GORDON CAMPBELL'S ELECTION VOWS

No to health reform
No to jobs accord
Yes to privatization

We're 50 and strong

Exactly 50 years ago, workers in this Vancouver General Hospital laundry joined forces with others in their facility to form the Hospital Employees' Union. From those small beginnings grew one of Canada's strongest health unions. The story has now been told for the first time in HEU's just-published union history, The Heart of Health Care.

Courtyard workers headed for first contract
COMMENT
Reforms must tackle doctors’ fee-for-service
by Carmela Allevaro

R
cently the B.C. Medical Association, which represents
docs in this province, announced that a majority of
t heir members support user fees, even though it haseen repeatedly proved that user fees are inequitable and do
not reduce health care costs.

In other words, doctors favour replacing the principle
that publicly-funded health services should be available to all,
regardless of income, with a system in which those who have
the funds get quicker and better care than the rest.

Many Canadians have long argued that the fee-for-service
system of paying for doctors’ services is the fundamental
problem facing our health care system.

In fact, most experts agree that between 30 and 40
percent of doctors’ treatment, operations and prescriptions are
inappropriate—they are done for no benefit to the patient or, if beneficial, are
no more than a less expensive treatment.

The answer: convert doctors to a salary system, just like other care
providers.

Doctors have a different idea. Their proposal amounts to leaving the
current doctor-run system alone. If the government needs assistance in
fighting the bill, doctors say, make the patients pay directly.

B.C.’s minister of health, Paul Ramsey, condemned the doctors’
suggestion as a call for a two-tiered health system. He vowed to do all he
could to prevent it from happening in B.C.

But there are disturbing signs that Ramsey’s ministry is
moving in the opposite direction he wants it to.

Since the implementation of the New Directions
reform, the share of provincial spending for doctors’ fees
has gone up, but the share allocated for hospital spending
has gone down.

Of equal concern is that the doctors’ settlement
established a committee of doctors and government to divide which
health care services are to be de-insured. These
services will not be paid for by medical insurance, only by
patients’ fees.

Why is this important to HEU members? HEU and
the other health unions opposed the New Directions reform because
we believed it would lead to a better health care system.

Thank to the Employment Security Agreement, the government has exceeded its goal for a reduction in hospital spending. We have
averaged the levies of more than 1,000 HEU members.

But the creation of community
services has not kept pace.
And the fundamental problem
of fee-for-service, the major
source of waste in health care,
is not been tackled.

The answer to convert doctors to a salary system

‘The answer: convert doctors to a salary system’

Workload is a problem for Golden
laundry worker

Hi, I am the laundry worker. It
job that opened [a fellow Golden
Hospital laundry worker] left.
They used to have two full-time
workers in there and now they
only have one—me.

The workload is tremendous and
I have a terrible time keeping up.

Not only that, they are taking
on outside linen from a mountain
lingering code called Purcell. They
didn’t even have that contract
when there were two full-time people.

Once a worker in my old job while looking for work in the
health and safety field. I am
concentrating on my job search in the
area, I have the most experience,
namely hospitals and care centres.

Member grateful for post-secondary bursary

In August 1992, I was awarded a
$500 bursary from HEU to help
me further my education. This
money bought the books for the
first term of the occupational
health and safety program at BCT.
I would like to take this opportu
nity to express my thanks to the
union for the support given to a
colleague. I graduated with
honours in May 1994 and now hold
a diploma in occupational health
and safety.

I am currently working in my
old job while looking for work in the
health and safety field. I am
concentrating on my job search in the
area, I have the most experience,
namely hospitals and care centres.

Sometimes when there are too
many bags of Purcell stuff, they
will call someone in to help. But
more often than not, they seem
bloody murdure if I ask for help.

This Parcel stuff has to be
done by a certain time, so if
I work on that all the hospital stuff
goes way behind.

Then the nurses start screaming for hospital linen. Sure. I can
wash load after load all day, but it is still
has to be dried and folded, and
that takes time. And there’s only
me to do it.

Do you think it’s right to be

taking on this extra linen when it’s
not even related to hospital stuff?

There would be more than
enough work if they didn’t have it.

I go home from work absolutely
exhausted and can’t spend any
quality time with my family
because I’m too tired.

This does kind of thing happen
in other hospitals?

Lorina Joy, Golden Local

Guardian

"In Urbandale
addresses on how to tell Bob"

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Letters

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royal city

members win

contract fight

HEU and BCNU members at Royal City Manor in New Westminster have won major increases in wages and benefits in a Sept. 28 first contract award by arbitrator Robert Blatstein.

While the provisions in the award, which cover the next two years, full shift of industry standards, HEU members at the facility will enjoy wages similar to the industry standard, full vacations and coverage under medical, extended, dental and long-term disability insurance plans.

"This settlement does have deficiencies which we’ll deal with in future bargaining," said HEU secretary-business manager Carmela Allevato.

"But on the whole, it represents a big win for members who had to struggle for more than a year and a half againstfinance

employers."

Blatstein’s decision also sent a message to the new breed of aggre- gation-models-based "private-pay" facilities like Royal City, which have fought bitterly to resist decent wages and benefits to pad their profit margins.

The wage standards in the industry are clear."If the employer is serious about operating a quality establishment it should be willing to attract quality people at quality wages. This is not an area where the industry standard should be avoided."

Throughout bargaining, the employer had pleaded an inability to pay, despite the fact its financial records predict net profits of $1.2 million in 1994 and $1.6 million in 1995.

The new wage scale and other benefits take effect Oct. 1, and expires Sept. 30, 1996. BCNU members won similar provisions.

what we’re up to

LRB will hear

apology

St. Paul’s decision

The Labour Relations Board will hear an appeal from St. Paul’s hospital concerning the union’s complaint about the hospital’s Employment Security Agreement.

In a 107-page report, the St. Paul’s decision, Ready gave employ-}

ers the green light to discharge workers who have already been transferred with services from other facilities. The immediate impact of the ruling will be significant, workers had, but could not affect other HEU members across the province.

="The decision will create unnecessary hardship for health care workers," said HEU secretary-business manager Carmela Allevato.

"It also lets employers hide service cuts by accepting funding for transferred services and then not providing the services," she said.

Parkview workers ratify

Master

New HEU members at Parkview place, a long-term care facility in Vanderhoof connected to the local hospital, now have the full rights, protections and benefits of HEU’s Master Collective Agreement, after they ratified a proposed settlement in the summer.

Part of the contract establishes a single local of all HEU members who work in Parkview and the Vanderhoof Hospital.

Credit where credit is due

Lions Gate/LPN activist Susan Hargreaves deserves the spotlight for preparing the information package that was sent to fellow LPN activists across the province. A story in the last General, entitled Hargreaves’ name.

Payroll supervisors need to pay pay wrong

Thirty payroll supervisors from around the Lower Mainland met in early August to deal with an injunction in the pay equity process that will leave them making the same rate as the people they supervise or only permits more when final rates come into effect.

Why? Because health employers severely underestimated their work and won their position before pay equity arbitrator Stephen Keeler.

So the supervisors mapped out a short term plan to correct the injustice that includes pressing management, filling job related requests and grievances. The goal is to force HEADC to value more fairly their benchmarks.

continued on page 4

Courttyard

goes to arbitration

Hawthorn members on

strike, employer guilty of

scab law violations

HEU members at Courtyard Gardens in Richmond have locked closer to a first contract after their employer agreed in late September to arbitration, ending a month-long lockout that was being conducted on the U.S. company that runs the facility.

But, workers at Kelowna’s Hawthorn Park facility were forced to strike Oct. 3 after the same employer rejected HEU’s arbitration proposal to settle the 65 members first contract dispute.

Meanwhile, the Labour Relations Board ruled Oct. 7 that the Hawthorn employer violated B.C.’s anti-scout law when it hired non-essential home care workers to perform the work of HEU members during the first week of the strike.

HEU secretary-business manager Carmela Allevato hailed the agreement on the Courtyard arbitration process as a clear victory for the workers, but she said the Hawthorn dispute shows what a hardline employer the union is dealing with.

"We won at Courtyard because our members stood together and the employer couldn’t cope with the pressure that their own lockout put on them," Allevato said.

"But the employer’s refusal to go to arbitration for Hawthorn and their scabbing efforts show that the big companies that we’re up against will do anything to protect their profits."

The Courtyard arbitration got under way Oct. 13. Arbitrator Colin Taylor announced the arbitration was on Oct. 31.

Allevato accused the Hawthorn employer of provoking the strike to punish workers, a move that will cause unnecessary hardship for facility residents. Spirits on the picket line remain high, and support has come from Kelowna-area trade, local hotels and other unions.

Hawthorne members

The big and profitable Courtyard Corp. from Toronto has an ownership stake at both hotels, and both are managed by Advocate Inc., a U.S. company that is closely tied to, and formerly owned by Courtyard Corp.

Courtyard staked 1993 profits of $10 million from its North American hotel care operations.

At both facilities, coordinated efforts with similarly affected B.C. Nurse’s Union members have been key to maximizing pressure on the employer for fair first contracts.

Wages at the two facilities for members of both unions are far below long-term care standards. Courtyard workers earn $3 to $5 an hour less than the going rate and Hawthorne workers are $5 to $7 an hour behind.

Polly Salota, the chair of the Courtyard local, said the lockout drew the members together.

"First we were scared when we were locked out," Salota said.

"Then we started having fun on the outside." But she added that the workers remained concerned about residents.

Other bargaining hot spots

At press time, workers with employers have huddled up for a number of new union locals that are batting for first fair contracts. At Delta’s Garden Manor long-term care facility, negotiations for 19 HEU members broke off Oct. 7 over employer resistance to job security provisions. A strike vote is being contemplated.

Essential service levels are being set for Western Human Resources, which operates 10 group homes in Vancouver and Victoria. Talks for the 89 HEU members who work at the homes broke down in early October. The workers, who’ve been without a first contract for 19 months, voted overwhelmingly in favour of strike action earlier this year.

Meanwhile, 65 members at the Northshore Care Centre in Delta were set to ratify a first contract that would give them the industry standard.

Spirits high striking Hawthorne Park workers are joined by a facility resident. Locked out Courtyard workers got a boost, from national nurses union head Kathleen Conners, at right.
Shaughnessy secondsees situation surveyed
Former Shaughnessy workers seconded to other Lower Mainland health employers have a keen interest in retaining opportunities and face violations of the collective agreement, according to the results of an HEU survey of secondees. Secondees were contacted by telephone over the summer to help the union develop ideas for permanent and satisfactory employment solutions for the remaining secondees. There are mixed results from the most recent Health Labour Adjustment Agency numbers on the secondees.

The bad news is that there’re still 112 HEU Shaughnessy workers without a permanent employment solution as of Aug. 31. The good news is that the figure is down 10 per cent from the previous month.

Kootenay Lake marks environmental progress
Staff at Kootenay Lake Hospital threw a barbecue party for themselves Sept. 6 to celebrate four years of successful environmental policies at the Nelson facility. "And our union local are proud of the effort that has happened," writes HEU’s Barry Nelson, who is a member of the hospital’s environment committee.

The hospital has a full recycling program for paper products, glass, tin and most plastics, and even forces suppliers to stop over-packaging products purchased by the hospital. KLDH has a bulk purchasing plan, and in the kitchen campus food waste and limits the use of disposable cups. "While they’ve made great progress, the committee still has more plans for the future including staff for policing, reduced energy consumption, and cutting out single use items where possible.”

Sign up to learn
Lower Mainland union members are encouraged to check out the free courses offered by the Capilano College Labour Studies Program, Canada’s oldest continuing education program at a post-secondary institution. Courses include labour history, the emerging issue of duty to accommodate in human rights law, assertiveness, training, and computer-based.

Disabled but fighting care aide Mary Ellen Beavers can’t afford to work any more because she’s allergic to latex, a growing workplace hazard for health care workers. Beavers is fighting to boost public awareness of the problem so that "no more health workers go down the drain.”

"I really thought that I could be rehabilitated. I was pushing myself to keep working." She kept pushing herself to work in a facility where she could work the last few years before retirement. Initially, Beavers’ illness was covered on a compensation claim, but the WCGB cut off her after a month. She’s on long-term disability while waiting for a fight, with the support of HEU, to force the Board to recognize her allergy in a preventative sense.

Beavers is waging a fight on another level too. She’s devoted herself to compiling research and raising awareness among health care workers and the public about latex allergy problems, and has been lobbying legislators that would allow health care workers like herself to keep working.

She’s critical of health employers who put the bottom line ahead of worker safety. Latex gloves are cheap – about one-tenth the cost of non-allergenic replacements, so employers are hesitant to solve the problem by making a switch. But that approach is “bogus,” says Beavers, because it leaves the choice to eliminate the hazard to the facility so that they can be reimbursed for switching to alternatives rather than treating large numbers of afflicted health workers like herself.

She wants the world to know about latex allergies so that “no more health care workers go down the drain,” she says. “I’m going to help as many people as I can, I have a one track mind.”

by Stephen Howard
WHAT WE'RE UP TO

communications through electronic bulletin boards and networks. Registration costs for courses will be covered by the Provincial Office for HEU members who register. Copies of the brochure outlining the courses offered were sent to all Lower Mainland secretaries-trustees in September.

Working group for more, clearer, trades benchmarks
HEU has set up a special working group to review current trades and maintenance workers benchmarks in recognition of concerns expressed by members. The working group, which will be made up of six trades and maintenance workers, will also make recommendations on changes in the benchmarks. For information, contact classification officer Julie Eckert in the Provincial Office.

Boycott bad faith employer's wine
When you're brewing the U.S. wine section in your local liquor store, store clerks at the stands holding bottles from the Chilean St. Michelle winery of Washington state are lined up to support their boycott.

Why? Because for seven years the company that owns the winery has used bad faith tactics to prevent its workers from joining the United Farm Workers' union. The winery's show of solidarity with the farmworkers, the B.C. Federation of Labour launched a boycott of St. Michelle wines.

In a recent letter to the top management of the U.S. Tobacco Company, which owns the winery, HEU president Fred Muir said he would urge members to support the boycott until a resolution of the farmworkers dispute is reached.

Keep lighthouses staffed, say Campbell River members
Dozens of HEU Campbell River local members have signed a petition to the federal government backing B.C. lightkeepers' campaign against Ottawa's plan to eliminate them.

Threats to an effective campaign by the Public Service Alliance of Canada, the union that represents keepers, the federal government's plan to freeze the keepers' work environment on the West Coast. That's a fact that even transport minister Doug Young admits. "Indeed, many people have written to me expressing their concern," he said in a letter to the union responding to the petition.

HEU members approve CUPE affiliation
Union members have voted by a solid majority to affiliate with the Canadian Union of Public Employees, in a provincial vote that ended Oct. 14. The merger of the two unions is the largest ever in the labour movement. It joins HEU's 39,200 members with CUPE's 406,000 members across Canada.

As a provincial service division of CUPE, HEU retains its name, structure and bye-laws and will conduct its own bargaining and servicing. HEU gains access to CUPE's national defence fund and pool of technical services.

"Even more important for us," says HEU's Carmela Allevato, "is the ability this agreement gives us to step up the fight to defend medicare and health services in B.C. and across Canada," she said.

This strengthens HEU's ability to organize and bargain for health care workers in B.C. and gives us a direct link to CUPE's health workers in other provinces who are fighting cutsbacks, layoffs and privatization."

"CUPE national president Judy Darcy called the affiliation an "historic event."
"It puts CUPE even more at the forefront of health care issues across Canada," Darcy said.

$4 million shot in the arm for troubled Prince George hospital
Cash-strapped Prince George Regional Hospital got a $4 million funding boost at the end of the summer, and local health workers say it's a victory in their two-year campaign to win more cash.

The additional funding — most of it added to the facility's base budget — was one of a number of key recommendations of a special hospital study team appointed by health minister Paul Ramsey in June. The study team was also told to re-evaluate the hospital's board and administration and pressured for increased public accountability.

"Better communications and a long-term strategy to safeguard the hospital's role as a regional referral centre," she said. "We were pleased," says HEU Prince George local's Nancy Lang about the study team report. They addressed a lot of things we were pushing for.

For HEU local director Ian Lang, it means the successful conclusion of a public campaign for better funding that the three health unions started in 1992. "We have been fighting as a body for that," he said.

But Lang warned that most of the additional cash could go to the hospital's doctors instead of dealing with staffing problems.

Health minister Paul Ramsey praised the study team for its recommendations. "The study team has done a thorough review of the concerns that have been expressed in the community," Ramsey said. The result is a clear direction for the future — one that I endorse." The study team was made up of respected community leaders, including HSA neward Ray Jordan.

PFC guidelines a must, unions say
Leaders of the three health unions have joined a challenge to health employers to enact a set of guidelines to cover the introduction of patient focused care (PFC) and other new work reorganization schemes in B.C. health facilities.

The tri-union call for the protocol covering change was made at an Oct. 11 meeting with Health Employers Association of B.C. representatives to discuss PFC. HEABC promised to consider the proposal and respond.

"Employers across the province have been too busy to experiment with the latest trendy schemes that come out of the U.S.," says HEU secretary-business manager Carmela Allevato. "These experiments have been driven by cost cutting, not by providing better care. They've caused great disruption in the workplace, for care givers and patients and residents alike.

"A set of guidelines would form a positive protocol that would protect the interests of health workers and minimize disruption for those receiving care. We think this is a forward-looking approach," she said.

CAST THOSE BALLOTS

HEU ballooét t a house-keeping aide at Kelowna General Hospital who cast her ballot in the unionwide vote on the proposed affiliation agreement with the Canadian Union of Public Employees.

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HEU members and working supervisors Donna McNab, Comox local, and Henry Richfield, Royal Jubilee local, were among more than 200 union members to attend a special September workshop on the role of supervisors.
President's Desk

Clear signals on HEU's horizon

by Fred Muzin

NOTHING really prepares you for the experience of being an HEU Provincial Executive member. Overnight you're thrust into a position where you're expected to have solutions to all of the problems facing over 30,000 members. It's the ultimate in on-the-job training!

Executive members will face many challenges over the next two years. They will have to debate, amend and endorse a budget that exceeds $16 million. The executive must develop strategies to fight back against patient-focused care initiatives and to enforce the Employment Security Agreement.

Preparation for 1996 bargaining will require a balancing of resources for HEU to be successful. We must effectively participate in the election of community health councils, our "new" bosses. Before the next provincial election, we require education for our membership about the policies of the provincial political parties, and an analysis of which politicians have supported our aims and objectives.

Our relationship with the House of Labour is changing - our 10-year trial period is over. Our agreement with CUFPE will make us stronger but will entail working diligently, as in any successful new partnership.

Canada's social policy review looms as a cost containment exercise and we must be prepared to fend off attacks against OIC, education, pension, and medicare.

We will only succeed if we maintain a close connection with our members and are sensitive to the pressures on the locals.

Our new Provincial Executive has been empowered as soon as possible - though education on anti-racism, improved communication skills for interacting with the membership, recognizing and countering homophobia, the different role required in serving on a provincial body versus a local activist, conflict of interest considerations, etc.

The last two years plunged the executive into decisions that they could not have anticipated when elected - the closure of Shoalwater, the ESA, seconded employees and their eligibility to have voice, vote and run for office, the proposed terms with CUFPE, three provincial tours and notification votes, patient-focused care, the 36-hour week implementation, and the pay equity interview process.

We must be strong at a grass roots level. The turnover for the CUFPE notification votes, the low attendance at local meetings and the burnout of our local activists provide clear signals. All Provincial Executive members must be increasingly visible and accessible out in the locals. We must strive to instill the benefit of trade union membership, to listen to local activists as to what local campaigns are practical and what resource back-up is required, to anticipate problems and employer initiatives, to explore ideas to make our constitutional review process successful.

The Provincial Executive doesn't have instant solutions for the increasingly complex problems that are in our path. But with the input and support of the membership, HEU can overcome anything.

Black powder shooter also a big brother

Bernie Barton's friends joke that he was born 100 years too late. That's because the Kelowna General Hospital stores porter is an avid black powder shooter who regularly acts out the lore and customs of a time long ago.

Black powder refers to single shot load ball muskets that, as far as firearms go, were state-of-the art in the middle of the 19th century.

Barton and a number of KGH re-workers are members of a Kelowna club, one of about 25 across B.C., for black powder enthusiasts. At least once a month he dons his buccaneer outfit, decorated with bead work and tassels, leather moosekins and coon skin cap, and joins his club mates for a weekend wilderness trip.

He calls it "going primitive," a ceremonious weekend of target shooting and living that draws from native traditions.

They sleep in tepees under skis and prepare their food without refrigeration and cook in wood stoves over open fires or in a big cast iron cauldron. They eat a lot of game - bear, deer, and even rattlesnakes - and there are no watches, radios, coolers or any other modern camping gear.

What makes black powder shooting different from the contemporary hunting trip or shooting range?

One thing is the lengthy process of loading the musket: pouring in the gun powder from the powder horn, and tapping it in a lead ball around the size of a grape into the barrel.

Then there's the period costumes - Barton's leather gear has set him back more than $3,000. But the big thing is that it's a way of life.

"I love it," Barton says. "It's a different lifestyle. You live the part."

Barton, a new HEU shop steward, also takes a keen interest in being involved in his community. He's a big brother, sharing his time about eight hours a week - with boys from the community who don't have fathers and who need a male figure in their lives. Since he first got involved in the local Big Brothers Association, he's had three little brothers.

On the outside, Kelowna looks like a prosperous city, but the recently-married Barton says there are lots of poor families headed by single moms in town.

He's involved because of his sense of caring and community. "I think I'm making a difference in a boy's life," Barton says.

Notebook

Libel laws cast a tight net

by Geoff Meggs

Aggressive, hard-hitting but fair-minded journalism - the kind we aspire to at the Guardian - is virtually certain to run up against Canada's libel laws eventually. Those laws are a kind of fence between what journalists can say about individuals or corporations and what they cannot. It makes sense to have a law against libel and libel, because the ability of a journalist to speak to large numbers of people carries a responsibility and an obligation to tell the truth.

Many union members don't realize that these laws draw a much tighter net around Canadian journalists, including union newsletter editors, than the same laws in the United States. As R.S. Bennett and R.M. Rogers say in a standard legal text on libel, the honest belief that what you said is true is not a defence in Canada, as it is in the United States.

Defamation is pretty easy to define. In The Journalist's Legal Guide, Michael Crawford reports the conclusion of a national law conference in Canada, which said that "defamatory matter is published matter concerning a person that tends to: (a) affect adversely the reputation of that person in the estimation of ordinary persons; or (b) deter ordinary persons from associating or dealing with that person; or (c) injure that person in his occupation, trade, office or financial credit."

A court will assume that defamatory statements are false unless the person making the statement can prove otherwise. Many true statements may be defamatory. True statements may also convey defamatory innuendo. Such statements may only be published if the writer can prove in a court of law to the usual legal standards that they are true - and that can be a difficult and potentially prohibitively costly task.

The price of failing that test can be high, both in legal costs and damages. Faced with these realities, the most direct and honest approach often is to withdraw the offending comments sincerely and without reservation.

The priority for HEU's resources is winning and enforcing collective agreements for its members. We respect the libel laws, but we don't fear them. We'll keep saying what we believe needs to be said, striving always to keep within the law's narrow bounds.
Liberal's social program review condemned

Health workers' job security threatened by 'workfare'-plan

The Liberal government's long-awaited proposals to reform Canada's social programs that would cut $7.5 billion in federal spending got a rough greeting from union and community groups across the country.

Canadian Labour Congress president Bob White says the package of proposals doesn't focus on the real challenge facing Canada's social programs: creating jobs.

JOEFS (Judy Darcy said "the Liberal cuts will be worse than the disease."

"Rather than bringing hope to Canadians, these so-called reforms now stand will undermine the social safety net and breed a program of despair," she said.

The proposals, released Oct. 5 in a discussion paper by human resources minister Lloyd Axworthy, call for major cuts to almost every government program and will affect all Canadians.

Under Axworthy's plan, transfer payments to the provincial governments for health care, welfare and other social services would be chopped. The unemployment insurance program would be cut, workers forced off benefits sooner, and job training for non-existent jobs made mandatory.

Workers-fearing people to take low-paying jobs-would become part of UI and welfare programs, creating a pool of low paid workers for employers to exploit.

SOLIDARITY BEAT
First Nations drummers sound their support at a large anger rally for striking members of the Vancouver Municipal and Regional Employees Union who are locked in a tough dispute with the Vancouver Museum. The union has imposed massive cuts, including closing a display of First Nations artifacts and demanding layoffs from the union.

Post-secondary education could change dramatically with billions of federal funding cut entirely and remittal through a student loans program.

The outcome? Tuition fees of more than $10,000 a year and students with $60,000 debt loads on graduation.

"The federal government's largest union," Darcy said the UI and workfare proposals threaten the job security tens of thousands of health, education and municipal workers.

Our members could be laid off then required to do the same job at drastically reduced wages. That's 'workfare' plain and simple," she said.

White and the labour movement are angry with the proposed UI changes, warning that the worker and employer-paid scheme shouldn't be used as a cash-grab by government.

"Nowhere does this document refer to the devastating effects corporate and government cuts and job shedding have had on thousands of workers and communities across Canada," he said.

In the public consultation process promised by the Liberals, White said the CCL will press the Canadian government to enhance rather than cut programs.

In September, the CCL adopted a four-point plan of action for labour to respond to the social policy review, press for jobs, maintain mortgages and advance an economic alternative.

Federal public services valued at hearings

Federal public sector workers held a series of cross-Canada meetings in September to hear what the public and service providers think about Ottawa's public services.

It's part of a novel Public Service Alliance of Canada campaign to fight against further cuts in public services that the Liberals have proposed as part of their deficit reduction plans.

The hearings process emphasized the importance of federal public services to the well-being of Canada, and gathered information on the impact of government cutbacks, and privatization services.

Presentations from federal service providers, other unions, community groups and academics were heard at hearings in 22 major Canadian centres during September, including Victoria Sept. 10 and Vancouver Sept. 20.

FASAC president Darryl Bean says the presentations will be melded into a final report and recommendations that the 200,000 member union will use to lobby the federal government and cement public support.

"Her husband had shaved her head, broken her jaw, and locked her out of their home..."

by Katie FitzRandolph

OPSEU News/CA/LM

Recent reports on the prevalence of violence against women inevitably take me back to a conversation I once had with my mother.

My aunt (Dad's sister) had died, and Mum and I were cleaning things out of her apartment.

Some went to family members, some to be sold, and finally we were left with a pile of still useless items, with no commercial value, the residue of a long and well-lived lifetime -- slightly dusted pots and pans, some mis-matched everyday china, bed linens, a kitchen stool, an old table.

These we decided to donate to Interval House, the local shelter for battered women.

Sitting at home that evening, reflecting the day's decisions, Mum said she didn't understand why battering.

All her friends were happily married.

None were ever beaten by their husbands.

She could hardly believe this sort of thing happened at all. I listened to this

for a while, with a mounting sense of disbelief.

The aunt whose apartment we had just cleared out had been severely battered by her own husband. My father had blown to help her at one point, when in a particularly brutal attack, her husband had shaved her head, broken her jaw, and locked her out of their home.

Dad had helped his sister get medical attention, and a wig to hide her baldness. My aunt went back to her husband.

My mother had suffered a miscarriage in the distress around this incident, yet she could not connect this to wife battering and violence against women. I reminded her, and watched as her face reflected a sudden realization. How much more appropriate, she said, that the things be given to Interval House.

It's one small anecdote of family violence, but it shows the profound denial that such violence occurs. Even when it's known, it isn't discussed. It's too shameful for all concerned.

The assault on my aunt happened more than 50 years ago.

Spousal abuse is nothing new: The conversation with my mother was about a decade ago. Domestic isn't new either.

I hope that last year's Statistics Canada study on the prevalence of wife abuse will bring this shame out of hiding. The shame belongs to those who perpetrate the violence, not to its victims, and not to the families and friends of the victims.

It won't be ended by pretending the experience of 51 per cent of adult women has never occurred.

FitzRandolph is a communications officer with the Ontario Public Service Employees Union.

SEPTEMBER/OCTOBER 1994 • GUARDIAN
Half-million spent to renovate Shaughnessy

by GEOFF MEGGS

Just one year after the provincial government pad-
locked the doors on Shaughnessy Hospital's newly
renovated $2.5 million apital cord unit, Women's
Hospital is planning to renovate the ward once more
to provide room for a new family practice clinic.

According to B.C. Children's Hospital documents,
more than $520,000 has been spent since the
Shaughnessy closure on Sept. 23, 1993, to renovate
Shaughnessy facilities to receive new tenants.

It's just one of the bizarre and frustrating develop-
ments for former Shaughnessy workers who
opposed the hospital closure and urged Victoria
to make the hospital a centre for
a wide range of community-orient-
ed services.

This option was rejected. Yet
the building, which was con-
demned by former health minis-
ter Ewart Belongie after the 1982
earthquake and "not viable in
terms of renovating to meet
today's requirements" is about
half re-occupied.

Equally disturbing is the news,
contained in list of major proposed construction
projects compiled by Plumbers and Pipefitters Local
170, that the government is considering a $30 mil-
liion expansion of Children's Hospital and a $46 mil-
liion redevelopment of Shaughnessy, both proposed
for completion by 1997. The figures were contained
in a government survey of planned construction
called the B.C. Major Projects Inventory.

In a written reply to questions posed by The
Guardian, Children's Hospital said the information
was incorrect. In fact, the hospital said, "the entire
cost of the redevelopment of Children's Hospital is
budgeted at $105 million, with $75 million coming
from government and $30 million raised by the hos-
pital's Capital Campaign.

"The Shaughnessy building is not going to be re-
developed," the statement said. "It is to be torn
down in stages as new facilities are to be built on
the site."

A key recommendation of the Shaughnessy Task
Force, set up to review the closure, was a proposal
to reorganize and open the work of a secret com-
mittee planning the future of the Oak Street site.

That hasn't happened, but Children's says it will
soon address a renewed public consultation now
that it has received government approval to devel-

GHOST HOSPITAL. Is really Shaughnessy dressed
up as a set for a movie production, but inside
workers have completed more than $500,000
in renovations to ready about half of the building
for new tenants. The Shaughnessy closure was
justified, in part, as a means of avoiding
renovations.

Half million spent to renovate Shaughnessy

Mike Borason, former chief shop steward at
Shaughnessy and now chairman of B.C. Chil-
dren's Hospital local, has been demanding answers
from hospital executives and Premier Harcourt.

"Heh, pursuing the issue 'as a taxpayer, not in my
capacity as chairperson, because as a concerned cit-
izen I have a right to know where my money goes."

"When we were fighting to save Shaughnessy, they
said it would take $40 million to renovate and
maintain the facility," Borason said last in Septem-
ber, "but after the closure of Shaughnessy, renov-
ation after renovation has taken place. On ward C4,
for example, renovation of the adolescent psychiatry
unit cost $97,300."

Several wards on the B wing have been renovated
for offices, Borason notes, which saves the cost of
renting office space, but other renovations seem
to justify.

"There has not been a single stop in construction
at Shaughnessy or at Children's," says Borason. "The
back up clinic was renovated at a cost of $2.5
million. Then it went to VGH, which had to be ren-
oven to accept it. Now plant services has been told
that space (at Shaughnessy) is to be renovated again."

All these services, especially the Women's Health
Centre, important, Borason says, but are occupying
space that the government declared obsolete and
does not see financial and political costs.

Children's management has rubbed salt in the
local's wounds by hiring Angus Consulting Man-
agement Services Ltd. to operate plant services in
Children's and the old Shaughnessy building.

Borason is demanding that the hospital disclose
the cost of management fees paid to Angus Consult-
ing, which are on top of the cost of laying off man-
agers who previously directed plant services.

Angus has declined to hire qualified tradesmen
who worked in the Shaughnessy plant services
department and now are seeking permanent place-
ment through the Health Labour Adjustment
Agency. Outside workers are being used. So far,
HEU efforts to end this policy through arbitration
have been unsuccessful.

As a result, laid-off Shaughnessy construction
workers have not been employed renovating the
hospital that Votircma said it had to close.

Borason's persistence with Harcourt has paid off
with a promise from hospital management to meet
directly with him on the issue.

For activists like Borason, it is an ironic testament
to Shaughnessy's storing up power that receptionists
still answer the phone at 875-2222 with "Shaugh-
nessy Hospital, can I help you?"
FREE MARKET FIASCO

Some Canadian governments are looking to New Zealand as a model for health reform. But writer Murray Dobbin warns that following New Zealand’s example would be tragic.

by Murray Dobbin

WHEN it comes to health care – or education, or welfare for that matter – there are reforms and then there are reforms. In other words, to understand what’s happening in New Zealand you have to know what’s doing the reforming and the underlying philosophy if you want to judge the changes that result.

The New Zealand reforms took the whole health system in the direction of American health care – not surprising given that the reforms were designed on the advice of U.S. experts. Health “reform” in New Zealand is free market reform, privatization, driven by a package of assumptions that are part of right-wing changes that have transformed the country.

These assumptions include the belief that markets are superior to governments, competition is superior to co-operation and self-reliance is better than community responsibility.

The traditional values of New Zealand society – human dignity, fairness, economic democracy – have all been cast aside in the name of the market.

Another assumption driving reforms in New Zealand is that “vested interests” must be prevented from infringing public policy. Those who are pushing reform, including big business, conveniently brand all those providing care – doctors, nurses, unions, professional organizations, local health boards – as defenders of the status quo. These perceived threats to the reforms were focused on by the reform process because, it is claimed, they are a major, if not the major, fuels to the system’s costs.

That gave the free marketers a virtual free hand in designing the radical restructuring. Fourteen local boards which used to administer all aspects of health care were replaced by four Regional Health Authorities which purchased services from public and private and voluntary service providers. Public institutions had to compete, like businesses, with their private counterparts. Most large hospitals were commercialized: they were obliged to pay dividends to the government and pay company income tax.

The third element of the reforms is based on an important right-wing buzzword: consumer sovereignty. People were given the choice of taking their “share” of the government health funding to an alternative, private, health plan. So not only did health service providers compete for contracts, the public health insurance plan itself competed with private insurance schemes.

User fees were the final key element in restructuring. They were charged for hospital use, doctors’ visits, laboratory tests and outpatient treatment.

The overall objective of the New Zealand reforms was a massive shift of health care costs to the individual patient, family and community. While it was rarely stated so bluntly, the new system was to be paid for primarily by the sick. Government health minister Simon Upton stated, “There are the vicissitudes of ill-health and old age which no one can hope to avoid. These should, wherever possible, be the responsibility of individuals.”

Indeed, the New Zealand approach is almost word-for-word identical to our Reform Party’s policy on social programs which calls for them to be taken over by “families, communities, non-government organisations and the private sector.”

The reforms were implemented with lightning speed in 1993 and the full impact of the privatization is yet to be determined. But there is no question that there has been enormous hardship already.

Almost daily there are stories of impoverished individuals leaving their prescription drugs at the drug store counter because they can’t afford them.

Low-income New Zealanders face not only medical user fees but dramatically slashed welfare rates, falling wages (the labour market has been “deregulated”) and user fees in education. Many parents face the choice of getting medicine for one sick child or feeding three. Self-diagnosing is also common, as is using medicine prescribed for one child for another.

Philinda Bunkle, a prominent New Zealand feminist who teaches at Victoria University in Wellington, refers to the impact of these massive changes as the “using up of personal capital – that is, people’s bodies. Rotten teeth go untreated, minor illnesses develop into serious conditions with permanent results. Malnutrition means people are more vulnerable to sickness and then they can’t afford the treatment. It is a national crisis.

The health reforms have failed even by their promoters’ own measurements. The cost has been enormous – estimates of up to 10 per cent of the yearly health budget. Some user fees have been abandoned as the cost to administer them outweighs the revenue they raise. As for cost efficiencies, the government can point to very few. When I was in New Zealand in March, the government was obliged to pass emergency legislation worth $450 million to prop up the Regional Health Authorities.

Of all the reforms implemented by the successive New Zealand governments, the health reforms are the least popular partly because they were implemented so quickly with little consideration of the consequences.

Initially efforts at protests and marches were sporadic and ineffective. But the formation of the Coalition for Public Health has been much more effective. Consisting of retired administrators, economists, unionists, medical practitioners and women in the voluntary sector, it was the first organization to attempt confronting the reforms with a clear alternative.

As in Canada, the health care system in New Zealand was one of the most cherished programs in the country even though there was occasional grumbling about its problems. The government’s grand scheme to revitalize it has failed but it is even closer to completion. Half-abandoned and half-collapsed, it is scarcely a model for any other jurisdiction.

Dobbin is a Saskatchewan freelance writer. He was in New Zealand last winter researching the country’s right-wing experiments in social and economic policy.

PHOTO COURTESY OF NEW ZEALAND CONSULAR PUBLICATIONS

SEPTEMBER/OCTOBER 1994 • GUARDIAN 9
Reaching, bending, lifting, pushing

WHF activists turned out in force with moving stories to support new ergonomic regulations that would make workplaces safer

by Chris Gains

The WHF activists were in the busy kitchen where People First meals are served. Several people were standing and chatting as they prepared meals for people with disabilities. A few were lifting and carrying heavy trays of food. Others were moving around, helping with the tasks at hand.

"We need support in the kitchen," said one activist. "It's physically demanding and we need better training and tools to protect our bodies."

The activists were holding signs and speaking passionately about the need for ergonomic regulations to protect workers. "Our bodies are fragile," said another activist, "and we need protection to keep us safe on the job."

The activists were joined by People First staff members who were also expressing their support for better ergonomic regulations. "We see the need for these changes," said one staff member, "and we will do everything we can to support our coworkers."

The activists continued their efforts, spreading awareness and advocating for better ergonomic regulations to protect all workers.

"We need to come together as a community to fight for better conditions on the job," said one activist. "Our bodies are precious and we need to protect them."

The activists were determined to make a difference and to ensure that ergonomic regulations were implemented to keep workers safe.
HEU activists turned out in force with moving stories to support new ergonomics regulations that would make workplaces safer

by Chris Gainor

HE WAY things are done in the busy kitchen where Wendy Miller works is all too familiar to most food service workers: prepare as many meals with as few people in as short a time as possible.

Safety and proper training take a back seat to efficiency and speed at Queen's Park Hospital in New Westminster, where fewer staff are feeding more patients. One day Miller was working with a chopping machine. "I was trying to speed the stuff and get the job done," she said, but she got her hand behind the machine's poorly designed guard. In a flash, two fingers were severed, requiring surgery.

CARNAGE Wendy Miller, right, is another workplace injury victim. HEU's secretary-business manager Carmela Allerato, left, condemns health bosses for opposing ergonomic rules that would prevent needless accidents like Miller's.

At Sherwood Crescent Guest Home in Coquitlam, Susan Harrington slipped on a floor that for three years an inspector had been saying should be resurfaced. She suffered constant headaches from a whiplash injury. Thirteen months later, Harrington injured her arms while struggling with a 60-pound bag of carrots. Since then, she has endured rounds of drugs, physio treatments, and surgery to her arms.

Both Miller and Harrington have coped with harassment by doctors, the Workers' Compensation Board, and employers, along with seeing the quality of their lives at home deteriorate. Miller had to give up sports for a long time, and for a time, Harrington could not even pick up even a mug of coffee.

They are among the many HEU members who have brought their stories to the WCB Regulation Advisory Committee on proposed new ergonomic regulations, which held hearings throughout B.C. in September and early October.

If put into law, HEU's director of health and safety, Karen Dean says the ergonomic regulations would go a long way to making health care workers' workplaces safer and would end careless employer practices that make health facilities the most dangerous place to work in B.C.

At the hearings' first stop in Campbell River in early September, several North Island locals made submissions, including the Campbell River local, which praised its employer for installing lifts and electric beds in the hospital's extended care unit.

But Linda Booth and Sarah McFerran also pointed out that a new system to keep food hot has added to the many hazards faced by food service workers. And the storage of k-cups is a painful problem for the workers who have to deal with heavy files dispersed around the hospital.

In Prince George, LPN Emna Candy spoke about the lifting that care aides and other patient care workers do at Prince George Regional Hospital. "You are lifting, transferring, turning and positioning 18 to 24 residents with a mean body weight ranging from 140 to 180 pounds or more, and from five to six feet in height," Candy told the hearing.

"This means that a care aide works on average approximately 3,000 to 4,000 pounds of weight daily for four hours per day on their shift. Take this figure per day and multiply it by five days per week over several years of work, and this factor is without a doubt an obvious potential for injury and possibly permanent disability."

Candy told the committee that she has suffered injury as a result of patient transfers while working as a care aide, causing her to change jobs.

Cindy Stephens and Maureen Kingdon of Simon Fraser Lodge also spoke about the number and weight of lifts that care aides do every day.

"After being in health care since 1977, I know that there are employees that take risks," Stephens said. "They have allowed themselves to be pressured by an employer that doesn't care about them as people."

In Kelowna, Helen Bryson told about how Kelowna General Hospital spent a budget surplus on new bedside units which cost patients requests for locking drawers.

The trouble is, the new units are not on casters like the old units were, and are much harder to move by housekeeping staff out of the cramped areas they sit in. Bryson said this change has left RGN workers "hurtling and angry."

As Sandra McLeod said, ergonomics regulations with teeth will mean cost savings for employers from reductions in medical treatment, sick days and WCB premiums for their workers when injury rates fall and accidents become less frequent.

Employers and taxpayers will save because safer workplaces will mean reduced absenteeism and job turnover.

"If you wait for voluntary compliance with ergonomics regulations, you'll be waiting until the cows come home," McLeod concluded.

DEAN

BACK AIDE Bush Patrick and Sarah McFerran of the Campbell River local show how proper lifting equipment makes the heavy and often dangerous job of lifting patients quick, easy and safe.
Members’ courage has WCB impact

Although health employers have tried to detail new ergonomics rules with hysterical cost predictions, the HEU director who has worked to make the regulations reality said something else has made a greater impact on the Workers’ Compensation Board.

“The really wonderful part of this public hearing process has been the eloquence of HEU members who have come forward to list the cost of not having these regulations, the cost in human terms, the financial terms, and the cost to the health care system,” HEU health and safety director Karen Dean said in an interview.

“They showed real courage, and the board cannot fail to miss what they said. All the members of the union owe a significant debt of gratitude to the members who came forward and made presentations.

“The job now is for our members to make employers understand that they are accountable to the public,” said Dean, who explained that pressure must be put on every health care employer to make sure they live up to their responsibility to provide safe and healthy workplaces.

Dean represented HEU on the lengthy 30-month WCB process that led to the new regulations.

Health employers were represented on the committee that was in charge of drafting up the regulations, but they declined to take part in the sub-committee that did most of the work on them.

The Health Employers Association of B.C. objected to the regulations drawn up by the sub-committee, and so changes were made after a special committee was struck to hear HEABC’s objections, Dean said.

Yet HEABC is still trying to detail the regulations in spite of their concessions.

“The real problem with health care employers is that they don’t want the regulations, although they won’t say that. If the WCB decides later this year to adopt the regulations, unions and employers will work together to draw up implementation plans for safe workplaces, Dean said.

“If these regulations are rejected, I think the employees will take it as a message that they can continue to ignore health and safety problems.”

HEABC’s cost estimate for the new regulations are based on the total price of replacing every hospital bed in the province with electric beds, and putting new mechanical lifts in every health facility.

But in reality, Dean said most hospitals have already begun to replace their beds, and many already have lifting equipment.

“They’re coming figures are completely out of whack,” Dean said. “It’s a symbol of their total contempt for the need to prevent these injuries.”

Employers oppose new safety rules

Employers have launched a dishonest public attack on new ergonomics regulations that have been drawn up by the Workers’ Compensation Board.

While employers like Mike Arboast of the Health Employers Association of B.C. are officially calling for pilots projects and more reviews, HEU charges that they have another agenda.

“What they really want,” said union secretary-bout nem manager Carmela Allevaro, “is a delay that will be long enough to allow a new right-wing Liberal or Reform government in Victoria to kill the regulations.”

Allevaro said the employer position flies in the face of a lengthy process that included a committee of employers and unions that reached consensus on the new regulations.

“If it is true that employers feel that they would be able to use their power yet again to delay any meaningful change to the regulations,” Allevaro said when he appeared before the WCB hearings on the regulations.

“Employers are misleading the public because their representatives agreed to the basis of these regulations, and they have had more than two years in which they could have made changes,” she added.

“Injury rates have been soaring in the last decade,” Allevaro told the board. “Last year, a staggering 580,930 days were lost in B.C. health care facilities due to workplace injuries. Unsafe workplaces in health care cost more than $96 million in 1993-94.

Employers have replied by asking for pilot projects and other delays, or by attacking regulations because they are supposedly inflexible or don’t reflect the ‘real world of business.’

Allevaro charged that employer opposition to the ergonomics regulations is a concrete example of how bosses refuse to make workplaces safer.

SEPTEMBER/OCTOBER 1994 • GUARDIAN 11
YOU HEARD ME Liberal leader Gordon Campbell confirmed to reporters Sept. 29 that he will end New Directions reforms and eliminate employment security for health workers if elected premier.

Liberal party's health policy includes two-tier system, end to reforms

'T'll cancel accord,' Campbell vows

CONVENTION REPORT by Art Moses

P E T I C T I O N - Health care workers are in for some tough times if the B.C. Liberal Party under Gordon Campbell wins the next election. During the Liberals' first policy convention since Campbell seized control last year, the Leader of the Opposition said he'd cancel the Employment Security Agreement and scrap the New Directions health care reform.

And in what otherwise was pretty thin gruel for their policy proposals on health care, the Liberals indicated they're prepared to let the private sector in on the health care system big time, paving the way for a full-fledged two-tiered medics system.

In his speech to the convention, Campbell stressed his usual themes: a balanced budget, lower taxes, getting government "out of the way" so people can make their own decisions about investing money and creating jobs.

In a prepared text presented to reporters but not followed at the podium, Campbell was planning to say: "Across the board cuts are not the answer. The answer is cancellation of things like The Island Highway Agreement, the so-called Fair Wage policy and The Health Care Accord. These policies have wasted hundreds of millions of dollars of your money for no additional benefit."

At a news conference afterward, Campbell was reminded about his text: "I think the health accord has been a real problem for the system. It's been adding huge costs to the system with no benefits to the patient. And I think the top of the priority list is terms of health care is the patient."

Asked whether that means job security for health care workers is not a priority Campbell made clear he would not renew the accord: "In terms of the whole kind of babble, no. I think you have to say all of us are in this together. There's no one particular group in society that's going to be protected from the changes that we're going to have to make to get our costs under control and provide the services we need for patients."

In an interview, Liberal health critic Linda Reid said: "The bottom line is you're spending tax dollars and it's not about security employment, it's about serving the patient. And I think people are way off the mark in terms of securing employment to the detriment of the patient."

THE Liberals insist all decisions in health care must be made with the best interest of the patient in mind. But when it comes to the make-up of the new decision-making bodies under New Directions the Liberals are opposed to giving patients exclusive access to doctors. Said Reid: "The NDP is excluding anybody with a direct interest in health care. That excludes anybody who knows anything about it. I don't want all the decisions made exclusively by lay people. They can certainly participate, but to give them total say in administering a $6.4 billion budget, not in my lifetime."

But pressed for the Liberals' own ideas for health care reform, Reid had little to offer: "If you want to encapsulate a Liberal vision for health care it would be 'how do you measure success'. People have to know that before they spend $6.4 billion on it."

But there's more than one indication about the direction the Liberals are prepared to move.

Liberal delegates passed a resolution calling for "initiatives to make health care delivery more efficient and cost effective, including outsourcing to private sector providers where appropriate."

Although she was quick to distinguish the policy as coming from convention delegates, not from the Liberal caucus, Reid said she backed the resolution because it's time to recognize that B.C. already has a "two-tier" health care system.

"What we have said as a caucus is we want to have the debate. It's time for a full and open public debate on whether or not people are willing to accept the notion to recognize the reality that health care in British Columbia is two-tier."

"It's happening today. People can purchase service in extended care, people can purchase service in long-term care. People can purchase service in Bellingham and Blaine. The question is do people want to spend that money in British Columbia or do we want to spend it somewhere else."

Certainly the buzz during the convention关于 prospective star Liberal candidates indicates a growing discontent among the provincial Liberals and the B.C. Medical Association. Liberal leaders were more than pleased to be reporting at the convention that Dr. Gur Singh, past president of the BCMA, is likely Liberal candidate in the Okanagan, joining another past president, Dr. Heddy Pry, as in the ranks of active Liberals after using their BCMA pulpits to enhance their profile while attacking NDP health policy.

After the next provincial election, if the Liberals take control in Victoria, nobody could be too surprised if full-scale privatization of medicine was one of Gordon Campbell's first projects as he fulfills the slogan of the banner at the front of his convention hall: "The Courage to Change."
AN EXCERPT FROM 'THE HEART OF HEALTH CARE, THE FIRST 50 YEARS,' A HISTORY OF THE HEU BY PATRICIA WEBB JUST PUBLISHED AS PART OF OUR 50TH ANNIVERSARY CELEBRATION

The men and women who organized HEU met secretly in the lunchrooms and tunnels under Vancouver General Hospital

Laying the Foundation

"MY FIRST DAY ... I was wheeled through a maze of tunnels, from the Heather Pavilion and up a free trap of an elevated elevator to the isolation ward (and) from 1 p.m. to 8 p.m. put in bed with only a sheet covering my body. I suggested to my husband and daughter that they were not to leave the nurses' office until I was given a blanket. The nurse then found a blanket in a closet in the office and put it on my bed ... A patient who was in the corner bed was moved out of this ward. She was covered with sheets and she stated that it was staph disease.

"A patient came from Kamloops, free of sheet and was put into this bed with the same blankets that were on previously. The lady next to me had been sent from the Heather Pavilion three days previously. In all that time she had no blanket.

"The only ones who seemed to be working and working at top speed were the regular nurses' aides, but there were not enough of them."

LETTER FROM A PATIENT IN FAIRVIEW ISOLATION HOSPITAL

VANCOUVER GENERAL, WRITTEN IN THE MID-1940s

In Depression-era British Columbia, the sprawling health care complex built around the threestory stone hospital on Vancouver's 12th Avenue was a great source of civic pride. Vancouver General Hospital liked to boast that it was the largest hospital in North America. Public relations photographs showed gleaming, spotless kitchens and high-ceilinged arya wards.

But for the sick, the injured and the infirm who walked up VGH's curved drive - and the health care workers and caregivers who sought to heal them - the hospital could be a source of misery as much as health. Pounded by only the fees it could squeeze out of patients and a miserly city council allocation for care of the 'indigent' or poor, VGH was a sweatshop. Like most hospitals of the day, it justified the degrading conditions imposed on patients and workers by pious appeals to the spirit of Florence Nightingale and the charitable works of the saints.

LONG HOURS, LOW PAY

Patients subjected to exposure to infectious diseases in hospital could look forward to eventual return to the community. For the workers, the grim conditions of their employment seemed like a life sentence. When Joan Brimacombe was hired to work in the VGH laundry in 1935, wages were low and working conditions punitive. People could be fired on the whim of a supervisor because there was a ready supply of workers to replace them. This was the Depression, and even a losny job was better than starvation.

"If you were on shift and a bed came up empty and you were just going off shift, the supervisor could turn around and tell you to go and make that bed," she recalled. "We worked 11, 12 hours. It was most unfair. If they felt like giving us half a day off, we got it. If they didn't feel like it, well to heck with you, you didn't get it."

Regular nurses' aides working at VGH in the pre-war years worked 10-hour shifts, 6 1/2 days a week. Orderlies working at VGH in 1939 were paid $85.20 a month and got one meal a day. They worked seven days on, one day off. Every five weeks they got two days off in a row. If they rented a house with modern conveniences, as much as $27 of their monthly cheque was consumed by rent alone.

If the hours were bad, the working conditions were worse. Male staff ate their midday meal in the tunnel area under the hospital grounds. The women's dining facilities were no better. Brimacombe remembers a basement dining room with a cement floor, a few tables and benches. Women workers brought their own lunches. "They brought a big pot down from the kitchen, full of

NO WORKERS were allowed in this pristine publicity picture of a Vancouver General ward in the late 1930s. In reality, staffing levels were dangerously low and the likelihood of infectious conditions high.

VANCOUVER GENERAL. The pride of the city after its construction in the 1930s, was where HEU organizing began. The building is featured on the union's logo.

HOSPITAL CARE IN THE 1930s. The Florence Nightingale image so beloved by employers disguised primitive and hazardous caring and working conditions.
The ballot read: "Are you in favour of all male and female employees at Vancouver General Hospital joining together in one local union?"

**VANCOUVER GENERAL HOSPITAL (Left) with Bath on the end of Vancouver General in the 1930s. Management received an order of Longshore conditions.**

**OCCUPATIONAL JOINT COMMITTEE (left) with Bath on the end of Longshore conditions.**

**SHIRLEY HENRY TWINN (left) with Bath on the end of Shirley Henry.**

**SANDY MOORE (left) with Bath on the end of Sandy Moore.**

**VANCOUVER HOSPITALNURSES' UNION (left) with Bath and case).**

**STRIKING NURSES (left) with Bath and case).**

**LARRY KILPATRICK (left) with Bath and case).**

**NURSES' UNION (left) with Bath and case).**

**WOMEN NURSES UNION (left) with Bath and case).**

**THE BROTHERS UNION (left) with Bath and case).**

**ADAMS BROS. UNION (left) with Bath and case).**

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**BOTH UNION (left) with Bath and case)."
"No sugar. If you wanted any, you brought it yourself."

For Bette Sevins, who worked briefly in the VGH nurses’ dining room in 1935, the working day began at 5 a.m. at a streetcar stop near her Burnaby home. She punched the clock at 7 a.m. and she often didn’t return home until 8:30 or 9 p.m. Her shift was split into three sections to handle breakfast, lunch and dinner, with 90-minute unpaid breaks after breakfast and lunch. Her pay was $11 a week. She got one day off in 13.

Graduate nurses’ conditions were a continuing scandal that reflected the sickness of the entire system. Forced to work in private duty before they could jump onto the hospital treadmill, graduate nurses worked 24-hour shifts in the homes of those who could afford this early version of "closer to home" medicine. Rates ran as low as $6 for a 24-hour shift, although that rate doubled for treating cases of infectious disease, and rose to $10 for 12 hours nursing a smallpox case. Housekeeping, cooking and child care were included in the duties.

Even for nurses and nurses’ aides working in the

more stable conditions of a hospital, hours of work were brutally long. Day duty nurses averaged a 55-hour week in 1937, night duty nurses up to 70 hours. Salaries had declined 30 per cent since 1932 and paid sick time did not exist.

Despite the pressures of the Depression, health workers began to organize and fight back. By 1936, Vancouver General workers, angry both at the poor quality of care they were forced to deliver and the substandard working conditions, began to organize a union.

The seeds of what was to become the Hospital Employees’ Union were sown in quiet hallway conversations, secretive meetings and around lunchroom tables, well away from the prying eyes of supervisors. The first organizers were men and women whose upbringing and sense of justice gave them the knowledge and determination to begin the task. Equally important, they were hospital workers building their own organization.

One was Alex Paterson, a Scot whose father had learned trade unionism in the steel mills of the Clyde. A paint washer who immigrated to Canada after a family tragedy in Scotland, Paterson developed a burning resentment for the conditions he found in the hospital system and made union organization a life-long crusade. Another early organizer was Jean Robertson, a union founder whose personal history has been lost, a fact that reflects the long struggle women would face to achieve equality even in the labour movement.

Both Robertson and Paterson defied the risk of instant dismissal to organize on the job. Paterson’s widow Gladys remembers her hus-

band having "little meetings, maybe just two people, two or three, and they would meet perhaps in a closet, or somewhere where they hoped they wouldn’t be seen. They had a signal system with the blinds, so if they were going to meet and one of the heads was coming they would use the signal — I don’t know what it was, a certain way they put the blinds on the windows — and that was how they managed to get things going."

Joan Bramacombe recalled Paterson as "political in the sense that he was inclined to be on the left side of things ... His political ideas were idealistic in the sense that he felt that a lot of people were being used. That’s what made him fight for the hospital workers and what made him fight for the union.

"People could be fired on the whim of a supervisor ... this was the Depression, and even a lousy job was better than starvation."

"They tried lots of times to fire him and it never worked. He always did his work and even after he wasn’t president and he was just treasurer, he still worked in the hospital. And believe me, they couldn’t accuse him of not doing his work. The only thing he could be accused of was going in the halls and collecting union dues. We weren’t supposed to do that. That was against the law."

Paterson’s commitment to the welfare of hospit-
The ballot read: ‘Are you in favour of all male and female employees at Vancouver General Hospital joining together in one local union?’

**ORGANIZER JOAN BRIMACOMBE (left) with friends on the roof of Vancouver General in the 1940s. Management accused them of lying about conditions.**

The minutes of local union meetings reflect the daily battles for some human dignity in the workplace. The constant pilfering of personal belongings, for example, resulted in a union campaign for the hospital to supply lockers to all employees.

A meeting of the men’s union agreed in 1942 that “the case of Dr. Haywood’s abusive language to Brother Rafferty should be dropped,” but a subsequent meeting decided to step up protection of members’ rights by extending shop steward organization to every department. After brief discussions in each department, stewards were elected for the orderlies, the cleaners, the kitchen workers, the tuberculosis unit, the maintenance workers, the powerhouse, the storeroom, the painters, the ward assistants, the household staff and two for laundry — one for the men and one for the women.

The members’ vision extended beyond these basic shop floor issues to broader questions of union security and the direction of the health care system itself. The same meeting agreed to push for a closed shop at VGH, which would require all workers to join the union after their probationary period was over. The closed shop demand was subsequently tabled, but soon returned to the bargaining agenda. And a 1943 meeting agreed to lobby Victoria for the appointment of two “trades union men to be directors of the Vancouver General Hospital to represent the interests of labour generally.” The goal of a direct labour voice on health boards remains on HEU’s agenda to this day.

Wage negotiations proved difficult, if not impossible, given the absence of labour legislation. The upsurge of union organization in the United States had produced the Wagner Act in that country in 1935. The law legalized trade union organization and lifted from workers the charge that their unions were conspiracies in restraint of trade. The Wagner Act recognized the right of employees to belong to a trade union of their choice, free of interference or coercion by the employer. It also forced employers to bargain in good faith.

Similar federal legislation in Canada was struck down by the Supreme Court of Canada in 1936. The labour movement then organized to win provincial legislation guaranteeing the right to organize, bargain and strike. Political action was an important element of this strategy, but equally vital was the willingness of workers to strike in defiance of the law to secure their demands. Like all labour rights, the right to strike was won by labour action, not handed down on a platter by broad-minded employer-dominated governments.

B.C.’s Liberal government under Duff Patullo legalized the right to organize in 1937 but restricted bargaining to committees of employers, rather than unions. It was not until 1939 that bargaining was fully recognized in law, and it was 1944 before Ottawa introduced wartime legislation that brought Canada into line with the U.S. Wagner Act.

While these larger struggles continued, VGH
DELEGATES TO ONE of HEU’s earliest conventions, likely between 1950 and 1955.

workers increased the co-operation of their two unions in an effort to win greater gains. By 1941, both unions were holding their meetings at the same time, date and location so that motions carried by one organization could be endorsed by the other.

The demands the workers put forward were a far cry from the conditions accepted as standard by HEU members today. A December, 1941, meeting of Local 4 agreed to seek a six-month probationary period after which a “person should be considered on the permanent staff.” A meeting held a few months later heard the discouraging news that the hospital board had rejected union demands of a $15-a-month raise for women and $10 a month for men. The employer instead offered $3 to women and $5 to men. The membership overwhelmingly rejected the offer and ultimately won $4 and $6 in an arbitration award. The settlement was better than nothing, but far short of the members’ needs.

With the B.C. Labour Act of 1943, unions at last won the right to compulsory recognition of unions and compulsory conciliation. But these legal gains still were not enough to win justice for VGH workers. Determined to build their organization, hospital workers decided the next year to seek even greater unity and direct membership in the wider labour movement to advance their demands.

The night of Sept. 20, 1944 was cold and wet. The Second World War was in its sixth year and pockets were pinched between rising prices and wage controls. Gasoline was strictly rationed, making travel by car or public transit expensive. But the people came anyway. At least 260 members of Locals 4 and 28 braved bad weather, and for some, a long walk at the end of a grueling work day, to attend a mass meeting at Heather Hall, near VGH.

Two members of the Trades and Labour Congress, brothers Reg and Ash, addressed the meeting and spoke about the benefits hospital workers would gain by forming their own local directly affiliated to one of Canada’s national labour bodies. The minute books of Local 28 show that the issue of merger promoted a great deal of discussion, and that members voted unanimously to put the question to a ballot.

MEN AND WOMEN UNITE

The ballot read: “Are you in favour of all male and female employees of the Vancouver General Hospital joining together in one local union, chartered by the Trades and Labour Congress of Canada?” The results were 221 yes, 33 no, and two spoiled ballots. The merger had been approved in principle in May, when both unions concluded they couldn’t achieve justice for their members separately. They wanted the strength of greater numbers and increased co-operation, and they wanted direct affiliation with the Trades and Labour Congress, rather than indirect participation through the Civic Employers’ Union, whose members worked in an entirely different field.

The women brought a treasury of $750 to the deal but the men had nothing because their affiliation with the civic employees gave them no control over their money. Local 28 executive members had to argue with their parent union, but they eventually received $750 to match the women’s money so they could come together as equal partners. The concept of equality was missing a little, however, in the motion adopted by Local 28, which implied a generous decision to absorb the women’s organization. The August resolution read: “We, the executive of the Civic Employers’ Union Local 28 Hospital

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BILL BLACK (second from left), his wife Mary (far left), and Florence Black (wife of HEU president W.D. Black) also a key figure in the HEU’s early days, enjoy a joke with convention guests.

UNION BUILDERS (left to right) Bill Black, financial secretary, Hector Carden, president, and Alex Paterson share a light moment during a convention in the early 1950s.

Branch herewith recommends to the said organization that we accept the female workers, Local 4, into our organization with the purpose of promoting a better understanding between all female and male lay employees of the Vancouver General Hospital.” The women had become convinced of the virtues of unity months before.

The executives of both unions were instructed to carry on the business of the new organization until new officers could be elected. They were also asked to decide whether they would hire a new business agent. A committee of three men and three women was struck to draft a new constitution and bylaws.

Minutes of the next hospital workers’ union meeting on Nov. 6, 1944, were headed “Hospital Employees’ Union, Local 180.” The official name of the new union was the Hospital Employees’ Federal Union, Local 180, of the Trades and Labour Congress of Canada. As far as the members were concerned, the new organization’s name was simply HEU.

It had taken eight years to bring the union from its first organizing meetings in hospital lounges to consolidation as a single independent union. On March 2, 1945, HEU applied for certification to represent VGH workers. The union had 390 dues-paying members out of the hospital’s 500 employees. Certification was granted on June 18, a full six months after the first union cards had been signed. But Paterson, Robertson and the rest of the union’s leadership were far from satisfied. As far as they were concerned, the work had just begun.

SEPTEMBER/OCTOBER 1994 • GUARDIAN 16
Community nurses win parity

After 54 days of strike action 900 community nurses working for municipal governments in the Lower Mainland won a contract settlement that gives them parity with their union and long-term career counterparts.

"This contract is a victory that all nurses can be proud of," said B.C. Nurses' Union outgoing president Debra McPherson.

It is an accomplishment that is the direct result of the political pressure all nurses brought to bear through daily lobbying, picketing and letter writing.

The community nurses also gained the same job security protections won by health care workers in the Employment Security Agreement and trade benefits in bringing their benefits closer to the union's standard.

HEU secretary-business manager Carmela Allevato said the nurses should be proud of their hard-fought settlement. "It shows again that creative labor action is the key to winning a fair contract. We'll all be able to benefit from the community nurses' struggle.

HEU had extended its support to the striking nurses from the onset of their dispute.

New coalition set to target health reform implementation

Groups representing the community, patients and health care workers are joining together in a new coalition to express their concerns to the B.C. government about health care reform.

At a founding meeting this summer, representatives of those various groups expressed a number of reservations about how the New Directions health reforms are being implemented.

A major concern is that community groups and patient advocates have been left out of the discussions around the formation of community health councils and regional health boards.

Community groups have been ignored by those people forming the boards, and the government's conflict-of-interest guidelines are shutting out health care workers.

Many of the member groups are also concerned about the level of financial support given to health care in hospitals and in the community.

The regional boards and community councils were supposed to be all operating by October 1, 1994. Full operational control of health services in their areas is supposed to be phased in over time.

While HEU has been promised a voice on steering committees forming the councils and boards, the conflict-of-interest guidelines have left the boards and councils open only to the traditional community elites which have dominated hospital boards.

The coalition was formed on the initiative of the B.C. Association for Community Living and has the support of HEU and other health care unions.

The members of the coalition have not yet decided on a name, and a statement of principles and goals is still being developed.

Once these are decided on, the coalition plans to take its concerns to the government in Victoria and bring them to the attention of the public.

HEU awards 18 bursaries for post-secondary students

More than $8,000 in union-sponsored bursaries have been awarded by HEU to 12 union members and members' family members to pursue post-secondary education studies during the 1994/95 academic year.

"This is an important commitment for the union to make," says HEU's financial secretary Mary LaFantine.

"Post-secondary education is important, but it's so expensive. The bursaries will be a big help to our members and their families."

Bursary recipients are: Sheila Pratt (Nanaimo local), Andrew Craig (Canoe Control), John Simms (Vancouver), Susan Kennedy (Burnaby), Kurtis Samuel (Surrey), Gail Dyer (Richmond), Mary Currie (Langley), Pat Kramer (Delta), and the following nurses: Eileen Zeller (Burnaby), Terri Shearer (Vancouver), and Pam Phelan (Langley).

Other recipients include: Jennifer Lee (Penticton), Tammy Rempel (Trinity), Christine Brooks (Port Alberni), Kristian Grotled (Canoe Control), Laurie Harding (Children's/Burnaby), Susan Kanewa (UIC), Brent Elliot (G F Stave), Marjorie Dome (Smithers) and Keith Chevelidze (Cassiar)

The bursaries are sponsored by the Provincial Executive and various HEU locals including Surrey, Lions Gate, Royal Inland, Prince George, St. Paul's, UBC, Richmond, Vancouver General, Mission, Evergreen and Kimberley Special Care.

Awards are made by the bursary committee of the Provincial Executive based on financial need.

For further information about HEU's bursary program and the application process, contact Mary LaFante at the union's Provincial Office.
October 24–28
HEU convention and 50th anniversary celebration, Richmond Inn.

October 29
Burnaby local dinner and dance.

November 7–10
Advanced shop steward course, Okanagan region, Kelowna.

November 11
Remembrance Day, all HEU offices closed.

November 14–17
Advanced shop steward course, Kootenay region, Nelson.

November 21–25
Provincial Executive meeting (tentative).

November 21–24
Advanced shop stewards course, Northern region, Prince George.

November 28–December 2
B.C. Federation of Labour convention, Vancouver.

HEU pioneer
Darby dies

John Darby, a former HEU financial secretary and long time Provincial Executive member and activist, died Aug. 10.

Darby served as financial secretary from 1980 to 1980, a period of immense change and growth for HEU.

In a 1991 interview for the book, chronicling the union's 50-year history, Darby said he was "the last financial secretary who actually did the books and made the payroll out and everything." When the union finally hired accounting support staff, Darby had more freedom, and was no longer "chained to the desk."

Born in Blackabbey, England, near Birmingham, in 1915, he was a stenographer who quit his trade and came to Canada in 1949.

Soon after, Darby hired on as a janitor at Royal Columbian Hospital in New Westminster, and quickly became a local activist, serving as secretary, and secretary-treasurer of the local before being elected as alternate executive member at the 1958 local union convention on what was then an eight-member Provincial Executive.

A resignation boosted him to third vice-president. During the 1960s he was Provincial Executive positions before rising to financial secretary at the 1968 convention.

Darby's short lived experience as a laundry worker offered some insight into hospital working conditions at the time.

"I tried the laundry for a few weeks and I realized why they use the prisoners on Alcatraz to do the laundry. That's real slavery in laundry. Hot, hard and work all the time."

"And after I'd done my eight hours, the boss would be walking around and [I would] what we called 'yell' me into working hard the last half an hour, except normally all I had to do all the machines.

Darby, described as a "perfect gentlemen" by his contemporaries, was hand-capped by a hearing impairment, which he learned to live with and overcome.

Darby's wife Eileen died in 1989. He is survived by his children and grandchildren.

Ivory Warner takes over BCNU helm

After four years as president of the B.C. Nurses' Union, Debra McPherson stepped down this summer, and Kimberley community nurse Ivory Warner has assumed the top spot for the 23,000 member union.

The BCNU constitution limits presidents to two terms in office.

"On behalf of HEU, I want to say thanks to Sister McPherson, and also to welcome Sister Warner," said HEU secretary-business manager Carmen Alemano.

"Debra should be proud of her accomplishments," Alemano said. "She played a key role in creating unity between the three health unions provincially, and locally in facilities across the province."

"The unity has allowed all health care workers to move forward in some very difficult times. We won the Historic Employment Security Agreement. We worked together to press Victoria to make health reform progressive, and we are much more able to solve problems that arise from time-to-time between our unions."

Maintaining and building unity between the BCNU, HEU and HSA is at the top of Warner's agenda as well. She remembers the bitterness between health care workers from the 1980s strike.

"At the time I wondered if we would even be speaking terms, but here we are making a great leap forward," Warner said in a recent BCNU Update interview.

The new BCNU president also believes the time is right for her union to affiliate with the B.C. Federation of Labour.

Quick fix for health costs
The uncontrolled illnesses suffered by Canada's unemployed cost the government $1 billion in extra health care costs last year, says a study released in late May.

The unemployed are more likely than those with jobs to suffer from heart disease, hypertension, suicidal tendencies, depression, insomnia, joint problems, headaches, and even hay fever.

TQM video rates a big zero in pulp mill show
Unions leaders at a Burnaby pulp mill were not impressed with their company's attempt to get them involved in Total Quality Management. They sat down to view a company video entitled, "Quality Education System for the Individual, Session 1: Managing Quality."

"The literature boasted that the system would lead to "two defects" and "conformance to requirements."

"But when they tried to watch, the tape was faulty and the screen showed nothing but snow. "If the medium is the message," said local president Gene McCullough, "TQM is a bust in our mill."

CUPE paramedics find art imitates life
"When the American TV series Rescue 911 heard about a dramatic accident involving a hang-gliding water skier in Delta, it came up to re-enact the drama in June." Stanman Joe Groblo set up to re-create the accident on the Fraser River, with a film crew and a team of ambulance paramedics standing by. But something went wrong. The hang-gliding plummeted 150 feet into the water, and Rescue 911 suddenly had a real accident on its hands.

Paramedic Robert Alexander said it was "obvious -- but this time we were at the accident site in 30 seconds." Groblo was badly injured and had to be rushed to hospital. He suffered lung bruising and fractured ribs. Later on the paramedics returned to the accident scene, and re-created the original patient treatment and rescue.

The boss' idea of a bathroom joke
Workers at Burn's Meats in Winnipeg recently won a new contract which included a company promise to stop hygiene workers over bathroom breaks. The Manitoba Labour Board ruled against the company last week for deducting 15 minutes of pay for each bathroom break.

No women's washroom? Eliminate the women!
When the U.S. Occupational Safety and Health Administration cited the Pro-Line Cap Co. for not having adequate washroom facilities for women employees, the company simply fired all its women workers.

"The company's lawyer said, "Adding toilets would take up needed production space."

Now the Texas company has an Equal Employment Opportunity Commission complaint to deal with as well.

Of course, those ads create jobs, too
According to Fortune Magazine, the labour cost of an $18,000 Ford Taurus is only around $840. Six times that much -- $5,400 -- is spent to market and distribute the same car.

Coffee break
All stories guaranteed factual. Sources this issue: CALM.
HEU People

Two take early retirement in Prince Rupert
Rowena Stevens and Florence Carrigan of the Prince Rupert local retired from the hospital on Sept. 3 through the Health Labour Adjustment Agency early retirement program. Between them, they had given over 33 years of service to the facility. Stevens worked as admitting supervisor and Carrigan was an outpatient billing clerk.

Schumland departs George Derby Centre
Laundry worker Mary Schumland retired in September after 14 years as a casual in the Burnaby facility’s laundry department. Now that she’s 65, she plans to spend time with her husband and grandchildren, sew, and get the hang of her new knitting machine.

Kilgour joins advisory panel on social programs
Stace Kilgour, HEU’s senior research analyst, has been named to Premier’s Forum on New Opportunities for Working and Living. The 30-member panel was established by Premiers Mike Harcourt to advise the provincial government on the status of B.C. should take in national discussions on restructuring social programs.

Golden bids goodbye to Rita Klaflk
Rita Klaflk, a valuable 18-year member of HEU, retired this summer from Golden Hospital. Klaflk started out at the hospital working in the kitchen, then worked full-time in housekeeping for seven years, back to the dishpans for two years, then spent eight years as a laundry worker. Klaflk plans a vacation to Europe next year.

Pastore ends career at Simon Fraser Lodge
Ada Pastore retired during the summer after close to 30 years as a care aide in the special care unit of Simon Fraser Lodge in Prince George. Described as a strong union supporter, Pastore plans to continue her regular visits to Italy to see family.

Crofton husband and wife set to travel
Wing Tow and Hang Too Poon have retired from the Crofton Manor after 10 years as care aides at the Vancouver long-term care facility. They plan to spend more time with each other, and to visit family and friends.

Canada Way laundry aide retires
Barbara Kaiser, a laundry aide at the Canada Way Care Centre in Burnaby, retired in September. Kaiser had worked at the facility since the 1980s.

Staff developments
It’s a girl! Occupational Health and Safety rep Ana Rahman is a mother, giving birth to a baby girl Aug. 13. Staff rep Gary Spence will take over Rahman’s occupation.

They’ve got Pride! HEU members were out in force marching behind the union’s lesbian and gay issues banner in Vancouver’s annual gay pride parade which attracted thousands of participants on a bright sunny day.

MORE TIME FOR EACH OTHER
Crofton Manor care aides Wing Tow and Hang Too Poon, standing in front of bulletin board, were joined by their colleagues at a June 29 party to mark their retirement.

Puzzle
This puzzle is about health and safety. Unscramble the words below, then unscramble the circled letters to discover the slang under the cartoon. The scrambled words below can be found in the Stop Hurting Us feature on page 10 of the Guardian.

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PROTECTING HUMAN RIGHTS

HELP IS JUST A TOLL FREE CALL AWAY

Protecting human rights is an important principle for HEU. That's why the union has a confidential complaints investigation process, using independent outside investigators who are experts in the field. They deal with incidents of harassment which you feel are based on sexism, racism, sexual orientation, or any disability.

The new toll-free Human Rights Harassment Information Line has been set up to help HEU members get information about how to right the wrongs from human rights-based harassment. The information line's recorded message provides details about the different types of complaints, and telephone numbers to contact complaints investigators.

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