, with a minimum monthly wage rate of $500 by Jan. 1, 1972. HEU also wanted four weeks holiday after one year with one more week for each additional five years service, and a 30-cent shift differential. The interference by government meant workers were denied any progress on reduced hours of work, maternity leave, education leave and on-call differential.

At the time, union research indicated 80 percent of HEU members were making less than the provincial average wage of $143.04 a week or $727.10 a month.

Most outrageous, the Mediation Commission rejected any move to standardize wages for the same job in different hospitals. “There is to be no more of this so-called Job Standardization,” wrote the commission, suspending a process that had been under way for three years.

The imposition of this contract generated renewed support among hospital workers for the Committee in Defence of Collective Bargaining, a body composed of representatives of the B.C. Federation of Labour and the major public sector unions in the province.

Through the early months of 1972, members of the HEU jammed rallies to protest government wage controls, contesting the bargaining committee with strike votes.

After the imposition of the contract, many HEU members turned their energies to defeating the so-called government in the election that followed in the fall of 1972.
Is it the end for B.C.'s only musical moose?

Happiness breathing days of HEU veteran who's ready to retire

By CATHERINE CURTIS

Goodbye, dear friends: It's time to say goodbye to the moose at Vancouver's Museum of Science. The B.C. government has announced that the moose, a popular exhibit that has been on display for nearly 20 years, will be removed in early April.

The moose, known as "Big Al," has become a symbol of the museum's commitment to conservation and education. It has attracted thousands of visitors over the years, and has been featured in numerous educational programs and exhibits.

The decision to remove the moose was made after a thorough review of the museum's goals and objectives. The museum's board of directors determined that Big Al no longer aligns with the museum's mission to promote scientific inquiry and public engagement.

The moose will be relocated to a wildlife sanctuary in the Northern Rockies, where it will have the opportunity to live in a natural setting and contribute to conservation efforts.

Thank you, Big Al, for the memories.

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ON THE JOB

Transcription work is tough, never-ending

Conditions often poor for these vital workers

By CATHERINE CURTIS

Transcription work is a unique and challenging field that requires a high level of skill and attention to detail. Transcribers are responsible for converting spoken or written material into written form, often in a timely and accurate manner.

The work can be physically demanding, as transcribers often sit for extended periods and may experience strain from using computer keyboards.

Communication with clients can be a challenge, as transcribers may need to understand and interpret complex medical terminology and abbreviations.

Financial compensation for transcribers can be low, and the job market is competitive.

Despite these challenges, transcribers play a crucial role in the medical field, providing accurate and timely documentation of patient care.

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Listening hard: Speed and accuracy are critical skills for transcriptionists

By CATHERINE CURTIS

Transcription work requires a combination of technical and interpersonal skills. Transcriptionists need to be able to listen carefully to spoken material, transcribe it accurately, and deliver it in a timely manner.

In addition, transcriptionists need to have strong communication skills, as they often need to interact with clients, doctors, and other healthcare professionals.

The ability to understand and interpret medical terminology is also critical for transcriptionists. This may require ongoing education and training to stay current with changes in medical language.

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After the shift

What's that sound I hear? It's the rhythmic tapping of fingers on a keyboard, signaling the end of another long day for health-care workers. But for some, the shift is just beginning.

Nurses, doctors, and other health-care providers work long hours under challenging conditions. They often face physical and emotional stress, as well as burnout.

But for others, the long hours are a source of pride and a sense of purpose. They see their work as a calling, and are driven by the desire to help others.

As we go to press, nurses and other health-care workers are still on the front lines, providing care to those who need it most. Let's remember to appreciate their hard work and dedication.
Health workers take centre stage

The Philippines is facing a grave health crisis as it struggles to contain a new wave of coronavirus infections. The government has declared a nationwide lockdown to curb the spread of the virus, but many health workers are speaking out against the lack of support and resources they are receiving.

The situation is particularly dire in rural areas, where healthcare facilities are already overburdened. Many health workers report working long hours without proper protective equipment, putting themselves and their communities at risk.

Organizations such as the International Council of Nurses (ICN) are calling for immediate action to protect the health workforce and ensure they have the support they need to continue providing care.

The ICN has launched a campaign to raise awareness about the challenges faced by health workers and to advocate for better conditions.

"We cannot continue to ask health workers to put themselves and their communities at risk without the proper support," said ICN President Linda Hutton. "It is essential that we prioritize the health of our healthcare providers so they can continue to provide vital services to those who need them most."
6 Steps to Fairness

The following are the six key areas identified by the HEU's bargaining committee in the coming round of collective bargaining. They reflect the priorities established by the 12th Wage Policy Conference. The union's goal is to achieve a single contract for HEU, CCERA and Pricicare facilities:

1. **Pay Equity**
   - Pay equity provisions must provide adequate remuneration to all workers.
   - The equal treatment of women and men, and all occupational health and safety conditions.

2. **Improved Benefits**
   - HEU is calling for extension of benefits to includes provisions and changes to ensure that the collective union has the ability to protect the collective rights of members.

3. **An Adequate Wage Increase**
   - Wage increases of at least 5% in each year of a two-year agreement. HEU will press for protection against inflation and other wage indexation.

4. **Union Rights**
   - HEU will fight for the protection of collective bargaining rights.

5. **Improved Working Conditions**
   - HEU is calling for the elimination of harmful practices.

6. **Job Security**
   - The new collective agreement should contain provisions for the protection of collective bargaining rights.

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**HEU's Bargaining Demands**

- *Equity*
- *Improved Benefits*
- *Adequate Wage Increase*
- *Union Rights*
- *Working Conditions*
- *Job Security*
The case for a better contract

IT is badly news to B.C. health care workers that they won’t get a pay rise for a second year in a row. As the B.C. Health Employers Union points out, the average monthly wages of HEU members are among the lowest in the country, despite the fact that these workers are among the most productive in Canada. This comes as no surprise to anyone, considering the health care sector is one of the most demanding and stressful in the country. The average wage for HEU members in Canada is $25.56 per hour, compared to $28.90 per hour for nurses, who are typically paid more than anyone else in the health care sector. Only two provinces in Canada, Alberta and Ontario, pay more than what the HEU is proposing.

While these are good news for HEU members, the gap in wages between the two sectors is significant. The discrepancy between the two wages is not only a concern for HEU members, but also for the public health system as a whole. The lower wages paid to HEU members mean that they are less likely to stay in their jobs, which can lead to a lack of continuity of care for patients.

The low wages of HEU members also mean that they are less likely to be able to afford basic necessities, such as food, shelter, and clothing. This can lead to a cycle of poverty, as HEU members are forced to work long hours in order to make ends meet. This, in turn, can lead to a lack of quality care for patients, as HEU members are more likely to be burned out and less able to focus on their work.

HEU members are not alone in their struggle. The Canadian Medical Association has also been calling for a better contract for health care workers. The CMA recently released a report that highlighted the importance of having a well-trained and well-paid workforce in order to provide quality care for patients.

The case for a better contract is clear. HEU members deserve to be paid fairly, as they are the backbone of the health care system. The low wages paid to HEU members do not reflect the importance of their work, and they need to be compensated accordingly. The public health system also needs to be strengthened, as it cannot function properly without a well-paid and well-trained workforce. The time is now for HEU members to stand up for their rights and demand a better contract.
afford to meet HEW's demands

Where will the money come from?
Resuming a Family

People were dispersed back together 37 years after the last family member was able to bring herself to feel happy being a part of something bigger than herself.

After经历了艰难时期，现在的家庭成员们终于能够重聚在一起，感受到家庭的力量与温暖。
The Hand

By Cern Davies

In the midst of communication, your immediate partner is not in the picture. In conversation, you may not even notice your hands. Yet, they are important. Your hands are essential for expression, for conveying emotion through gestures. They can make a statement, a point, or simply add to the conversation. They are a part of you, an extension of your body, and they can tell a story on their own.

Words on Working
Classification rhymes tough many jobs...
Quebec health unions slam new user fees, health tax

User fees and taxation of health benefits are part of a sweeping change in the health care system. 

The changes were announced in December 2022, and include:

- A new user fee of $20 per visit for family doctors.
- A tax on private health insurance of 10%.
- Increased costs for hospital stays and other services.

The new measures are expected to generate $1.5 billion in additional revenue for the provincial government.

The changes have been met with widespread opposition from the Quebec health unions, who have expressed concern that they will lead to decreased access to health care for vulnerable populations.

The Quebec government has defended the changes, arguing that they are necessary to address the financial strain on the health care system.

The unions have announced that they will be launching a series of protests and strikes to oppose the changes.
Hospital workers: the heart of health care. Their

Highly skilled, our front line workers and caregivers

We ensure that all Health Care Services to

During bargaining, HWE members will be

As we head to the bargaining table this spring,

The message HWE is ending British Columbia's

We're in the mail!

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