Big changes in store for HEU bargaining, organizing strategy

New government regulations are spelling out who can organize health workers and how health unions can bargain. HEU worked hard to avert the worst impacts of the new rules, says union secretary-business manager Carmela Allivato, but the government imposed them July 28.

They mean that HEU will have to consolidate all its bargaining certificates in a single certificate, a change that will have little impact on the rank-and-file membership. But they also require that HEU members who are paramedical professionals leave HEU and join another union. And they require some members of other unions, particularly health care workers in the B.C. Division of the Canadian Union of Public Employees, to join our union either by an agreement or by a vote.

All workers transferring to a new union will have their seniority and benefits protected. “We don’t believe the government should be telling workers how to organize or how to bargain,” Allivato said. “We worked hard to avoid government intervention. But now that the regulations are in place, our job is to make sure we step up our organizing and unite health workers for the bargaining ahead.”

* See Camilla Allivato’s comment, page 2; changes summarized, page 3; where do you fit in? A special report to members, page 9.

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DAYS

Quesnel Alcohol and Drug Local Members are back on the job after a long time on the line

CONFlict CLINIC

Controversy and conflict of interest dog a new private clinic

Building Links with the New South Africa / 17

See Page Thirteen
COMMENT

New challenge to unity of health workers
by Carmela Allevato

WITH A STROKE of the pen, the Harcourt government has altered forever the ability of health care workers to organize and bargain as they see fit. This was an unwarranted and inappropriate government intervention in the affairs of the labour movement which HEU worked hard to avoid.

The Health Sector Labour Relations Regulations imposed July 28 not only spell out which unions will be allowed to organize health workers, they also require many existing union members — including some in HEU — to change unions.

HEU worked hard, both through the B.C. Federation of Labour and before the Dispute Resolution Commission which reviewed health care bargaining, to defend the right of all existing unions to health care to represent their members.

At the end of the day, however, the government decided to impose a new system that will reduce the number of bargaining units from 880 to only 10 by March 31 of next year. In the course of this upheaval, some HEU members will be forced to leave our union.

Despite our long history in this field, the government is ending our ability to represent paramedical professionals.

The disruption is even greater and more unacceptable for our brothers and sisters in existing health care locals of the Canadian Union of Public Employees.

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO: 2006 W 10TH AVE, VANCOUVER BC V6J 4P5 OR PHONE 1-800-909-4994. PLEASE BE FRESH.

Praise for health workers’ expertise

Congratulations to all the members of the St. Paul’s local of HEU for your individual roles in shaping the hospital’s standing in one of the 10 best in North America as outlined in the recent report best hospitals in America.

As we all know, hospitals do not function without the dedicated daily expertise of men and women such as yourselves. The praise in this report for St. Paul’s is, in a very real way, praise for each individual who makes up this whole fine hospital.

HONOURABLE EMERY O. BARNES, MLA, Vancouver Board

Barnes is the NDP MLA for St. Paul’s riding.

Doctor piece: “cheap shot”

I am a UNF currently on long-term disability and not a day goes by that I don’t thank the Hospital Employees’ Union for my being able to live with a great degree of dignity and security.

We first did the back page attack on physicians in your May/June issue a cheap shot however. My own physician puts in very long hours, about 80 plus a week with an extremely trying patient load. He has a degree of overcrowdedness which he must pay out of his own pocket. He has told me that he could move to the States and perhaps triple his income but he chooses to stay and practice in Canada because he couldn’t tolerate having to turn patients away due to an inability to pay.

Does this sound like a heartless, money-grabbing individual? I don’t think so. The physician’s salary reflects his or her training, expertise and the hard

Physician says: figures wrong

I recently noted that the attached caricature [of a doctor. Gary Myers] was posted in the doctor’s lounge at Lions Gate Hospital.

Firstly, whoever wrote this-obviously continued to believe that quoted figures for income equal salary. The Income is indicated in a gross for the practice i.e. total amount before any deductions for taxes, supplies, staff salaries, etc.

The average average for overheard is around 50 per cent. This therefore makes your figures considerably less sensational and dramatic.

I am not sure where you got the 1990 figures from anyway since they seem a little bit too even. Either way, if you divide $183,043 by two to get a better idea of personal income it comes down to around $91,000. I would not call this a living wage, but some- one with from 10 to 15 years of education following high school and 50 plus hours a week with significant responsibilities for peoples’ lives.

My gross income from MSP in 1994 was about $159,000. From this I paid staff salaries of approximately $50,000, rent of over $18,000 per year, telephone $3,000, medical supplies of $13,000, insurance of $3,000 etc.

Essentially even though we have made 15% more than MSP for the past five years these increases have not been seen in personal income since the costs of maintaining the practice have increased proportionately more than the fee increases.

If HEU is to have credibility in discussions on health care then I would hope that in future these type of grossly misleading situations will not occur.

DAVID A. BROOKS, M.D.
North Vancouver

Our point stands. The best paid people in health care are overwhelming-ly men, who are receiving huge annual increases while the lowest paid people are fighting for something as simple as a paycheck and the threat of job loss.
New regulations will transform HEU bargaining, organizing

by Geoff Meggs

NEW GOVERNMENT regualtions introduced July 28 will have a dramatic impact on how HEU bargains and how the union organizes new members. The NDP government says these sweeping changes will, simply, liberalize relations in health care as services are integrated with the community.

The Health Sector Labour Relations Regulations allow only 10 unions - including the MNU - to organize and bargain for health care workers in B.C. The regulations give the force of law to the recommendations of a special report prepared by commissioner Jim Dorsey.

The massive overhaul imposed by the regulations will consolidate 888 existing bargaining units into 10 by March 31, 1996. More than 260 existing collective agreements will eventually be consolidated into only five.

"We're strongly object to this kind of government interference in the internal affairs of the labour movement," said HEU secretary-business manager Carmela Allevato. "These regulations undermine genuine efforts to integrate health services."

The vast majority of HEU members will not be immediately affected by the changes at a small number of union members who are paramedical professionals will be required to join a different union representing their sector.

By the same token, hospital, long-term care and community sector workers in other unions will be required to transfer to HEU or vote on which union they will join in their sector.

All workers facing transfer under the act will have their full seniority and benefits protected for five years.

All existing collective agreements will remain in full force and effect until they expire. Here's how HEU members and locals will be affected:

- all HEU bargaining committees - the legal document which authorizes the union to bargain for a given group of workers - will be consolidated into a single bargaining certificate for all acute and long-term care workers by Aug. 31.
- all HEU bargaining committees in the community sector will be consolidated into a single bargaining certificate by the end of August.
- by March 31, HEU must agree with other unions representing "support workers" in the so-called facilities sector - acute and long-term care - on a bargaining association to conduct the next round of negotiations.
- by March 31, HEU and the other unions representing support workers in the community sector must agree on the roles for a bargaining association to conduct their bargaining.

Meanwhile, all registered nurses in the province will be transferred to the B.C. Nurses' Union and all paramedical professionals will be transferred to a new bargaining association made up of the USA and BCGEU.

Campbell job, wage cuts pledge slammed by NDP

Gordon Campbell has openly promised to wield an axe to the pay cheques and jobs of public sector workers like HEU members if he elected premier in the next election.

The Liberal leader made the pledge late in May, after his party leaked a finance ministry document outlining civil service cost cutting measures that

- finance minister Elizabeth Cull had rejected a round budget meeting in February.
- "We have an obligation to get the cost of government down," Campbell said.
- "We have to look at the fact that the public service is there to serve the public, not the other way around."

Late last year, Campbell also promised to rip-up the Employment Security Agreement and end job protection for health care workers.

Cull responded with a sharp attack against Campbell, saying that with all his promises to cut jobs, pay cheques, services and labour law protection, "he would have B.C. compete with the low-wage economies of the world."

"I believe the statements by the Leader of the Opposition highlight the distinction for British Columbians between a government committed to economic growth and job creation, and an Opposition that offers tax cuts to B.C.'s richest corporations at the expense of working people and the services they provide," she said.

Cull says proposals outlined in the finance ministry document were collected as part of her pre-budget consultation with business and labour groups.

The finance minister, a former BCGEU member, rejected the wage rollback suggestion because "there are better ways to cut the costs of government without placing an unfair burden on public servants."
WHAT WE'RE UP TO

Fighting back
In Duncan

When the administration at Cowichan District Hospital decided to
sell the hospital's old surgical theatre, it provoked a public outcry.
Now the hospital is reviving the operation theatre in a
new and improved form.

EquiSite news
HI's four equine doctors will begin their
summer preparing for activities.
Each month, in addition to
their present duties, our equine doctors will
be available to provide veterinary services.

Victoria-area locals
lobby for renewed
job security

We're on the
high tech map

HEU has taken on the
information highway by
putting its press releases and
portfolios online. Search for
"Canadian Union of Public
Employees" computer network.

It's in
her blood
by Stephen Howard

HER COUNTRY is quickly going to hell in
a handbasket, but Nicaraguan
women activist Sandra Ramos says
she's "happy to be alive and fighting
for the rights of women."

Ramos is a leader in the Movement for Working
and Unemployed Women. It's a new organization set
up in 1994 when, after years of neglect of women's
issues, leaders of Nicaragua's union-based women's
movement realized that enough was enough and split from
the progressive but male-run Sandinista government,
the CST.

She worked since she was seven. At 10 she
was throwing rocks at the National Guard of
the country's former and much despised dictator.
At 17 she joined the Sandinistas and then,
soldier-fighter. She basically lost my youth, it's true,"
Ramos said. "I didn't go out with boyfriend, I didn't go
to school."

When the people won in 1979, she began
a lengthy career first as a union organizer then as
a "green" representative of the women's organization.
"It's in my blood," says Ramos about what keeps
her going. "I can't live without a commitment to the
underdogs, to the people with the least power."

When the split with the Sandinista union central,
Ramos said she wanted to stay back for awhile, "to
spend some time on myself, my husband and my
family."

But other women activists sought their involvement
in the new organization. "I looked at it, I saw the
hope in their eyes. They struck my conscience."

One casualty of her activism is her relationship
with her 17-year-old son. "He was always
away and I have this real guilt around him."

"Sometimes I feel I'm working hard to
care for others to live in HEU."

The women's movement has been
relentless in its efforts to restructure
the Sandinista government.

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Strike ends, Quesnel workers vindicated

by Stephen Howard

AFTER MORE than 200 days on the picket line, HEU members at Quesnel Hospital have returned to work after accepting a new contract.

The deal, announced last week, came after two days of mediation aimed at ending the strike that had been ongoing since Aug. 22, and which had already lasted for 106 days.

Quesnel Hospital is one of several hospitals in British Columbia where HEU members have been striking for a new contract, with negotiations continuing in various locations.

The new contract includes wage increases, improved working conditions, and other benefits for HEU members.

"We’re happy to have resolved this dispute and to be back to work," said NEU President Joanne Zeniuk. "This confirms our belief in the power of collective action to improve working conditions and protect the health of our members.

"We’re grateful to our members who stood strong and fought for better terms and conditions. This agreement represents a significant step forward in ensuring fair and equitable treatment for all HEU members working in B.C. hospitals.

ValueLink severed as Burnaby slapped for Accord contracting out violation

Burnaby Hospital has been fined $250,000 by the Health优会 (HEU) after it was found to be contracting out work that should be performed by HEU members.

The hospital, which is part of the St. Paul’s Health Care System, was found to have violated a contract clause that specifies that certain services, such as medical supply services, must be provided by HEU members.

The fine was the result of an investigation by the HEU, which found that Burnaby Hospital had contracted out work that should have been performed by HEU members, including the supply of medical equipment and supplies.

The union is calling for an end to the practice of contracting out work that should be done by HEU members, and is calling for guidelines to be developed to ensure that such work is done in-house.

"This is a clear violation of our contract and a disregard for the rights of our members," said HEU President Joanne Zeniuk.

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'96 bargaining: future of health services at stake
by Fred Muzin

This 1993 HEOU Wage Policy Conference and subsequent collective bargaining are very important processes in determining the future of health care delivery in B.C. Our delegates will be electing a new provincial bargaining committee and, by a two-thirds vote, determining our bargaining demands. As the largest and most militant health care union in the province, we have a major impact on negotiations.

We can be knowledgeable and resolute in our environment, because there is an unprecedented and insurmountable attack on medicare in North America.

But progressive organizations are fighting back. On Aug. 20, San Francisco's Golden Gate Bridge will be closed by the North American Health Care Workers Network in a demonstration to revive the demand for a Canadian-style (single-payer) system in the United States. U.S. insurance and pharmaceutical companies were responsible for dashing last year's health reform efforts.

Closer to home, the Canadian Labour Congress is launching a major "defend medicare" campaign to oppose the federal transfer payment cuts for social services that will save $3000 million this year alone.

As a result of the 1993 federal election, there is no strong NDP voice in our federal parliament. The stage has been left to the Reform Party whose privatization philosophy is behind the devestating of public services in Ontario (the common nonsense revival) and Ralph Klein's Alberta.

‘Our commitment to quality public services must remain steadfast’

The provincial Liberals have publicly stated that if elected, they would scrap the deal. Many employers would rather remain dictators and not share power or participate in meaningful enhanced consultation. They ignore opportunities to utilize training funds to upgrade their staff but continue to pressure the NDP government not to renew the ESA. It limits their ability to manage, to displace trained health care workers onto welfare even though the demand for services and injury rates due to excessive workload are increasing.

Their foregrounding, based on the claim that the "sweetheart deal" would cost the public $500 million, has proven to be a sham. The ESA has in fact saved money and assisted the government in balancing the provincial budget.

Our last Wage Policy Conference in 1990 set the agenda for our successful 1992 job action by focusing on quality, compatibility with the BCGEU, improved working conditions, and no concessions. The subsequent ESA allowed HEOU, BCNU and HSA to develop a model for restructuring that preserved services.

HEOU will be under close public scrutiny as bargaining approaches. The demands that are adopted at our October Wage Policy Conference will form the package that we present to health employers. Our positions must be focused, our commitment to quality public services must remain steadfast and our determination to achieve justice for health care workers unshakeable.

West of the Rockies, our Employment Security Agreement— that provides for service continuity and an orderly restructuring of our health system— expires on March 30.

They won! Chef Roberto Soto and unlimited New York City dietary workers won their pizza pie battle with their employer.

New York City health care worker Roberto Soto has a lot in common with HEOU members. A chef at the Mt. Sinai Hospital, Soto and many of his food service colleagues were almost displaced by a health restructuring privatization scheme batched by their employer and the giant U.S. service company that owns Canada's VERSA Services. In 1993 Soto was announced that the "Pizza Pies" chain owned by the ARA Corporation— the VERSA connection— would be brought in to sell pizza pies in the cafeteria. In the boss' plans the pizza franchise would be staffed by non-union workers, and Soto and his colleagues, members of the Local 1159 health union were to be pink-parked.

But cafeteria union activities fought back and won. This spring "Pizza Pia" opened at the hospital, staffed by Soto and his local 1159 colleagues.

Now, one of the most popular cafes in these days are the individual pizzas freshly made to order by Soto and his coworkers.

"We make the dough, prepare the sauces and put the toppings on the pizzas," says Soto.

Toppings include broccoli, corn, spinach, sausage and pepperoni. "We make about 500 a day, sometimes up to 600," he adds.

Being a "Pizz'a" chef, Soto says, is the most fun he has had in 28 years of work. "When you line something you're doing it like a kid playing with a toy."

NOTEBULL

Profits drive drug barons' campaign
by Chris Gainor

"The Provincial Government wants to change your medication," warns the dark type of full-page newspaper ads that appeared recently across B.C.

The ad claim that the provincial government is planning to restrict which drugs Pharmacare will pay for under a plan called reference based pricing, which hasn't even been adopted yet.

As intended, these ads have caused great concern among B.C. seniors whose drug costs are subsidized by Pharmacare, but they only tell part of the story.

The Pharmaceutical Manufacturers' Association of Canada (PMAC), which fronts for multinational drug companies, is spending hundreds of thousands of dollars on this campaign, which is motivated more out of concern for their profits than for the health of British Colombians.

In the early 1990's, the members of the PMAC won their long battle to give pharmacists full 20-year patent coverage. This change, which was made by the Mulroney Conservatives, shields the multinationals from competition and gives them a license to change what the market will bear for their products.

The result has been higher profits for drug companies whose return on investment was already double that for large corporations, and more pressure on tightly squeezed health care dollars.

As the Guardians has reported many times, Pharmacare costs have soared. The result is that Pharmacare now takes a much bigger share of the health budget than it did a decade ago.

The high profits for multinational drug companies are being drained from consumers, taxpayers, and health care workers, who are forced to work harder and harder hospital embalms caused in part to offset Pharmacare's soaring costs.

As part of its effort to protect medicare, the NDP government is reviewing Pharmacare spending. Part of this review is looking at the many drugs on the market that are of questionable benefit.

If reference based pricing is brought in, it will likely not have any effect on the health of British Colombians. But it will have an effect on the bloated profit margins of drug multinationals.

The idea that PMAC is defending consumers is laughable. Thanks to the freedom drug manufacturers have enjoyed in picking up their prices, public and private drug insurance plans are in jeopardy and growing numbers of Canadians can no longer afford medications.

Instead of asking why provincial governments are cutting drug benefit plans, we should look at why the federal government is continuing to allow wealthy foreign corporations to take a growing portion of our health care dollars.
Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Poverty march wins government action

by Denise Nadeau

QUEBEC WOMEN were at the forefront in the fight against poverty, taking action through marches and rallies earlier this summer and forcing the Quebec government to act.

Almost 15,000 were on hand June 4 at the National Assembly in Quebec City to greet the arrival of more than 600 women who had marched on the capital along three different 200 km routes starting eight days earlier.

The women’s campaign to make poverty a visible issue and win government action garnered widespread media coverage and public support within Quebec, but was virtually ignored outside the province. It became the ‘place to be seen’ and various politicians joined the march for a few hours.

The 600 women braved blistered and bruised feet, glaring sun and pouring rain, and they slept along the way in high school gymnasiums. Hundreds of other women joined the march for short intervals.

The march’s theme was “Bond and Rossie” recalling the demands of women workers in the U.S. at the turn of the century for a shorter-work week, pay increases and the abolition of child labour.

They put forward nine demands to improve the lives of Quebec’s poor, including pay equity laws, an $8.15 an hour minimum wage, new social housing units, automatic deduction of child support payments and improved access to training and education, among others.

While the women marched, several spokeswomen were in Quebec City negotiating with the government.

By June 4, when premier Jacques Parizeau met the marchers, seven of their nine demands had been partially met. The minimum wage was raised by 45 cents an hour, immigration rules were relaxed to allow women to join their already landed husbands sooner, a pay equity law is due in the fall, and job creation and training initiatives were promised.

Yet the women were not to be bought off. They greeted Parizeau with loud boos when he announced the minimum wage increase.

Why was the march so successful in reaching some of its demands and making the issue of poverty visible in the Quebec media for two weeks?

Banks occupied in record profits, deficit protests

A Windsor, Ontario action group led by the city’s unions “fenced off” branches of the big-five banks in May. They chained and locked the doors on the main branches of the banks in Windsor, and posted notices reading, “Fenced off by Canadians for profits on the country’s debt.”

On the same day, the riding office of Liberal MP Susan Whelan in Windsor was occupied by six union activists. They stayed until her representative came to meet with them on a regular basis and to put forth proposals to curtail bank profits.

The campaign was part of a larger campaign led by the Canadian Auto Workers and other unions in the province against huge bank profits at a time when social programs are being decimated.

STRIKE: On the West Coast, about 100 people occupied a Victoria branch of the Royal Bank in early May to protest “corporate cheaps like the banks” who blame the poor for the deficit.

A non-violent protest ended in 13 arrests when some protesters refused to leave. It shut down the bank for more than two hours. Story.

No business or organization can negotiate a contract with people who have representatives at the board level, like the Business Council, attack them in public at the same time, Georgi said.

The Business Council’s Lampert, Sunsmith Sanatani of the Business Coalition, Phil Hochstein of the Independent Contractors and Businesses Association, and Dave Robertson of the Employers’ Forum have all criticized the agreement, which has not been ratified by either side.

Business opposition to improvements to workers’ health and safety, such as ergonomics regulations to reduce repetitive strain injuries, led employers to sabotage the governing process, he said.

Georgi said business is also trying to help the Liberal opposition by making the WCB a political football, instead of working with labour to reduce the record number of deaths and injuries in B.C. workplaces.

Employer sabotage behind compensation board overhaul, Georgi writes

Employers intentionally sabotaged the Workers’ Compensation Board, forcing the provincial government to suspend in early July the Board of Governors and overhaul the structure, B.C. Federation of Labour president Ken Georgi says.

Georgi says public attacks by busi- ness on a tentative contract with WCB workers were a politically motivated effort to stop WCB changes that would benefit injured workers and improve safety.

And Georgi says that although it was employees who instigated the appointment of WCB president Dale Parker, who has offered his resignation, business was willing to sacrifice Mr. Parker to further its own agenda.

"B.C. Business Council boss Jack Lampert publicly interfered with the management of the WCB, leaving Mr. Parker no option but to resign as chief operation officer," said Georgi.

"Business has five governors representing business on the WCB board, but he publicly attacked the tentative contract before the board could even meet to discuss it, for obvious political reasons."

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MINERS MEMORIAL HEU was represented at miner’s memorial day in Cumberland. Behind the grave of labour martyr Ginger Goodwin are PE member Linda Hargreaves, president Fred Muzin, Goodwin local chairperson Teri Roussow, PE member Maurice Smith, his daughter Tara, and HEU members Laura Muzin and Marianne Davies.

MINERS MEMORIAL HEU.png

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MINERS MEMORIAL HEU.png
WHERE'S REFORM?

HERE DOES THE B.C. Reform party stand on key issues affecting health workers? The Guardian sought some answers from Reform health critic Len Fox, who says yes to private clinics and no to employment security. Reform MLA Lyle Hanson was also on hand.

Where does your party stand on health care reform?

Since [New Directions] I spoke in favour of the principles. But I take issue with the way it's been handled by this government. I'm very disappointed that they didn't institute the recommendations of the Scarf Royal Commission to establish a provincial health council that would report directly to the legislature not to the minister. It would have depoliticized the initiatives.

We would have examined the five principles of health care and put a definition as to what they mean in terms of today. I think we should have identified what we mean by universality, what we mean by accessibility because in B.C., many folks believe that we haven't got that and will never get that.

We would not cancel New Directions but we would certainly put it on hold and reevaluate it and work with the public, caregivers and make dog sure that we design a program that is going to meet the expectations of the tax payers.

Your sense of the public mood is that too much is spent on administration and not enough on health care delivery.

I think government must take affirmative action to cut administrative costs - through early retirement incentives, layoffs, reallocation. We're committed to cutting the size of government by what is it? Five per cent.

LYLE HANSON: The Fraser Institute said it had to be cut by 10 per cent.

LP [Reform leader] Jack [Waddington] has made a statement on that but I'm not sure it's ever been defined.

The government is going to bring in legislation to ban user fees. It may go into the private clinic field. Would you support such legislation?

We would be very concerned about any action against private clinics. The previous minister [Elizabeth Cull] identified that about 10 per cent of health care in B.C. is done by the private sector. She more or less assured us that there would be no change. Now we have this minister [Paul Ramsey] making different statements.

Do you see it heading towards an American-style two-tier arrangement or in the other direction?

What way would you go?

We're prepared to look at the use of private clinics and examine whether we can alleviate some of the pressures on the public system and reduce the waiting lists in terms of accessibility.

Should we allow user fees?

I have a lot of phone calls from people supporting user fees. I also have some that don't support user fees. But you've got to look at whether could this be another form of revenue that would enhance our health care budget.

One concern we have is downgrading acute care facilities before and after community services are in place. How should this be handled?

When this program was first introduced, I was sure that taxpayers would support a modern hospital in the health budget, to maintain acute care facilities until New Directions programs were identified, pilots approved and the system was ready to change. I'm on the record as saying that, but we haven't discussed that in the Reform party.

HEALTH ACCORD BENEFITS Reform's Fox is a critic of employment security. But he now admits his $450 million cost estimate of the Accord was off base.

One idea tossed around a lot is whether doctors should be on salary because the fee-for-service system has certainly had an inflationary impact on health care dollars.

The existing system doesn't work in trying to place doctors throughout the province. But if we try to take doctors out of the system, put them on salary and place them in different parts of the province it's going to be a very difficult task. It would have to apply to new doctors coming into the system accepting that.

You're the leading critic of the Employment Security Agreement. Do you see a role for a revised or continued arrangement?

Well, we would not renew the accord. Obviously we will negotiate with the respective unions' working conditions and salaries. In my view the Accord hasn't worked. I will say that it hasn't been as expensive as envisioned by the HLRAs. Initially in my community we haven't seen any layoffs or displaced workers because of cutbacks at this point.

The Liberals have almost suggested they would break the ESA. We would respect the existing agreement. I looked the last process because the finance minister usurped the health ministry and HLRAs in signing that deal.

Is it fair to say you're still developing your policy in health care?

If you look at our health care policy at the moment it's pretty slim. We have said that we support New Directions.

Would your party make significant labour code changes?

We would definitely change the issue around the vote. If you have to have a secret ballot to do it, you should have to have a secret ballot to certify.

What about the anti-scalp laws?

Well I'm not an expert. I haven't had a lot to do with labour. But personally, I wrestle on both sides of that issue.

What about rollbacks of public sector workers?

We have made a commitment to stretch the size of government. We have also suggested that every salary over $50,000 would be frozen.

Would you break existing contracts?

I'm a man who believes a handshake is a handshake. A rollback is in my view the last thing. We have all kinds of waste in government that could be corrected.

8 GUARDIAN • JULY / AUGUST 1995
A new law passed August 4 will change how HEU bargains for you. It may even force you to join another union.

Here's where you fit in

HEU's COMMITMENT

- to ensure that the rights of our members are protected
- to welcome new members to join us in building the strongest possible union
DEFINITIONS

Bargaining unit a group of workers organized by a union for the purpose of negotiating a contract.

Bargaining certificate the legal authority for a union to negotiate for a bargaining unit.

Bargaining association an association of unions representing workers in the same sector.

BCGEU the B.C. Government and Service Employees’ Union.

BCNU the B.C. Nurses’ Union.

IUOE the International Union of Operating Engineers.

HSA The Health Sciences Association.

UFCW The United Food and Commercial Workers.

THE STORY 
SO FAR

JUNE 1994
NDF government passes
Bill 46, giving it the power
to appoint a commissioner
who may recommend how
union structures should be
changed to reflect health
reform.

OCTOBER 1994
Government pledges not to
transfer services to new
community health councils
and regional boards until
issues of union representa-
tion are resolved.

OCTOBER 1994 TO
JANUARY 1995
All of the more than 30
unions representing health
workers meet privately in
an effort to find a solution.
They fail.

JANUARY 1995
Government appoints Jim
Dorsey, a former arbitrator
and former chair of the
Workers’ Compensation
Board, to recommend a
solution.

MAY 1995
HEU, CUPE and the BCNU
recommend province-wide
bargaining councils as a
resolution. Dorsey releases
his interim report.

JUNE 1995
Dorsey releases his final
report, which is then
passed into law as the
Health Sector Labour
Relations Regulations under
Bill 48.

THE VAST MAJORITY of HEU
members will experience little
direct personal impact from the new Health
Labour Relations Regulations. Some,
however, may be forced to change
unions by the end of the year. Some workers in other
unions will have to join HEU and will bring their seniority
and service with them.

Here’s how things will look by the end of the process
imposed by the regulations:
• all HEU members in acute and long-term care facilities
will be in a single bargaining unit;
• all HEU members in community services will be in a
single bargaining unit;
• HEU, the B.C. Government Employees’ Union and
the International Union of Operating Engineers will form a
bargaining association to bargain for all workers in a
sector called Health Services and Support (Facilities);
• HEU, the B.C. Government Employees’ Union, and
the United Food and Commercial Workers will form a
bargaining association to bargain for all workers in the
Health Services and Support (Community) sector;
• all paramedical professionals in health care – as
defined by law – will become members either of the
Health Sciences Association or the BCGEU;
• most registered nurses in HEU will transfer to BCNU
– the only exceptions would be nurses in agencies funded
by social services or in private facilities receiving no
government funding.

These massive changes in health care bargaining
imposed by the provincial government are a direct result
of health reform. Almost all the new regional boards and community
health councils now are in place. They are about to begin
the process of merging hospitals with other facilities.
Services will now be integrated at the community level.

Municipal health workers and provincial government

“We’ll go to two main bargaining tables next
year and sit alongside three other unions”

health workers will be transferred to the boards and
councils, who will become their employers.

The changes could pose big problems for health
workers. Suppose workers from three different unions
are merged into the same service – it could include pay-
roll, laundry, a long-term care centre or homecare ser-
vice.

Which union should represent the workers? Which
contract will apply? How will seniority be calculated?
And which union should organize unorganized workers
in the field?

The Dorsey Commission and the resulting regulations
answer most of these questions.

Commissioner Jim Dorsey was appointed in January as
the government prepared to transfer authority for health
care delivery to the boards and councils.

His recommendations were passed into law August 4.
The full report requires a seven-stage process to be
implemented by the beginning of November.
During that time, more than 30 unions now represent-
ing health workers will be reduced to 10. A wide number
of collective agreements will eventually be reduced to
five.

By law, seniority and service recognition will be
portable for any employee who changes bargaining unit,
bargaining agent or collective agreement as a result of any
aspect of bargaining unit reshaping for the next five
years.

The regulations ban one union from trying to sign up
the members of another health union for a period of three
years.
They also require that any workers seeking to unionize must join one of the unions already representing health care workers in their sector.

HEU will welcome hundreds of new members as a result of the Dorsey process. In most cases, they will join the union as a result of negotiated transfer with their existing union. In other cases they will join as a result of a vote of their own memberships.

In all cases, they will continue to work under their existing collective agreement until it expires, unless HEU and the employer agree otherwise.

HEU is working closely with the B.C. Division of the Canadian Union of Public Employees to minimize the disruption to CUPE members resulting from the regulations.

CUPE represents workers in municipal health, long-term care and community health services.

... but over time, the regulations will affect how all HEU members bargain and who can join our union.
All current members of the HEU will be affected by this new legislation, some much more than others. Here's how it breaks down for the vast majority of members:

- if you work in an acute care hospital, an extended care facility or a long-term care facility, including government-funded private facilities, you will continue to be represented by HEU and after 1996 bargaining, you will be covered by the HEU Master Agreement.

- if you work in a community service, you will be represented by HEU in a bargaining association that includes other unions. Ultimately, all workers in this sector will have a single master agreement.

- if you work in a private, for-profit facility that receives no funding or for a Ministry of Social Services funded service, you will continue to be represented by HEU exactly as before.

Here are the exceptions:

- if you are a paramedical professional in the narrow legal sense, you will be represented either by the Health Sciences Association or by the B.C. Government Employees' Union in a new paramedical professional bargaining association.

NOTE: All HEU members work in a skilled, caring and professional manner and aspire to be valued properly for their training and commitment. The question of who is a paramedical professional, in the legal sense, is one that will be resolved by negotiation among affected unions or, if necessary, by the Labour Relations Board.

- if you are a registered nurse, you will be transferred to the B.C. Nurses' Union, unless you are employed in a wholly privately-funded facility or in a facility funded by the Ministry of Social Services.

Do you still have questions? There are three places you can go for help:

- your local executive has received the complete text of the Dorsey Report and additional copies are available from Provincial Office;

- your local's staff representative can answer more specific questions as events unfold;

- the Provincial Office has established a special toll-free hotline to assist members.

INFO HOTLINE

In the Lower Mainland 739.1515
In the rest of B.C. 1.800.663.5813
LOCAL 515
Consultation near-in shared food services changes?

With Lower Mainland health facilities mulling over the final recommendations of a consultation on a major overhaul for food services delivery, HEU is reviewing an employer proposal to establish a joint committee to deal with any changes.

“We welcome the employer proposal for the committee,” said union spokesperson Carmela Allewalt. “We might be close to a wildcat-breakthrough in improving the consultation process around health restructuring.”

The offer was made in a July 20 letter from Roger Bernardz, who heads the employers’ joint food services project.

Meanwhile, HEU activists are gearing up to ensure that the goals of improved service quality and consensual job security for food service workers are part of any restructuring.

Allewalt said her union’s job tasks were based on outside consultant Marrack Watt’s, which she said were based on whole-sale job cuts and privatization.

“The report offers insight into how food services could be restructured, but some of the recommendations for a centralized system are not acceptable options,” she said.

The Marrack Watt’s report outlines five different options for change in the next 10 years that range from achievable collaborative efforts like shared food purchasing to those divergent visions of centralized production.

Two of the shared production options would create big job losses for food service workers. With some variation, these two options call for centralized food production using high-tech chill technology at a small number of “production centres,” meal assembly distribution and warehousing at regional centres, and centralized purchasing.

Under either scenario, up to one in five HEU food service workers—about 500 union members—would lose their jobs. A similar number would face relocation to the centralized production facilities.

HEU has set up its own steering committee of food service activists to prepare to lobby against these kind of changes.

The steering committee took a look at the new cold-chill production technology during an Aug. 11 tour of Burnaby Hospital’s kitchen.

CONFLICT

R

OBYN WOODWARD is vice-chairperson of the new Vancouver regional health board, which under New Directions will control $1.4 billion in annual spending and shape policy for our public health care system at a time when profit-seeking companies are aggressively seeking a piece of the medicare action.

But Woodward, daughter of the deceased department store magnate, is also a financial backer through a family company in a controversial private surgical clinic being built close by Vancouver Hospital and Health Centre by two-tier health care proponent Dr. Brian Day.

HEU uncovered documents showing that Woodward is a shareholder and former director in Douglas Lake Investments Ltd. In September 1994, Douglas Lake and 30 other corporate and individual physicians invested $100,000 each to invest in Day’s private clinic called Cambie Surgery Centre, which will be up and running in early 1996.

“It’s incredible that a public official who is supposed to safeguard our health system could be linked to a private clinic that openly opposes the basic principles of medicare,” said HEU secretary-business manager Carmela Allewalt.

“At minimum Woodward needs to put her business interests in a blind trust.”

She wants health minister Paul Ramsey to toughen guidelines to force all board and council officials to fully disclose their business interests.

Reached by the Guardian, Woodward confirmed the private clinic link. “I wasn’t made aware until the end of last year that Douglas Lake had made an investment in the clinic,” she said.

She blames her brothers John and Ryp Woodward for the decision. “I’m really hurt in favour with what they did. But as a minority shareholder I have no way of changing that investment. I’m sorry.”

“I don’t think I should have to resign over something I have no control over. I don’t perceive it as a conflict.”

But Woodward said she had made no effort to ask her family company to withdraw its funding for the Day clinic. Neither has she put investments in a blind trust. “Now that you’ve raised it I suppose I will have to talk with my own personal legal counsel.”

Woodward, who says the new board hasn’t made any decisions affecting the

in June 29 by the NDP.

The bill, which HEU supports, bans use fees and facility fees that would be the profit margins for private clinics like Day’s. Physicians who continue to levy the fees will be forced out of the medicare system.

But Day is still getting full speed ahead with construction of the three story 8,100 square foot surgery centre just across the street from Vancouver Hospital where most of his 22 physicians have already privileges.

The facility features two fully outfitted operating rooms, 10 recovery rooms and kitchen and laundry facilities.

“It’s not being built because I want to make money from patients,” Day said, although he ruled out turning his clinic into a non-profit operation. “It’s a pilot project to show that without government interference our system can run more efficiently.”

Day says his clinic had planned to do orthopaedic procedures already performed in hospitals. But with Bill 54 he claims that in the short term the clinic is viable performing cosmetic and plastic surgery and other procedures not covered by medicare.

But private clinic critic Dr. Charles Wright warns that Day and his backers are bidding their time waiting for the next provincial election. “They’re looking forward to a more relaxed approach from a change in government,” says the vice-president of medical affairs at Vancouver Hospital.

Wright says the private clinic contravenes the tenets of Canada’s medicare system, and he has concerns about the quality of care that the private clinic will provide. “I’m not convinced there will be the same controls and mechanisms,” Wright said. “It’s not in the interests of quality care.”

The vice-chairperson of B.C.’s biggest regional health board is linked to investors in a controversial two-tier private clinic. Investigation and story by Stephen Howard.
PASSIONATE PROTECTORS

BY GEOFF MEGGS + CHRIS GAINER

A new provincial law protecting Medicare and outlawing user fees and extra billing by doctors follows lobbying by a new coalition that's out to fight federal funding cuts and pressure for two-tier health care.

"If we're going to have a two-tier health care, that's not going to work for many people," says Dr. Robert Callahan, head of the Canadian Medical Association. "We need a universal system that works for everyone." But the new coalition, which includes doctors, nurses, and other health care professionals, fears that the government's proposed changes will lead to a two-tier system where only those who can afford to pay will receive quality care.

Dr. Callahan says the government's plans will lead to a system where only those who can afford to pay will receive quality care. "It's not fair," he says. "We need a system that works for everyone." But the coalition believes the government is not listening to their concerns.

"We're doing everything we can to make sure our voices are heard," says Dr. Callahan. "We're going to continue to fight for a universal system that works for everyone." But the coalition knows it will be a long battle.

"It's going to be a tough fight," says Dr. Callahan. "But we're not going to give up. We're going to continue to fight for a system that works for everyone."
DR. DEAN'S ONE STOP HEALTH SHOP

These Working TV spots by actor Stephen J. Hill highlight how some doctors hope to profit from expanding private, two-tier medical services.

MEMBERS OF THE B.C. COALITION FOR HEALTH CARE REFORM

- AIDS Vancouver
- B.C. Association for Community Living
- B.C. Coalition of People with Disabilities
- B.C. Nurses' Union
- B.C. Old Age Pensioners' Organization
- B.C. Schizophrenia Society
- Community Legal Assistance Society
- Council of Senior Citizens' Organizations of B.C.
- Downtown Eastside Residents' Association
- End Legislated Poverty
- Family Support Institute
- Hospital Employees' Union
- Neil Squire Foundation
- Seniors Resources and Research Society
- Social Planning and Research Council of B.C.
- Vancouver & District Labour Council
- Vancouver Status of Women

HEU and new health coalition supported this spring's demonstration by senior citizens at the Vancouver meeting of provincial health ministers where concerns were raised about the future of medicare in Canada.

PASSIONATE PROTECTOR

BRITISH COLUMBIA NOW HAS A NEW LAW WHICH PROTECTS medicare and outlaws user fees and extra billing, after the B.C. government responded to a call for progressive change to health care from the newly formed B.C. Coalition for Health Care Reform. The coalition reform began its work last this spring after many months of work by community and provider groups, including HEU, to pull the coalition together.

Members of the coalition came together in 1994 to review the NDP government's New Directions in Health Care initiative. Since then, the federal budget and the profound changes to health funding have made the defence of medicare the coalition's priority.

Not long after the coalition presented a brief to legislators, the government introduced and passed Bill 54, the Medicare Protection Act, which outlaws extra billing and user fees, and enshrines the principles of the Canada Health Act - universality, portability, accessibility, comprehensiveness, and public administration - into provincial law.

The coalition praised the bill, but said more legislation is needed to prevent the onset of two-tier health care. Such legislation should regulate and mandate private, for-profit health services.

"The province is taking a significant step toward protecting medicare, which is the foundation of the public health system," said Dick Callston of the B.C. Association for Community Living, speaking on behalf of the coalition.

"British Columbians, like all Canadians, are becoming increasingly fearful that a fundamental feature of Canadian life - universal access to publicly administered, comprehensive, physician and hospital services - may be on the brink of elimination," the coalition said in its brief, which was presented to members of all parties in the B.C. legislature in June.

"The massive cuts to provincial transfer payments imposed in this year's federal budget will slash as much as $800 million from British Columbia's health, education and social services funding."

At the same time, powerful interests in our society are urging the expansion and entrenchment of a two-tier health care system - one for the rich and the other for the rest of us - as a solution to this...
A new provincial law protecting medicare and outlawing user fees and extra billing by doctors follows lobbying by a new coalition that’s out to fight federal funding cuts and pressure for two-tier health care.

"And if we found a large lump, say right near the waist area, we'd operate right away!"

"Why should rich people get preferential treatment?"

"Because they're rich!"

"Thanks for writing, and remember your health is a private matter between you and your doctor..."

"And maybe your accountant, loans officer, or maybe the guy at the pawnshop on the corner..."

The coalition's brief to the legislature also spoke about longer term goals:

"In practical terms, we believe our priority should be the creation of health, not just the treatment of illness and disease. We believe that British Columbians must show national leadership to defend the principles of medicare. We believe health services must be available equally to all. There can be no discrimination on the basis of ability to pay, either for access to care or for access to better care. We believe that health services must be cost-effective. There is overwhelming evidence that price-for-profit provision of health services increases costs while reducing access. There should be no surrender of our medicare system to ideological policies such as user fees which may appear to be helpful but in fact are harmful. In sum, we want a medicare system that is universal, accessible, fair, cost-effective and open to progressive reform as envisioned by the Stanton Royal Commission on Health Care and Costs.

"Our view, the case to preserve the fundamental principles of medicare is overwhelming. The two-tier 'care' for the alleged problems of our medicare system would kill what it claims to preserve. We cannot save medicare by privatization. While we are seeking provincial action to defend medicare, we believe the battle is a national one.

"We urge all parties to make the passage of legislation defending our medicare system a non-partisan issue of top priority. There is no doubt that British Columbians will be assessing each party's leadership on this issue at the next election."

The B.C. Coalition will be taking its concerns before the general public in the coming months, preparing a leaflet, a video and other materials on the need for public health care. At the national level, HRU belongs to the Canadian Health Coalition, which has been working since 1970 to fight for better health care.
Ramsey gives care
givers representation
on councils, boards

by Chris Gainor

The B.C. government has passed legislation which will give health care providers a direct voice in the operation of Community Health Councils and Regional Health Boards being set up under the New Direction health reforms.

The new Health Care Service Providers' Advisory Committees were included in a package of amendments to the Health Act. The Act which passed this spring by the legislature.

"We still have details to work out, but these committees will give caregivers full voice and vote on the councils and boards," health minister Paul Ramsey told the Guardian in an interview.

"We heard from a lot of people that there was a flaw in the way Community Health Councils are structured. This flaw was that the people who provide the care weren't represented on these councils," Ramsey said.

The legislation fulfills a promise made to health workers who met with him at last year's B.C. Federation of Labour convention, Ramsey added.

Members of the advisory committees will be elected by caregivers in the community or region, and the chair of each committee will sit on the community council or regional board.

Originally, caregivers were shut out of the councils and boards because of concerns over conflicts of interest. Ramsey said that where a caregiver representative has a direct conflict of interest, they will not vote.

Ramsey said he plans to establish union management advisory committees and medical advisory committees for each council and board.

The union management committees are being set up to extend the consultation features of the Employment Security Agreement, Ramsey said.

All 20 Regional Health Boards have been set up, and the 800 Community Health Councils is being established.

None of the councils have been given operational authority yet, although Ramsey said some are ready to take on the responsibility.

The government will begin passing authority to the councils and boards once cabinet decides on the report of Health Sector Labour Relations Commissioner Jim Dorsey and on the transition plans for the ministry of health, the minister said.

U.S. union makes gains

by Geoff Meggs

What difference can a union make? For Pennsylvania nursing home workers employed by some of America's biggest, toughest private nursing home chains, it can add up to $4 an hour and a huge new measure of self-respect.

At a time when many U.S. health unions count themselves lucky to hang on to the members they have, the organizers of the 9,000-member Local 1199 of the Service Employees International Union have doubled their membership in the past 10 years despite all-out resistance from their bosses.

These union activists, many of them rank-and-file health workers, are proving that private nursing home chains — many of which have interests in B.C. and the rest of Canada — can be organized even on their home territory.

One of the organizers determined to take them on is licensed practical nurse Tommy Miller.

When she landed a job in a brand-new facility built by the Integrated Health Services Corp. (IHSC) several years ago, she thought workers would be reluctant to unionize. But after a series of administrations unilaterally altered wages and benefits and cut vacations, workers decided to take action.

The employer did a good campaign," Miller recalls. "They brought to an attorney, did 'hype audiences' meetings that all workers were forced to attend and met with every worker one on one. "We only won our elections by a narrow margin and it took a year to get our first contract. We had a two-day strike, and built a lot of community support. We won a rate of $1.40 an hour over three years on top of what they gave us to try to stop the union."

The election of winning a measure of dignity on the job made Miller keen to do more. "I got into everything in the union," she says, "but I still thought there was something missing."

Last month, after nine months on union leave to organize new facilities, she rejoined her job to take a permanent full-time position as an 1199 organizer. As a nurse, Miller knows many of the workers she is organizing are angry at the appalling conditions that health care manufacturing is creating in their facilities.

As profit-hungry hospitals discharge so-called "sub-acute" patients to lower-cost nursing homes, caregivers are encountering "stage four bedsores, car accident victims trying to recover from head injuries and residents requiring dialysis."

These workers need union organization to speak out, Miller says. "The employers don't care, they are for profit."

In her new job, she'll be packing up 50 and six-hour weeks knocking on the doors of non-union, minimum wage health workers to tell them about unionized facilities in their area where workers earn between two and four dollars an hour more.

But she'll also be telling them they will finally be able to speak for their patients without fear of retribution. With only 14 percent of the state nursing homes organized "it will be a huge struggle," she says, "but we can lead the way."

Solidarity knows no bounds

by Moira Goodman

I am very excited, I was chosen, out of I'm sure many applicants, to attend the summer institute for union women held in June at Simon Fraser University.

The experience was very rewarding and I was able to meet a lot of women that shared many of the same struggles I do. I would like to thank HEU member Ruby Bone. She was in each of my classes and it was great to meet her. She is a wonderful, caring individual.

I'm sure I can speak for everyone when I say we had a great time and we learned a lot about each and about our selves. Thank you for the opportunity.

• Goodman is chairperson of the Holy Family local.

Crossword contest winners

Our special challenge crossword in the last Guardian proved to be just that: a difficult challenge. Of the 200 entries we received none were correct on all 211 clues. But a number of HEU members came within a whisker. So we're awarding prizes to: Barbara Baskin, Vancouver; Maureen Boar, Victoria; Pauline Winquist, Castlegar; and Judi Bres, Maple Ridge. Congratulations, and watch for another challenge crossword in the next issue.
Building links

WITH THE NEW SOUTH AFRICA

HEU's Linda Hargreaves returns from a trip to post-apartheid South Africa led by Nelson Mandela with memories to last a lifetime

by Linda Hargreaves

This spring I experienced the realization of a dream when I was elected to represent HEU in a touring project between the National Education Health and Allied Workers' Union, NEHAWU, of South Africa and sister health unions in Canada.

The idea for this project had originated in 1993 at the CUPE National Health Conference in Montreal when NEHAWU guest met with CUPE health care leaders.

After three years of planning and with the assistance of the development organization CUSO, the first phase of a three-week tour of South Africa was set for May of this year. I joined Thunder Bay Ont. health worker Martelle Beaussi from CUPE's Ontario Council of Health Unions as a partner in a two-person delegation.

Our objective was to meet with the officers, shop stewards and membership of NEHAWU in two provinces of South Africa, the Eastern Cape and the Northern Transvaal and share information and ideas.

Our tour began in Johannesburg with a briefing by the NEHAWU National Executive and a visit to Baragwanath Hospital in the neighboring black township of Soweto.

The largest hospital in the African continent, Baragwanath with over 3,000 beds is poorly equipped, understaffed and overcrowded. Patients wait hours for emergency treatment and hundreds of people jam admit rooms. The introduction of free health care for children up to six years old and pregnant women has dramatically increased patient levels.

Three children are a bed in pediatrics is the norm.

Next we were off to the Eastern Cape province. The itinerary included all the major cities such as Port Elizabeth, East London, King Williamstown and sites to almost all the locals of "branches" in the region.

The days were long and grueling, travelling hundreds of kilometers, touring up to six institutions per day, meeting with shop stewards, and addressing union membership meetings.

The adventure was also a little terrifying. Our driver "Trevon" drove at speeds up to 200 mph, eating much the same NEHAWU stewards, photo at left, in meeting with a food service worker in Pietersburg. Below right, kids at a TB facility in Grahamstown. TB is still rampant in South Africa.

We visited psychiatric institutions, acute care hospitals, TB sanatoriums (TB and polo are still severe public health problems), and "old age homes."

Due to shortages in health care funding by the previous government, some facilities (formerly whites only) are modern and well equipped while others are shabby and rundown with antiquated machinery. Nursing homes in South Africa are similar in appearance to those in Canada. Most receive private funding and have only white residents.

The membership meetings were the most fun. Communication was often difficult as South Africa has eleven official languages, but the concerns and questions were often the same.

Many workers vocalized the frustration of having a new friendly government in power while the old hospital administrators remained the same. Sound familiar? The most commonly asked question was whether black people were paid the same as whites in Canada.

Membership in NEHAWU is voluntary and many members were frustrated because non-union workers in their facilities benefited from the negotiations of the unions.

When I first introduced myself as a housekeeper everyone laughed. In South Africa a white woman would never work as a housekeeper or "general assistant," was the explanation they gave. After that I was bombarded with questions regarding "general assistance."

What was my salary? What hours do I work? Do I wear a uniform? Are there different levels for cleaners? My favourite was "are housekeepers in Canada treated with respect by their fellow workers?"

For the reminder of the tour we travelled to Northern Transvaal province which borders on Zimbabwe and Mozambique. Here the visit took on a new dimension. Instead of hotel accommodations we were billeted with the workers, thus gaining the experience of being part of an African family and an opportunity to form personal friendships.

At the end of three weeks I left South Africa with dozens of names and addresses scribbled on scraps of paper, promises to continue the links of solidarity and enough memories and experiences to last a lifetime.

- Hargreaves is HEU's regional vice-president for Vancouver Island.

Our sister union, NEHAWU

The National Education, Health and Allied Workers Union is like HEU. BCNU and NEHAWU all rolled into one. It was formed in 1983 with 5,000 members from the merger of three small unions.

Public sector trade unions were formed by the apartheid government at that time, and were faced with the same opposition and attacks identified with NEHAWU.

Most provincials were run as an association of local unions.

After a long and bitter battle with the government, NEHAWU finally won recognition as a union in 1979 and the right to dues collection was granted in 1982.

When a three-month strike in 1992 ended in victory, for NEHAWU, NEHAWU membership immediately climbed to approximately 25,000. Currently, with a membership of 20,000, NEHAWU is the largest growing union in the South African Congress of South African Trade Unions (COSATU), covering a wide range of public sector workers including education, natural and provincial government employees as well as health care.

LOCAL LEADERS: The executive and shop stewards of a NEHAWU branch at a Soweto hospital meet in their union office.
Retraining opens new windows

By Sylvia Siosni

MINDA LU WAS facing
displacement from her
food service job at
Lions Gate Hospital. 'I
was worried when I heard
they were closing the kitchen, but I always believe
when one window closes, another one
opens.'

So when she heard about a training
program to become a care aide she was
one of the first ones to sign up.

Through the work of the HealthCare
Labour Adjustment Agency (HLAA)
and the local Labour Adjustment
Committee (LAC) a resident care atten-
dant course was set up at North
Vancouver's Capilano College to help
displaced food service workers make
the transition to a new job.

The course ran from January to June
with 17 HLAA members taking part.
Workers continued to receive wages
and benefits and all course cases,
including childcare were covered by
the HLAA.

The week Lu graduated she began her
new job as a care aide at Inglesside
Hospital in West Vancouver.

'I'm really happy. I always wanted to
get into nursing care,' she said. 'I'm
lucky I'm a part of HLAA, I'm proud to
be a member.'

'Without the Accord and HLAA I'd
be out on the street, maybe working at
McDonald's.'

So far 180 HLAA members have been
benefited from the HLAA Training
Assistance Program. More HLAA mem-
bers may be eligible now that the pro-
gram has been expanded to include
training that serves a health reform pur-
pose.

That means training that assists
with a facility's restructuring plan and
helps workers not yet displaced but
who are at risk of displacement beyond
March 30, 1996.

We can thank our mothers that:

... in 1918 the right to vote was achieved
... in 1929 women became "persons"
... in 1955 married women could work for
the federal government
... in 1969 birth control information could be
distributed legally
... in 1973 the first women's shelters opened in
Canada
... in 1974 women were accepted into the RCMP
... in 1982 Bertha Wilson was appointed to the
Supreme Court
... in 1985 the Indian Act was amended so all
Indian women had full status
... in 1992 consent was legally defined, putting the
onus on the defendant in cases of sexual assault

But, until...
... beauty is not a job requirement
... rape is no longer the victim's fault
... child care is more important than roads
... birth control is safe, effective and cheap
... abortion is safe, fully funded and available to
all women
... work in the home is shared and given value
... the hierarchy still exists in society too
... lesbian is no longer a dirty word
... it is safe to be gay, safe at school, safe at
work, safe to date, safe on the streets

Until...
... women share equally in the rights and
responsibilities of society, I too will be a part of
the women's movement.

* Ann

A coffee note

Coffee break

A country and western singer who recently underwent surgery for carpal tunnel syndrome, the repetitive
strain injury that affects all kinds of white and blue collar workers, The hypertrophied, and awkward body positions endured by musicians and puts
them at risk for health problems.

A tube steak trivia

Ever wonder what hot dog
skins are made of? Actually
tube steaks don't have skins
anymore. They used to have a
coating, the smorgasbord, but meat packers stopped using them. Nowadays, hot dogs are
cooked in a cylinder in the production process, which is
then removed after cooking
and cutting. The slightly tough
side of today's hot dog is the
end of a tube of bread.

A letter carrier in

Hockey Hall of Fame

Edmonton letter carrier
Shannon Cameron is the first
girl to be nominated
for the Hockey Hall of Fame.
It isn't just the vast
majority of players and
money that has been focused
on Cameron it has had a
remarkable career as an option
and now coach of the
Edmonton Oilers team.
The team started out 20
years ago in the Edmonton
women's league and now
takes on men's teams from across
Alberta on a regular basis.
Cameron has three
national gold medals and
three national championships, as well
as many other
medals in women's
together.

A zipper lock

on the market

It's not unusual that you take a
long look at the latest zipper
locks. If you have, chances are
you've seen "HAK" stamped on
your zipper.

HAK is perhaps the most
commonly used zipper
manufacturer. The Japanese
company has
a zipper-lock on more than
75 per cent of the world market.
HEU people

Forced to flee but still committed

HEU's Waldemar Monzon was forced to flee to Canada from his native Guatemala by a brutal military government. Now the chair of the Tilbury local, Monzon feels responsibility "to do something for my people," who still live with injustice and human rights abuses at the hands of a powerful military.

That's why he helped organize the B.C. Council of leaders of the Guatemalan guerrilla organization UNRG, who are touring North America to seek support for its proposals for how to win justice and basic rights for the millions of poor in their country.

Staff on the move

With the opening of the Provincial Office Abbotsford site, a number of staff have been reassigned from the Provincial Office Vancouver site. Keith Wilson is now director responsible for the organizing department, which is now based in Abbotsford. Union organizers Meg Haylett and Lita Munro are also based out of the new office. Staff representatives servicing locals from Abbotsford are Noel Gallmünz, Clayton Raloff, Gary Spence, and Joan Willitts. Clinical support will be provided by Deb Maxim and Yemen Sandige.

Former organizing director Gay Burdison is now a director responsible for servicing at the Vancouver site.

HOLY FAMILY It's been a busy summer at the Vancouver long-term care facility. First, 20-year veteran dietary worker Jean Lim, above left, retired. Meanwhile, her sisters in the dietary department held their third annual garage sale to assist a needy family at Christmas. Getting ready for the event are from left Sue Lowe, Alice Gibeault, and Susan Amador.

Family works in luxury doghouse

Burr Fellauba, a U.S. long-distance trucker, spends 340 days a year in his truck, along with his wife, daughter and dog. The nine-foot custom sleeper compartment on his truck has two beds, two TVs, a dinette, kitchen sink, refrigerator, microwave oven, stereo, toilet and shower.

"When you work like a dog," says Fellauba, "you want the best doghouse available."

A single donation goes a long way

It's estimated by medical authorities that 200 patients can benefit from the organs and tissues donated from a single body. For example, a donor's 1.9 square metres of skin can be used as covering for burn victims.

More work less pay

In 1990 it took 45 hours of wage labour per week to sustain a Canadian household. But by 1991, the figure had jumped to 65 to 68 hours to keep the same household up and running.

If you're stressed don't read this

Stress from workload overload is a pretty common affliction for HEU members. But in Japan stress related deaths are the second leading cause of death. It's called karoshi, death from overwork, and each year an estimated 30,000 Japanese men die from it. They just keel over when a blood vessel explodes in their brain.

Corporate demands on people's work-time are so significant that a family life for many Japanese workers is non-existent.

By contrast, German workers do have a life outside the office or factory. A typical secretary gets six weeks paid vacation a year.

But even with generous time off, German workers are more productive than either the Japanese or Americans.

Mosquitoes dig the twilight

Ever wonder what mosquitoes do during the day? Most species of the pesky bug are inactive during the day, but come to life at twilight or in the evening.

Why? Because they don't like light, heat, or lower daytime humidity. They also dislike winds in excess of 15 km/hr.

PEOPLE WITH DISABILITIES talk to us

We're working hard to make our union better for HEU members with disabilities. We'd like to hear from you. If you are on WCB or LTD, or if you're invisibly/visibly disabled in the workplace, let us know how the union can better meet your needs.

LEAVE A MESSAGE AT 604-680-9443 AND WE'LL GET BACK TO YOU.

ALL INFORMATION IS CONFIDENTIAL.

HEU LESBIANS AND GAYS

for support

• afraid of being identified?
• feeling isolated?
• being harassed?
• want to know your rights?

CALL 739-1514 (Lower Mainland) 1-800-663-5853, local 54

Confidential Service of HEU Lesbian and Gay Caucus

HEU's Confidential Human Rights Harassment Process

Complaints investigators can help if you are being harassed at work because of your
• sex — including sexual harassment
• race
• disability
• sexual orientation
• religion

CALL 1-800-310-6886 for a recorded message about the process

You can

1. save HEU money
2. save trees
3. get your Guardian quickly

by notifying us promptly of any change of address.

Just clip this coupon, which has your mailing label on the back, fill in your new address below and mail to the Guardian, 2006 West 10th Ave., Vancouver V6J 4P5.

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A union makes a big difference

HEU IS B.C.'s oldest and largest health care union. Throughout our 50 year history we've fought for and won better wages for caregivers. We're also a recognized leader in the fight for pay equity.

WE'RE ORGANIZING in the community service and long-term care sectors across the province to bring the benefits of fair wages and a better quality of life to unorganized workers.

IF YOU KNOW someone in your community who wants to join our union, or if you're an unorganized worker and want to find out more about HEU, call our organizing hotline 1-800-663-5613 local 289 toll free 24 hours a day.

Over after 200 days

Striking Queensland Drug and Alcohol members are back on the job and closer to a fair first contract.

Where do you fit in?

A sweeping new law passed by Victoria will change how HEU bargains for you. A special report on how the Health Sector Labour Relations Regulations affect you.

Protecting medicare

The NDP puts an end to user fees and extra billing in a new law that's a good first step in the battle with doctors and business interests pressing for two-tier care.

They're still hurting us

Health care facilities continue to be the most unsafe according to the latest statistics from the 'Workers' Compensation Board.'