Convention meets as health system on the verge of massive change

MORE than 500 delegates representing every local in the province will gather in Richmond on Oct. 4 to 6 for the HEU's Eighteenth Biennial Convention.

This convention provides an opportunity to review our achievements and to adopt new policies and strategies to deal with the issues that we face today.

We meet at a time when our health care system is on the verge of fundamental changes. While the philosophical rationale for these changes appears to be the “closer to homes” recommendation of the Royal Commission, it is evident that change is being forced on the system by budgetary restrictions on hospital spending.

No doubt delegates will discuss the present role of our union and our members in the health care delivery system.

In this issue of The Guardian we chronicle the fight for health care being waged in northern communities in the province where nearly one quarter of hospital services have been cut in one year alone.

The restructuring of health care will mean new and unfamiliar demands upon HEU members and our union.

The new provincial government has made a commitment to provide assistance to workers laid off or displaced by this restructuring.

While we will work with the government to obtain the best possible protection for our members, we will insist that there be a more structured, better thought-out and more reasonably timed plan to introduce changes.

Our convention comes also at a time when the provincial government is on the verge of equalizing Bill 18 and replacing it with new labour legislation. As well, the government has established a commission to look into the restructuring of health care bargaining.

HEU members know firsthand that there must be fair labour laws—such as Bill 19—and that employer bargaining in health care must be closely scrutinized and overhauled.

Convention committees have been meeting this fall reviewing constitutional amendments and resolutions submitted by the locals, and the debate promises to be lively as delegates discuss issues like the dual structure, political action and job sharing.

The history of our union shows that there is an inherent wisdom and common sense in our membership and I have every confidence that, as in the past, we will come out of this convention with an action plan and a set of objectives that will serve our members well.

As this is the last issue of The Guardian produced under the direction of the current Guardian Editorial Committee, I want to take this opportunity to thank the committee for their hard work over the past two years.

Congratulations are also in order to the committee and to The Guardian for the three awards recently won by the publication in a national competition sponsored by the Canadian Association of Hospital Medical Staffs.

by GARMELA ALLEVATO

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

Write to 2006 W. 10th Ave., Vancouver V6J 4P3.

NPD urges petition action on drug, new bill

With Bill C-91, new before Parliament, the Mulroney government has acted in (again) to the U.S. government and the drug giants. Under Bill C-91, brand name companies will get exclusive rights for 20 years to any drug they develop.

When the drug reaches the market, the company sets a monopoly price. If the new drug is successful, the generic companies often devise a "no-name" copy and submit them for federal government approval (Approval under Bill C-91). This process took about five years.

Bill C-91 will almost entirely eliminate the granting of generic drug licences for 20 years.

We already have evidence of how high new drug prices will be. Submarining, a new way for drug companies to circumvent laws, is routinely priced at $19 a tablet. Treatment for a year will typically cost between $9,000 and $14,000.

How can we stop this bill, but time is limited. The government wants to pass the legislation this fall. Opponents of Bill C-91 must make it clear that the government’s actions on this bill will determine how they vote. Let your MP know your views, preferably in writing.

The pressure to pass the new bill appears to be coming from the U.S. government and North American Free Trade Agreement talks. Once again, it appears the Mulroney Conservatives are using an ad hoc drug law as a way of showing how eager Canada is to enter a free trade agreement.

JIM KAROFF, NPD Health Ctr., House of Commons, Ottawa

LPN expresses concerns with HEU direction

I am finding it increasingly difficult to support HEU for the following reasons:

1. Improper classification within our union for LPs, most workers by new contract, especially in relation to long-term care aides.

2. Our union's increasing involvement in abortion and gay and lesbian rights. These moral choices and have nothing to do with our union.

I do not support union views on these issues. Because of personal beliefs, I do not want my union dues financing this in any way.

SHEILA ANONYM, Cortn

Anti-scal provision needed in Labour Code

The first contract of any fair labour code must be the right to organize—free from threats, reprisals, harassment, propaganda and economic bullying.

The second corner-
What were up to...

New contracts now available to members
Printed copies of the new multi-employer collective agreements between HEU and the Health Labour Relations Association were sent out to local officers early in August. A second edition, punched for use in local offices, has been completed and is in distribution.

The agreements are moving ahead to update and print the CCERA and Pricare contracts to accommodate the members available to members as soon as possible. Members needing this year's edition should contact shop stewards, local officers, or the Provincial Office.

The final text of the new agreements was signed by HEU and the Health Laboratory Relations Association Aug. 21. All non-union employees will be affected as of that date.

However, the follow-up benefits are effective April 1, 1991. All employees of unused sick leave credits, severance allowance, and severance allowance are effective as of that date.

Pricare members approve new contract
HEU's 1,100 members worked at facilities represented by B.C. Pricare voted by a 92 per cent margin to ratify a new three-year agreement in voting held July 24. The new contract included improvements virtually identical to those negotiated earlier by the Health Laboratory Relations Association.

The deal included special pay adjustments to bridge the gap between the Pricare and CCERA contracts. In addition, workers won wage increases of 52 cents an hour for 1991, 31 cents plus one per cent for 1992, and a wage reaper in 1993. Pay equity increases will equal those provided in the CCERA contract.

Pricare employers ratified the contract Sept. 10, opening the way to retroactive wage payments and pay equity adjustments. Employers had delayed their ratification until the Nicol government announced that increased funding would be provided to cover the cost of the settlement.

Executive confirms staff appointments
The Provincial Executive confirmed three permanent appointments to HEU's staff during the summer. Randy Turner has been appointed as the new representative-ordinator working out of the Prince George HEU office.

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The union was represented by the Prince George HEU office, which has been created as an organization working out of the Prince George HEU office. A new organizing representative in Prince George office is Susan LaGorce, a Vancouver lawyer. Before going to law school, LaGorce was a flight attendant who worked for the Canadian Airlines Flight Attendants Association, now part of the Canadian Auto Workers Union.

Crofton Manor talks break down
Talks for a new collective agreement for HEU members at Crofton Manor in Vancouver broke down Sept. 9 when the employer seeking concessions on wages and retroactive pay equity payments.

Crofton Manor is a member of the Princetown group of employers, but has changed its negotiating position twice.

The union was meeting directly with the employer and both sides agreed to seek a mediator. The Crofton Manor group is a legal strike position and essential service discussions were set to begin at press time.

Simon Fraser Lodge local ratifies deal
HEU members at Prince George's Simon Fraser Lodge defeated employer efforts to impose concessions in a new contract ratified Aug. 26. The employer, although a member of the CCERA, had always signed the HEU contract. In this round of bargaining, the employer made an effort to impose some lesser contract conditions.

But when the local took a solid strike vote and served strike notice, the boss changed direction. A new no-concessions contract was soon concluded. Gent. on page 6

1992 pay equity adjustments set
Pay equity arbitrator Stephen Kelleher has awarded 1992 pay equity adjustments of approximately $620 to most jobs in HEU that didn't receive the 1991 pay equity adjustment.

Kelleher refused to accept employer proposals that would have had the effect of denying pay equity adjustments to many workers in female-dominated job categories. Under Kelleher's award, men and women in all job categories below the R11 and PC11 pay levels who didn't get the 1991 pay equity adjustment will receive the 1992 pay equity adjustment, which is retroactive to April 1, 1992.

Patient care workers in the PCS, PSC, PDC, PC2, PC11, PC10, PC12, PC11 and PC13 will receive $5 a month of the $68 a month 1992 adjustment retroactive to April 1, 1991.

Kelleher also left open the door to providing pay equity adjustments to workers at above the PC21 and R21 categories in future pay equity adjustments.

HEU accepted Kelleher's award, and individual employers have been told that they should implement the 1992 pay equity adjustments.

The two committees have already held several meetings and are now gathering information for a job value comparison plan, which will be used to determine 1993 pay equity adjustments.

These factors are education, training and experience, physical demands, mental demands, independent judgement, supervision, position classification, service, and working conditions.

If HEU and HRCA fail to establish a job value comparison program within a certain timeline, the contract calls for a strike if Kelleher fails to make a binding decision.

Unions push NDP on layoff protection
HEU has joined with B.C.'s other two health unions to negotiate with Victoria for special measures to protect health workers from layoffs and displacements caused by the shift to community care.

This labour force adjustment strategy, which has not yet been implemented, should minimize layoffs in hospitals, and provide for retraining and new jobs to laid off hospital workers who wish to continue working in the health care system.

This strategy was promised in the March budget, but while the workers on the problem did not begin until June.

HEU, the B.C. Nurses' Union and the Health Sciences Association have taken the position that the government must freezes layoffs now going on in B.C. hospitals.

The government has refused to freeze layoffs.

The government has offered assisted early retirement and assisted relocation programs as part of the strategy. The government also is promising financial assistance for employees seeking retraining or relocation.

The government has also promised to seek commitments from employers to hire employees who have been laid off or are facing layoffs at other health care facilities.

Health care workers who are out of a job may be eligible for a Supplemental Unemployment Benefit Plan under the government offer. This plan would provide an unemployment insurance top up to 85 per cent of the worker's wage for 17 weeks while the worker is relocated, retrained, or awaiting job placement.

The government's failure to put a high priority on worker protection has reduced our confidence in the government's ability to freeze layoffs now going on in B.C. hospitals.

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What we're up to

Cost, from page 3

Hilton Villa, Westshore Laylum

Newly-organized HEU locals in Hamilton

Mediator joins talks at Ponderosa

Quality care, jobs, must be protected, unions tell NDP

HEU presses to conclude outstanding contracts

Quid pro quo on employers who have not yet concl

Mediator has joined the talks at Ponderosa.

Quality care, jobs, must be protected, unions tell NDP

And this corner: HEU's Terracina local chair Elaine Pagani spoke at a Q & A session on the health ministry's special review team when it toured her community during the summer.

Ponderosa management also wants to roll back some attachments to the collective agreement affecting free parking and layoff provisions.

The HEU Provincial Executive has not accepted any concessions affecting any members of HEU," said HEU secretary-business representative Carmella Alleva.

"We have followed that policy since bargaining began last year,

For the first time in Canada we could have a regulation to address violence in the workplace as a health and safety issue," Dean said.

"It could be controlled by asking and then applying occupational health and safety controls.

Defending medicare and the rights of health care workers are the key points made by the three health care unions in a brief to the provincial government official charged with following up the work of the B.C. Royal Commission on Health Care and Costs.

Both contracts protected existing conditions and have members of all improve

Both HEU members at Columbia Residence in Vancouver have ratified a rirst collective agreement. The local was organized in 1991.

The local achieved the CCERA standard agreements in talks which concluded mid-summer and local officers are now working to implement terms of the contract.

Vancouver Island locals conclude new agreements

HEU locals at West Coast General Hospital and K-Bird Laundry in Cumberland concluded new collective agreements in negotiations conducted during the summer.

Mediator joins talks at Ponderosa

HEU members at Ponderosa Lodge in Kamloops are preparing to step up the pressure on their employer to withdraw concession demands and agree to a new contract.

A mediator has joined the talks at press time. Negotiations broke down in August over the employer's concession demands.

Ponderosa has been part of the master collective agreement between HEU and the Health Labour Relations Association. In 1990, the management of Ponderosa quit HEU and joined the Continuing Care Employee Relations Association (CCERA). When talks for a contract covering Ponderosa began Aug. 7, the employer made it clear that he would not place the provisions of the master agreement with those of the HEU/CCERA standard agreements.

Because the master agreement has superior provisions covering benefits and classification matters, Ponderosa was in effect asking for concessions from HEU.

"When talks for a contract covering Ponderosa began Aug. 7, the employer made it clear that he would not place the provisions of the master agreement with those of the HEU/CCERA standard agreements," said Ponderosa manager Halstede.

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"The HEU Provincial Executive has not accepted any concessions affecting any members of HEU," said HEU secretary-business representative Carmella Alleva.

"We have followed that policy since bargaining began last year, and we have no intention of abandoning that policy now," she said.

"For the first time in Canada we could have a regulation to address violence in the workplace as a health and safety issue," Dean said.

"It could be controlled by asking and then applying occupational health and safety controls.

"Safety measures could include redesign of the workplace, improved security systems, improved policies and procedures, escape routes and adequate signage and wall lights."

The draft regulations would be sent out for public discussion and review. A final version could be in place sometime in 1993.

The WCB review also established a special subcommittee, including HEU, to consider measures to control back injury and repetitive stress injuries.

Recommendations will be prepared for new regulations to prevent these injuries, including new regulations on manual lifting.

The WCB is also considering improved regulations on industrial hygiene, Dean said, including the important area of biohazards and permissible concentrations of toxic chemicals.

New regulations in this area, which covers the styrene oxide gas confronted by sterile supply workers, have also been given a top priority.
Victoria takes heat at hospital crisis hearings

B E D W A R S

Northwest B.C. residents were in a fighting mood when a government-ordered inquiry into the funding crisis at hospitals in Terrace, Kitimat and Prince Rupert held public hearings in each community Aug. 31 to Sept. 2.

They turned out to the hearings by the hundreds to voice their demand for adequate funding to reopen beds, reverse layoffs and maintain quality care services in their communities. They also vented their anger at the provincial government for its lack of understanding of the health care needs of northern communities, and urged the NDP health minister Elizabeth Cull to halt the haphazard implementation of community-based health services until a comprehensive plan is in place.

But at press time, northwest residents were still waiting for answers from the government. The seven-member inquiry, which includes union representatives, Bella Maude of HBU, HSA’s Kathy McLennan, and Leslee Zinger of BCNU, was tentatively set to deliver its report and recommendations to Cull Sept. 21.

In all, the inquiry — called the Northwest Health Services Study Team — heard more than 60 presentations from community groups like AIDS Prince Rupert, social and native organizations, local politicians, and concerned individuals. The biggest turnout — more than 500 — was in Kitimat Sept. 1, where residents are concerned that the government cuts are the first step in closing down their hospital. Cull was forced to hold the inquiry because of intense public opposition to funding cuts that created a combined deficit of almost $2 million at the three local hospitals.

HEU secretary-business manager Carmela Allevato was pleased with the turnout for the hearings, and proud of HEU’s role in spearheading health care action committees in northern communities.

“The government should take a clear message from these hearings and quickly rethink its approach to health funding and the implementation of community-health services in northern B.C. and across the province,” Allevato said.

In the last 11 months, 669 hospital beds have been closed across the province and more than 550 health care workers laid off because of NDP budget cuts and health care restructuring.

Cull says ‘No’ in Prince George

Prince George NDP MLA’s are still dealing with an angry public after health minister Elizabeth Cull ruled out July 31 an external review for Prince George Regional Hospital where government funding cuts caused widespread bed closures and layoffs. HEU activists and the local Community Action to Save Health Care committee organized a strong campaign to press for more funding for their hospital, which closed 61 beds, cut services and laid off 100 workers earlier this summer — and for outside review with full public scrutiny.

However, based on a recommendation from MLAs Lois Brown and Paul Ramsey, Cull said no to both the review and increased funding. Since then, area residents have kept pressing Boone and Ramsey to take action to deal with the crisis. It seemed that the pressure might have worked, because Boone and Ramsey requested a Sept. 2 meeting with officials from the three health unions to discuss holding the review. But, after 500 people turned up at a Kitimat hospital crisis hearing the night before, Boone and Ramsey changed their minds again, citing concerns about too much public involvement.

Local activists have vowed to keep up the fight for the review.

Local NDP MLA’s Paul Ramsey (centre) and Lois Brown (right) played a key role in health minister Elizabeth Cull’s decision to rule out an external review at Prince George Regional Hospital.
Kitimat LPN enjoys tensions of OR work

But NDP cuts bring layoff notice

By STEPHEN HOWARD

When licensed practical nurse Louise Weightman first came to Kitimat, it was supposed to be for a year only. But it didn’t work out that way, and 17 years later Weightman has put down roots in the community serving as LPN at Kitimat General Hospital.

A lengthy list of daily tasks awaits her in the hospital’s only operating room, where, over the past 17 years, Weightman has helped make computer technology a part of patient care.

Hospital administration reduced her full-time operating room position to only four hours a day – one of many cuts in patient care to make up a $250,000 budget deficit.

She was issued a layoff notice July 28.

Weightman says it will simply be added to the workload overload of other hospital staff who have no time for respite.

Since receiving her notice, she has worked more than 100 hours of overtime.

And the operating room workload will only increase now that the hospital has received longer term funding for a new orthopaedic surgeon.

Weightman warns full-time work, after waiting the maximum 31 days, she’s bid into an LPN position in Kitimat General’s newly combined second floor maternity/surgery/medical/paediatrics ward.

Weightman came to Kitimat in 1975, almost fresh from her LPN course which she completed at Nanaimo’s Malaspina College the year before.

Her community involves a family – three daughters ages eight, 11 and 13, and a husband who’s a heavy duty mechanic at Alcan. She’ll stay in Kitimat until she retires because she likes the North and the northern lifestyle.

“Good place to raise kids,” Weightman says.

Kamloops’ Zuk makes computer first

She hears her entry mistakes

It’s been a struggle, but Kamloops medical transcriptionist Susie Zuk has helped make computer history by learning new technology and rectifying errors.

A typist by trade, Zuk has been transcribing patient records at Royal Inland Hospital for 11 years. For most of that time, she worked on a typewriter, relying on her co-workers or a time-consuming image enlargement device to proof her work.

But when the hospital switched to a new word processing system last year, Zuk had a chance to be part of computer history in Canada.

“We had a chance to be part of computer history in Canada,” Zuk says.

When the switch was made, the hospital, with the help of a local blind people’s organization, purchased a specialized software program called Screenreader. It’s a proofreading program with a vocal synthesizer. So now, Zuk checks for mistakes by activating Screenreader, which reads back to her how she’s spelled a word.

It’s the first time in Canada that Screenreader has been linked to the data entry software program used at RIH.

Learning computer technology was a big challenge for Zuk because she’s never seen a computer. But by working with two special software consultants, who are also blind, and using special manuals in Braille, Zuk was quickly trained.

Now, Zuk says she’s able to work more independently and to call up patient records and enter patient information by herself.

An accomplished musician, Zuk plays a hot organ and has been a member of a number of local bands. She’s something to believe – a go-getter with a great personality and she’s a good union sister, reports HEU local secretary-treasurer Ken Prettis.

HEU slowly forcing its way into decision-making

By CHRIS GAINOR

If the demands of HEU members are to employers and governments, the union is to be bolded down to one word, that word would be respect.

Hospital administrators and the ministry of health officials have always had respect for such other, as well as for physicians and certain other professionals.

It has been clear that many employees don’t have respect for the members of HEU. The steps employers have taken to block HEU members’ efforts to win justice are proof of that.

Another measure of the lack of respect shown HEU members is the fact that HEU and its members have almost never been invited to take part in decisions about the future of the health care system.

HEU board offices, as we know, are made up of people elected by closed societies or appointed by the provincial government.

Regional hospital districts, health planners and the ministry of health routinely consult doctors and sometimes nurses when deciding changes to our health care system. But few have ever called on HEU or its members.

But this lack of respect is beginning to disappear, and HEU voices are beginning to be heard in places where decisions are made.

One reason is that in the last few years, the union has gotten involved in public discussions on health care issues that are not directly related to collective bargaining. HEU leaders, members and staff have appeared in public and in the media to express worry about the future of health care in B.C.,

HEU members from all over the province appeared before the Royal Commission on Health Care and Costs, and those HEU presentations had a definite impact.

Another important reason is last year’s defeat of Social Credit and the arrival in power of the NDP. It is safe to say that after last year, few bureaucrats in Victoria had ever dealt with trade unionists when setting policy.

Now the word is going out that unions and unionized workers must be listened to when the government makes decisions that affect workers.

For example, HEU is represented on health minister Elizabeth Call’s advisory committee on the Royal Commission. HEU also has a seat on the review team studying the funding crisis at northeastern B.C. hospitals.

The old habits are dying hard in Victoria, and progress is sometimes frustratingly slow. But we are now beginning to be listened to by politicians and government officials.

HEU members will have to continue speaking out in public to make our concerns known to politicians.

Reform of the health care system has begun. While bad closures have already shown us that this reform has serious problems, another part of this reform should include the opening of the hospitals in the hands of health care professionals.

If this change is made, HEU will be in a better position to win justice and respect for its members.

EDITOR’S NOTEBOOK

Disappearing Job: LPN Louise Weightman sterilizes surgical bundles for the Kitimat General Hospital operating room.

She has been laid off, but the work remains.

GuARDIAN • September/October 1992
Labour

Four million strike in South Africa

Four million South Africans stopped business as usual with a nationwide strike, Aug. 3 and 4. The massive walkout was aimed at opposing the government's continued complicity in violence that has claimed over 5,000 lives in the last year. The violence has forced the African National Congress to suspend negotiations with the De-Klerk government.

A coalition of the ANC, the labour federation COSATU, and the South African Council of Churches staged a general strike, which was one of the largest in the country's history.

They called it a "reformism" in support of ending white rule, which has become characterized by a public face of appeasement and conciliation, and behind-the-scenes collusion in so-called "black-on-black" violence. It's no wonder that in this climate the De-Klerk government has renewed its censorship of the press, in particular The Weekly Mail and New Nation, which have exposed covert government actions to promote violence in black townships.

In the wake of the brutal killing of 47 people at Bophong in June 17 by vigilantes and uniformed police, ANC leader Nelson Mandela appeared at an emergency session of the United Nations Security Council.

He called for an international peacekeeping force and urged Americans to reimpose sanctions that President Bush lifted in 1991. A team of 10 United Nations observers was present at the August general strike.

CUPW accepts new contract

Almost three years after their old contract expired, Canada's postal workers finally have a new one.

It provides wage increases averaging 3.2 per cent, a better grievance procedure, improved job security, and protection against contracting out.

The contract also brings 8,000 new members into the CUPW—the previously non-union workers who deliver ad-mail.

The new contract is the first negotiated since the Canadian Union of Postal Workers merged with the Letter Carriers' Union three years ago.

A series of rotating walkouts last year culminated in a short strike of all postal workers in October. However, they were immediately legislated back to work by the federal government, and their contract was handed to an arbitrator.

In front of the arbitrator Canada Post retreated from positions it had already agreed to in a mediation last year. It appeared a new contract might take another whole year to settle. Finally, last July, an agreement was achieved through negotiations between the parties.

On July 31, 82.2 per cent of the union members voted in favour of the new agreement.

The last time the workers had struck was in 1987. The new agreement lasts until Jan. 31, 1995.

CUPW Perspective/CALM

Cod fishery workers force major retraining venture

It was a stunning announcement made in early July. Even Canadians who've never been to Newfoundland seemed to sense the economic desasion caused by closing the island's cod fishery for two years.

The killing of almost 20,000 Newfoundland fishers and plant workers became known as the biggest layoff in Canadian history. It was like, some said, shutting down the auto industry in Ontario, or the forest industry in B.C.

And to add insult to injury, the economic compensation package offered by Ottawa amounted to payments of $235 a week. That figure was based on the minimum wage for non-union plant workers. It didn't come close to compensating the fishers for their lost income.

But the Newfoundland Fresh, Food and Allied Workers (CAW) never accepted the federal government's plan. They lobbied to have wage increases in the compensation package.

Finally, in late July, they succeeded. Federal Fisheries minister John Crosbie unveiled a revised plan which will pay $325 to $400 a week if the fishers or plant workers take training or upgrading courses during the two-year moratorium.

It also contains early retirement options and incentives to give up groundfish licences in exchange for training in other lines of work.

Royal Oak strikers face scabs, riot squad

Long before the shocking explosion which killed nine replacement workers, the lockout of 240 workers at the Royal Oak gold mine in Yellowknife, N.W.T. was developing into an historic labour struggle.

It has pitted a group of determined, rugged miners against the U.S.-style, union-busting tactics of Royal Oak's president, Margaret Winn.

The lockout also brings into focus the need for labour law reform at a time when reforms are being debated in a number of jurisdictions in Canada.

It all began on May 23, 1992 after over 80 per cent of the union members rejected a concession-hidden offer by the company.

The miners are represented by the Canadian Association of Smelter and Allied Workers Local 4, an affiliate of the Confederation of Canadian Unions.

Within hours of the start of the lockout, Royal Oak hired scab labour in an attempt to keep the mine operating.

About 125 scabs have been hired, according to company reports. It is one of the few examples of scab labour being employed during a labour dispute in the Canadian mining industry.

The scab crews are flown into the mine site by helicopter where they are housed in temporary dormitories set up in the Royal Oak administration building. They remain in the compound for periods of up to six weeks, watched by a 50-man contingent of Pinkerton security guards.

As in every labour dispute where they are used, the presence of scabs provokes confrontations on the picket line. The police have used these as an excuse to turn Yellowknife into what resembles an occupied territory.

A special contingent of 50 RCMP riot squad members were flown in from Edmonton.

The RCMP are escorting company vehicles and supplies through the picket lines. They are attacking union members and their families and, on several occasions, fired their weapons to intimidate pickets.

"We will continue the strike until we win," declared a determined Mr. Winn, president of CASAW Local 4.

"Under the conditions that Royal Oak is trying to implement are utterly unacceptable." There is one thing you can be sure of, he concluded, "we will last one day longer than Royal Oak."

CASAW Food's GoldCALM

September/October 1992 • GUARDIAN
DEALING DRUGS

by CHRIS GAINOR

PUSHING THE FREE TRADE PRESCRIPTION

An excerpt from "Making the Case, Canada Free Trade With Mexico," edited by Lee Banting.

How free trade is hitting our medicare system

Soaring drug costs add to bed closures, bed losses

The soaring costs of pharmaceutical drugs are one of the most significant challenges facing the health care system today. As drug prices continue to rise, hospitals and health care providers are facing increased pressures to reduce costs and improve efficiency.

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The soaring costs of pharmaceutical drugs are one of the most significant challenges facing the health care system today. As drug prices continue to rise, hospitals and health care providers are facing increased pressures to reduce costs and improve efficiency.
WHILE hospitals and hospital workers face the consequences of yet another year of tight budgets, and even doctors feel the bite of financial restraint, prescription drug costs in Canada are going up faster than ever.

The reason is simple: The same Mulroney government in Ottawa that’s slashing health care spending has caved into the demands of multinational drug companies by effectively removing competition which came from Canadian manufacturers of the generic drugs.

Because the Conservatives have lengthened the time the multinationals can use their patents to prevent competitive versions of drugs from coming on the market, the multinationals have a free hand to set prices for prescription drugs.

The Tories’ favouritism toward the multinational drug companies is part of the U.S.-Canada Free Trade Agreement and the upcoming North American Free Trade Agreement (NAFTA), which also includes Mexico.

Despite denials from the Conservative government that drugs were part of the original free trade deal, U.S. sources of the deal issued at the conclusion of free trade talks in October, 1987, mentioned a Canadian promise to pass legislation extending patent protection to pharmaceutical drugs.

Two months later, the Tories passed Bill C-32, giving the multinational drug companies seven to 10 years’ patent protection against generic copies of their drugs.

The patent law was a major victory for the multinationals and their supporters in Washington, but it wasn’t the total victory the multinationals wanted. That’s why prescription drugs are bound to be part of NAFTA.

Prescription drugs are becoming a hot issue in Canada, as well, as provincial governments struggle to contain health care costs. Individuals are feeling the pinch as drug entitlements are cut and deductibles increased by their prescription drug programs, which are used mainly by seniors and the poor.

Pharmaceuticals have been among more durable trade irritants between the U.S. and its neighbours, Canada and Mexico. The reason is that both Mexico and Canada have permitted compulsory licensing of pharmaceuticals in their countries.

Compulsory licensing allows companies to apply for a license to manufacture and import generic versions of the patent holder’s product during the life of the patent. The multinationals want full protection from generic copies of their drugs during the 20-year life of their patents, giving them a free hand to set drug prices.

Canada’s longstanding but narrow compulsory licensing law was widened in 1989, generating an expensive battle on all fronts against it by multinational drug companies, whose levels of profitability are head and shoulders above other industries.

A major government report in 1985, the Eastman Report, found that compulsory licensing had little impact on the profit ability of the multinationals.

Eastman said in 1983 alone, Canadian consumers saved $211 million in a pharmaceutical market that to-

Dealing Drugs

Soaring drug cost

Soaring pharmaceutical drug prices are having a direct impact on the B.C. health care system.

In this year’s provincial budget, spending for the Pharmacare program rose by 14 per cent, more than double the increase allocated for hospitals.

The year before, Pharmacare spending went up by 26 per cent. In spite of those whopping increases, the deductible for Pharmacare was raised in both years, increasing the cost of prescription drugs to individuals.

Like B.C., many other provinces are imposing higher deductibles or restrictions on the use of their drug plans to keep costs under control.

Of every dollar spent on health care in Canada in 1990, drugs took up 13 cents. This is up from only nine cents in 1975.
telled $1.6 billion. In spite of these facts, the Tories set about to give the multinationals much stronger protection in Bill C-20 than Eastman recommended. The Reagan administration put pressure on the Mulroney government throughout the free trade talks, and Mulroney was also sensitive to the fact that the multinationals had strong political support in his home base of Quebec.

The multinationals promised that drug prices would not rise above inflation, that research spending in Canada would rise, and that 2,000 new jobs related to pharmaceutical research would be created in Canada by 1985. In a recent study for the Canadian Centre for Policy Alternatives, Dr. Joel Lexchin found that while the price increases for existing drugs under patent have fallen below inflation since 1987, price hikes for new prescription drugs and non-prescription have not.

Research spending by the multinationals has risen, but most of this spending has followed the tradition of being for clinical studies of existing drugs and of “me too” drugs similar to existing products, certainly not the exciting breakthroughs promised by the multinationals.

Lexchin projected that the new jobs created would fall below the targets promised by the multinationals, and added that hundreds of manufacturing jobs have been lost in this industry in Canada.

The multinationals spend huge amounts of money on promotion—17 per cent of their sales revenues, according to the Eastman report.

The drug companies’ promotional spending in 1984 worked out to $4,500 for each physician in Canada. Evidence is mounting that many Canadians suffer from overuse and overprescription on pharmaceutical drugs prescribed by physicians whose main source of information on these products is the pharmaceutical drug industry.

As a review of the drug laws by the federal cabinet approached in late 1991, Canadian television viewers were bombarded by television ads from the multinationals boasting of their research innovations.

On January 14, 1992, federal trade minister Michael Wilson announced that his government would endorse a proposal being made at the talks for a new General Agreement on Tariffs and Trade (GATT) calling for full 20-year patent protection for pharmaceuticals, in line with existing practices in the U.S.

In June, Wilson followed up this announcement with legislation that would give the multinationals full 20-year patent protection.

Although Wilson’s actions are officially related to GATT, the link to free trade is also clear. Because Bill C-22 wasn’t a total surrender to the multinationals, Washington kept the pressure on Ottawa by putting Canada on a special trade “watch list.”

Mexico has felt similar pressure from its powerful neighbour. Washington fought compulsory licensing in Mexico with the “watch list” and the withdrawal of preferential tariff treatment from Mexican chemical products in 1987. The pressure worked, and now Mexico is in the process of extending the patent protection for pharmaceuticals to 20 years.

The multinationals have won a victory over home-grown generic drug industries in Canada and Mexico.

The Canadian generic industry, which has so far weathered the storm caused by Bill C-22, is worth $400 million, employs 2,500 people, and also does its own research and development.

The Mulroney government’s work on behalf of multinational drug companies now threatens this industry. It also means higher drug bills for governments and individual Canadians.

### How free trade is hitting our medical system

The reason for the soaring costs of pharmaceutical drugs is the federal government’s decision to increase patent protection to drugs produced by multinational drug companies, protecting them from competition. In a recent interview, health minister Elizabeth Call said spending on drug costs are restricting her freedom to increase health spending for hospitals.

“We wouldn’t have been able to do that (increase spending) because we have this one-spend-ended part of the budget called Pharmasave, which, whether we like it or not, is increasing this year because of drug prices and the changes in patent protection legislation,” Call said.

The B.C. Royal Commission on Health Care and Costs reported that between 1985 and 1989, drug costs rose each year at an average rate of 13.7 per cent above inflation. Ministry of health spending rose by 4.5 per cent above inflation each year during that time.

Clearly, the growing amount of money for drugs, which leaves Canada for the coffers of multinational drug companies, is money that can no longer go to pay for hospital services or health care workers’ wages in B.C.

Because many drugs are supplied directly by hospitals, rising drug prices are putting more pressure on the individual budgets of hospitals as well.

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September/October 1992 • GUARDIAN
Health minister Elizabeth Cull talks about health budgets, hospital beds, the Royal Commission and reform in this interview with The Guardian.

"The impact of the Royal Commission on this year’s budget was there, I won’t deny it."

E

LIZABETH Cull, the New Democrat MLA for Oak Bay - Gordon Head, became minister of health last Nov. 5, when the new NDP government took office. Health workers had high hopes for the new government, but its first year in office has been marked by conflict. Cull began implementing changes proposed by the Royal Commission on Health Care and Costs, moving resources from hospitals to community and home care settings, and capping doctors’ incomes. There was the HEO strike and then a wave of bed closures and layoffs as a result of the March budget.

How does Cull view her first year? And has she heard the concerns of HEO members? Guardian editor Geoff Meggs recently interviewed Cull in her office in Victoria. Here are excerpts from that interview.

THE HEALTH CARE BUDGET
GM: Go back to the budget. Tell me what goals you had set for health care and what you have achieved.
EC: Health did get the biggest budget increase of all ministries, over $400 million which is about 7 1/2 per cent over last year’s expenditures. If you look across Canada, it is by far the highest health budget increase that any government is giving.

Another goal was to start to give attention to those areas of health care that had been chronically neglected by federal governments and a lot of that has to do with community-based care, but there were special areas that philosophically the Socialists couldn’t deal with, like funding for AIDS, abortion clinics, and the mentally ill.

What I’m trying to do as we go forward preparing the 1993-94 budget is to get a good understanding of what the impact of this budget has been on the communities in British Columbia, and to make adjustments to our funding decisions based on that understanding.

In the fall, I will be asking stakeholders groups to actually work through some of these problems with us and we will try to give them a package of financial information around what the Ministry of Finance thinks is happening to the economy and the budget.

If we have a very limited budget increase next year, then I think we would probably have to make more conservative decisions in terms of the implementation of any of the directions of the Royal Commission.

It sounds like you were overtaken by financial considerations. You had to consider the financial questions first and then look at the health priorities.

Absolutely, I think that’s clear that we couldn’t do everything that we wanted to do... Very simply, a 7 1/2 per cent increase to hospitals would still have resulted in bed closures and then people in the hospital sector would have said, not only are you closing beds, but you have put virtually nothing into the community to pick up the slack.
Now we shifted two per cent from both medical services and hospitals to the community sector and that rather small shift represented a 25 per cent increase in funding in the community sector, which shows how the Ontario 'under-funded' community sector was.

Right now what we are doing is trying to understand that shift and see what the impact is.

We did an analysis of what we needed to do everything exactly the same as we'd been doing in hospitals, plus meet new growth, and we needed over 10 per cent to do it.

The bed closures that are being triggered in the North have to do with the funding formula. This year with the hospitals we took the 5 1/2 per cent, and half of that money went right off the top to those very high priority programs — cancer, heart, AIDS, kidney dialysis, and to those beds that have just been opened or were about to be opened.

For the other half, we tried to provide a formula which says we'll fund hospitals at an average number of beds per thousand, and the average rate now is just a little over those beds per thousand (people) and we'll make an allowance beyond that average, of 50 per cent, to take into consideration the kinds of circumstances you find in northern and rural communities — geography, distance, weather, lack of community services. Maybe it should have been 40 per cent, maybe it should have been 60. There's nothing magical in that number. It was the best guess of the people who are involved in the system.

DELAYING BED CLOSURES

Why not tell the people that they were to get down to a certain target by a certain period of time and let them phase it in?

We do have hospitals in the province that have gone through sometimes two operational reviews. They have been told what they need to do and they still fail to do it.

Prince George unfortunately is one of those hospitals that has had two sets of reviews telling them how to deal with their deficit and they, until quite recently, haven't put any of those procedures in place. Sometimes even giving people a target and a date doesn't make the transition any smoother if the hospital isn't ready to come to grips with the issues they have to come to grips with.

It seems to be a very contrary outcome to what you are trying to achieve because the layoffs, the pink slips, are happening to people who have been protesting about waste in the system for a long time but it appears (they are) to be tucked out the door when the hammer falls.

"I don't think 'closer to home' is cheaper. I've never said that we'll save money going in that direction."

I think that's one of the things we have to find a way to do is give more authority to people who are on the front lines of health care in terms of being able to point to waste and inefficiencies. That's why we insisted on special review teams which...have union presentation on the teams. We're going to do community health audits that will look not only at the hospital but look at the community services, because you need to see things as a whole. They will have union representation on them because I think you can learn as much, maybe more, from the people who are actually there day in, day out, delivering services.

MOVING JOBS

Wouldn't you agree, though, that the labour force adjustment side of this whole program has been a disaster?

No, I don't think it has been a disaster but I wished it had been up and running a lot sooner.

So will the ministry pay for people to re-train for jobs?

One of the things we're doing through the job adjustment or the labour adjustment strategy right now is looking at how we're going to facilitate re-training and other assistance to people who may have to make the transition. The reason those (community care) jobs aren't being filled is because we've agreed with the HEU, the HSA and the BCU to delay filling those jobs until the end of the summer so that we could make it absolutely certain that anybody who is going to receive a layoff notice would have an opportunity to apply for one of those jobs if they have the qualifications or they could be retrained.

So that is your commitment, that the jobs will be offered first to people who are disabled in the existing facilities?

I've been saying all along that our preference is first to offer to people who are disabled; second to people in the community; third to British Columbians and fourth to people out of province. The reason we've advertised out of province is that there are a number of job classifications which we've learned from bitter experience you don't fill inside the province, there's a shortage across Canada...

ELECTED HOSPITAL BOARDS

You ran (on a promise) of elected hospital boards. Why not just tell hospital boards they are going to have to go to the polls?

I think the bigger question around hospital boards, is do we want elected hospital boards or do we want elected health councils that have a broader mandate than just hospitals? That's one of the things that we're exploring right now, because I think that elected hospital boards are only part of the answer.

We need democratic health councils that have much more decision-making authority in the communities than exists right now.

CLOSER TO HOME

What we've got right now is a financial situation that's kicking us to make some hard decisions. I don't think "closer to home" is cheaper. I've never said that we'll save money going in that direction. I think we improved on health care by going in that direction. We can't afford to move to a system that is radically more expensive, but we can afford, I think, to move to a system that provides a better quality of health outcomes for people.

Are you committed to making sure those changes do not occur at the expense of the working women and men in the industry?

It's clearly one of the objectives we have to pursue to make sure that change doesn't happen on the backs of the workers. I think the way we're going to do that is to change the decision-making structure that exists throughout the health care sector right now.

"What we've got right now is a financial situation that's kicking us to make some hard decisions"
WORKERS AT Westshore Leaston joined HEU to deal with
many workplace problems like workload. Here are
some of the new members: front row, left to right: Jodi McPherson, Pat Voth, Jill
Baehrel, Joanne Connelly. Back row: Susan Brown, Edith Powell, Charlotte
Ryland, Ida Bournick, and Rhona Challand.

BUILDING OUR UNION

BY STEPHEN HOWARD

A NEW HEU organizing policy to meet
the challenges of a changing health
work place is paying big dividends
for hundreds of workers now enjoying
the protection of an union contract.

Since the new policy was introduced nine
months ago, workers at seven workplaces in
the Lower Mainland and on Vancouver Island
have voted to join HEU. Organizing drives are
under way at several more.

The new policy includes
important changes — which were
approved by the Provincial
Executive late last
year — in the midst of
organizing — which
mean the union will more aggressively organize
smaller, unorganized care facilities.

The new policy is also a sign that the union
is prepared to deal with the challenges that will
result from the major changes in the health care
system being implemented by the Ministry of
Health.

The shift from acute care services to
community-based care will mean a dramatic increase
in many smaller agencies delivering
care services, and HEU intends to be front and
centre to represent workers’ interests and
safeguard quality patient care as these changes
take place.

In the past, HEU had limited its organizing efforts to
larger long-term care facilities that were
already fully-funded by the Ministry of Health.
But now, the union’s policy has expanded to
include health care facilities and agencies that
receive direct or indirect ministry funding.

Since last December, the union has successfully
organized seven smaller facilities.

About 60 workers at Surrey’s Hilton Villa and
20 more at Vancouver’s Fleming Rest Home
joined HEU in December. In February 30 workers
at Delta’s Westshore Leaston elected for
the union. About 45 caregivers at Abbotsford’s
Boyan Lodge joined in July, followed shortly after by 56 workers at Westminster House in
White Rock. Finally, in August, 13 workers at
Yarrow Lodge, a rural 18-bed group home for
mentally ill men near Chilliwack came on board,
as did 28 more at Rainbow Gardens in Port Alberni, a new 20-bed facility set up to meet the
long-term care needs of the area’s native community.

First contracts have already been bargained for
many of the facilities, and negotiations are under
way for contracts at the remainder.

Improved wages and benefits were just one of
the reasons why workers at the new locals joined HEU.

“These new members were looking for more
than increased pay and better benefits,” says
HEU secretary-business manager Carmela Al\nleva. “They are looking at the union as a way
to gain more power to deal with workload issues
and as a way to force employers to let them
provide a higher level of care that the workers
think patients deserve.”

According to Allerato, the new organizing policy
couldn’t have come at a better time. “We’re in a
time of great change,” she said, “and health
employers will try to take advantage of this to
further undermine working and caring condi-
tions for thousands of dedicated caregivers
across the province.

“HEU is the health care union in B.C., and we
will not allow substandard conditions to exist for
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ey efforts to use changes in the health care
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tion of health services.”

The union has set a number of new organizing
priorities. These include private long-term care
facilities, facilities for the physically and men-
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Gay Burdison, the union’s director of organiz-
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Former Mt. St. Joseph’s activist Meg Hopkins
has been hired as a permanent rep-organizer
for new drivers.

Other activists from across the province have
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summer, and are ready to be taken off the job to
assist as needed.

The new organizing strategy also relies on ex-
isting HEU members and the tips and contacts
they pick up in their communities. New proce-
dures will soon be in place to ensure that these
tips are passed on to organizing staff and acted
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While expanding its efforts, the union isn’t
shying away from the more traditional acute care
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tors.

The goal is to ensure that union wages and
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WORKERS AT Westacres Layum joined HEU to deal with many workplace problems like workload. Here are some of the new local members: front row, left to right, Jodi McPherson, Pat Voth, Jill Humble, Joanne Connolly. Back row: Susan Brown, Edith Powell, Charlotte Gyllland, Ida Bellissi, and Rhona Chaland.

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The new policy included important changes — which were approved by the Provincial Executive late last year in the midst of bargaining — which mean the new union will more aggressively organize smaller unorganized care facilities.

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"These new members were looking for more than increased pay and better benefits," says secretary-business manager Carmela Allevato. They’re looking at the union as a way to gain more power to deal with workload issues and as a way to force employers to let them provide a higher level of care that the workers think patients deserve."

According to Allevato, the new organizing policy couldn’t have come at a better time. “We’re in a time of great change,” she said, “and health employers will try to take advantage of this to further undermine working and caring conditions for thousands of dedicated caregivers across the province."

“HEU is the health care union in B.C., and we will not allow substandard conditions to exist for any health care workers. The new union policy is also a message to employers that we will fight any efforts to use changes in the health care system as a cover for profit-motivated privatization of health services.”

The union has set a number of new organizing priorities. These include private long-term care facilities, facilities for the physically and mentally disabled, homemaker services, and ancillary care services, like alcohol and drug treatment and community outreach programs, that will be prominent in the Ministry of Health’s new plan.

Gay Burdiss, the union’s director of organizing, now has more resources at her disposal. Former Mt. St. Joseph’s activist Meg Hopkins has been hired as a permanent rep-organizer for new drives.

Other activists from across the province have received training in a special union course this summer, and are ready to be taken off the job to assist as needed.

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The goal is to ensure that union wages and working conditions prevail whenever health care is provided.

GUARDIAN • September/October 1992
Save medicare call draws huge support

More than half a million Canadians signed petitions demanding their support for our national medicare program, says the Canadian Union of Public Employees. And another half a million tuned in late in June when CUPE aired a national television program explaining the threat to our universal medical health system. The CUPE played a key role in the B.C. part of the campaign, which was directed by CUPE and directed nationally by the Canadian Labour Congress.

The Canadian Health Coalition, a national body dedicated to the defence of medicare, reviewed the spring campaign in an Ottawa board meeting Aug. 24.

Attacks on B.C. health workers skyrocket

Violent attacks on B.C. health workers are skyrocketing, according to the latest statistics from the Workers' Compensation Board. The increase in accepted claims is up 329 per cent between 1980 and 1981, the HEU has found.

"HEU members make up by far the largest group of workers in health care affected by acts of violence," said HEU secretary-business manager Carmela Allevato.

There were only 91 claims accepted in 1980. The number increased steadily up to 1981, when it jumped to 317 claims. In 1991, 390 claims were accepted.

The figures do not include any claims which did not involve wage loss. If a worker claimed medical expenses but no lost wages, no WCB claim is registered. The figures also do not represent claims which are denied.

HEU bursaries announced

HEU has awarded more than $6,000 worth of bursaries to help nine HEU members and the children of four other members pursue post-secondary education studies during the 1992-93 academic year.

Carl Barrow of the Maple Ridge local won a $500 bursary from the Prince George local, Money Benoit of the Victoria Association for Community Living (VACL) local won a $350 bursary from the Victoria General local, and Donna Briggs of the Surrey local won a $500 bursary from the Provincial Executive. The $350 bursary from the Mission local went to Barbies Donovan of the Queen Alexandra local, while Annette Dibble, daughter of Kay Kajner-Harris of the Hope local, won the $500 bursary from the Lillooet local, and Dominique Etette of the Coquitlam local won the $500 Ginger Goodwin bursary from the Provincial Executive.

Army got health dollars

"Billions of dollars that would have cured B.C.'s ailing health care system have been allocated to military spending," says NDP Shuswap MP Lynne MacWilliam.

MacWilliam said the Mulroney Conservatives cut billions from programs previously supported by Ottawa, including $1.2 billion funds headed for B.C.'s health budget. "Now Mulroney is spending $6.3 billion on military toys, including $4.6 billion on 35 new anti-submarine and 15 search and rescue helicopters." A further $1.8 billion has been allocated to maintain existing vehicles and Bell helicopters.

MacWilliam said he supported the purchase of search and rescue helicopters, "but the additional 35 anti-submarine helicopters make no sense when considered in the context of the erosion of basic health services in this province."
PUZZLE

I'm tired of unfair treatment. I'm tired of low pay. Then come to the union meeting tonight. I can't. I'm too tired.

HER PROBLEM IS

This issue's puzzle is based on one provided for us by Vivian Jenkyn of Sherwood local in Clearbrook. Thanks Vivian, and apologies for misspelling your name in the last issue! Unscramble the words, then use the circled letters to provide the missing word in the headline. A clue: the words are familiar to HEU members.

MINUROF
BADNEP
SLUGHEED
RETBAP
PREMATURR
SERRN
TENSIDER
OUNNI
NOCAVATI
SEDOM
READACIE
KROW
EQUAPCHY
SLUPE
MASTINTIROAD

CALANDAR

The Guardian welcomes letters for Calendar. Mail to 2006 West 10th Avenue, Vancouver, B.C. V6W 4P5 or phone 734-3431.

HEU notices will get priority in the space available.

NOVEMBER

30 – 4
MONDAY to FRIDAY, B.C. Feder-

ation of Labour annual convention, Trade and Convention Centre, Vancouver.

4 – 10
SUNDAY to SATURDAY,
HEU Biennial Convention, Richmond Inn, Richmond.

Note: The incoming Provincial Executive will establish a meeting schedule for the remainder of 1992 and 1993.

HEU takes high profile at Labour College

HEU members Halie MacMullen, of the Coomox local, and John Hardy, of the New Vista local, were in the thick of the action this summer during their term at the Labour College of Canada.

MacMullen was elected to one of the three stewards' positions. The stewards represent the students in any discussions with administration.

MacMullen's two colleagues, both from B.C., were Jeffrey Brovold, of CLFE 498, and Robin Hamnsberry, of the B.C. Government Employee's Union, daughter of HEU rep Eileen Hamnsberry.

HEU sponsors two members a year to attend the college, which provides advanced training in trade union skills as well as special courses in economics and politics.

Burnaby activist is pillar of Union Label Committee

When Burnaby local member Don Allen volunteered for the B.C. Federation of Labour Union Label Committee, he didn't know he would become a drug abuse campaigner. But that's him in the accompanying picture, walking in the PNE Parade last month behind the committee's "Say No To Drugs" Mustang.

The dragger was built by students with corporate and union support to install drug abuse awareness in schools. It's just one of the many activities Allen participates in as recording secretary of the committee.

The dragger's entry in the parade marked the first labour participation in the PNE event in many years.

Suggest to carry NDP banner

HEU staff rep Heather Suggitt has won the nomination to run for the New Democratic Party in Kootenay West/Kootenay in the upcoming federal election.

Suggitt, who came out of HEU's ranks, is a long-time party activist who says she shares the same concerns of ordinary working people in the riding.

The seat has been held for many years by NDP senior Kyle Kristiansen, who has announced he will not be seeking re-election.

HEU's Chouhan appointed to IRC

Raj Chouhan, HEU's Vancouver Island regional director, has been appointed to a two-year term on the Industrial Relations Council.

Chouhan came to HEU in 1986 after serving for seven years as president of the Canadian Farmworkers' Union.

He is one of 11 labour representatives on the council, which also includes 11 employer representatives.

All council members serve on a part-time basis, so Chouhan will continue his duties with HEU.

Labour minister Moe Shisano, in announcing the appointment of Chouhan and other council members, said the council has undergone major changes in the last few months and now enjoys the confidence of both labour and management.

Violet Rice retires at Mount St. Joe

Violet Rice, an accounting clerk in the Mt. St. Joseph Hospital in Vancouver, retired Aug. 31. The HEU member looks forward to travelling, golfing, curling and enjoying life on her farm in South Surrey.

PNE PARADE: Don Allen, of the Burnaby local, marched in the PNE Parade last month behind the Union Label Committee's "Say No to Drugs" dragger.

Pay equity pressure
HIU is keeping up the pressure for payment of remaining pay equity adjustments negotiated under the new Collective Agreement.

Fighting to save jobs
Northern communities are keeping up the pressure to save their hospitals from disastrous budget cuts.

Free trade prescription
How free trade drives up health care costs by propping up the profits of drug multinationals.

Calling on the minister
Health minister Elizabeth Cull answers her critics in an exclusive interview with The Guardian.