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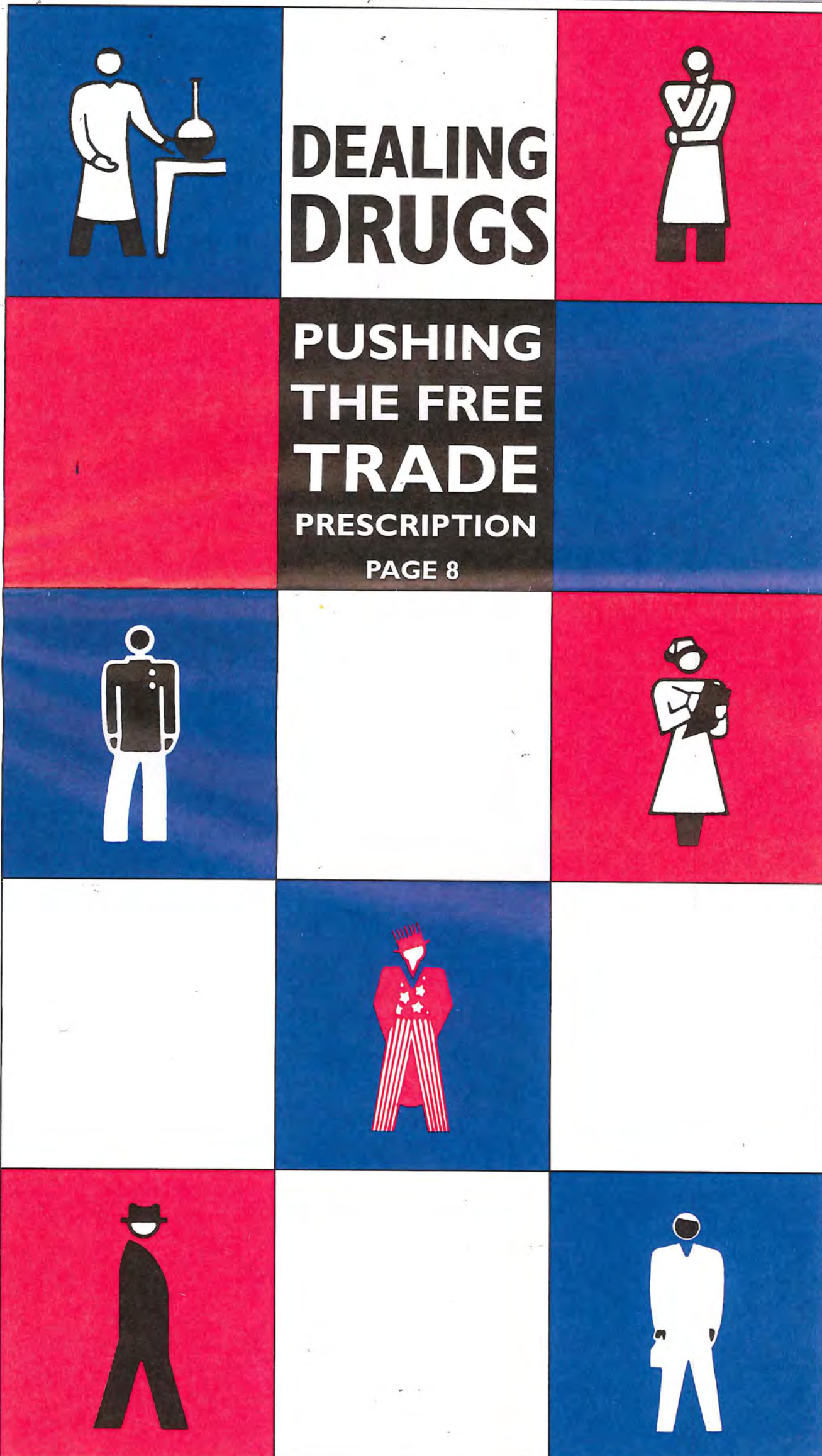
Guardian



VOL. 10 NO. 4

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SEPTEMBER/OCTOBER 1992



ELIZABETH CULL

THE BED CLOSURE BATTLE

B.C.'s northern communities tell a special health ministry review that they are totally opposed to bed closures and layoffs. A full report.

PAGE 5

CALLING ON THE MINISTER

As her first year in office draws to a close, Elizabeth Cull tells *The Guardian* she is committed to ensuring that health workers' jobs are protected.

A feature interview.

PAGE 10

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 Oct. 4 to 9 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 home" 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 prominent role that our union and our members will play to ensure that quality health care is not sacrificed to achieve budgetary goals.

In this issue of *The Guardian* we chronicle the fight for health care being waged in northern communities in this province where nearly one



COMMENT

by CARMELA ALLEVATO

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 repealing Bill 19 and

replacing it with new labour legislations. 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 — not 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 dues 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 work over the past two years.

Congratulations are also in order to the committee and to *The Guardian* staff for the three awards recently won by the publication in a national competition sponsored by the Canadian Association of Labour Media.

Guardian

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

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The Hospital Guardian is published up to eight times a year by the Guardian Publishing Society on behalf of the Provincial Executive of the Hospital Employees' Union, under the direction of an Editorial Committee whose members are:
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Letters

The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., Vancouver V6J 4P5.

NDP urges petition action on drug bill

With Bill C-91, now before Parliament, the Mulroney government has caved 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, generic companies often develop "no-name" copies and submit them for federal government approval. Until 1987, 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. Sumatriptan, a new drug for migraine sufferers, is routinely priced at \$19 a tablet. Treatment for a year will typically cost between \$9,000 and \$14,000.

We can 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 at the North American Free Trade Agreement talks.

Once again, it appears the Mulroney Conservatives are passing an unfair drug law as a way of showing how eager Canada is to enter a bad trade agreement.

JIM KARPOFF,
NDP Health Critic,
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 LPNs, made worse by our new contract, especially in relation to long-term care aides.
2. Our union's increasing involvement in abortion and gay and lesbian rights. These are 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 ANONBY,
Creston

Anti-scab provision needed in Labour Code

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

The second corner-

stone of a good labour code is simple. Workers have only one weapon — the right to strike. Recognize it!

That means the right to strike **effectively**.

This brings us to the third cornerstone in a fair labour code, which is **no scabs**.

If we grant that working people have the right to strike and that an effective strike means shutting down the employer's operations, then scabs must be banned.

The final cornerstone must deal with picket policy, allowing pickets to shut down all of an employer's operations. That's what pickets are for.

BRUCE BURROWS,
Sointula



What we're up to

People and events around the HEU. If you have news for us — a retirement, an election, a rally, a vote, or whatever — please, let us know.

New contracts now available to members

Printed copies of the new master collective agreement between HEU and the Health Labour Relations Association were sent out to local officers early in August.

A second edition, punched for use in binders, also has been completed and is in distribution.

Work is moving ahead to update and print the CCERA and Pricare agreements to make those available to members as soon as possible.

Members needing copies of the agreements should contact shop stewards, local officers or the Provincial Office.

The final text of the agreement was signed by HLRA Aug. 21. All non-compensation changes are effective as of that date.

However, the following benefits are effective April 1, 1991: cash payout of unused sick leave credits and severance allowance after age 55 with 10 years' service; paid benefits for casuals in a position for six months or more; and sick leave under the casual addendum for regular part-time employees during a casual work assignment.

Effective June 15, 1992, superannuation will apply to those part-time regular employees who were not previously covered.

Pricare members approve new contract

HEU's 1,100 members working in facilities represented by B.C. Pricare voted by a 92 per cent margin to ratify a new three-year agreement in voting concluded July 24.

The new contract included improvements virtually identical to those negotiated earlier this year with the Health Labour Relations Association.

The deal also included special pay adjustments to bridge the gap between the Pricare and HLRA contracts. In addition, workers won wage



STRAIGHT GOODS: Prince Rupert local chair Colleen Fitzpatrick (left) and secretary Kim Horbach gave the health ministry's special review team an earful when the team visited their community this summer to consider the impact of government funding restraint.

Executive confirms staff appointments

The Provincial Executive confirmed three permanent appointments to HEU's staff during the summer.

Rey Umlas has been hired as the new representative-organizer working out of the Prince George HEU office.

Umlas, a long-time activist at the St. Paul's local in Vancouver, is stepping down from the HEU Provincial Executive to take this position. Cathy Peters of Vancouver has been drafted onto the Provincial Executive to replace Umlas.

Meg Hopkins of the Mount St. Joseph local in Vancouver has been hired as an organizer working out of Provincial Office.

A new servicing representative in Provincial Office is Susan LaGace, a Vancouver lawyer. Before going to law school, LaGace was a flight

attendant who worked for the Canadian Air Line 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 with the employer seeking concessions on wages and retroactive pay equity payments.

Crofton Manor is a member of the Pricare group of employers, but has changed its negotiating spokesperson twice. The union now is meeting directly with the employer and both sides have agreed to seek a mediator. The Crofton workers are in 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 CCERA, had always signed the HLRA master. 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.

Cont. on page 4

1992 pay equity adjustments set

Pay equity arbitrator Stephen Kelleher has awarded 1992 pay equity adjustments of approximately \$68 to most jobs in HEU that didn't receive the 1991 pay equity adjustment.

Kelleher refused to accept employer positions 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 R21 and PC21 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 PC5, PC7, PC8, PC9, PC10, PC11 and PC13 will receive \$9 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 or above the PC21 and R21 categories in future pay equity adjustments.

Kelleher accepted HEU's argument that even where a particular female-dominated job family includes a male-dominated class, all workers in that job family should get pay equity adjustments. For example, specific job classes are male-dominated in the female-dominated clerical job family.

Talks between HEU and the Health Labour Relations Association in July broke down after four days when HLRA rejected HEU's proposal for an interim pay equity adjustment that would go to every HEU member.

Under the provisions of the Master Collective Agreement, Kelleher was called in to arbitrate when talks broke down.

Meanwhile, talks are already underway between HEU and HLRA to set up a pay equity plan for 1993 and beyond.

Under the new collective agreement, HEU and HLRA have established a Steering Committee and a Technical Committee to determine the extent of gender based wage discrimination and to decide 1993 pay equity adjustments.

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

The job value comparison plan will use 10 factors to determine if a job category is affected by gender-based wage discrimination.

News

These factors are education, training and experience, physical demands, mental demands, independence, supervision, responsibility, communication, services to people, and working conditions.

If HEU and HLRA fail to establish a job value comparison program within a certain time, the contract calls for arbitrator Kelleher 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 dislocations 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 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 serious work 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 freeze 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 whole restructuring process," said HEU secretary-business manager Carmela Allevato.

"The union is seeking procedures to support individual workers through job search assistance, retraining, posting and bumping relocation, restrictions on contracting out, and early retirement."



STEPHEN HOWARD PHOTO

AND IN THIS CORNER: HEU's Terrace local chair Elaine Pigeau spelled out her local's concerns with bed closures and layoffs to the health ministry's special review team when it toured her community during the summer.

What we're up to

Cont. from page 3

Hilton Villa, Westshore Laylum net contracts

Newly-organized HEU locals at Hilton Villa in Surrey and Westshore Laylum in Delta have ratified their first union agreements.

Both locals achieved the CCERA standard in bargaining conducted during the summer.

Both locals are long-term care homes organized during the past nine months.

HEU pressing to conclude outstanding contracts

HEU is stepping up pressure on employers who have not yet concluded new contracts with their HEU locals. Some are newly-certified locals seeking first contracts and some are independent employers not associated with larger bargaining organizations.

At *Guardian* press time, negotiation dates had been set for Bevan Lodge, Castleview Lodge, Cross-

roads, Malaspina, Mount Nelson Place, Pinegrove Lodge, Rainbow Lodge, VS-Sunset/VS-Vancouver, Westminster House, Windermere and Yarrow Lodge. In some instances, mediators had been appointed to assist in negotiations.

Columbus local achieves first contract

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

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

Vancouver Island locals conclude new agreements

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

Both contracts protected existing conditions and assured local members of all improvements achieved in the main agreement with the Health Labour Relations Association.

Shaughnessy, Holy Family locals fight cutbacks

HEU local activists at Shaughnessy Hospital local are spearheading a campaign by unions at their facility to save the hospital from drastic cuts.

A community forum at Shaughnessy Sept. 17 drew together civic and provincial politicians to hear why the facility should be saved.

And HEU members at Holy Family local in South Vancouver stepped up their pressure on management to rescind layoffs that have seen 23 workers dislocated.

Ads placed in community papers in September highlighted the consequences of the staff cutbacks and appealed for community support.

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 had 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 HLRA 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 wished to replace the provisions of the master agreement with those of the HEU/CCERA standard collective agreement.

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

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

"The HEU Provincial Executive has set a policy not to accept any concessions affecting any member of HEU," said HEU secretary-business manager Carmela Allevato.

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

Talks to establish essential services levels at Ponderosa are under way.

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

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.

HEU, the B.C. Nurses' Union and the Health Sciences Association said in a mid-August joint presentation to Paul Pallan, the assistant deputy health minister responsible for the royal commission response, that hospital layoffs and bed closures should be frozen until an acceptable labour adjustment strategy is in place.

The tri-union presentation called for a single employer bargaining agent with responsibility for the whole health sector. The unions say this will lead to more equitable standards for all health care workers and help deal with discrimination against women and other disadvantaged groups.

Pay equity is a major priority, as is a personnel utilization plan to deal with questions such as education and appropriate use of health care workers, the tri-union brief said.

The B.C. government plans to have the framework of health care reform ready for consideration by the cabinet by the end of October. Working with the ministerial advisory committee appointed in March, Pallan is coordinating the

production of the reform plan.

The tri-union brief said that in any restructuring of the health care system, the public and health care workers must have important roles in decision making.

"Any shift in the delivery of health care services must ensure that health care remains in the unionized public sector in order to ensure equity, cost effective delivery of services and assured quality of service," the tri-union brief said.

"The objective of shifting health care services 'closer to home' is to improve the quality and effectiveness of health care, not to save money."

The brief calls for elimination of medicare premiums and the restoration of full federal funding to health care. The brief supports the principles of medicare - accessibility, universality, public administration, comprehensiveness and portability.

All geographic, cultural, linguistic, physical and financial barriers to health care should be removed, the brief said, and public policies should recognize the impact of poverty, unemployment and the environment on the health of British Columbians.

The tri-union brief opposes several Royal Commission recommendations, including calls for regional health managers and for contracting out of services.

New WCB regs to tackle violent assault on job

A special committee reviewing B.C.'s Workers' Compensation Board regulations has put a top priority on new rules to protect workers from violent assaults.

"A working group of the health unions has drafted a discussion paper on violence and we have been successful in adding the violence issue to the list of those that will be fast-tracked for new regulations," says Karen Dean, HEU's representative on the WCB review.

Dean says the new approach by the WCB means that regulations covering injuries common in female-dominated jobs - violent assault, back injuries and so on - now will have the same importance as regulations for male-dominated jobs like logging, mining and construction.

"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 assessing risk 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 staffing levels."

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 has 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 also is 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 ethylene oxide gas confronted by sterile supply workers, have also been given a top priority.



Northwest Health Services Study Team at left included a representative from each of the health care unions, and heard more than 60 presentations in three nights of heated public hearings.

Victoria takes heat at hospital crisis hearings

BED WARS



KITIMAT SENIOR'S REP DOROTHY JONES

"The thought that medical services might not be here frightens me."



KITIMAT ALCAN BOSS ERIC SYKES

Alcan, the largest employer in the Northwest, "is concerned because the cuts would have negative effects on its workers and their families."

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 care 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 HEU, HSA's Kathy McLennan, and Leslie 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 presen-

tations from community groups like AIDS Prince Rupert, seniors 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 turnouts 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 649 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.



REV. MICHAEL WIMMER, PRINCE RUPERT

"The formula by which funding for the North is arrived at needs to be reviewed."



AIDS PRINCE RUPERT, JULIE MCDONALD

"People with AIDS need more medical care now, rather than having services taken away."



KIT-SALALAS BAND CHIEF COUN. RALPH WRIGHT

"Open your hearts to the needs of the native and non-native people of the area."

Cull says 'No' in Prince George

P RINCE George NDP MLAs 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 Boone 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 MLAs Paul Ramsey (centre) and Lois Boone (right) played a key role in health minister Elizabeth Cull's decision to block an external review at Prince George Regional Hospital.



ON THE JOB

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 and at Kitimat General Hospital.

A lengthy list of daily tasks awaits Weightman, the hospital's only operating room LPN: making up bundles, sterilizing instruments, preparing trays, assisting patients in post-anaesthetic recovery, circulating, and relieving registered nurses.

The stress and excitement of the operating room work top Weightman's job satisfaction list. She also enjoys her contact with patients, because she's often the last person they see before surgery and the first one right after.

Despite her roots in the community and her commitment to patient care, Weightman has been hit by the layoffs caused by provincial government funding cuts and bed closures.



DISAPPEARING JOB: LPN Louise Weightman sterilizes surgical bundles for the Kitimat General Hospital operating room. She has been laid off, but the work remains.

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 \$500,000 budget deficit.

She was issued a layoff notice July 28.

Much of the work involved in her old position won't disappear, Weightman says. It will simply be added to the workload overload of other hospital staff who have no time for new tasks.

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 wants full-time work, so 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 roots include 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.

"It's a 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 and HEU member Susan Zuk has helped make computer history by learning new technology that allows her to hear her data entry mistakes.

Blind since birth, Zuk has been transcribing 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 made a switch to a new word processing system last year, Zuk had a chance to be part of computer history in Canada.

When the switch was made the hospital, with the help of a local blind peoples' organization, purchased a special software program called *Screenreader*. It's a proofreading program with a vocal synthesizer. So now, Zuk checks for mistakes by activating *Screenreader*, which reads



CUTTING EDGE: Transcriptionist Susan Zuk uses *Screenreader*, a new, specialized software program she uses to proof her work.

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 patients 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 Preiss.

editor's notebook



By CHRIS GAINOR

IF the demands of HEU members to employers and governments had to be boiled down to one word, that word would be respect.

Hospital administrators and the ministry of health officials have always had



respect for each other, as well as for physicians and certain other professionals.

It has been clear that many employers 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.

Hospital boards, 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 state concerns about 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 before 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 Cull's advisory committee on the Royal Commission. HEU also has a seat on the review team studying the funding crisis at northwestern 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 bed closures have already shown us that this reform has serious problems, another part of this reform should include the opening of today's closed hospital boards.

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

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 called for the general strike, which was one of the largest in the

country's history.

They called it a "referendum" 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 Boipatong on June 17 by vigilantes and uniformed police, ANC head 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.

UAW 65 Distributive Worker/CALM

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 Witte.

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-ridden 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 minesite 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 picketers.

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

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

CASAW Fool's Gold/CALM

Cod fishery workers force major retraining venture

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

The idling of almost 20,000 Newfoundland fishers and plant workers became known as the biggest layoff in Canadian history. It was like, some argued, 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 \$225 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 Fish, Food and Allied Workers (CAW) never accepted the federal government's plan. They lobbied to have a say in the compensation package. Finally, in late July, they succeeded.

Federal fisheries minister John Crosbie unveiled a revised plan which will pay \$225 to \$406 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.



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 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



PUSHING THE FREE TRADE PRESCRIPTION

by
**CHRIS
GAINOR**

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 to come on the market, the multinationals have a free hand to set prices for prescription drugs.

The Tories' favouritism toward the multinational drug companies is all 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, a U.S. summary 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-22, 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

An excerpt from *Crossing The Line, Canada and Free Trade With Mexico*, edited by Jim Sinclair
New Star Books, \$15.95



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.

DEALING DRUGS

Canada's longstanding but narrow compulsory licensing law was widened in 1969, 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.

But Eastman said in 1983 alone, Canadian consumers saved \$211 million in a pharmaceutical market that totaled \$1.6 billion.



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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 1995.

In his 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 in 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 overreliance 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 2,300 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.

Soaring drug costs add to bed closures, bed losses

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 Cull said spiralling 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 open-ended part of the budget called Pharmacare, which whether we like it or not, is increasing this year because of drug prices and the changes in patent protection legislation," Cull 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.

How free trade is hitting our medicare system



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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 25 per cent. In spite of these 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 deductions 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.

An excerpt from *Crossing The Line, Canada and Free Trade With Mexico*, edited by Jim Sinclair
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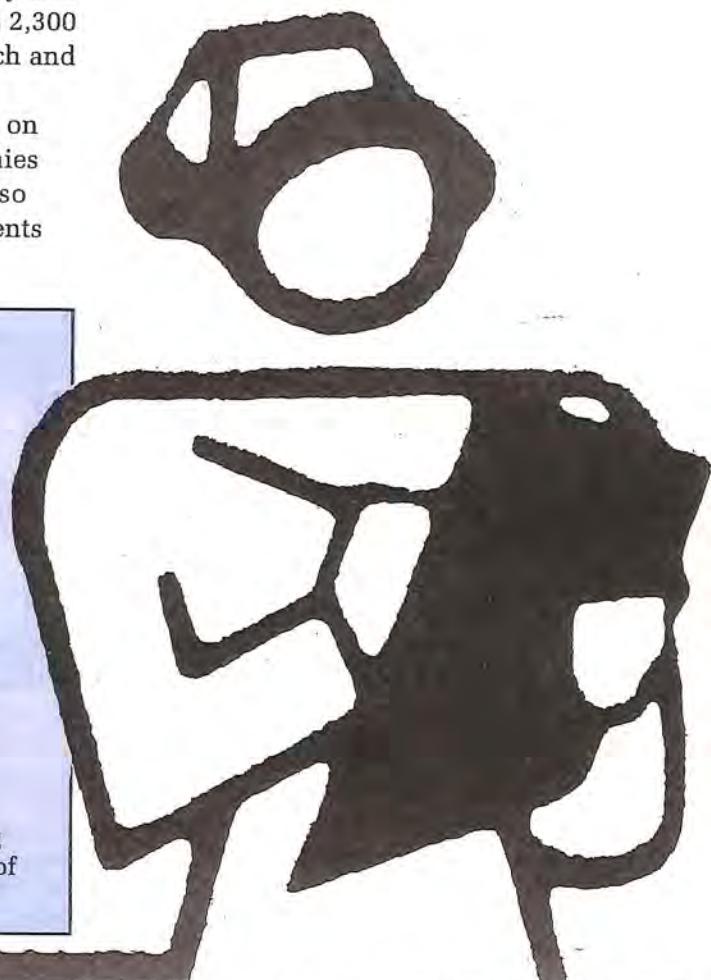
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Health
minister
Elizabeth Cull

10

talks about health budgets, hospital beds,
the Royal Commission and reform in
this interview with *The Guardian*.

CALLING ON CULL



**"The impact of
the Royal Com-
mission 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 im-

plementing 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 HEU 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 HEU 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 Socred governments and a lot of that has to do with community-based care, but there were special areas that philosophically the Socreds couldn't deal with, like funding for AIDS, abortion clinics, and the mentally ill.

What I'm trying to do as we move towards 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 stakeholder 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 funding 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.



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

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 chronically under-funded the community sector was.

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

We did an analysis of what we needed to do everything exactly the same as we'd been doing it 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 three beds per thousand (people) and we will 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 chucked out the door when the hammer falls.



QUESTIONS FOR THE MINISTER: HEU members pepper Elizabeth Cull with questions during HEU's summer school.

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 them. We're going to do community health audits that will look not only at the hospital but will 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 day in, day out, people who are actually there 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 BCNU to delay filling those jobs until the end

"What we've got right now is a financial situation that's kicking us to make some hard decisions"

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 dislocated in the existing facilities?

I've been saying all along that our preference is first to offer to people who are dislocated; 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 improve 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 these 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.



WORKERS AT Westshore Laylum 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 Hyland, Ida Boychuk, and Rhona Challand.



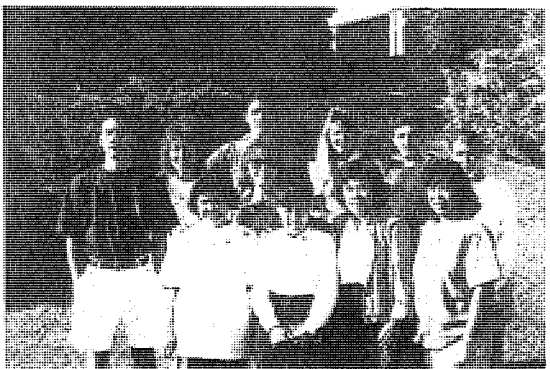
BUILDING OUR UNION



AT YARROW LODGE, a facility for manic depressive and schizophrenic men, workers were paid only \$7.20 an hour, and the boss refused to pay overtime rates for lengthy shifts. Members like **Dennis McGillicky, Wendy Taylor, Katherine Hendrix, Barbara Addison, Barb McMurchy and April Keefer** joined the union to do something to improve patient care.



CAREGIVERS AT Abbotsford's Bevan Lodge turned to the union to get action on issues like workload and patient care. Local activists **Nellie Foth, Ted Dyck, and Carol Goertzen** helped coordinate the successful organizing drive.



WHITE ROCK'S Westminster House workers have a long list of workplace grievances like no seniority or job security. So they joined the union. The new members include: front row left to right, **Mark Tsui, Luzviminda Lapitan, Carol Southerby, Nenve Arendon, Lolita Hykoop, and Melita Doria**. Back row: **Shannon Guild, Ivan Tsui, Brenda Hoekstra, Amerjit Mundi, and Tasma Guild**.

By **STEPHEN HOWARD**

A NEW HEU organizing policy to meet the challenges of a changing health care system is paying big dividends for hundreds of workers now enjoying the protection of a 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 included important changes — which were approved by the Provincial Executive late last year in the midst of bargaining — 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 of 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 Laylum elected for the union. About 45 caregivers at Abbotsford's Bevan 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 19-bed group home for mentally ill men near Chilliwack came on board, as did 28 more at Rainbow Gardens in Port Alberni, a new 30-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 Allevato. "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 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 plans.

Gay Burdison, 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.

The new organizing strategy also relies on existing HEU members and the tips and contacts they pick up in their communities. New procedures will soon be in place to ensure that these tips are passed on to organizing staff and acted on quickly and effectively.

While expanding its efforts, the union isn't shying away from the more traditional acute care and direct ministry funded long-term care sectors.

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

HEU's new strategy for organizing is bringing contract benefits to hundreds of health workers.

WORKERS AT Westshore Laylum 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 Hyland, Ida Boychuk, and Rhona Challand.



BUILDING OUR UNION



AT YARROW LODGE, a facility for manic depressive and schizophrenic men, workers were paid only \$7.20 an hour, and the boss refused to pay overtime rates for lengthy shifts. Members like Dennis McGillicky, Wendy Taylor, Katherine Hendrix, Barbara Addison, Barb McMurchy and April Keefer joined the union to do something to improve patient care.



CAREGIVERS AT Abbotsford's Bevan Lodge turned to the union to get action on issues like workload and patient care. Local activists Nellie Foth, Ted Dyck, and Carol Goertzen helped coordinate the successful organizing drive.



WHITE ROCK'S Westminster House workers have a long list of workplace grievances like no seniority or job security. So they joined the union. The new members include: front row left to right, Mark Tsui, Luzviminda Lapitan, Carol Southerby, Nenve Arendon, Lolita Hykoop, and Melita Doria. Back row: Shannon Guild, Ivan Tsui, Brenda Hoekstra, Amerjit Mundi, and Tasma Guild.

By STEPHEN HOWARD

A NEW HEU organizing policy to meet the challenges of a changing health care system is paying big dividends for hundreds of workers now enjoying the protection of a 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 included important changes — which were approved by the Provincial Executive late last year in the midst of bargaining — 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 of 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 Laylum elected for the union. About 45 caregivers at Abbotsford's Bevan 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 19-bed group home for mentally ill men near Chilliwack came on board, as did 28 more at Rainbow Gardens in Port Alberni, a new 30-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 Allevato. "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 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.

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Coffee Break



14

Miners toll gets recognition on new ferry

British Columbia's long, colourful and glorious history of workers fighting to win their rights has been ignored by governments, at least until recently.

Earlier this year, a new B.C. Ferry was launched, the Queen of Cumberland, and a plaque on the ferry's passenger deck recalls the labour history of the Vancouver Island mining town.

"Between 1888 and 1964, coal mining disasters claimed the lives of 295 workers. Harsh, unsafe working conditions and a relentless production schedule contributed in large measure to this toll of tragedy," the plaque says.

"Ginger Goodwin, himself a coal miner from Cumberland, attempted to unionize the miners and became a martyr to their cause when he was shot under dubious circumstances on July 26, 1918."

The plaque recalls that the British, Japanese and Chinese immigrants who pursued better working conditions and fair wages have left a legacy that "continues to serve as an important beacon to others involved in the evolution of British Columbia's history of labour emancipation."



Mandatory testing for the boss?

Drug testing of employees is becoming commonplace in the United States, but *Fortune* magazine reports that the testing programs ignore a key segment of the workforce — upper level management.

"The abuse of drugs by executives has become a serious problem nationwide," said *Fortune*. "(It is) widespread and increasing rapidly."

Here's how Macblo saw the future

Recent complaints by forest industry executives about the disastrous economic situation in the woods sent us back to the files to see if they had anticipated the situation.

We were in luck! Here's how Roger Wiewel, then vice-president of marketing for Macmillan Bloedel, looked forward to the 1990s in a 1988 interview.

When asked about the danger of a recession, he replied, "We can hardly wait. We're positioned in the right markets with a fat balance sheet with which to pick off the guys who don't make it."

"We lived through the last downturn and we've decided to have fun in the next one."

"When the downturn hits, well, we can hardly wait."

They said it in Canada

The current round of constitutional rhetoric has produced its own share of great political stupidities.

Here are some blasts from the past:

"You cannot roast a wet blanket," prime minister Mackenzie King.

"If this thing starts to snowball, it will catch fire right across the country," Robert Thompson, federal Social Credit leader in the 1960s.

"The honorable member disagrees. I can hear him shaking his head," Pierre Trudeau.

"If somebody's going to stab me in the back, I want to be there," Allan Lamport, long-time Toronto politician.

Tory politics defined at last

What is a Progressive Conservative?

Someone who knows what changes have to be made to keep things the way they are — or make them worse.

Some food facts for thought

Number of food banks in Canada in 1981: one.

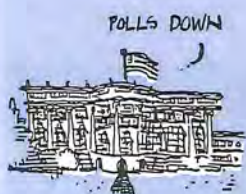
Number of food banks in Canada in 1992: 380.

Number of soup kitchens in 300 communities in 1992: 1,700.

Percentage of Canadians using food banks: seven per cent.

Percentage of Canadian children using food banks: 20 per cent.

Percentage of total food bank donations rejected by manufacturers for sale because of defects, bruises or too close to expiry date: 70 per cent.



CHRISTIAN
UNION '92

Save medicare call draws huge support

More than half a million Canadians signed cards underlining 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 HEU 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.

"The tremendous response indicates how determined Canadians are to protect the medicare system from the Mulroney government," said HEU secretary-business manager Carmela Allevato.

"HEU members around the province did their share to collect tens of thousands of cards," Allevato said, "despite their hectic spring schedule of bargaining and job action."

The cards will be presented to the Mulroney government during the autumn.

CUPE estimated that 16,000 Canadians called in during the open-line section of the national television program to register their support.

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 1991, 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 to 1988, 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 in the 1992-93 academic year.

Carl Barrow of the Maple Ridge local won a \$500 bursary from the Prince George local, Moray 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 Barbara Doney of the Queen Alexandra local, while Annette Dibbs, daughter of Kay Kajner-Harris of the Hope local, won the \$500 bursary from the Lions Gate local, and Donna Fisette of the Como Lake local won the \$500 Ginger Goodwin bursary from the Provincial Executive.

Allan Grubb of the Kamloops local won the \$1,000 Ed Ashmore memorial bursary from the Surrey local and the Provincial Executive, Peter Horak, whose mother Emily Arbidova comes from the Prince Rupert local, won the Alex Patterson bursary worth \$500 from the Provincial Executive, and Arora Kumar of the Vancouver General local won a \$350 bursary from her own local.

Michelle Leslie, whose mother Lee Rothery belongs to the Kelowna local, won the \$500 bursary from the Royal Jubilee local, Glen McElroy, whose mother Lynn McElroy comes from the VACL local, won the \$500 Robert Standell bursary from the St. Paul's local, Caddie T'Kenye of the Shaughnessy local won a \$350 bursary from the Vancouver General local, and Lauren Vandergonden of the Royal Columbian local won the \$500 bursary from the UBC local.

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 Lyle 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 \$6.2 billion on military toys, including

\$4.4 billion on 35 new anti-submarine and 15 search and rescue helicopters." A further \$1.8 billion has been allocated for light armoured 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



HER PROBLEM IS

This issue's puzzle is based on one provided for us by Vivian Jenken 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.

MINUORF

SLUCHEED

PREAMETTURE

TENSIDER

NOCAVATI

READACIE

EQUAPCHEY

MASTINTIROARD

BADNEP

RETBAH

SENRU

NOUNI

SEDEN

KROW

SLUPE

Answers: uniform, schedule, temperance, resident, vocation, psychologist, nurse, needs, work, pulse, workload.

CALENDAR

The Guardian welcomes insertions for Calendar. Mail to 2006 West 10th Avenue, Vancouver, B.C. V6J 4P5 or phone 734-3431.

HEU notices will get priority in the space available.

OCTOBER

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.

NOVEMBER

30 - 4

MONDAY to FRIDAY, B.C. Federation of Labour annual convention, Trade and Convention Centre, Vancouver.



HEU people

HEU takes high profile at Labour College

HEU members Halle MacMullen, of the Comox 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 CUPE 498, and Robin Henneberry, of the B.C. Government Employee's Union, daughter of HEU rep Eileen Henneberry.

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

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

Suggitt to carry NDP banner

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

Suggitt, who came out of HEU's ranks, is a long-



PROUD GRADUATES: HEU's 1992 CLC Labour College graduates John Hardy, left, New Vista local, and Halle MacMullen, Comox local.



PNE PARADER: Don Allen, of the Burnaby local, marched in the PNE Parade this year behind the Union Label Committee's "Say No to Drugs" dragster.

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 veteran Lyle 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 in-

cludes 11 employer representatives.

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

Labour minister Moe Sihota, 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.

Guardian



VOL. 10 NO. 4 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION SEPTEMBER/OCTOBER 1992

Pay equity pressure

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

PAGE 3

Fighting to save jobs

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

PAGE 5



Free trade prescription

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

PAGE 8



Calling on the minister

Health minister Elizabeth Cull answers her critics in an exclusive interview with *The Guardian*.

PAGE 10

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