HEU holds strike vote

Province-wide ballot starts January 27

The Provincial Executive of the Hospital Employees’ Union has decided to hold strike votes in every local from January 27 to February 13, 1992, to get health employers to bargain a fair contract without concessions.

After weeks of stalling and stonewalling by health care employers, contract talks between HEU and the employers' main bargaining agent, the Health Labour Relations Association, were suspended on December 19.

Full details of HEU's position and the employers' concession demands

It’s time to stand together

It has become clear that the only way to get health care employers to bargain seriously is to confront them with a strong vote in favour of strike action.

After bargaining was paralyzed for several months by the incoming Sacred government, HEU returned to the bargaining table with employers belonging to Health Labour Relations Association on November 4. We were ready to do whatever was needed to negotiate a new contract.

When it became clear that the employers were no more ready to negotiate than they were a year ago, HEU called for a mediator to help get the talks going again.

We reduced our demands to show we were serious about getting a deal. But employers refused to budge.

Employer concessions and rollbacks remain on the table. Employers refuse to even begin talking about wages. A year after special negotiations on pay equity had begun, HLRA announced that it was "too early" to talk about pay equity.

Finally, on December 19, the mediator suspended the talks between HEU and HLRA.

We at HEU have worked hard to get contract talks on track. Employers, who are giving themselves huge salary increases, are out to strip us of our rights and even our jobs with their insulting offers.

We have reached the conclusion that a strong "Yes" vote in favour of a strike is the only way to show our employers that HEU members are determined to stick together to get a fair deal and to protect what we already have.

Once the strike vote is done, the Union will return to the bargaining table and work day and night to get you the contract we deserve.

Our goal is to negotiate a contract without job action. But we are prepared to take whatever job action is necessary to win a new contract.

We have learned the lessons of 1989, and we will be ready to put more pressure on employers while ensuring that patient care is maintained.

Carmela Allevato
HEU Bargaining Spokesperson
The Story So Far

Regaining new agreements for 35,000 HEU members has been tough. Frustrating struggles. Union negotiates faced repeated spats and lockouts, and employees whose hardline and confrontational approach to bargaining continued even after the KES. election victory. Here's the story so far...

PAY EQUITY
Rise base rates, end discrimination

HEU has developed a comprehensive pay equity program that is designed to bring wage fairness to all HEU members in the new contract. But the new agreement is only as successful as the union contract. The program's goal is to ensure that he pay equity process is implemented fairly and that all members receive pay equity adjustments.

A WAGE INCREASE
A reasonable hike in hourly rates

HEU is seeking across-the-board wage increases in each of two years of a contract, along with protection against inflation and the COL. The current wage contract is set to expire at the end of 1986. We have submitted our opening wage increase for the next two years of the contract. The opening wage increase for the next two years is 10%.

WORKING & CAREGIVING 35-hour week, action on workload

During the last 30 years of hospital employment, health care providers have been required to work to the point of exhaustion. The result has been higher turnover, lower morale, and lower quality of care. Under the new contract, employees will have the right to request a 35-hour workweek. The 35-hour workweek will be provided for all full-time employees who request it as part of a package.

Here are HEU's revised contract proposals

As the board reviewed the Hospital Employees' Union's tar has taken in the bargaining table are designed to improve pay of wages and benefits which were less than those of other groups.

Several issues have been negotiated over the last few years of the contract. The new agreement is designed to ensure that these issues are resolved.

Here's where we stand in our contract talks. To win a fair agreement, we'll need the unity and support of every HEU member.

Since the board was formed last year and HEUs have recently defended, HEU has had to begin to negotiate. If it all occurred in December when HEU announced that it was "not sure" to talk about pay equity proposals, HEU has not yet. If you're a nurse or a physician or a nurse, you have the right to talk about wage equity.

CONCESSIONS DEMANDS They want you under their thumb

Among the demands from all employees, including HEU, SFU, and PSC, is elimination of health care and benefits. This would mean that employees would have to pay more for benefits, and the union would have to negotiate.

The best way to improve our income is to stand together.

Last year, by working together, health care workers got rid of a government that cut our jobs and attacked our wages. But hospital management still hasn't got the message that they have changed.

People who work on the hospital's compensation or Long Term Disability plans can also benefit from the new contract. They won't have to worry about the same terms and conditions.

We're tired of health standards in health care.

Administrators get the salary increases and the perks they want. But when the truth is told, it's not the case.

We'll do our best to fight for the improvement.

With the advent of the new workers' compensation system for hospital employees, we have the chance to negotiate better contracts. We'll do our best to ensure that these contracts are fair and just.

For our members at all levels of our organization, it is critical to ensure that these concerns are addressed.
**The Story So Far**

Bargaining new agreements for 35,000 HEU members has been a tough, frustrating struggle. Union negotiators faced repressive Sacred laws like wage controls; and employers whose hardline and confrontational approach to bargaining continued even after the NDP election victory.

Here's the story so far.

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**PAY EQUITY**

Raise base rates, end discrimination

HEU has developed a comprehensive pay equity program that is designed to bring wage fairness to all HEU members in the new contract.

One step demanded by HEU is to raise the base rate for jobs normally performed by women to the same level as the base rate for jobs normally performed by men. That would mean raising the current base of $12.34 to about $14.02 in the last agreement.

HEU's pay equity program includes an industry-wide pay adjustment that applies to everyone, elimination of increment steps, occupational group pay adjustments, across-the-board wage increases, and employer-funded child care.

Every member of HEU, men and women, will gain from HEU's pay equity plan. And it is designed to be put into effect in the life of the next contract.

The Health Labour Relations Association (HLRA) has proposed a time-consuming and ineffective job evaluation plan that will put money in the pockets of consultants, leaving little for HEU members.

Last December, a year after pay equity talks began, HLRA told HEU that it is "too soon" to talk about pay equity.

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**A WAGE INCREASE**

A reasonable hike in hourly rates

HEU is seeking across-the-board wage increases in each of two years of a contract, along with protection against inflation and the GST.

HEU has reduced its opening proposal of $3 a year in each year. We have said we want a fair increase in line with that now being paid in other parts of the public sector. Teachers recently received hikes of up to $1.80 an hour.

Even though HEU has moved from its opening position, employers have refused to table a wage offer.

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**WORKING & CARING CONDITIONS**

35-hour week, action on workload

During the last 10 years of Sacred restraint, health care workers were laid off and those remaining had to work harder to make sure patient care was maintained.

As a result, workload has become a major issue for HEU members.

HEU is proposing new contract provisions that would set minimal staffing levels for all times of the day to guarantee the health and safety of both patients and workers.

HEU also wants the collective agreement to contain protection for all members of the nursing team, especially licensed practical nurses, patient care aides and orderlies.

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**Union Rights**

Quicker, fairer grievance process

HEU has proposed faster and fairer grievance procedures for health care workers.

At present, grievance procedures allow employers to deny justice by delaying it. These delays cost hospitals, and HEU, a great deal of money.

Employers have rejected these important HEU proposals.

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**IMPROVED BENEFITS**

Implement overdue changes on LTD, leave provisions

The union is calling for extension of benefits to casuals and improvements in the Long Term Disability plan, and improved Extended Health Plan.
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coverage. HEU also wants improved Special Leave and Sick Leave provisions. HEU has recently analyzed benefit packages hospitals give to their management employees. Not surprisingly, these management benefits are far more generous than those given to unionized health care workers.

In spite of this double standard, HEU is stonewalling HEU's demands for better benefits.

JOB SECURITY
Real protection from privatization, contracting-out

The job security of HEU members has been under attack in the last decade. Layoffs, contracting out and privatization have taken their toll on HEU members. The issue of job security has taken on a new urgency with the recommendation from the B.C. Royal Commission on Health Care and Costs that 2,000 hospital beds be closed around the province and replaced with better home care and extended care. HEU's demands include protection in the contract against privatization and contracting out, and better rules for scheduling and overtime.

Here's what health care bosses want you to give up

In many hospitals and health care facilities, there are more management people now than there were a few years ago.

As an HEU study has documented, most of these managers get salary increases that are much higher than those given to front-line workers.

Given that health budgets are tight, who pays for all these extra managers and their goodies? It has become clear at the bargaining table that health care management want YOU, the front line health care worker, to pay.

EMPLOYERS STALL
After one year, rollbacks still on table

Part of their strategy is to stall. HEU, CCERA and Pricare took full advantage of the Soreed Bill 82 wage controls which were brought in last spring.

Since the Soreeds were thrown out last fall and Bill 82 wage controls defanged, HEU has refused to bargain seriously. It all climaxed in December when HEU announced that it was "too soon" to talk about pay equity for HEU members.

So far, HEU negotiators have yet to see a wage proposal from any of the employers.

Throughout the bargaining, HEU and the other employers have refused to withdraw their concession and rollback demands, in spite of HEU's vow not to accept any concessions.

CONCESSION DEMANDS
They want you under their thumbs

Among the demands from all employers, including HEU, CCERA and Pricare, are elimination of bumping rights. This would mean that employers would have full power to move workers wherever they want after layoffs.

Employers want to take any control over this process out of your hands. When beds are closed, you would have to work where the employer wants you to, not where you want to.

This issue is critical because of the coming shift in health care from hospitals to the home, as called for in the recent Royal Commission report.

Employers want to reduce your right to bid for job postings. That means any job of less than four months wouldn't be posted. Right now, any job longer than 30 days must be posted.

Casuals would also lose if employers get their way. They want to eliminate seniority as a factor in assigning work, and make it easier to fire casuals. In other words, you would have to obey your boss at all times, or you won't be called.

We're tired of double standards in health care.

Administrators get the salary increases and the perks they want.

But when the front line workers ask for simple justice, all of a sudden there's no money.

The best way to improve our lives is to stand together.

Last year, by working together, health care workers got rid of a government that cut our jobs and attacked our wages. But hospital management still hasn't got the message that times have changed.

Employees on Workers' Compensation or Long Term Disability are also in the employers' target zone. They want to cut WCB wage top up, and have more freedom to fire injured workers.

Employers want to make it more difficult to establish a Long Term Disability Claim, tell you which doctor to see, and make appeals more difficult.

Scheduling provisions would go out the window, including the limit of six consecutive days of work, limitations on three different shifts within six days, and the requirement that off-duty days be consecutive.

This scheduling "flexibility" could also lead to income loss and job loss for some workers.

Special leave provisions are under attack as well. Employers want to be able to demand proof of hospitalization or emergency medical treatment for family members when special leave is used. And they'll want seven days notice, too.

CCERA, PRICARE DEMANDS
At least $1,000 per worker in cuts

HEU members working in facilities bargaining for CCERA or Pricare face concession demands from employers that include all of the above and more.

CCERA and Pricare employers want to eliminate super stats, roll back vacations and sick leave, force workers to pay part of health care plans, and make it more difficult for the grievance process to work.

Employers dress up these unacceptable demands as providing "flexibility" for "more efficient utilization of staff."

And by attacking Workers' Compensation and Long Term Disability, which are needed more than ever because health care workers are working harder and thus are injured more often, employers want to place a heavier burden on workers, especially injured workers who are unable to fight back.
Confronting unsafe work: you must refuse to do it

You've just been ordered to do some work that you fear might endanger your health or the health of a patient. It could be lifting a heavy patient on your own, working in an area where dangerous fumes are present, or working overtime when you are exhausted.

What do you do?

Do you risk your health or patients' health, or do you risk the anger of your supervisor?

If you refuse to do that work, the law is on your side. To be specific, Workers' Compensation Regulation 8.24, which says that if you do any work which you think may harm yourself, a patient, or anyone else, you are breaking the law.

In other words, you have more than a right to refuse unsafe work, you have an obligation.

If you go to your supervisor and say that a patient cannot be lifted by just one person, you are carrying out your responsibility under the law. If the supervisor tells someone to help you with the lift, they have solved the problem.

So what happens if you decide your work is unsafe, and your supervisor insists that you must do that work?

Regulation 8.24 protects you from disciplinary action if you believe that the work is unsafe. It does not matter what your supervisors believe.

The employer may assign you temporarily to do other work while the problem is being resolved.

Regulation 8.24 is becoming more necessary than ever in health care, with higher workloads, more worn out equipment, and fewer workers being called in.

If you have any questions about your obligation to refuse unsafe work, contact your HEU shop steward, local officer or Occupational Health and Safety Committee member.

Full details on Article 8.24 and how it can protect you are available from them or the Provincial Office.

PAY INCREASES: WHAT HEALTH BOSSES GOT

Average percentage increases for 1998 to 1999 for administrators of selected B.C. hospitals

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<thead>
<tr>
<th>Hospital</th>
<th>Increase</th>
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<tbody>
<tr>
<td>St. Paul's</td>
<td>43%</td>
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<tr>
<td>Vancouver General</td>
<td>39%</td>
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<tr>
<td>Surrey Memorial</td>
<td>41%</td>
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<tr>
<td>Kelowna General</td>
<td>28%</td>
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<tr>
<td>Greater Victoria</td>
<td>41%</td>
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<tr>
<td>Prince George</td>
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<td>And here's what we got: HEU Members</td>
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Long-term care bosses demand $1,000 from each HEU member

Continuing and private care employers strongly oppose HEU's Six Steps For Fairness bargaining demands, and they're out to gut existing agreements with serious and coordinated concession demands.

HEU is seeking to raise continuing care contracts which it negotiates with the Continuing Care Employee Relations Association and Pri-Care, the private care employee relations group, to the same level as the Master Collective Agreement that covers other health workers.

CCEERA and Pri-Care bosses reject the principle of parity with the HEU/HLRA agreement for HEU members in continuing and private care facilities. They want to keep treating their workers differently.

Their hardline approach at the bargaining table also includes confrontational rollback demands made in negotiating meetings through the spring and summer.

The employers want to eliminate Super Stats, introduce cost shared benefit plan premiums that would cost a worker $1,000 annually, and gut vacation and sick leave entitlements, just to name a few.

Continuing and private care workers will figure prominently in the Union's struggle to win a fair collective agreement. HEU will not accept concessions and will continue to fight for parity and one agreement for all its members in health care.

TALKS BEGIN: HEU tabled all its bargaining proposals with health employers, on Feb. 14, 1991, and held a news conference to outline demands to reporters. The union has yet to receive a counter-offer.

Management wage hikes condemned

HEU first uncovered big salary boosts for hospital brass in June. Here are some of the newspaper excerpts from the public upsurge which followed:

"The vice-president of medicine was boosted to $132,000, the vice-president of patient care got $123,000...and the vice-president of continuing care almost reached $100,000. Gave a whole new meaning to the word 'care,' doesn't it?"

Victoria Times-Colonist editorial (June 29, 1991)

"Kalowna General Hospital board chairperson Fitzgerald says visiting government or professional officials are often treated to a round of golf."

"An explanation of the big bucks spent by RGH on golf club memberships - Kelowna Capital News (June 1991)

"...the provincial government is spending $225,000 to repair the roof at the Royal Jubilee Hospital. Presumably this damage was caused by the passage through the roof of Greater Victoria's Hospital society management salaries."

A. Lambie, letter to the editor - Victoria Times-Colonist (July 23, 1991)

"It's amazing that some hospital boards saw fit to give their top administrators hefty pay increases...4% per cent in the case of the Greater Victoria hospital society's president - while holding hourly paid workers to 3.4 percent. It ...doubly provocative in these times of bed closures, inadequate staffing and long waiting lists."

Judy Lindsay - Vancouver Sun columnist (June 29, 1991)

"These guys are just putting their hands in the barrel and dragging the money out."

Vancouver businessman Fred Walker - The Province (June 29, 1991)