WE HAVE A DEAL

Health unions unite to defend job security

BC's three health unions launched province-wide, coordinated action April 27 to underline their determination to implement the employment security agreement with Victoria and health employers.

Although a majority of Health Labour Relations Association members support the deal, the majority fell short of the two-thirds needed to ratify.

In an unprecedented province-wide action, HEU, the B.C. Nurses Union and the Health Sciences Association targeted five facilities which opposed the deal for binding vote sessions.

"Our message to members of the HREA is to be constructive and creative in their negotiations for a solution to this crisis," said HEU executive-business manager Graeme Allan. "The agreement has been reached; it is time for it to be implemented."

The memberships of all three unions ratified the deal by overwhelming margins in votes concluded April 30.

"These study sessions give our members a chance to examine the impact of the employers' failure to ratify our agreement on their work and their community," said BCNU president John McPherson. "Many hospitals announced their deficits would be sharply higher without the agreement."

"This deal may waste and inefficiency will not be tolerated," said Munson Whelan, executive director of the Health Sciences Association. "This is why many administrators have a problem..."

THE SHAUGHNESSY STRUGGLE/8

HEU's Maurice Smith rides the Anti-North America Caravan to Ottawa to protest Tory trade policies. PAGE 4

Stepping down

HEU president Bill Macdonald has been forced to step down because of ill health. His farewell note to union members on PAGE 3

HEU ON TV!

HEU members and their issues are front and centre on Working TV, a new cable television program which premieres this month. Schedule details PAGE 16.
Health employers must do the right thing: ratify the deal

Critics called it a sweetheart deal between unions and management. Now it is seen as the only way out of large deficits for many hospitals around the province. But hospital boards are finally realizing that voting against the job security agreement was a bad idea.

HEU calculations indicate that failure of the deal would cost the health care system an additional $30 million per year for each of the next two years. That is a total of $60 million to be spent on an already overburdened system.

That would mean more cuts to services, and more jobs lost. But we will not let that happen. HEU and the other health care unions are committed to maintaining the deal as it is written, and we are willing to talk about ways to resolve the current deadlock.

We will not bargain concessions. We will continue to demand that government enforce the deal. We will ensure that the narrow interests of administrators and boards do not damage the quality of healthcare in B.C.

A hospital board that rejects a job security deal designed to treat workers fairly, help to implement health care restructuring and save money, has no right to continue to make decisions at all.

The ministry of health has the power to dismiss boards, which it did only recently in Vernon and at Shaughnessy Hospital.

It is no coincidence that hospital boards have rejected a deal which would finally take a hard look at management waste and inefficiency.

Both government and employers know how serious we are about protecting the terms of this deal. Recent study sessions at selected facilities have shown employers that our members are committed and that the three unions are united. Health Sciences Association, the B.C. Nurses’ Union and HEU are working together with uncompromised success to build support for the agreement within communities.

I have every confidence that the union membership will succeed.

The deal with HEU president Bill MacDonald to step down for reasons of ill health saddened the Provincial Executive, as I know it will all HEU members who had the opportunity to work with Bill.

In a special message sent after Bill advised us of his decision, theconcise, expressive appreciation for his work, noting that his “guidance, counsel, extensive knowledge and historical background of HEU have been instrumental in helping the organization to become the most progressive, grass roots labour organization in B.C.”

We will review Bill’s trade union career and the impact of our new leader.

Guardian

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

Write to 2006 W. 10th Ave, Vancouver V6J 4P5.

Guardian

HEU for stand on gays and lesbians

I am writing to congratulate you on the outstanding coverage of equalities issues affecting lesbians and gay men in the November/December 1992 issue of The Guardian. Too often these important issues are ignored and those voices trying to raise them are silenced and marginalized. It is great to see that the HEU is providing such strong and courageous leadership in fighting homophobia both at the workplace and more generally in our society and in our health care system.

Best wishes to the HEU Lesbian and Gay Committee. Please do not hesitate to come to me if I can be of assistance in any way.

SWEN J. ROBINSON, MS. Bursary Student

Ponderosa workers say thanks

The members of the Hospital Employees’ Union, Ponderosa Island, wish to pass on our sincere thanks to the Provincial Executive, as well as individual members of the HEU throughout the province. The fact that, in essence, no concessions were granted to CCERA to achieve a settlement after a long and bitter series of strikes over the organization in their province-wide.

Perhaps most importantly, our members came to realize that we would not be able to drift apart from our sisters and brothers in other locals – something Ponderosa administration George Cheyne, was clearly counting on. "The divide and conquer" mentality got them nowhere. Personal threats, and our warm wishes, must go to our local representative, Jodi Verheugge, who bravely snow and ice many long hours on the job here during many crises. Also negotiator Fred Cuddington, should take a bow. His consistently calm manner and style have been extremely inspiring to us all.

Mr. Cheyne.

Ponderosa members also truly acknowledge the outstanding level of financial support that they received was a key factor in Mr. Cheyne’s and CCERA’s decision to end the strike.

CONNIE KOMORI, Ponderosa local chair; Vancouver

CASA Welcomes HEU support

We would like to convey to you our appreciation of your generous donation toward our struggle against Royal Oak Mines Inc.

We realize that this strike has become history in the making and the results of this dispute could very well affect the future of Canadian labour movement as a whole.

Again, we wish to thank you from the bottom of our hearts, and we know that collectively, the unions of Canada will prove to Peggie Whyte and Royal Oak that they will not be the first in Canada to bust a mining union.

HARRY SEETON, CASAW local 4 presidents, Yellowknife

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

Write to 2006 W. 10th Ave, Vancouver V6J 4P5.
Calling all LPNs!

The Licensed Practical Nursing Committee of HEU's Provincial Executive needs your help. We're conducting a survey of LPNs in HEU to determine how many are employed as LPNs and how many have been forced to work in other areas of healthcare. Please take a few minutes to fill in the attached card and mail it to HEU. Postage will be paid by HEU.

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HOSPITAL EMPLOYEES' UNION
2006 WEST 10TH AVENUE
VANCOUVER BC V6J 9Z9
What we're up to

Cherinorton, Deer Lake workers reject rubber company's offer

Two of HEU's Lower Mainland locals recently led its encouragement to take political action last month when their employer blamed Victoria for its inability to issue payroll cheques.

A bureaucratic foul-up in Victoria April 1 left more than 120 health care facilities around the province without their regular funding to cover the end of March payroll. It was a minor inconvenience in most facilities, where lines of credit or overdraft protection enabled the employers to carry on.

Not so at Surrey's Cherinton Park and Burnaby's Deer Lake Lodge, where the bosses have no credit lines. HEU local members could not obtain their cheques because the bush refused to release them -- no money in the employer's account.

After some argument, a Cherinton local delegation headed down to PEA camp to press their demand action. In Victoria, health ministry officials got on the phone to the employer and to the local branch.

By 5 p.m., Cherinton local secretary Yvonne Krasy was able to report the problem resolved.

Cull replies to UBC local demand for abuse probe

When HEU UBC local members became alarmed

last fall about their employers' apparent inability to protect staff and patients from sexual abuse by another patient, they demanded action from health minister Elizabeth Cull.

Cull's reply to their September appeal came in mid-March. She declined to appoint an inspector under the Hospital Act, saying she was satisfied that correct procedures were followed "in this case."

She said the case would be monitored, she said, and hospital staffs should be prepared to report incidents "as could be in involved in resolving the issues around these incidents."

Cull promises consultation for hospitals facing "changing role"

When HEU, BCNU and HEA learned from ministry of health sources early in March that 15 hospitals were scheduled for a "change of role" in 1993, they pressed hard for more information.

They were told that the announcement that Shaughnessy Hospital would close. In the wake of that decision, HEU secretary-business manager Carmela Allavos, the new health minister Elizabeth Cull, to name the rest.

On March 10, Cull declared that no more hospitals would close. "I want to assure workers and the public that," she said, "that no other hospitals are closing and that no change in role for any hospital will take place without extensive consultation with everyone involved." Royal jewelers, Cumberland and locals launch newsletters

Two of HEU's Vancouver island locals have launched newsletters this month.
What we're up to

Campbell River local secondary school board defends hospital

When rumours of severe funding recut and bed closures swirled around the Campbell River and District General Hospital, HEU's local activities didn't wait to respond.

They formed a Campbell River Action Committee on the heels of the Shaughnessy Hospital closure announcement to defend their hospital. A leaflet went out to the community alerting people to the problem and the committee set out to gather key information on the hospital's muscle, pressure on local politicians and existing reception for finance minister Glen Clark when he visited town on March 31.

As Clark found out, HEU members are everywhere and they're quick off the mark to defend health care services.

HEU on hand for on- to Oktoberfest caravans send-off

HEU vice-president Maurice Smith, a HEU member from the Bentley local, and a member of the Action Canada Network's Oviedo-Octobera caravan set off for the national capital.

The caravan will cross the country, arriving in Ottawa in time for the massive demonstration scheduled for May 15 against the North American Free Trade Agreement. A similar caravan will cross the country, arriving in Ottawa in time for the massive demonstration scheduled for May 15 against the North American Free Trade Agreement.

HEU pay equity process moves to next stage

Teams from HEU and health care employers are wrapping up a series of more than 3,000 interviews with HEU members and management in 21 facilities as part of the pay equity plan in the Master Collective Agreement.

The interviews are an important step in establishing the job value comparison plan which is needed to determine who will get pay equity adjustments this year and in future years.

Under Article 69 of the master agreement, HEU members who are found to require pay increases because of gender based wage discrimination will get pay equity adjustments starting April 1, 1993, and once a year until wage discrimination has been eliminated.

An amount of money equal to one percent of the payroll will be spent on the pay equity adjustments until pay equity is achieved.

The pay equity adjustments for 1991 and 1992 were interim adjustments. For this year's and future pay equity increases, a job value comparison plan is required to determine the true value of the pay increases.

The interviews are necessary to determine the full range of duties and skills involved in each job.

Using factors such as education, training and experience, physical demands, mental demands, independence, supervision, responsibility, communication services to people, and working conditions, the jobs will then be assessed and compared.

To determine the wage inequity that must be eliminated.

If the union and management cannot to arbitrate John Kinzie in this process, the disputes will be referred to pay equity arbitrator Stephen Kallander.

This process may not result in decisions on pay equity adjustment until the fall, but 1993 pay equity adjustments will be paid retroactively to April 1, 1993.

"Our thanks go out to the pay equity committees in the locals for their hard work and support during the interview process, and to the members who were interviewed," said HEU secretary-business manager Carmen Allerio.

"The interview process has been a success, with our members describing well the work they do and its value to health care. We fully expect that this process will set the groundwork for getting rid of gender based wage discrimination," Allerio said.

Work is already under way to tabulate and analyse the results from the interview reports.

HEU offers bursaries to aid education

HEU is offering 14 bursaries for post-secondary education study to members, their children and spouses for the 1993/94 academic year.

The bursaries, with a total value of $6,700, can be used at any post-secondary institution. They will be awarded on the basis of financial need and demonstrated satisfactory academic standing.

Applications, marked "bursaries," must be received at the Provincial Office no later than July 19, 1993.

For application forms and further information, write or call the HEU Provincial Office: 2005 B.C., V0J 4PS, telephone 773-3431, local 250.

HEU bursaries are administered by the bursaries committee of the Provincial Executive.

HEU presses ahead on key classification issues

HEU is continuing to work on benchmark reviews for transportation attendants, cooks, bakers, stationary/power engineers and computer operators/technical specialists.

The reviews could lead to improved pay for all members in those benchmarks, with increased pay being retroactive to April 1, 1991.

Under an addendum to the Master Collective Agreement reached last year with Health employers, the two sides agreed to review the benchmarks and if necessary take them to arbitration.

Due to employer non-cooperation, the benchmark reviews are being taken to Kinzie, who has ruled that he will be able to review a wide range of evidence, about changes to the benchmarks.

Early in April, Kinzie rejected a request by employers that he restrict his role to that of a classification referee, which would have limited the evidence that could be introduced and the scope of pay changes he could order.

Hearings are taking place for computer operators and stationary/workers, and hearings into the reviews for cooks, bakers and transportation attendants will be heard later in the year. The process has been slowed by employer foot dragging.
Finance minister Glen Clark's lean health care budget boost makes a job security deal even more important

TIGHT MONEY

BY CHRIS GAINOR

Just as premier Mike Harcourt promised in January, this year's B.C. budget increases spending on B.C. hospitals by only three per cent.

That funding increase, the smallest in many years, is directly related to other government decisions such as closing Shaughnessy Hospital and reducing the workforce in acute care hospitals by 4,600 full-time equivalent positions.

"The three percent increase in hospital spending will mean difficult adjustments for patients and caregivers in the coming year," HEU secretary-business manager Carmela Allevato said after finance minister Glen Clark delivered his 1993 budget address.

"Clark's budget can only work if a job security deal is put in place," Allevato said.

Despite the tight health budget, right-wing critics of the government launched an hysterical campaign against property tax increases proposed but later withdrawn by Clark.

"We need fairer taxation that hits the rich and wealthy," Allevato said. "Fairer taxation is important to fund health, education and social services. The budget critics should get their facts straight - they're not paying their fair share and corporations are drastically under-taxed."

Health care as a whole got only a 4.2 per cent increase and education a 3.4 per cent increase in Clark's budget. Although both areas have traditionally done well in budgets brought in by NDP governments, this year the pressure is on to cut deficits.

Even though the provincial deficit was cut to $1.5 billion from $2.4 billion two years before, Clark's budget was greeted with anger from the media and business, who attacked Clark for not cutting government services deeper.

They pointed to other provinces, including the NDP governments of Ontario and Saskatchewan, which are slashing services, freezing or cutting wages, and laying off workers in the name of deficit fighting.

"The recession is a big reason for ballooning deficits, but an even bigger problem is the federal policy of cutting funding to social programs it shares with the provinces. The Tory government has reneged on commitments to pay a portion of health care, post-secondary education and welfare costs, forcing every province to cut back."

"If the federal government had lived up to its cost sharing commitments to the provinces, British Columbia would now have a budget surplus of $870 million," Clark said in his budget address.

In addition to tightening the screws on spending, Clark dealt with his made-in-Ottawa deficit by increasing the sales tax, "sin taxes," and taxes on wealthy British Columbians and corporations.

While Clark is going to raise Medical Services Plan premiums this year, he is increasing the number of poorer British Columbians who will get premium assistance or all their premiums paid.

HEU remains in favour of eliminating medicare premiums. B.C. and Alberta are the only provinces in Canada that charge medicare premiums.

As well, the deductible for Pharmacare Plan E, which covers everyone but seniors and welfare recipients, will go up to $200.

Rich use deficit fear as weapon

Conservatives who urge a war on deficits are only using deficits as a weapon in their war on social programs.

A special one-day conference held in early March in Vancouver on public services and public finances was told that conservatives are coming dangerously close to making our system of public services the major casualty of the war on deficits.

Some of Canada's top economists and B.C. public sector labour leaders, including HEU's Carmela Allevato, told the Investing in People conference that B.C. must resist conservative propaganda about budgets, taxes and public services.

"The rich and multinationals made out like bandits through our tax system," said Ongonde Hall law school professor and tax expert Neil Brooks. "Those who went to the party in the 1980s ought to pay for the mess."

The cause of today's large deficits are not social programs, but the series of tax breaks for the wealthy and corporations that began with John Turner's budgets in the 1970s, Brooks said.

In spite of this fact, conservatives continue to manufacture big deficits and falsely blame them on social services, he added. "A vital and large public sector is crucial."

Simon Fraser University economist Marjorie Cohen said unemployment will never be tackled unless it is made an economic priority. While the Tories and even some NDP governments are focusing on deficits, she said it is good to see that U.S. president Bill Clinton has identified jobs as his priority.

University of B.C. economist Gideon Rosenbluth said a low unemployment policy is the best way to fight deficits in B.C. "High unemployment goes with high deficits," he said.
A reader's letter helps clarify our policy

By GEOFF MEGGS

The letter printed at the right is one we thought we might never print.

HEU member Terence MacDonald, who wrote both this letter and an identical one to the Provincial Executive, began to think so, too. He challenged my initial decision and I took his position and mine to the Guardian editorial committee for a ruling.

The result was a good debate over what a letter column should be and what it should not in a democratic organization founded on full and free debate.

When the new Guardian was launched in 1991 we put the letters up front, because we wanted to show that we place tremendous importance on the members' views. (We have such an overflow in this issue that we have expanded the column to a second page.)

The letters column is a forum for discussion, criticism and comment from anyone who cares to speak up.

The Guardian editorial committee established some simple guidelines. Letters should be brief; they should be signed and they should be free from libellous, abusive, racist or sexist remarks.

Members' letters will have priority in the space available and our objective is to print all members' letters. There will be no censorship of letters critical of union actions or policy.

Terence MacDonald's letter was unique.

They then read the letter: "When I first heard the news, I was surprised to hear the news. I was angry to hear the news. I was upset to hear the news. I was hurt to hear the news. I was sad to hear the news."

The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., Vancouver V6K 4S.

Reader seeks comment

Further, in the CCL non-smoker orientation session and also at the HEU members' school there was a strong message stating that "If you smoke here, we'll have to remove your class from the building."

Jo and Terence MacDonald, Vancouver

Don't make restructuring too easy

I have sympathy with my brothers and sisters, not only HEU members but other unionists, in regards to the closure of hospitals and beds.

However, our union cannot afford to make or agree to make concessions such as transfer of seniority, first job placement at another hospital, wages, fringe, etc.

If we make the restructuring of health care easy for the government by agreeing to such concessions we not only jeopardize our collective agreement, which we fought hard for, but our future is bleak as a result.

I think the editors should use words like 'concessions' and telling Mr. Cullen to ensure job placement for the displaced workers or we will take action such as strike or do as.

J.B. LATHAM, Surrey

RCH staff wins praise

Please accept this letter as my way of thanking the members of HEU at Royal Columbian for a job well done.

On Feb. 16, 1993, I found myself in the RCH emergency room with my wife being slated for quintuplet bypass surgery. As a 42-year-old male it came as more than a surprise to me.

Obviously everything turned out for the best as I am now home savouring the opportunity of saying thank you. During my week-long stay in hospital, I was impressed with the way in which your members carried out their various duties.

The professionalism and positive attitude shown through and came to help me in my time of need.

If possible, please express my gratitude and sincere thanks to all concerned.

ROB JONES-COOK, Langley

NDP vows to fight Tory funding cuts

These are tough times for both Canada and B.C. We are deeply concerned that the federal government has abandoned its commitment to share costs with provinces and has continued to cut transfers. Member opposes supposed prisoner movement

I believe I should respect and love the person just as people good put on this earth for me to work alongside. However, I resent pay-

NDP vows to fight Tory funding cuts. There are tough times for both Canada and B.C. We are deeply concerned that the federal government has abandoned its commitment to share costs. They must foot their fair share.

As New Democrats, we support decent wages and working conditions and the collective bargaining process. As New Democrats, we reaffirm that health care and quality education must be a top priority of any union dues, and that our members are the ones to make decisions to help good pay movement itself. I respect and love the person but not the act — about 12 hours as assistant manager.

"You could have 10 degrees and you'd still sell $10 an hour," she says.

Winning higher wages and more full time workers in their first contract will also help improve the quality of client care.

Other group home and community agencies staff have also chosen HEU to win better wages and improved working and caring conditions.

HEU now represents workers at Western Human Resources homes in Victoria and Burnaby, and Sharesman Human Services and Cornerstone Community Services in Victoria, and det-

LOCAL PROFILE

VICTORIA GROUP HOME WORKERS CHOOSE HEU

By STEPHEN HOWARD

HEU's new organizing policy is keeping pace with restructuring in health care, winning five new certifications in community care agencies this spring.

Group home workers like Robin Allen and Brian Kaudatsen joined HEU to win fair pay, respect for their work, and to bring stability and improved client care in a field with a high staff turnover rate.

They both work at homes run by Island Community Living in Victoria, where workers voted unanimously to join HEU in February.

Kaudatsen coordinates care delivery at ICL's Central Saanich home, which has four mental and physically handicapped residents requiring 24-hour care. Allen is the assistant manager at Bradfoot House, a four-resident home in a quiet residential area.

They provide a wide range of personal care services, administer medication, coordinate their clients' work and recreational programs, meal preparation and housekeeping.

Wage rates for group home workers are standard: $10 an hour to start and 60 cents more after a year. Benefits are few and far between, and the ICL workers haven't had a raise in two years.

The wage scale is a sore point for Allen, who earns about $12 an hour as assistant manager.

"You could have 10 degrees and you'd still sell $10 an hour," she says.

Rather than offer comments, it asked for them. Since the letters column is for readers' comments, the union had responded directly, the initial decision was to put MacDonald's letter aside.

His identical letter to the Provincial Executive received the following reply from assistant secretary-business manager Chris Allumart, which MacDonald found satisfactory: "The fight against racism and sexism in our society needs to include cultural activities. In undertaking those activities, we must strive for inclusion of all the rights of everyone."
Labour

Medical supply workers urge boycott

Unorganized workers at a New Jersey warehouse of a major U.S. medical supply company are mounting a broad-based boycott campaign against their employer to win both a fair contract and their jobs back. The 77 Teamsters members were locked out in October 1991 after they voted to reject a bid by their employer Fisher Scientific to cut health care benefits in their contract.

Three months later the multi-million dollar company fired them, and brought in scales. Boston city council was the first municipal government to enact a ban on buying supplies from Fisher for its hospitals. New York City and three other key cities have since joined the boycott.

Support for the workers’ cause is also coming from physicians, scientists and a number of universities, which have also boycotted Fisher.

The company manufactures and supplies medical facilities with everything from glassware to emergency room equipment. Fisher has a big slice of the B.C. market, selling about $1 million of supplies to six major hospitals alone. So far, the boycott appeal has not been extended here.

TOO MANY MULRONYES: B.C. Federation of Labour president Ken Georgetti was besetged by unemployed Brian Mulroney’s March 3 in a Vancouver demonstration organized to protest the Tory attack on unemployment insurance benefits.

Unions condemn UI cuts

Trade unionists across Canada marched, demonstrated and protested last month in a last-ditch effort to turn back vicious Tory cuts in unemployment insurance benefits.

Despite a massive 50,000-person march in Montreal and smaller protests in many other centres, the Conservatives refused to back down on elimination of benefits for workers who quit without just cause.

In Vancouver, at least 50 trade unionists in Brian Mulroney masks mocked the prime minister’s resignation in a rally protesting the changes. Under the new law, Mulroney will not qualify for UI because he quit – but he’s not likely to suffer.

Last minute amendments to protect women who quit because of sexual harassment were denounced as inadequate by leaders of the women’s movement and the labour movement.

Before the changes, people who quit could receive benefits after a 12-week wait.

The National Action Committee on the Status of Women released statistics showing that the majority of people who quit are low-income women in non-union jobs. Women make up 33 per cent of voluntary quits even though they make up only 37 percent of all UI claimants.

NAC pointed out that there is no simple legal definition of what constitutes “just cause” in quitting a job.

Women close wage gap just a little

The wage gap between women and men shrank slightly in 1991, but women still earned 30 per cent less than men.

The report by Statistics Canada showed women working the full year and full time earned $28,842 on average, up two per cent after inflation from 1990, while the earnings of men remained steady at $38,567.

As a result, women narrowed the gap to bring their earnings to 69.6 per cent of men’s, up from 67.8 per cent.

However, this marginal improvement may have more to do with the rotten state of the economy, which denied men any wage gain, than with a lasting advancement for women.

Spokespersons for women’s groups cautioned that there was no cause for celebration. They hoped to see if the figures reflected a real trend or if the shift was just a result of the unending recession.

According to the National Action Committee on the Status of Women, the wage gap in Canada remains much wider than that experienced by women in many Western European countries, which have more progressive policies on child care, work and family life.

For example, in Sweden women’s earnings are 80 per cent of men’s, in Denmark 85 per cent and in France 80 per cent.

The Statistics Canada report also showed older women were subject to more severe wage discrimination than younger women. Women aged 55 to 64 earned 66.4 per cent of what men in the same age group earned and women aged 65 and over earned only 63.6 per cent of what men of the same age earned.

Single, never married women earned 91.1 per cent of what men of the same status earned. Married women earned 64.6 per cent of what married men earned.

U.S. labour wavers on medicare plan

Health care reform has hit the top of the American political agenda, but the U.S. labour movement is divided on whether or not to push for a Canadian-style medicare system.

American adoption of Canada’s system would be a major victory for Canadian health care workers fighting to defend our universal medicare system.

But anything less than a universal medicare system in the U.S. will continue downward pressure on Canada’s national health care programs thanks to free trade.

With Hillary Clinton poised to bring down her recommendations on health care this spring, the major U.S. unions are split.

Many support a single-payer system like Canada’s and are campaigning for it in many states.

But an equal number support the “managed competition” option favoured by Clinton and much of the corporate establishment.

Under “managed competition” all Americans would be enrolled in one of a small number of huge health service organizations which would provide all types of health services.

Competition among these huge health organizations would supposedly control costs, but workers would receive only minimum basic coverage and even those benefits could be taxable under some proposals.

Even health care unions, like New York’s Local 1199, are ambivalent on precisely what system they want. Without a united effort behind a single proposal, American workers are likely to get less than they deserve.
It was the long-awaited decision that took everyone by surprise. A token 15 minutes before Health Minister Elizabeth Cull's 11 a.m. press conference on February 15, Shaughnessy Hospital workers were told their hospital would be closed by September. The board of trustees were out. The transition team was in.

Once Cull's downtown press conference began, shocked and disillusioned Shaughnessy workers were gripped by enormous, unspeakable emotions. Like the others, HEU member and dietary worker Sylvia Hill couldn't imagine how a large teaching hospital could be closed. She had participated in HEU lobbies warning government officials of the impact of a closure would have on the array of integrated services shared between Shaughnessy, Grace and Children's hospitals.

Many Shaughnessy staff drone through their shifts for several days after. A growing core, however, was gradually shedding disillusionment and channeling fear into outrage and opposition to the closure. Danger signs had been hanging over our hospital for some time.

The previous year's budget cuts and ward closures were obvious signs of imminent downsizing, everyone thought, but 10 years and $360 million of renovations mitigated against complete closure.

Still, a stream of HEU local inquiries to provincial, regional, civic and hospital officials failed to conform the flurry of rumors that something would happen to Shaughnessy.

Something was happening, but no one would give Shaughnessy workers a straight answer.

On Jan. 4, 1993, members of HEU's Shaughnessy executive forced health ministry officials to confess a decision on the hospital's future was due in February.

Was the decision for closure? The officials wouldn't say.

That meeting gave birth to the Save Our Shaughnessy (SOS) Committee Jan. 18. Determined to show government how destructive a closure decision would be, HEU local activists set about convincing anyone who would listen that our hospital had an important role to play in a reformed health care system.

"We really went to town" holding meetings with members and local MLA's, recalled SOS chair Bob Rodgers, a hospital carpenter.

From that point on, said local vice-chair Ken O'Keefe, "we were on a mission to save Shaughnessy.""The future of Shaughnessy seemed murky in January, it came sharply into focus on Feb. 15 with Cull's announcement.

The hospital was yanked into reality. Yet because the decision was so unexpected, it became an easy one to fight.

"Until then we were doing everything by the book," said Rodgers. "After that the gloves were on and (it was) time to fight.

The Feb. 15 shake made a once bustling campaign a chaotic.

SOS committee members set through a dizzying five-day tilt of meetings with BCNU, HEU, provincial office staff, local members and each other.

From those gatherings, HEU's SOS Committee, BCNU, HSA and community representatives formed the Keep Shaughnessy Open Coalition.

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The HEU Provincial Office mailed copies to every local. The union demanded and got offices in ward C4, a recent example of Shaughnessy's renovate/vacate syndrome. Coalition meetings would continue every weeknight for nearly two weeks after Feb. 15. Most of the HEU executive were on indefinite leave.

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For coalition campaigners, thrown together and tied to a hectic fight-back schedule for four weeks, stress and tolerance were uneasy allies.

"A person will rebel against you, the wrong way and then you think, 'Why bother?"' said Ronen, who quickly reminded herself that the underlying cause was worthwhile and got back to work.

Nevertheless, campaign pressure took a toll. Newly-elected chair John McKenzie called it quits Mar. 16 citing personal reasons. Mike Bonn resigned as shop steward but stayed on with the campaign. Compounding the pressure was the apparent silence of workers in other hospitals. The decision had clearly frightened them.

Some felt they might be next, while others were cautiously thankful to have dodged the reformers axe.

Representatives from 10 locals ended the quiet March 11 with a meeting in support of Shaughnessy called by G.F. Strang local.

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SCENES FROM THE STRUGGLE: Transition team director Bert Boyd (at top on the right) disappears behind a mountain of petitions opposing the closure; patients line up at the microphone to protest the closure (left) at the first public forum to debate the scheme; concerned health workers (right) listen to community views at the same forum and (top right) health workers mock the government's consultative process in a bed race around the facility. Mike Harcourt, Elizabeth Cull and Glen Clark are at the controls.
It was the long-awaited decision that took everyone by surprise. A token 15 minutes before Health Minister Elizabeth Cull's 11 a.m. press conference on February 15, Shugnansay Hospital workers told their hospital would be closed by September. The news came out of the blue, as if the hospital had been waiting for this moment.

Once Cull's decision to close the hospital was announced, a gathering of concerned citizens, hospital staff, and activists took place, calling for a change in the decision. Many Shugnansay residents attended the rally, expressing their frustration and disappointment.

Sull, the hospital's local leadership, was shocked, as were civic and hospital officials who had been following the story of the hospital's fate. They were surprised to learn that the hospital was to be closed.

The hospital's director, Dr. John Smith, expressed his concern about the closure. He said, "We have only just opened our new wing, and now we are being told we have to close."

Meanwhile, the hospital's staff gathered together, discussing the implications of the decision. Many were emotional, as they thought about the loss of their jobs and the impact on the community.

In the days that followed, there were protests and rallies outside the hospital, as people rallied together to fight against the closure.

The hospital's closure was a devastating blow to the community, and it was met with widespread resistance. Crowds gathered outside the hospital, chanting and holding signs, to protest the decision.

Throughout the process, the hospital's staff, residents, and patients continued to fight against the closure, organizing rallies and petitions to save the hospital.

In the end, the hospital was closed, and the community was left to struggle with the consequences of the decision.

By DON PAYZANT

The Shugnansay Struggle

BY DON PAYZANT

The Shugnansay Struggle

Volunteer committees reported they were already looking into ways to keep the hospital open, considering alternative funding sources and partnerships with local businesses.

Despite the closure, the community continued to rally together, determined to find a way to keep the hospital open. The struggle for Shugnansay Hospital was far from over.
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Shaughnessy Hospital workers were told their hospital would be closed by September. The board of trustees were out. The transition team was in.

Once Cull's downtown press conference began, shocked and disbeliefing Shaughnessy workers were gripped by enormous, unspeakable emotions.

Like the others, HEU member and dietary "worker Sylvia Hill couldn't imagine how a large teaching hospital could be closed. She had participated in HEU lobbies warning government officials of the impact of a closure would have on the array of integrated services shared between Shaughnessy, Grace and Children's hospitals.

Many Shaughnessy staffahed through their shifts for several days after. A growing core, however, was gradually shedding disillusionment and channeling fear into outrage and opposition to the closure.

Danger signs had been hanging over our hospital for some time.

The previous year's budget cuts and ward closures were obvious signs of imminent downsizing, everyone thought, but 10 years and $10 million of renovations mitigated against complete closure.

Still, a stream of HEU local inquiries to provincial, regional, civic and hospital officials failed to confirm the flurry of rumors that something would happen to Shaughnessy.

Something was happening, but no one would give Shaughnessy workers a straight answer.

On Jan. 4, 1993, members of the Shaughnessy executive forced health ministry officials to confess a decision on the hospital's future was due in February.

Was the decision for closure? The officials wouldn't say.

That meeting gave birth to the Save Our Shaughnessy (SOS) Committee Jan. 18. Determined to show government how destructive a closure decision would be, HEU local activists set out to convince anyone who would listen that our hospital had an important role to play in a reformed health care system.

"We really went to town" holding meetings with members and local MLA's, recalled SOS chair Bob Rodgers, a hospital carpenter.

From that point on, said local vice-chair Ken O'Keefe, "we were on a mission to save Shaughnessy."

If the future of Shaughnessy seemed murky in January, it came sharply into focus on Feb. 15 with Cull's announcement.

The hospital was yanked into reality. Yet because the decision was so unexpected, it became an easy one to follow.

"Until then we were doing everything by the book," said Rodgers. "After that the gloves were on and (it) was time to fight."

The Feb. 15 shock made a once bustling campaign a chaotic.

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tive process in a bed race around the facility. Mike Harcourt, Elizabeth Cull and Glen Clark are at the controls.
reported good results. And Victoria had been nervously watching all along. Their first ad defending the Shaughnessy decision hit the newspapers that week.

By the middle of the next week, eight Shaughnessy delegates had convinced a Victoria HEU conference reviewing the job security package that Shaughnessy was the first of 15 reform dominoes the government wished to topple.

Delegates were given poll results showing 96 per cent of the province knew about the Shaughnessy decision and only 16 per cent supported it. Every Shaughnessy campaign T-shirt brought to the conference was sold.

By March 19, the second government ad had hit the papers and campaign volunteers had gathered over 30,000 thousand signatures. That day, KSDC member Russ Hunter presented all the petitions and several thousand letters to Elizabeth Call. The minister had just finished a meeting with coalition members at Canada Place where she stood by her Feb. 15 decision.

They boosted the calling Shaughnessy an "old" hospital. A coalition fund-raising dinner took in $12,000 that night.

Gradually the campaign was gaining momentum and Shaughnessy executive members made presentations to the Vancouver General, St. Mary's and Royal City Manor locals. And as the coalition worked, so the Transition Team struggled to speed up its efforts. But the task force to close Shaughnessy's emergency ward blundered when it cited staff shortages for diverting nighttime ambulance traffic.

The BCNU quickly filled the scheduling gaps and the plan was scrapped.

Only the rains kept the first annual Shaughnessy bed races from topping off the emergency triumph on March 20. Two days later, the clouds parted long enough for runners and cheerleaders to blow off steam.

As expected, the tri-union team was the first of the four bed-field to thunder across the finish line. The government bed, festooned with black balloons, a bullhorner scoop and a hospital "wheel of misfortune" finished a well-deserved last.

The Shaughnessy petition thermometer topped the 50,000 signature level that Friday.

Results like that helped Ken O'Keefe, now local chair, get through the day. Shaughnessy's not the number one news from these days "but that's not the end of the story," he said.

Amidst all the activities, stress counsellors who came on site the first week of the closure announcement were still sitting idle most days. Shaughnessy staff feel learning to cope with "closure-related stress" is a sign of defeat.

At Guardian Press time, the keep Shaughnessy open coalition was organizing for a lobby to Victoria to demand a task force review of the closure decision.
The shorter work week won by B.C.'s health unions is winning international attention as a way to protect jobs and services, reports Geoff Meggs.

**36 HOURS**

**CRANBROOK** LPN Vicki Poburn has already made plans for the 11 extra days off she expects this year thanks to the shorter work week in the job security agreement negotiated by B.C.'s three health unions.

"It will certainly help," says the single parent, who works both as a physio aide and a practical nurse at Cranbrook Regional Hospital. "My kids are in school, but I can use that time to do housework - or even have a day off."

Personal time - to rest, read, relax with friends or do whatever she wants - is one of the main benefits Poburn and her fellow HEU members expect from the reduction in the work week to 36 hours from 37.5. It will be a relief from the brutal workload experienced by HEU members as health care funding declines and work intensifies. And economists who have studied the issue of reduced hours believe it will be good for the health care system as well as health care workers.

"At our facility they have asked if we can go home 15 minutes early to implement the shorter week," Poburn says. "That's not what a 36-hour week is for, because you still must come back and finish that work."

"Our members definitely want the full day, not 15 minutes here or there."

That extra time off has a second enormous benefit for Cranbrook workers and others around the province: it achieves 40 per cent of the government's planned reductions in acute care without layoffs. For that reason, the employment security agreement ratified by members of B.C.'s three health unions and rejected by health employers is being hailed across North America as a model of progressive labour relations.

"An issue that has to be confronted as the economy changes is work time, whether the work week or the work year," says Bob White, president of the Canadian Labour Congress. "If we don't tackle the length of the work week, we'll have a few high wage full-time workers and a lot of unemployed people," he told The Guardian. "The agreement for a shorter work week is an important example of the strategies needed to deal with economic change."

What happened here in B.C. is an example other governments should look at to deal with changes in health care that don't throw workers on the scrap heap.

Ontario's public sector unions are pointing to the B.C. agreement as the kind of protection they are seeking in their negotiations with the NDP government of Bob Rae.

The shorter work week is critical to rebuilding the North American economy, says Elaine Bernard, head of the Trade Union Program at Harvard University.

"The B.C. agreement is a real breakthrough because since the Depression no one has rolled back the work week except in the period right after the Second World War," Bernard says.

"The shorter work week eventually forces increased in employment. Even in Japan, corporations are realizing they must work smarter, not harder. Longer work hours are not the solution to economic problems like unemployment."

Juliet Schor, a prominent American economist and author of a national U.S. best seller called The Overworked American, agrees.

"This is certainly a pioneering effort which I anticipate will be a tremendous success in giving employees badly-needed free time," Schor said in an interview. Health workers are dead wrong, she says, when they claim that the shorter work week will make it essential to cut services.

Schor agreed with Poburn that "larger blocks of time are more desirable. They give flexibility. What studies show is that the amount of work done goes up and productivity increases. People can work smarter when they work a shorter time and it forces both managers and employees to innovate."

"It's likely that management will find it leads to increased productivity and improved morale. To my knowledge, there is no comparable contract proposal anywhere in North America."

Poburn has already observed that change at Cranbrook. "The administrators are starting to..."
THE WORKING WEEK has been dropping for 58 years. The results: better health care, more jobs, a better life for health workers.

65 hrs

IN THE 30s there was no unionization in health care and 65-hour weeks on brutal rotations were the norm for the women and men who founded HEU.

44 hrs

IN THE 40s work time began to come down as unionization increased. By 1944, more health care workers worked 44 hours a week.

10 hrs

IN 1951 union contracts at Vancouver General provided for 40-hour weeks for most employees, but conditions were much worse in the non-union sector.

37.5 hrs

IN THE 1970s health workers won a reduction to the 37.5-hour week throughout B.C., about half what they worked 40 years before.

35 hrs

IN THE 1980s hospital workers twice won the 35-hour week in arbitrations supported by the health employers, but each time the gain was wiped out by wage controls before it could be implemented.

36 hrs

IN 1993 health unions negotiated a 36-hour week as part of health care restructuring.

We have a deal:
The shorter work week is only months away

About 90 per cent of the job reductions set out in the employment security agreement will be achieved by moving to a shorter work week effective July 1.

That means new schedules for the hospital sector must be negotiated by that time.

The agreement provides for arbitration to be used to determine how the change should be implemented if the two sides fail to agree. The arbitration would be handled by D.R. Munro.

Because of the ILRA's failure to ratify the deal, this schedule may have to be changed.

“Our objective is to ensure that the time is accumulated in time off that will be meaningful for health workers,” says ILRA secretary-business manager Carmel Alvarez. "We are not talking about 36 minutes more in lunch break or an earlier quitting time.”

The shorter work week will mean about 11 more days off each year for full-time workers.

Now hospitals manage with fewer hours. Since hospital funding tight-
Canada’s health workers plan strategy

Meeting for the first time ever, caregivers confront corporate agenda and attacks on medicare

By CHRIS GAINOR

A large HEU delegation took part in the first ever Canadian national conference of health care workers, which was held in Montreal in February.

More than 500 health care workers discussed their common problems and possible solutions at the four-day meeting, which was sponsored by the Canadian Union of Public Employees.

Problems the same in every province

The conference featured speakers such as CUPE national president Judy Darcy, Canadian Health Coalition chair Kathleen Connors, federal NDP leader Audrey McLaughlin and HEU assistant secretary-business manager Chris Allatt.

In her speech to the conference, NDP leader McLaughlin said that the federal government once paid half of all medicare costs. Now that share has been cut to a third, and by the year 2000, the federal share of medicare costs will be slashed to only 23 per cent.

"It means we are moving dangerously close to a two-tier user pay system as in the United States," the NDP leader said in -30F. "Clearly, this is not the kind of Canada we want to live in."

She said the federal NDP is committed to stabilizing federal funding of provincial medicare programs, defend the Canada Health Act, and help provinces reform their health care systems.

Dennis Rivera, president of the Local 1199 Hospital and Health Care Workers' Union in New York, spoke about the efforts by U.S. president Bill Clinton to reform the U.S. health care system.

"Saving your system could help us save ours," Rivera said, adding that the North American Free Trade Agreement poses a threat to the living standards of Canadian and American workers.

Canada’s medicare map: diagnosis dismal

The president of CUPE's Ontario Council of Hospital Unions painted a bleak picture of budget cutbacks, bed closures, work stoppages and layoffs across Canada in health care when he addressed HEU's Emergency Conference in Victoria in March.

Michael Hurley warned the HEU delegates that federal cutbacks and corporate rights contained in the North American Free Trade Agreement threaten the future of Canada's medicare system.

Hurley, whose council represents 20,000 Ontario health care workers affiliated to the Canadian Union of Public Employees, praised HEU for its strong job security deal with the B.C. government.

"The resistance you have mounted against cutbacks, closures and layoffs has forced the provincial government to acknowledge your union as a legitimate and unavoidable reality in any restructuring of the health care system in B.C.,” he said.

Most of Hurley's address was an outline of what health care workers face in other parts of Canada:

- Newfoundland: Many outpatient hospitals have been closed, costing the jobs of 900 health care workers. Other workers have their salaries frozen. Many services, including visual assessments and hospital dental services, have been cut from medicare, but doctors are still able to bill more money.

- Prince Edward Island: While the government failed to close the island's four rural hospitals, it has concentrated acute care hospitals in the remaining hospital in Charlotte-town. Many services, including burn care, cardiac care and abortions, aren’t available on the island. Privatization is going on.

- New Brunswick: Hospital workers face wage freezes and layoffs. New Brunswick's hospital system is being reorganized along regional lines. Medicare services are being cut back.

- Nova Scotia: Major bed closures and layoffs are taking place, and medicare services reduced. The government has bought an unused military base and is offering homes free housing on the base if they perform unpaid home care for senior citizens living next door.

- Quebec: User fees are coming in for prescriptions for seniors, and hospital beds are being closed as budgets are cut. Families are being offered tax breaks to take care of their parents.

- Ontario: Major restructuring is going on. While doctors win a major fee increase from the NDP government, 5,000 hospital beds have been closed, and 9,000 full-time equivalent jobs have been lost over the last three years, including 2,125 in the past year. Hospitals are being closed and services cut. Even though services are supposed to be transferred to the community sector, cuts are leading to the closure of chronic care beds.

- Manitoba: Winnipeg hospitals have to cut 440 beds in the next year as budgets are cut back.

There is a weak labour adjustment agreement covering workers in the hospitals.

- Saskatchewan: A $150 cut in hospital funding is leading to major cutbacks and layoffs.

Regionalization is going hand-in-hand with closures of hospitals in smaller communities. Medicare services have been cut.

- Alberta: American-style hospital funding mechanisms are being introduced in hospitals. This means efficiency measures and time-and-motion studies.

In Ontario the ranks of administrators have increased, Hurley said, doctors are being paid more than ever, and the government has rejected doing away with long term care facilities run by corporations.

"Our members, I firmly believe, are not the root cause of the crisis in the health care system," Hurley said.

"Doctors, hospital administrators and the for-profit sectors have driven up the costs, and those are the areas that the government should be wrestling with."
CLOSER TO HOME IN THE BRONX

A New York clinic is one way our health services may change in B.C.

HEALTH CARE workers in the heart of the Bronx are rolling back funding cuts and the damage caused by a service-cutting administration to save a community clinic that could be a model for similar ventures in B.C.

The Dr. Martin Luther King Jr. Health Centre (MLK Clinic) was established 27 years ago when a War on Poverty grant funded 140 neighbourhood clinics designed to provide comprehensive primary care and to train neighbourhood people to do much of the work.

It’s one model of community clinic which could develop here in B.C. as the health ministry moves services closer to the community.

Sixty-two of its 88 employees are members of Local 1199 of the Drug, Hospital and Health Care Employees’ Union, HEU’s counterpart in New York, proof of the role that HEU members can expect to play in the new “closer to home” health care system.

But MLK Clinic has faced a tough struggle to survive after its founding in 1966. According to

patients and visited mothers before and after pregnancy. It was very personal care.”

During the 1960s, the clinic itself was jammed with visitors receiving every type of care.

But the city’s fiscal crisis of the 1970s and a U.S. freeze on Medicaid funding threw MLK into a crisis.

“The clinic changed for the worse,” says Dr. Samuel Ellenbogen. “For instance, the clinic was closed for the visits that the health team made.”

Instead of taking steps to secure alternative funding, the board of the clinic engaged in a round of service cuts which jeopardized the clinic’s survival.

The lesson, according to clinic director Lionel Stewart, is that vital services labeled as luxuries — like the family health teams and the staff training program — should have been maintained.

Stewart says the clinic is finding its feet with a new organizational plan that includes a community board and affiliation with a larger institution.

Both ideas are features of the community clinics proposed for B.C.

Today the clinic services almost 15,000 people, is expanding its clinic hours to provide service on Saturdays and has begun plans to initiate a school health program with the school next door.

For health workers at the clinic, the key to their success was their commitment to provide quality health service to their community.

COMMUNITY HEALTH:
Nurse practitioner Elsa Colllender (left) examines pregnant community resident Maria Ayala. Receptionist Rossie Montgomery (above) started at the clinic as a family health worker.

FAMILY CARING: LPN Viola Morris says hello to Aminta Rodrigues and her grandson. The clinic provides care both in the home and in its neighbour hood facility, one model of the “closer to home” system proposed for B.C.
NDP sets out its economic agenda for federal election

A federal NDP government would make a sharp break with Tory-style "trickle down" economics, says NDP leader Audrey McLaughlin.

McLaughlin released a detailed economic plan, the core of her party’s federal election platform, in a news conference in Ottawa Feb. 18.

"The New Democrat plan represents a bold departure in Canadian economic policy, leaving behind the "trickle down" economics of the past and introducing a full employment economy for the future," said McLaughlin.

The plan would create 500,000 more jobs over the next five years, reduce the unemployment rate to 7.1 per cent, lower the deficit and bring down inflation, without increasing taxes for low and middle-income Canadians.

The NDP hired an independent firm, Informetrix Ltd., to analyze the 167-page plan. Informetrix confirmed that the plan will reduce unemployment and inflation, as well as hold the line on the deficit.

Plan highlights include:
- an infrastructure program;
- a national child care program;
- a national investment fund to invest in innovative Canadian-owned, Canadian-based enterprises;
- eliminating the GST over five years by increasing taxes for profitable corporations and the richest people, cutting the defence budget and starting to tax private trusts;
- replacing the Free Trade Agreement and NAFTA with a new trade strategy including sectoral agreements;
- encouraging research, development and training.

Reports confirm health costs of the recession

Two new studies released by the U.S. Economic Policy Institute provide further evidence that periods of recession and high unemployment bring an increase in illness, death and crime.

John Hopkins University professor M. Harvey Brenner, in his report Economy, Society and Health, provides detailed evidence that recession and high unemployment lead to increases in illness, death, mental disorders and crime.

Stable economic growth with minimal unemployment, he says, is a major source of a population’s health, provided investments are made in education, scientific development, health care and social programs.

Professors Mary Merva and Richard Fonsei of the University of Utah, in their report Effect of Diminished Economic Opportunities on Social Stress, focus on the recession of 1990-92.

They estimate that a one per cent increase in the unemployment rate results in a 5.6 per cent increase in deaths due to heart disease, a 3.1 per cent increase in deaths due to stroke, a 6.7 per cent increase in homicide, a 3.4 per cent increase in violent crimes, and a 2.4 per cent increase in property crimes.

Pigs race to the trough in "corporate tax freedom day"

Ten plastic pigs lined up for the highest paid race of the year on top of a downtown Vancouver hotel earlier this year. It was Jan. 26, the first annual Corporate Tax Freedom Day.

The battery-powered pigs, each representing a predictable corporatization, raced to the federal tax trough to see who could pay the least. They all won, and we all lost.

The B.C. Federation of Labour sponsored Corporate Tax Freedom Day to show that over $3,000,000 profitable Canadian corporations pay no federal tax dollars.

In 1989, Thomson Corporation had pretax profits of $479,000,000 and paid a tax rate of 4.4 per cent.

Believe it or Not: Terrace hospital boss caught in web of corruption

The Guardian’s Believe it or Not award for serving up administratively modestness this issue goes to HEU’s Terrace local leadership. Research has raised some serious questions about how the hospital boss was spending public funds.

Local HEU leaders combos Pemexi- liated financial records. What they uncovered was shocking and warranted a union call for an investigation by the health minister.

Here’s some of the madness they turned up:
- a $400,000 hospital budget surplus wasted on a lost minute spending spree;
- payments to a company owned by the husband of a senior administrator;
- a union-made ceramic mug is on its way to Terrace local leaders.

We welcome your examples of administrational madness. Address all stories to The Guardian, 10th Avenue, Vancouver, B.C.

Coffee Break

Footnote to Rodney King

Registered nurse Lawrence Clark, a member of SEIU Local 535 in Los Angeles, has received death threats, bribes through hit-wire and harassment from hospital management since he testified about the injuries received by Rodney King at the hands of Los Ange-

les police.

Davis was an emergency room nurse whose testimony was brought in after the beating was received national attention when an amateur videotape of the incident sur-

prised the nation.

Davis also testified at a medical malpractice hear-

ing against his employer.

Despite professional fractures and numerous other injuries, an emergency room doctor refused to treat him because he had no insurance.

Welcome to union-free Mexico

Volkswagen has reopened a plant in Puebla, Mexico, after winning a labour board ruling that it can fire its workers. Volkswagen has decided to recall most of its employees, but is bringing along those involved in a July 21 protest protecting a union agreement with union leaders.

Volkswagen wants to step up production at the plant in time for the North American Free Trade Agreement. Sheila Baxter gets the dough

When anti-poverty activist Sheila Baxter won the VanCity Book Award — with it modest cash

Services had a different idea. They cut her off with-

a five-year delay.

Ever the activist, Baxter complained right to social

services minister Joan

Smallwood. Smallwood confirmed that Baxter was entitled to the money and her payments were restored.

The price of Canadian poverty

A child raised in poverty is 2.8 times more likely to suffer chronic physical health problems and 1.7 times more likely to expe-

rience emotional problems, according to recent research.

Of the 250,000 Canadi-

"The economic logic behind dumping a load of toxic waste in the lowest wage country is impeccable and we should face up to it," he wrote.

Summer’s logic! First, life expectancy is lower in those countries, so there will be fewer deaths in other-

age from cancer caused by exposure to toxins dur-

ing the working years. Sec-

ond, the social cost of health impairing pollution is calculated as lost wages from death and disease.

Therefore, the poorer the country, the lower the cost of an unmitigated dis-

ease and death. The World Bank apologized.
**Puzzle**

Unscramble the jumbled words, one letter to each square to form ordinary words. Then rearrange the circled letters to find the missing words from the cartoon.

- **BENTR**
- **RDSWEAT**
- **FOPALY**
- **TUURNE**
- **NNIOU**
- **EGRME**
- **TRACTNS**

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**HEU people**

Evergreen honours memory of Gwen Antaya

HEU members at Evergreen Local in White Rock paid their last respects Jan. 19 to Gwen Antaya, who died four days before at the age of 64.

Antaya was secretary-treasurer of the local from 1987 to 1991 and had been one of the most active organizers for the local, which was chartered in 1977.

“She retired in 1991 but was always there when we needed assistance at the local,” write local chairperson Kathy Dingree. “She was hard working, dedicated and most of all a dear friend. We will miss her terribly.”

The local has established a $300 annual scholarship in Antaya’s name.

Parkridge wishes Whitehouse all the best

Shirley Whitehouse, a founding member of HEU Parkridge Local, retired New Year’s Eve after 20 years of service. A cave- side and a strong union supporter, Whitehouse is looking forward to the time off but will be sorely missed by her friends in the Maple Ridge facility.

Mt. St. Mary’s activists retire

Henry Koessler, an employee in the housekeeping department at Victoria’s Mount St. Mary hospital, received a warm send-off from his fellow union members in December when she retired after 12 years at the facility.

A real union activist, Koessler was a pillar of the local during last year’s job action and always had some time to share with fellow residents. Her fellow workers wish her a long and happy retirement.

Bruce Wilton, a veteran of the plant and environment committee, was the facility, followed Koessler into retirement in March. Wilton looks forward to a time of travel, golfing and painting.

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**Postcards from Mexico**

Poverty, repression & free trade - a 21 minute report on the trade union delegation tour to Mexico which included HEU financial secretary Mary LaPlante. Produced by the B.C. Trade Union Group and available from HEU Communications, 2006 W. 10th Ave., Vancouver.

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Bill Macdonald steps down
Ill health forces HEU president Bill Macdonald to step down. Fred Muzin has assumed his post.

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The Shaughnessy struggle
Inside the long struggle to protect the services provided by Vancouver's Shaughnessy Hospital

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The 36-hour week
Labour unions across North America see an important breakthrough in the 36-hour week negotiated by B.C.'s health unions.

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Closer to home in the Bronx
Now New York health workers defend vital community services in the heart of the city.

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