SMART ENOUGH, BUT NOT RICH ENOUGH

Tens of thousands of students took to the streets Jan. 25 in a national day of protest against Ottawa's plans to cut billions from post-secondary education, effectively shutting the door on higher education for the children of working people like HEU members.

At the Vancouver rally, HEU's Carmela Allevato pledged the union's support against the cuts that will trigger massive tuition fee increases.

While students here in B.C. got support from the provincial NDP, they got the cold shoulder from opposition politicians. Both former B.C. Premier Gordon Campbell and Reform's Jack Weisneth backed the cuts that will ensure students post-secondary institutes become the preserve of the rich.

Confrontation in Quesnel

HEU members at Quesnel Alcohol and Drug Association are on strike against provincial "wage guidelines" in a fight for a fair first contract.

THE QUESNEL STRIKERS

The Quesnel strikers have strong support from other HEU members in the community. Members from the Quesnel local, the Quesnel Community Aid local and members of the Provincial Executive have been walking the line with them since the strike began Jan. 21.
COMMENT

Wage controls block justice
by Carmela Allevato

EARLY IN February, members of the Queen's Alcohol and Drug Local of HEU were forced to take strike action to win a first agreement. As always with first contracts, HEU was demanding no more than what other workers performing similar work already receive.

But the Queen's workmen are so poorly paid that their wages would have to rise 40 per cent or more to achieve parity in one step.

The Queen's local employer was sympathetic. Members of the Queen's Alcohol and Drug Abuse Association made it plain they wanted to see justice done. But when they tabled 2.3 per cent a year over four years, the Health Employers' Association of B.C. dropped them like a ton of bricks.

According to HEU President Gary Moore, such an offer exceeded wage "guidelines" established by the government's Public Sector Employers' Council. If it was rejected, Moore said, the board members would be held personally liable for the difference between the contract rate and the level funded by government.

The PSEC was created by government to co-ordinate wage settlements across the public sector. It includes the Minister of Finance and the head of every bargaining agency in the public sector, including health.

The guidelines not only limit the amount of increases in new and existing contracts. They also establish distinctions between various groups of workers in the same bargaining unit so that higher-paid workers receive little or no increase at all.

It's proof, if proof is needed, that the NDP government has in fact tinkered with a form of wage controls through its employers' council.

By taking this stand against the Queen's workers, and many other HEU members seeking first contracts, the government is flying in the face of its commitment to pay equity and fairness for health workers.

It is telling them, in effect, that they can have a union, but they can't have a just contract. It's walking away from its commitment to free collective bargaining.

HEU is protecting these guidelines in the strongest possible terms.

The B.C. Federation of Labour convention demanded their withdrawal as early as last November, but Victoria still hasn't got the message.

We will be taking action with BCNU and the Health Sciences Association, as well as with the wider labour movement, to force the government to withdraw these controls.

They hit hard at workers with existing contracts, but they are devastating to workers who are now joining unions like HEU to win a measure of contract justice.

We will not let these workers down.

letters

THE GUARDIAN WELCOMES LETTERS TO THE EDITOR, PLEASE BRIEF. WRITE TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5.

HEU history will aid struggle for justice
It is wonderful to learn that a history has been written and published about HEU on the occasion of the 50th anniversary of the union. Judging from the excerpts in the Guardian I'm going to enjoy reading this account of labour history. Hopefully, it will become part of our collective conscience while we continue to struggle for workers' rights, putting people before profits and capital gain and other concerns raised in the area of social justice and meeting the needs of the community.

This year again for keeping us up-to-date and informed on current issues through the Guardian newspaper.

Our challenge for 1995 is to be creative in encouraging members to attend monthly local meetings.

We are starting to celebrate our successes.

VICKI L. MARSTON
Royal Jubilee hospital
Victoria

Convention creates lasting ties

Just a quick note to say once again how great it is to get together at conventions and to help other locals. An example of this is in response to our questions regarding setting up our union office here at PNGU, and establishing computerization.

Bob Lemley from St. Paul's immediately sent off an informative letter within the week following convention.

Thanks go to our brothers and sisters at St. Paul's.

LOCAL EXECUTIVE, Prince George Regional Hospital

Lahey allergy victim owes debt of gratitude

Thank you so much for the excellently portrayed image of my daughter's allergy problem. I owe a debt of gratitude, which can never be repaid, to all of my brothers and sisters of the HEU for their kindness, hard work, loyalty and support in my time of need.

CPP finally ruled in my favour, so that part is finished. Maybe WC will settle soon.

I also wish to thank you for getting my name back on the Guardian mailing list.

I am enclosing a copy of a poem I wrote on behalf of the late allergy victim. It covers a lot, but it doesn't cover everything. It was published in the non-profit Connector Late-Allergy News in October. Hope you will enjoy reading it.

MARY ELLEN BEAVERS
Kelowna General local

see page 13 for the special poetry section where Beaver's poem is placed.

Member raises liability issue

This is an open letter to management and my brothers and sisters of HEU and other unions.

Before non-nursing staff such as housekeepers and porters become involved in assisting patients with real traumas, ambulation, giving fluids, etc., an important factor should be considered.

Example — if a housekeeper delivers a meal tray to a patient and because it's the wrong diet or the food isn't cut into small pieces and the patient either has a reaction or dies, the result for that employee could be financial ruin.

If the patient or next of kin names the housekeeper by name and says that person, the health institution is under no obligation to assist with the loss suit.

On the other hand, if the employee and the hospital are named in the legal action, then the hospital's liability policy covers that employee.

JAMES LATHAM
Syracuse local

Union builders omitted

In the convention issue of the Guardian, the report of my address to the delegates listed the names of a number of members I recalled as builders of HEU. Only two names were omitted.

I'm sure many of your readers will be pleased to know that I included the names of June Broadway and the late Albert Tetz in that list.

Two these dedicated activists contributed a great deal to MEPU's success at both the local and provincial level and should be recognized.

W.D. "BILL" BLACK
Past HEU President

Guardian

"It is horrible dedication to all those who will be lost."

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Member of CALM, ADPS, ACS, and ACPS.
What we're up to

Arbutus Manor, Belair Rest Home join HEU fold

HEU welcomed almost one hundred new members to the union fold just before Christmas. Employees of Arbutus Manor, a 146-bed privately owned Vancouver long-term care facility voted to leave their old union for better representation and service from HEU. Relial Rest Home workers joined for better wages and the protection of a union contract. The White Rock long-term care facility is government funded but privately owned. In addition, the certification for South Island Community Services Ltd., a multi-facility group home operation in Victoria, was varied in December to include two new locations and 22 new members.

Terrace local part of social policy fight

HEU's Terrace local played an active role in a recent demonstration protesting Joan Chretien's proposed social policy cuts. The Jan. 13 demo, outside the Terrace UKE office, highlighted the impact of the proposed cuts—particularly the deterioration cuts to UI—on the community and its economy, says Terrace local chairperson Andrea Lefebvre. "It went well," said Lefebvre, who's a Kitimat-Terrace labour council vice-president and one of the speakers at the demonstration.

Community groups were also strong backers of the event, as was local NDP MLA Helmut Glisbrecht. Lefebvre said the local Reform Party MP supports the HEU's plans to gut social programs.

The labour council is sending a fax to Chretien to ask him to reconsider the UI changes and to set up a special committee to deal with UI problems like the regional social security and its base of fishing and logging.

Stop secret meetings

HEU has dialled 911 to impeccable Security consultant and arbitrator Vince Ready in an effort to bring a halt to a spate of "off the record" meetings on mainland labour issues.

The union charges that top administrators are drumming their noses at the ESA provisions for consultation with health unions. The bosses are holding top secret talks on consolidating a number of functions. These include food service, laundry, diagnostic services, warehousing facilities, environmental and administrative services and information systems.

Ready is expected to convene a meeting into the charges.

continued on page 4

Liberals lie about ESA cost savings

The provincial government will save $90 million—funds it can maintain available to reform the health care system—thanks to the Employment Security Agreement, says health minister Paul Ramsey.

Savings totalled $79 million in the first year alone, Ramsey said. Dec. 22, and will total $450 million by March, 1996.

He condemned Liberal health critic Linda Reid for her false claims that the accord is paying health care workers to stay home.

"Reid's claims are simply not true," Ramsey said. "It's unfair and insulting to suggest that health care workers are avoiding work at the taxpayer's expense.

"Both labour and employers are working hard to achieve much-needed changes in health care and I think Linda Reid owes them a public apology."

Ramsey reported that 1,600 full-time positions had been eliminated by September, 1994, as the hospital system downsized and community-based services built up. About 75 per cent of the displaced workers have been transferred, have retired early or moved to new jobs in their original facility.

"Ensuring hundreds of health care workers remains productive, contributing members of society is essential," Ramsey said. "It's a remarkable achievement. For a three-year investment that is projected to cost the province less than $50 million, we expect to save nearly 10 times as much."

"The accord has protected HEU members from hundreds of layoffs immutably," added HEU secretary-business manager Carmela Alleato. "We maintained previously negotiated wage increases, won increased protection against privatization and won employer assurance that this is the end of health workers across North America."

What Reid appears to advocate, Alleato said, is deep cuts in acute care hospitals combined with a drive to privatize health services.

Quesnel workers strike against ‘pay guidelines’

STRIKING MEMBERS of HEU's Quesnel Alcohol and Drug local turned up the pressure Feb. 7 in their strike for a fair first contract by picketing a Quesnel high school where one of the local's youth is a counsellor.

Job action expired Jan. 31 after Victoria's so-called "wage guidelines" emerged as a new and controversial hurdle after 14 months of futile talks for a new contract.

"We're seeking nothing more here in Quesnel than the same wages paid at countless other unionized alcohol and drug agencies across the province," said HEU spokesperson Carmela Alleato.

The five workers currently earn $3 to $8 an hour less than the prevailing rate at unionized facilities, and haven't had a pay boost in four years.

The workers are also trying to ensure discriminatory wage rates that pay a male counsellor substantially more than a female counsellor for the same work.

The provincial wage guidelines have emerged as a last minute stumbling block to a settlement at Quesnel and other HEU community service locals that are struggling to win first agreements.

"These so-called guidelines are being used by the Health Employers Association of B.C. to block a fair wage settlement," said Alleato, who, along with the B.C. Federation of Labour, urged Victoria to withdraw the ill-advised pay ceiling.

Meanwhile, at press time, HEU is fast tracking pressure tactics at community service locals where wage controls block justice. Strike notice has been served at the group of five Victoria group homes: Commenworth, Crossroads, Kersal, South Island Community Living, and Victoria Community Resources. Essential service levels are now being set at the facilities.

Strike members are being sought at Garden Manor, a Kamloops group home, Canadian Mental Health Association in Salmon Arm, and at Avonlea, a specialized Kelowna facility for brain injury victims.

Talks for a first contract at Wilson Place, a private profit long-term care facility in Fort Coquihalla, have hit the rocks because of an employer manoeuvre even before face-to-face bargaining began.

HEU filed an unfair labour practice against the employer because its hired outside negotiator refused to allow the local's bargaining committee to meet with union staff. A decision from the Labour Relations Board is due soon.

HEU members at Quesnel Alcohol and Drug are fighting to eliminate the $3 to $6 gap in their wages compared to prevailing rates at unionized facilities. Local members are from left, John Simpson, Dee Horace, Sharon Jenkins and Vicki Lejeune.

One round to go with Diversicare Inc.

It's one down and one to go in the first contract fight at facilities where multi-national Diversicare Inc. runs the show.

Workers at Beacon Lodge in Abbotsford won their first contract, a three year agreement, with wage increases of 12 per cent along with major improvements of the Master Collective Agreement.

At the end of the contract, achieved through binding arbitration, Beacon wage rates will be similar to those at Diversicare/Counselling Corporation's Courtyard Gardens facility in Richmond.

Meanwhile, at Kelowna's Hawthorn Park Lodge, HEU and Diversicare are giving it another shot in arbitration, Dec. 15, to resolve a bitter battle that was supposed to be settled by Dec. 15.

Diversicare is to blame for the hold up because of promised full disclosure of financial information didn't happen until just prior to the December deadline.

"We're not surprised," said HEU's Carmela Alleato. "The information backs our position that the employer's cash cupboard isn't as bare as it claimed."
Picasso’s woman

Book by CUPE member explores the terror of breast cancer and the voyage of survival

by Carole Cameron

Congratulations Rosalind MacPhie for writing a captivating book. I started to read Picasso’s Woman and could not stop until I had finished the entire book. I felt fear and pain and sorrow alongside Rosalind as she described her feelings, fears and experiences.

Rosalind MacPhie is a member of CUPE Local 5793 (O.C. Ambulance Paramedics), a paramedic and station chief. Picasso’s Woman is a book about her experience with breast cancer.

Here is a woman who has everything going for her. She has a good relationship with her husband and daughters; she loves her work and is successful at it; she is attractive and healthy, has a beautiful home; likes adventure in the outdoors kayaking and hiking; is a poet and part-time university student; enjoys socializing with friends.

One day, in 1991, while showering, she feels a lump in her right breast. She has not had a physical for three years, and has never had a mammogram although her doctor has referred her for one several times. There is no known history of cancer in her family.

Her thoughts alternate between telling herself the lump she feels is a cyst and fear that she has cancer. “I thought of the one word I did not want to enter into my personal collection, then said it quietly to myself: cancer. It had an inscrably final sound.”

It is interesting that, with this most terrifying prospect, Rosalind cannot share her fears with her family or with her women friends. As she goes back and forth between being tough and being scared she says, “Since my childhood, I’ve been used to dealing with things on my own.” When eventually does confide in her family and friends she has a difficult time letting them support her.

In the book we travel with her from family doctor to specialist, to mammogram to biopsy to mastectomy to getting a prostheses.

Her experience is a voyage of adventure and discovery. On the voyage she does extensive research on cancer and the best she could come up with was a feeling that if I survived five years, my chances of living long enough for something else to kill became better and better.

Along the way, we share with Rosalind her feelings about the women with breast cancer she meets, some of whom don’t survive.

Then, just when life is getting back to normal, she discovers a lump in her left breast. There is the fear, the return to hospital, and finally the report that all is clear.

I give the final words to Rosalind MacPhie—I thought how a lot of things had been taken away from me in the past few months. But a lot of things had been given back too. I had what I wanted. The normal rhythms of the family were restored. And tomorrow would be another day. A new morning. Life was full of endless possibilities, and I was eager to live as fully as I could for the rest of the sweet life that was given to me. Because now I was not dying of cancer—I was living with it. I knew there might be challenges ahead.

But then, I’ve always liked adventures.

Published by Douglas and McIntyre, Vancouver, Picasso’s Woman costs $21.95. It is available at bookstores or ordered from your local book store.

Carole Cameron is a CUPE job evaluative representative working in B.C. an avid reader and a regular contributor to the Salient Book Workshop.
Health reform can restore LPN's key role

B.C.'s licensed practical nurses are urged to take advantage of opportunities provided by health-care reform to win back lost ground and restore LPNs as an integral part of the nursing team.

The LPNABC envisions a board empowered to negotiate fair compensation for LPNs. It advocates that LPNs be allowed to practice independently up to the scope of their training, and it recommends that LPNs be recognized as valuable contributors to health-care delivery.

The LPNABC also believes that LPNs should be able to join the nursing association of their choice and seek representation in health-care decision-making bodies.

Health-care reform must address the key role of LPNs in the provision of quality healthcare services.

Chilliwack caregivers lobby

By Stephen Howard

Healthcare providers in Chilliwack are calling for increased funding to support their operations. chilliwack general hospital is facing significant challenges in providing high-quality care to patients. The hospital has expressed a need for additional staffing and resources to improve patient outcomes.

The Chilliwack regional hospital association has been advocating for increased funding from the provincial government to address these challenges. They argue that the hospital is struggling to provide the necessary care due to budget constraints.

Ottawa, Victoria team up to tackle profit-driven private clinics

by Chris Gainor

Federal and provincial politicians have promised to toughen up on profit-driven doctors and entrepreneurs who operate private clinics for the rich under Medicare. The actions started with Health Minister Diane Marleau promising that by Oct. 15, Ottawa will penalize provinces which allow private clinics to charge "facility fees" and other fees to patients. She was backed up by B.C. health minister Paul Ramsey who pledged to create laws that will allow Victoria to regulate the clinics.

Our government is firmly committed to the principle that all Canadians should have access to universal health care, regardless of ability to pay," Ramsey said. "Medicare cannot be preserved by charging the sick." Moreover, he said, it would be an added cost to Medicare and would reduce the health care budget transfers to provinces that continue to allow private run clinics to provide medically necessary services.

"When clinics which receive public funds for medically necessary services also charge facility fees, people who can afford the fees are being directly subsidised by all other Canadians," Marleau said. "This subsidization of two-tier health care is unacceptable."

But she was silent on the issue of federal cutbacks to transfer payments to the provinces, which has led some provinces to cut services, opening the door to private clinics.

The B.C. Medical Association, which supports privatized health care, attacked Ramsey and threatened to break off its cooperative efforts with the government, such as joint management of fees paid to doctors.

Many of the targeted private clinics are owned by BCMA-member doctors. HEU secretary-business manager Carmela Allevato pledged the union's support for Ramsey's legislation.

"We will be urging the government to take even stronger measures to eliminate profit-driven services," she said. The Canadian Health Coalition supported Marleau's legislation.

"Those who believe the false idea that competition will lower costs need only look at the American system, where costs are 40 per cent higher for a system that doesn't provide coverage to nearly 40 million Americans," coalition executive coordinator Stephen Leary said.
PRESIDENT'S DESK

The northern exposure tour

by Fred Muzin

HE NEW YEAR got off to a quick start. During the first week of January, I flew into the Arctic - from the Chilkoot-Cariboo to Prince George to Kitimat. The warmth and hospitality of our members more than compensated for the -25 degree temperatures and 60 km/h winds.

We had an opportunity to discuss HEU's constitutional review process "Making Our Union Strong." We talked about preparing for bargaining in 1995 against employers determined to scrap the Employment Security Agreement. We shared information and opinions about HEU's involvement in New Directions and the need to maintain continuity of quality patient care services.

There are unique challenges in the North. The distances and weather contribute to a sense of isolation. Involvement in community health councils and communication between locals can be difficult. The strong attachment to one's community means that bumping becomes the only realistic labor adjustment option. Facilities attempt to balance budgets from shared site funding with little effort to push for closer to home alternatives.

In some areas, retirees from down south and European immigrants are increasing the demand for health services. Unfortunately, added resources are not being provided, impacting our member's workload.

Elsewhere, there are inadequate home care house - provided for those who are permanently bedridden. Housing design can be unsuitable for older, increasingly infirm elderly, necessitating admission into hospital.

There are numerous First Nations communities in the Northwest. One example of a health care initiative in the area is the Nyguen's nation's efforts in developing community health services. The belief is that this will serve as a model.

HEU has much work to do to improve channels of communication as first nations people in the North become empowered. Many of our licensed practical nurses are being undertapped or laid off. This sharply contrasts with the South where many administrators are feeling the pinch that LPNs are core effective bedside specialties.

The lack of extended and multi-level facilities is noticeable. The difficulty in retaining medical specialists requires frequent usage of air ambulances. The delay in capital funding from Victoria means that buckets line hallways to capture water leaking from the roofs that didn't get repaired in time for winter.

Our strength as a union derives from the diversity of our members. We have the inside knowledge, all over that province, as to what works and what is administratively non-sense.

As we grow as a union, our challenge is to continue to be sensitive to our grasp on issues. Our solutions to the problems that face us as a result of restructuring will be effective if we listen and learn from our members everywhere. Then we will be prepared to act.

NOTEBOOK

How doctors are paid must change

by Geoff Meggs

R.C. doctors say their idea of health care reform is a two-tiered system that provides one standard of care for the rich and another for the rest of us. It's a strange prescription from a group which was effectively shut out of the provincial government as it set out to overhaul our medicare system. If implemented, it will have a devastating impact on our universal medicare system and undermine the wages and working conditions of HEU members.

While health care workers hammered out an agreement with Victoria and hospital administrators in 1993 to reduce the acute care system to the level mandated by the Royal Commission on Health Care and Costs, the B.C. Medical Association fought Victoria to a standstill to win increases in every year of a five-year contract.

The result - doctors are seeking to jam more and more work through an acute care system that is already operating below the target and is still reducing. When operating rooms aren't available or patients have a longer wait for surgery, the BCMAs answer is privatization.

"It wouldn't harm the public, it would help the public," says BCMAs president Dr. Mark Slocomb. He warns doctors to be able to operate

their own clinics and charge patients for the privileged access. But health minister Paul Ranney has vowed to fight privatization. "I cannot accept a situation where access to health care services depends on your ability to pay." Schonfield's proposals suggest that many doctors may be more concerned about protecting their incomes than in providing a cost-effective service. The alternative to privatization is a complete overhaul of primary care, including firm measures like those now in place in the hospital sector to reduce inappropriate utilization.

A recent paper produced by @C president D. Proctor and territorial deputy minister of health suggests that our current "fee-for-service" payment system for physicians is a big part of the problem. "Canadian and American studies report reduced funding for doctors, it just caps it. Real reductions through the use of new medical models of primary care delivery are necessary to complete the health reform process. If this problem isn't tackled during the next stage of health care reform, all British Columbians will be losers.

ON THE JOB

VIOLENT TURN For sterile supply technician Lucy Dillon, the shooting of Dr. Garson Romalis, who performs abortions, has been traumatic.

Shooting causes fear

by Stephen Howard

Sterile supply technician Lucy Dillon cried when a news delivered the news that Vancouver gynecologist Dr. Garson Romalis had been shot at his home by a sniper.

"I started to cry because I knew why he had been shot," says the Vancouver Hospital and Surgical Daycare Centre worker. "He was a doctor who performed abortions and he was outspoken about a women's right to choose abortion.

"Everyone was very scared," says Dillon, who asked that her name not be used to protect her personal safety. "I guess I was at the top of the list. I didn't think something like that could happen."

Dillon didn't know Romalis personally, but the doctor was on staff at the hospital and she had picked up a lot of information about him. She saw him at least twice a week in the operating room.

Vancouver police are still investigating the early November shooting that's been linked to anti-abortion extremists and similar attacks that have killed health workers at U.S. clinics. Though the hospital provided counseling to surgical daycare staff on paid time, for workers like Lucy, the trauma left its mark.

"For the first week, every time I walked out the front door I looked to see if there was anyone in pursuit of our violent.

"Once the immediate shock of the shooting wore off, for the first month people were aware that what happened to Romalis could happen again."

That's why, she says, and her colleagues were relationship about it. Dillon is critical of the tactics of the anti-abortion movement.

"Everyone has a right to their opinion, but there's no need for the picket lines, no need for the violence."

Things are slowly returning to normal but security for the surgical daycare remains a problem because it's set off from the main VGH facility and is easily accessible. It's something the hospital and the health ministry are urgently trying to solve.

"I've still got that fear, but you have to learn to cope with it. It will never disappear, it will always be there."

One day, she says, Dr. Romalis will be back at work performing procedures. "If he's got the guts and courage to do it, so will everyone else."

6 GUARDIAN • JANUARY/FEBRUARY 1995
Corporate tax breaks cause deficit ills

Chrysler wins BC Fed’s trough race of greedy tax-dodging companies

TAX BREAKS have poured hundreds of billions of dollars into the coffers of corporations — not social programs — as the biggest problems facing Canada’s economy, says B.C. Federation of Labour president Ken Georgetti.

Speaking at the labour federation’s third annual Corporate Tax Freedom Day Jan. 26, Georgetti challenged the Liberal government to make the rich and corporations pay for the deficit they’ve helped to create.

He charged that 30 per cent of Canada’s debt is attributable to loopholes used by corporations and the rich, yet we’ve never had a government with the guts to review the corporate tax system.

“If Paul Martin is serious about reducing the debt in the federal budget, he’ll introduce a minimum corporate tax … and close off selected tax breaks,” Georgetti said.

In addition, he called on the Liberals to start charging interest on the billions of dollars of deferred taxes owed by corporations.

He pointed out that in 1991 alone, 62,000 Canadian companies racked up profits of more than $12 billion without paying a penny in tax, according to federal research.

Georgetti called for an end to tax breaks for Canadian companies and for the government to close loopholes that are being used to dodge taxes.

He also called on the government to provide new employment opportunities for workers and to increase the minimum wages.

Postal workers win employment security

Canada’s postal workers have reached a tentative contract deal with Canada Post that includes new employment protection measures that continue the trend of Canadian unions winning stronger job security for their members.

“It’s a true victory for postal workers,” says Postal Union chief negotiator for the 50,000-member Canadian Union of Postal Workers.

In addition, to the job security provisions, CUPE will allow employees to resume their jobs after a period of job loss, and will provide new employees with regular employment.

The government has been increasing unemployment and eliminating social programs,” Arbour said. “We must do our part to break that trend. Getting an agreement that not only preserves jobs, but also creates new ones is an important part of that effort.”

The two sides reached the tentative deal just prior to Christmas after 14 days of round-the-clock bargaining accompanied by a creative workplace campaign by postal workers to press the employer to settle. CUPW members will vote on accepting the deal in ballots that concludes Jan. 29.

Arbour said the union’s ability to reach an agreement was a result of its past history of struggle and its willingness to take strike action.

Meanwhile, in other bargaining news, members of the United Auto Workers on strike at a General Motors parts plant in Michigan won a new contract Jan. 23 that forces the auto giant to hire new employees instead of using over-time to meet production targets.

Under the pact GM will boost employment by about 10 per cent — almost 700 new jobs.

The deal is a victory for unions and the unemployed in the ongoing battle with employers who use excessive overtime to avoid hiring more workers.

Georgetti grinds Starbucks over Guatemalan beans

The Starbucks coffee chain is one of the biggest importers of coffee beans from Guatemala, and the B.C. Federation of Labour wants the mega-popular Seattle company to take action to improve the dismal working conditions of the Guatemalan workers who pick the beans.

Federation president Ken Georgetti urged Starbucks to implement a code of conduct that Guatemalan plantation bosses would have to follow and guarantee safe working conditions and decent wages for coffee workers.

In a letter to Starbucks’s CEO, Georgetti said that the extreme poverty, unsafe living and working conditions, and low pay of the workers in Guatemala were well documented.

“As a major purchaser of coffee beans, your company can exert pressure on Guatemalan plantations so that they refrain from using child labour, respect the rights of workers to organize, provide clean housing, safe working conditions and fair wages,” Georgetti wrote.

“Your company can take proactive steps and use its tremendous economic leverage to guarantee decent living and working conditions for coffee plantation workers.”
HEALTH REFORM CHECK-UP

The health care elite isn't pulling its weight

Why the workload crunch?

by Cliff Briggs

T

he health care elite isn't pulling its weight. The workload crunch is riveting, even riveting medical professionals. The problem is getting worse as the number of uninsured grows.

The workload crunch is caused by a host of factors, including:

- Doctor shortages
- Increased patient volume
- Overutilization of hospital services
- Decreased staffing levels
- Increased workloads for existing staff

The workload crunch is having a significant impact on the quality of care provided. Patients are experiencing longer wait times, decreased access to specialists, and reduced availability of treatment options.

Hospitals hire more bosses as health workers downsizes

It's official: the paid hours worked by RC's hospital workers have decreased by more than 5% over the past year, while hospital workers have seen their employment decrease by just 4%.

The claim, which states that hospital workers are being downsized as hospitals seek to reduce costs, has sparked widespread concerns among health care professionals. Many fear that the downsizing will result in a decrease in the quality of care provided, with fewer workers available to meet the needs of patients.

The hospital industry has faced significant challenges in recent years, including declining revenues and increased competition. As a result, many hospitals have been forced to implement cost-cutting measures, including downsizing.

The downsizing of hospital workers has raised concerns among medical professionals, who fear that the reductions will result in a decrease in the quality of care provided. Many fear that the reductions will result in a decrease in the quality of care provided, with fewer workers available to meet the needs of patients.

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HEALTH REFORM CHECK-UP

The health care elite isn't pulling its weight

by Geoff Meggs

Two years after the provincial government announced its New Directions health reform program, B.C.'s health care workers are meeting or exceeding the targets for decreasing the acute care hospital sector as resources shift to the community. But frontline workers report their workloads have never been so intense. Hospital occupancy rates are rising, patient waiting lists are growing and even the most committed health workers are feeling the strain.

The health care system in B.C. is facing a workforce crisis. The British Columbia Medical Association (BCMA) has warned that the province's hospitals are at risk of becoming "untenable" due to the increasing workload and the shortage of doctors. The B.C. Union of Hospital Employees (BUHE) has also expressed concern about the growing workload and the impact on patient care.

Doctors are guaranteed more work...

The agreement between the B.C. Medical Association and the government guarantees doctors an increase in Medical Services Plan (MSP) billings each year.

Bosss' hours up: care down...

Contrary to the health accord, hospital administrators have actually increased their paid hours while reducing hours worked by HEU members.

So Canada's leastlean hospital system...

B.C.'s acute care system, like its community and extended care systems, is the leanest in Canada by a number of measures when the reform process started.
He simply doesn't accept claims in the report of health deputy ministers that a large part of primary care is "inappropriate utilization" that could be weeded out. "That may have been true years ago, when people were admitted to surgery the day before, but those efficiencies have largely been eliminated."

He says the BCMA's work with the government on core services - the basic services all communities must have - and clinical practice guidelines, which are designed to reduce inappropriate procedures, will help reduce waste further. And the BCMA will explore alternatives to fee-for-service, provided that doctors have the choice to select the payment method they prefer.

The agreement simply requires the BCMA to consult with government on possible pilot projects or alternative models.

John Mochrie, chair of the Medical Services Commission, required significant compromise and commitment from both parties. The government asserted its right to control the Medical Services Plan-billing, he notes, and physicians insisted on their right to determine what is medically necessary.

"The agreement says the government sets the amount of compensation, but doctors will have a say in managing that. The final agreement includes a cap on fees in each year, but the doctors won an increase of 1.3 per cent in each of the first three years of the deal, two per cent in the fourth year and a re-opener clause "if inflation returns" to cover "office overhead."

Unlike the Employment Security Agreement negotiated with the health unions, which set targets for a real reduction in acute care services as programs moved to the community, the BCMA's agreement requires no reductions in physician payments. It simply reduces the size of the increases.

To meet the new, lower targets, the government and the doctors agreed to seven measures, including:

* A program of public education designed to reduce unnecessary use of the system;
* A program to reduce the number of new doctors;
* A program to increase the number of services covered by the plan; and
* A program to introduce "clinical practice guidelines" to reduce inappropriate use of medical procedures.

All told, these programs are expected to reduce the increase in physicians' billings by $370 million over four years. (By contrast, the government believes the Employment Security Agreement will save taxpayers more than $450 million in just three years.)

Deborah Shera, executive director of the commission's resource management division, says education is expected to save up to $30 million a year. An important part of the program is support for doctors who take steps to discourage patients from insisting on unnecessary or inappropriate treatment.

The largest reductions, however, will come from clinical practice guidelines. Hospital workers are familiar with one form of the guidelines, which set out how particular types of patients should be treated once they are admitted. Doctors' guidelines are designed to control when a particular procedure - from a chest x-ray to screening for prostate cancer - is performed.

A guidelines committee including representatives from the commission, the BCMA and the general public identifies procedures that need guidelines, Shera says, then develops them with assistance from doctors. Areas currently under review include prenatal ultrasound treatment, treatment of back pain, cholesterol testing and treatment of hypertension.

For example, a test for prostate cancer has been done up to 60,000 times a year in B.C., Shera says, but has a 70 per cent rate of false positive results. New guidelines will attempt to control what may be a wasteful expenditure on the tests.

"It's important to allay concerns that we are compromising the quality of care," says Mochrie. "In fact, we should provide better care."

Elimination of unnecessary hospital work could help frontline caregivers deal with their workload, providing their numbers aren't cut still further. In the meantime, acute care workers will be stuck carrying the full weight of health care reform while they wait for physicians and the community sector to catch up.

Hospitals hire more bosses as health workers downsized

It's official: the paid hours worked by B.C.'s hospital bosses have actually increased by almost two per cent during a year in which health workers saw their employment decline by four per cent.

The astonishing figures, which confirm the workplace experience of HEU members province-wide, were released in December by the Health Labour Adjustment Agency as part of a paid hours monitoring system required by the Employment Security Agreement.

Under that agreement, all three unions and administrators are to downsize by 10 per cent. But the bosses have been going backwards, adding to their numbers while they displaced front-line caregivers.

"These figures show that health care workers are doing their bit to assist in health reform," said HEU secretary-business manager Carmela Allevato, "but hospital administrators are actually increasing their paid hours while frontline caregivers face major reductions.

According to the agency's analysis, health care workers saw their paid hours decline by 3.62 per cent - the equivalent of 1,382 full-time jobs or 2.7 million paid hours - between December 1992 and July 14, 1994.

By contrast, non-union caregivers say their paid hours increased by 1.9 per cent.

Health employers reacted to HEU's release of the agency report by condemning the union for "self-serving misrepresentation of the facts."

Gary Moser, president of the Health Employers' Association of B.C., said "the perceived 1.9 per cent increase results from the employers success in reclaiming approximately 130 ununionized positions that should have been non-union positions to begin with."

Most of the positions Moser referred to were those of nurses which the B.C. Nurses' Union believes should be within union jurisdiction.

Moser later attacked the health unions by charging that they haven't met their targets either.
Health bosses against safer workplaces

by Chris Gainor

With health care bosses taking the lead, B.C. employers are trying to stink the Workers’ Compensation Board’s proposed ergonomics regulations, calling them expensive and unworkable.

The Health Employers’ Association of B.C. is fighting tooth and nail against the changes because they are the first set of WCB regulations to directly attack the epidemic of workplace injuries.

"HEABC would like, to have people believe that those regulations were pulled out of the air," said HEU health and safety director Karen Dean. "But in fact these regulations are based on sound research and practice that comes out of the corporate world — including corpora-
tions like Ford and Kodak."

The explosive growth in health care unit costs and claims against WCB and long-term disability, prove that HE-
ABC’s arguments against the new ergo-
nomics regulations are extremely weak. Even HEABCs own Healthlink Benefit Trust agrees that they are weak.

The trust recently issued to employers a Backlink Health Resource Kit, which falls short of dealing effectively with the back injuries plaguing health workers.

But an analysis of the kit by HEU’s occupational health and safety department shows the kit endorses many of the features of the same ergonomics regula-
tions to which HEABC is attacking.

Where the HEABC submission attacks the suggestion that rest breaks be in-
creased as an “expensive, time consum-
ing proposal,” the trust says, in general, it is mandatory to get up and walk around during a rest pause, to have a change of scene, get a break of fresh air, chat with people and so on.

"HEABC is abdicating its responsibility for the health of its workers," the trust’s kit points out. "The trust’s kit points up is ‘substantial administrative burden,’ the trust’s kit points out 53 questions as an example of what such a checklist should look like."

Another chart outlining questions for a job analysts is attacked by HEABC as having "far too many questions," yet the trust’s kit provides similar analysis which is more complicated and has more questions.

HEABC complaints about employers having to consult with workers and health and safety commis-
sioners, but the trust kit endorses employer involvement, saying that, "Employers truly understand the chal-
enges within their own work environ-
ment..."

And where HEABC pushes for two- or three-person lifts in the case of mechanical lifts, the trust’s kit quotes Vancouver Hospital’s policy on lifts. “No physical lifting of patients will occur unless the use of a mechanical device is medically contraindicated.”

In all, HEU’s comparison of the HEABC submission and the HEABC Healthcare Benefits Trust’s Back Health Resource Kit found 15 key places where the two docu-
ments contradicted each other.

"No ergonomist could write a manual for prevention of back and other injuries that does not draw heavily on the WCB’s ergonomics regulations and code of practice," Dean said.

"HEABC is abdicating its responsibility for the health of its workers. The employer’s attitude is totally irresponsible."

ANNUAL JOB POSTING

Staff opportunities for HEU members

Have you considered applying your trade union and technical skills to a staff position with your union? There are approximately 83 employees working at HEU’s five offices throughout the prov-
ence – many of them former health care workers just like you.

Conditions are good, and the jobs carry a full range of benefits. Wages range from $18.66 an hour for building services person to $22.77 per hour for secretarial work and up to $24.12 per hour for reorganizer.

When working for HEU you must be on union leave from your facility, you still maintain your hospital seniority and you can return to your hospital job.

When vacancies for servicing repre-
sentatives, researchers, communication staff, secretaries, accounting, building and maintenance persons occur, HEU attempts to fill the permanent positions with applicants from union members. Temporary employment for relief and holidays is also available.

If you are interested, please submit a resume detailing your employment his-
tory, union experience, and a brief sum-
mary of your educational and personal background. Indicate your field of interest, work area (i.e., Prince George, Kelowna, Provincial Offices, etc.) and whether you are interested in full-time, part-time or both.

Mark your envelope “confidential” and send your resume to Carmane Allivette, secretary-treasurer at the Pro-
vincial Office by March 3.

If you have applied under annual job postings in previous years, you must apply again and submit an updated re-
sume in order to be considered.
We march for wages, for a better life for working people, and a sharing of life’s glories.

International Women’s Day born from women’s workplace struggles

by Mary Rowles

On March 8, 1907, 13,000 women marched in the streets of New York City. They demanded an end to the abuse of children through the practice of child labour. They demanded improvements in the brutal and dangerous working conditions of the New York sweatshops, and they demanded a fair day’s wage for a fair day’s work – and an end to pay inequities. They demanded the right to vote.

This was neither the first nor last time that working women took to the streets to assert their rights, particularly in an era when women were denied the vote, but had no access to legislatures to effect change, and were never represented in the trade union movement. As the women marched, they invoked the memory of the women garment workers of New York City who, 21 years earlier on March 8, 1887, occupied the same streets to protest inhuman working conditions and callous disregard for safety that caused the deaths of 64 women and children in a fire at the Triangle Shirtwaist Factory. They didn’t know it at the time, but their demonstration for basic justice would mark the first celebration of International Women’s Day.

It would be a day born out of the protests and political activism as working women entered the industrial workforce at the beginning of the 20th century. It would be a day for women to celebrate and reflect on the status of their progress and to consider further action still required to end injustice and discrimination.

From that day in 1907 and the struggles of women around the world, March 8 had become a traditional day of protest for working women and was formally proclaimed International Women’s Day. It has been observed, if not celebrated, in countries around the world since then.

The day belongs to working women, and has brought together trade unions, left and progressive organizations of women and non-aligned community-based groups to advance demands for the equality of women. But sadly, many of the demands of the demonstrations and marches of 1887 and 1907 are still featured prominently on the flyers and banners of International Women’s Day events a century later. That’s great for recycling, but bad for morale.

Granted, we have legislated an end to child labour, at least in some countries, but we certainly haven’t succeeded in halting the exploitation of workers in inhuman, unsafe workplaces, nor have we eliminated wage discrimination against women.

Our economy has little regard for the health and safety of workers, and for women workers this situation is made worse by a sustained disrespect for women. Our work is assumed to be easy, not taxing. It is supposed to be safe, simple and pleasant. The health hazards of women’s traditional workplaces, the hospitals and offices, stores and kitchens, are often unrecognized, as well as unwarranted.

Employees and governments remain uninterested in the long term effects on workers’ health, of the new technologies, work processes, equipment and chemicals introduced to women’s workplaces. Sick building syndrome, even repetitive strain injuries, are all regarded by many “authorities” as the products of women’s imagination.

For too many working women continue to be victimized, harassed, and verbally and physically assailed by employers, by members of the public, by clients and patients, and by co-workers.

The wage inequalities between men and women workers have changed little over the past century, when male employers were quite open about exploiting women workers.

Take one boss who boldly declared in 1920 that he didn’t want the men to be underpaid, that he couldn’t live up to his standards. The women workers received only $11. The practice of paying women a lower wage for the same work is no longer accepted, but it persists in many workplaces in a hidden way. Often the identical nature of the work performed by men and women in a single workplace is camouflaged by a difference in job titles that justifies a substantial difference in pay.

Over the last century, wage discrimination has been institutionalized in our economy. Men and women are segregated in different occupations. There are men’s jobs and women’s jobs in our economy, and there are men’s wages and women’s wages.

This allows government representatives and economists to say, with a straight face, that women receive lower wages because they work at lower paid jobs. It’s an explanation that neatly avoids any examination of the fact that women’s jobs are lower paid simply because the work is done by women.

In 1971 women earned 33 per cent of men’s wages; now, in 1994, women still only earn about 72 per cent of men’s wages. In 1857, the women garment workers returned from the streets to their workplaces and organized themselves into a union. The lessons for women in succeeding years has been to organize the power, unionization brings. This has been the greatest tool in achieving permanent improvement in the lives of working women.

Women have secured some important legal rights. We have the vote. We have some presentation in the legislatures. The legal balance of power has changed to a degree, but the most important change in power has been the organization of women into trade unions. The power unionization brings has been the most important tool in achieving permanent improvement in the lives of working women.

At the bargaining table, women workers are securing pay increases, pensions and benefits, health and a safety protection, family leave provisions, child care provisions, and access to training and promotion.

But there is still reason to march. Pay equity, that long-standing demand for an end to wage discrimination, will end the poverty of working women.

On International Women’s Day, we still march for bread and roses, as the lyrics of the old song go. We march for wages, for a better life for working people, and “a sharing of life’s glories.”

* This International Women’s Day feature is an updated version of a story by B.C. Federation of Labor research director Mary Rowles that first appeared in the Guardian in 1991.
Wrestling with trouble

The free falling peso capped a year of chaos in Mexico

by Stephen Howard

LAST YEAR was a troubled one for Mexico. First the country erupted in rebellion as the Zapataistas uprised in the dirt-poor Chiapas region and then clashed with the state. Then the drug-cartel controlled the state. But there weren’t a lot of decent answers, says Mexican economist Salvador Pestchke. “One of the common points shared by all Mexico is that no one knows what’s going on,” said Pestchke in a mid-December interview.

Politically, Pestchke says the implications of the growing violence and political instability are a sign of an unbalanced conflict within the party that’s run Mexico for an iron hand for decades. He said the party is divided into two factions: the Institutional Revolutionary Party or PRI and the National Action Party. One side, led by former President Salinas, is pushing economic modernization plans, like free trade, while the other side, led by current President Zedillo, is pushing free market policies.

In a highly critical report that received surprisingly wide media coverage in December, Mexico’s tightly controlled media, AMN, said the Mexican government’s economic policies have resulted in a "cost" of getting Mexico ready for a free trade agreement.

"In Mexico small and medium businesses sustain the economy," Pestchke said. "Yet this key sector of the economy that employs 80 percent of Mexican workers is the one most affected by a flood of cheap US imports.

"In the first four months of 1994, 75,000 manufacturing jobs were lost, entirely in small and medium industries. It mirrors Mexican workers’ experience from the free trade deal with the US. When hundreds of thousands of manufacturing jobs disappeared, the widely advertised hope that NAFTA will create jobs is false," said the AMN report. "More jobs are being lost than created.

The jobless question is particularly volatile, says economist Pestchke. "Just to keep pace with population growth, we need a million new jobs a year," he said. "But the government has promised only 200,000 new jobs for 1995, not including the ones that will be lost to NAFTA."

Pestchke notes with irony that some business owners are emerging as the strongest opponents to free trade. One outcome of the trade policies is to place in trouble for NAFTA is concentration of wealth. The use of money to undermine the new NAFTA is a fundamental concern, he said.
Lament of a Latex Allergy Victim

By Mary Allen Beavers

Latex is found everywhere. It is in our food and underwear. It is in our shoes and in our hair. It is in our cosmetics and in our hair. Latex is in our work and play too. It is even in the glass we chew. Latex invades our love life too. It makes us wonder what to do. Yet Latex abounds everywhere. It is in our bed and in our chair. Latex has many names and faces. It hides in unexpected places. Latex rubs off our careers and health. It makes us feel unwarrented guilt. Latex gives us rashes, red eyes and welts. It is the unsum evil of all theft. Latex is everywhere we sigh:

It makes some people think we lie.
Latex makes us sneeze, wheeze, and cry.
Sometimes it even makes us eat.

* Reviewer is a skin care aide who suffers from a severe latex allergy.

I Have Known Women

By Lisa Schmitt

I have known women who learned to kill chickens with a quick snap of the wrist who smile lovingly as they pluck the feathers and thank the heavens for food.

I have known women who left the mainland searching for soft breezes stole the loved men and finding them, loved punished and enslaved like tree branches behind white picket fences only nodding sadly in the sudden gusts of late afternoon wind.

I have known women who plant seeds in the earth and in the hearts of children—children who go on to love with hearts as big as stars as deep as night.

I have known women who danced barefoot in candlelight on dusty potato ruts who bared their souls to me over wine over lunch over and again and again and again.

And women who, like myself, seem uncertain who love life and friends and aperitifs and cars but who stay off the stage out of spotlights and conversations just to be safe wounded so deeply at so young an age that the scars have become dimples.

Others mistake for laughter tears.

Lisa Schmitt is a poet and freelance writer who lives in Toronto.

Don't think of me as that

By Elissa Hansen

Don't think of me as that money hungry, unlacquered, whiny staff member at the Nursing Home! Give up the thought that I don't have a degree or years of education. Maybe I have.

But you don't think of me like that.

Hey! Maybe you could think of me as the first person4 Momma sees in the morning. the one that says, "Morning Frumpy Lady, can't I help you get ready for the day?"

I could be the one that brings Dad's hair gives him a shave, puts on the after-shave, and tells him, "There, you look marvelous Darlin'."

Or gives him that backscratcher he's been asking for all evening, but not before tell him, "You men are all the same."

You could also think of me as the one that gives Mom a hug and says, "Don't worry about it, that's what we're here for!"

And gives her goodnight kiss before turning out the light. Occasionally you could think of me as the somebody that sneaks in the big bag of pop corn you found in Mom's drawer or those chocolate bars she loves so much.

I might even be the one that takes Mom's clothes home to wash just to help her out!

And very often you could think of me as the first one to notice Dad just isn't himself, isn't looking very comfortable hasn't eaten his usual and definitely doesn't want what you just offered him!

Sometimes you should think of me as someone who puts on the soft music, duns the lights and holds Daddy's hand until it's time for him to go.

Most often you could think of me as the nursing home staff member that goes home from work, runs bathing from head to toe with A35, pops a couple of Tylenol and slips off to sleep with the heating pad on high.

You don't have to think of me like this.

But you could!!!

Hansen is a nursing home worker in Lethbridge, Alberta and a CJF member.
Ottawa's block funding plan a real threat to social programs

According to media reports, the government is considering a proposal to move to block transfers to the provinces, eliminating federal funding for social programs under the Canada Assistance Program and Established Program Financing.

Under this proposal, there would be a significant reduction in the global amounts allocated to federal funding of social assistance, health care, and post-secondary education. The federal government would lose the power to enforce national standards and universality in these critical areas.

CFGE National president Judy Darcy has sent an urgent message to Prime Minister Jean Chrétien opposing this proposal. "With rising inequality in incomes and living standards across the country, it is now more important than ever to maintain and exercise this federal power," said Darcy. "If anything, we should be moving toward strengthening the federal government's financial commitment to social programs."

The government's dispute with Alberta over public funding of private medical clinics demonstrates the importance of maintaining the federal ability to enforce national standards.

What's wrong with block funding? Three key things says Darcy:

1. By reducing federal transfers and surrendering federal power to enforce national standards, the shift to block funding would further erode the public services that Canadians depend upon most directly.
2. Abandoning of federal cost-sharing under the Canada Assistance Plan will eliminate the fifty-cent dollar incentive for provinces to develop new programs, and maintain existing ones. This will likely create an insurmountable barrier to the creation of a national child care program.
3. The end of direct cost-sharing for welfare means that federal transfers to the provinces will not longer increase when provincial welfare costs go up. This is particularly serious in light of the recent - and proposed - cuts to Unemployment Insurance, which will force more and more people onto welfare.

Darcy says, "I am fearful that the proposal will unleash a "race to the bottom" as provinces use their increased discretion to further cut jointly funded social programs.

'Llloyd Axworthy was there along with some high-flying business and academic leaders. They talked about the plight of Canada's poor and unemployed in the gentle tones of Heronmore Castle, south of London. No castles in Canada, eh? Hey.

Ontario lawyers rah rah Rae days

Ontario's so-called social contact law imposed on public sector workers has turned into another gold mine for the legal profession, generating dozens of costly and often absurd disputes. Who says it? Labour lawyers themselves!

Some of the legal wrangling results from the ambiguity of the hastily patched together law. "There's something absurd about taking 30 days of arbitation to determine the meaning of something that took two or three days to draft," said a Toronto arbitrator recently.

Gainers workers docketed for each flush

Workers at the Gainers meat packing plant in Edmonton are now being docked pay for the time they spend in the washroom. Their union is fighting the "pay-for-pose" policy. "Our members are wild about this," said UFCW local 29 president Don McKee.

Women members are particularly outraged at the degradation of having to explain their personal needs to supervisors.
Hail the new billionaires!
The world gained 47 new billionaires in 1993. Children around the world may be dying of preventable diseases, and even in first
world countries like Canada people go homeless and hungry, but the rich keep
getting richer.
The total number of billionaires
world-wide now stands at 358.
Five of them live in
Canada, 120 in the U.S. and 24 in Mexico.
The Canadian billionaire
billionaires and their “worth” are:
• Kenneth Thompson, $5.2 billion (newspaper chain
owner);
• New Brunswick’s living fam-
ily, $4 billion (they own their
native province);
• Charles Bronfman, $2 billion
(Bronfman’s liquor box);
• Ted Rogers, $1.3 billion
table TV);
• Galen Weston, $1 billion
(grocery store president).

How words undermine lefties
More than one-in-five people
are left-handed.
Yet this natural-born tendency
has been viewed with disdain in most cultures, and
many common items like
scissors, pencil sharpeners,
vegetable peelers and golf
cubs are designed specifically
for righties.
Even the word left has his nega-
tive connotations in many
languages.
In French, the word for left is
gauche, which also means awk-
ward.
The Italians say mancino
dezioso); the Germans link
rau (blandly).

In English, the word comes
from an Anglo-Saxon root,
lyf, which means week or
broken.
The Spanish say no es zurdos to
tell someone “don’t be stupid,” but it translates liter-
ally as “don’t be left-handed.”
The $20,000 slogan
Believe it or not, but amid
high unemployment and the
Liberal’s plans to cut unem-
ployment insurance, the
federal government dropped
a fast $20,000 market testing
new slogans to decorate the
walls of UIC offices across the
country.
Most of the people involved
in the study weren’t able to
find a precise fit of service in
the test slogans.
Even those who could still
see the department with a
mixture of distrust and
disbelief.

Johnson, who died Novem-
ber 14, two days after her last
shift. An HEU member since
1986, Johnson was “inspired
by her tenacity and her
courage to perform the duties
of her job,” said Ponderosa
local secretary-treasurer Ter-
ese Maclean.

Clearwater receptionist bids
adieu, hosting plans
Loisann Sommese, a recep-
tionist at Dr. Helmcken Hos-
pital in Clearwater, retired in
November after 17 years of
service.
“My husband has been
retired for three years now,
and I’m ready to join him,”
Sommese said in an inter-
view published in the local
paper.
What’s she got planned? A
little fishing, a desire to visit
all the observatories in North
America, cross country ski-
ing, more time to spend
with her family, and possibly
a visit to the birthplace of her
mother in Russia.
“I will miss my co-workers
and especially the patients.
They have been like an ex-
tended family for years,” said
Sommese, who was honored
with a retirement dinner.

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• fighting discrimination

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JANUARY/FEBRUARY 1993 • GUARDIAN 15
Training opportunities for health care workers

You can develop new skills to be part of the change in B.C.'s health care system.
All regular health workers covered by the Employment Security Agreement can apply for training assistance through the Health Labour Adjustment Agency to learn new skills or prepare for a new job.
The HLAA and your employer will cover the following costs for approved applicants:
- wages and benefits for a maximum 26-week training program;
- tuition, books and materials;
- transportation and accommodation;
- childcare;
- preapplication career counselling and vocational assessment to help you sort out all your options.
What's the catch? Your application for training must meet a labour adjustment purpose, as determined by the HLAA.
That means avoiding or reversing the displacement of a worker at your facility, or creating a vacancy to be filled by a displaced worker from outside your facility.

Find out more about training opportunities. Contact your HEU representative on your local Health Reform/Labour Adjustment Committee, or contact the HLAA hotline, 660-9400 (Lower Mainland) and 1-800-667-9116.

An important part of progressive health reform

"I thought I would get training that would open new doors for me. It was fantastic!"
Doreen Hiebert,
HEU Memo Hospital local

"Knowing more about computers will give me a greater edge in getting a job."
Linda Fuerst,
HEU Merritt Hospital local

Fighting wage controls
Quesnel Alcohol and Drug workers hit the picket line Jan. 31 after Victoria's "wage guidelines" blocked their bid for a fair contract.

Corporate piggies
While Chrysler was winning the race of Canada's top tax dodging companies, the B.C. Federation of Labour demanded action to end Canada's lavish system of corporate tax breaks and handouts.

Workload crunch
Powerful elites like doctors are standing in the way of health reform. For HEU members that means escalating workloads that have never been so intense. A Guardian feature,

It's women's day
International Women's Day is celebrated around the world March 8. It's a day that was borne out of women's workplace struggles.

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