Guardian





Labour takes aim at GST

How the Canadian Labour Congress implements the decisions of its May convention will have a direct impact on B.C. hospital workers, say two HEU delegates.

The HEU sent a 39-member delegation to the Montreal convention, which was dominated by debate on how labour can defeat the Mulroney government's economic agenda. At the head of the list is the Goods and Services Tax or GST, which will hit low-income workers hard.

Kathy Dinning, a nursing aide and chairperson of the Evergreen local in Whiterock, and Lynn Halstead, a clerk and chairperson of St. Mary's New Westminster, weren't sure what to expect as they boarded the plane.

Their report begins on page 10.

New hospitals: is there a plan?



The massive new Vancouver General Hospital tower looks impressive but will remain an empty shell until Victoria confirms sufficient money to complete the \$150 million

HEU members at VGH looking for information and input into the project have received the cold shoulder from management.

Around the province, more than \$500 million is budgetted for other hospital construction. Building the facilities is the cheap part. Is there a plan to equip and staff them? Will health workers have a voice in the planning? Full details on PAGE 8.

Health care crisis won't wait for commission

By CARMELA ALLEVATO

THILE LONG surgery lists, short staffing, privatization and underfunding continue to threaten our healthcare system, the government of Bill Vander Zalm has set up a Royal Commission on Health Care and Costs.

Ordinarily a royal commission would be welcomed by all concerned as an opportunity to assess the present and to set objectives for the future.

But in this case the motives of the government are suspect and the consensus of opinion is that the royal commission is designed to give the appearance that this provincial government cares about health care.

In reality, the very title of the royal commission exposes the government's real objective. That objective has little to do with quality health care and a lot to do with cutting costs.

Public records indicate that health care costs are not out of control, that British Columbia spends less on health care per capita than many other provinces and that Canada spends less on health care than the United States, where health care is privatized.



Yet by identifying costs as a specific mandate of the royal commission, the government has predetermined what recommendations it will be prepared to accept: those that purport to "cut

Other provincial governments have recently used the royal commission route to deal with health care. The Alberta Royal Commission report provides a blueprint for cutting health care costs by reducing services and restricting access.

In the trade union movement, we are keenly aware of the similarity between Alberta and B.C. when it comes to legislation and government policies that put profit before services to people. B.C.'s attempt to destroy trade union rights through the infamous Bill 19 in 1987 mirrored Alberta's reactionary labour laws.

The question is how do we change

the Socreds' agenda for the royal commission? Do we make submissions, do we actively boycott it or do we ignore

Along with the B.C. Federation of Labour and other trade unions and community groups, HEU will make submissions to the royal commission. As well, HEU locals have been encouraged to let the commission know that they want to appear and make a presentation to the commission.

But while we will let the royal commission know our views on the current state of health care and our vision for the future, we will continue to let the provincial government know that the solutions to the health care crisis cannot wait for another year and a half.

HEU has submitted many proposals to the provincial government on preserving and improving our health care services in British Columbia proposals that would see an immediate end to the long surgery lists, protect health care from privatization, and improve patient care through appropriate staffing levels.

We will continue to lobby for those proposals and we will continue to represent the interests of our members as health care givers and as champions of universally accessible, high quality health care.

· Allevato is HEU secretary-business manager.

the Socred government all work against farm-

The health system is failing

In 1986, my father, 58, was diagnosed as having an aortic aneurism - a life-threatening condition requiring surgery: He was admitted to Royal Columbian Hospital but discharged without surgery until a bed was available.

Within one week, he suffered a stroke. Just as he was ready to be reassessed for his aortic surgery, he collapsed from a ruptured aortic aneurism. He died three weeks

The system is failing countless people and the telling comment is the Social Credit policy of "universal health care at a price we can afford."

HELEN WILDMAN, Port Coquitlam

Farmworkers fight pesticide plague

The Third World m ery of unsafe and unsanitary working conditions, long hours and no hourly minimum wage ensures that farmworkers have a miserable poverty-stricken existence in a land of plenty.

The food on your table is picked by farmworkers, many of whom are pregnant women and nursing mothers exposed to unsafe levels of hazardous pesticides.

The labour contract system, the growers and

workers. The only way to change working conditions and to acquire dignity and self-respect is to organize into a strong union.

The Canadian Farmworkers Union has survived for the past 10 years because of the unwavering support from committed volunteers and our sisters and brothers in the trade union movement.

Please support us. I would be most happy to come and talk with you or speak at your meetings about the farmworkers' struggle.

SARWAN BOAL, President, Canadian Farmworkers Union

St. Mary's supports **BCGEU** strikers

The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., V6J 4P5 or leave your views on

the HEU Guardian Hotline, 734-5311.

Our members at St. Mary's Unit, Sechelt, have written John Jansen, minister of health, to add our support to the BCGEU Home Support Workers who are currently on strike.

The valuable service these workers provide in the community help keep many people comfortable in their own homes rather at St. Mary's is worth \$390 a day. The provincial government will not fund more hospital beds, yet will not pay Home Support workers more than an average of \$6 an

HEU members stand behind the Home Support workers for a fair and decent contract immediately so they can return to their jobs.

HEU St. Mary's local, Sechelt

than being admitted to hospital. A hospital bed

They want to reduce medical and maternity benefits to these workers, who are, of course, mostly women. Workers must also supply a vehicle at their own expense.

The provincial government funding priorities are difficult to understand.

> LINDA MOSELEY, Chairperson,



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Member of CALM STANDARD ADDRESS AND ADDR



Government is out of touch

B.C.'s health care system is seriously ill. From unconscionable waiting lists for heart, eye and hip surgery to mounting discontent by professionals and workers, the symptoms are unmistake-

Throughout B.C., I encounter the same problems time and again: overworked, undervalued nurses; physicians frustrated they can't offer their patients the institutionalized cutbacks without improved support for community services; little people falling through the cracks.

My diagnosis: government is seriously out of touch with the problems in our health system and the need for co-ordinated long-term planning. My prescription: it's time for a change and fresh look. Health promotion and high quality sickness care must be mainstays of health care policy.



TOM PERRY

Here are a few health priorities:

• End the climate of confrontation between government and B.C.'s health professionals. A co-operative working relationship with docand all other health workers is essential.

• Ensure equal access to necessary health services throughout the province. Absurdly long waiting lists for surgery must be eliminated. Northern British Columbians need better programs to ensure equity with city dwellers.

· Co-ordinated planning for community health service delivery.

 End "pseudo-moralistic" interference in health care. Abortion must be treated as a health service. People with AIDS must be treated with compassion and dignity. The AIDS epidemic demands responsible and urgent action to save both lives and tax dollars.

 Deal with the preventable 'root causes of ill health. Poverty and violence against women and children often establish life-long patterns of illhealth. Without society's commitment to eradicate these scourges, much of our health promotion is nothing but talk.

it's trustrating to meet many creative people in the health field who are increasingly discouraged about where we are headed or to read complaint letters from patients who can't get basic services for which they pay heavy taxes. I know we can do much better in B.C.

TOM PERRY, NDP Health Critic, Victoria

What we're The People and events around the HEU. If you have news for us

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



SHE'S PINNED: Vancouver Mount St. Joseph's LPN committee chair Sandy Marr (left) pinned a Save The Team button on Lorraine Butler, head of nursing, during May 12 Team Nursing Day activities.

Invermere members seek first contract

HEU is stepping up the pressure to get a first agreement for 20 members at Mount Nelson Place in Invermere, where the employer has offered wage scales 40 percent below the industry standard. Union rep Stan Reese told reporters that Mount Nelson employees were making only \$7 to \$9 an hour, far below the HEU standard of more than \$12. Mediator Bob McCartney was meeting with both par-. ties at the end of May to find non-binding settlement recommendations for the group home workers

Arbitration averts Mount Paul job action

The threat of a lockout or strike at Nelson's Mount Paul Extended Care hospital was averted early in April when both sides agreed to the appointment of former HEU secretary-business manager Jack Gerow as mediator. Gerow will hand down a binding decision on the difficult shift-scheduling issue which had stalled negotiations. The decision affects about 58 Mount Paul workers.

Pay Equity kit now available

A new educational kit on pay equity is ready for membership distribution, says Melanie Iverson, chair of the Equal Opportunities Subcommittee of the Provincial Executive. Prepared by the HEU, the kit contains basic information on the equity issue, HEU's policy, examples of pay discrimination and speakers notes for those who need to make presentations on the issue in their locals. Copies are available from regional offices or from provincial office in Vancouver.

Arbitration diary: winners and losers

Almost every week of the year, HEU members, shop stewards, staff reps and legal counsel are sitting down in arbitration panels to fight for the rights of union members. These arbitrations, although costly and slow, are vital to defend members' rights and protect the collective agreement. Some recent decisions: An arbitrator upheld the dismissal of a longtime employee despite finding that her supervisor had engaged in harassing forms of discipline which were "very unfair indeed." Nonetheless, he upheld the hospital's dismissal because of evidence - denied by the worker - that the grievor was responsible for harassing phone calls made to her supervisor. Had she confessed to the calls, the arbitrator said, he might have found in her favour.

 A cleaner was twice disciplined for alleged failure to perform his duties as directed. In one instance, the arbitrator upheld management's written reprimand, but in another he ruled that the reprimand should be withdrawn from the worker's record.

Union probing contracting-out

The union's Practical Nurse/Contracting-Out Subcommittee, chaired by provincial executive board member Mike Barker, reports that the provincial executive is launching a survey into contracting-out at HEU facilities. New contract language requires employers to reveal all plans to contract out work which could be performed by HEU members.



TAKING STOCK: HEU members guided NDP leader Mike Harcourt through Vancouver Children's Hospital late in April to illustrate concerns over waiting lists and equipment shortages.



STANDING THEIR GROUND: HEU members at Kamloops Mount Paul local donned picket signs in the course of negotiations with long-term care employers.

Hard bargaining: how the pricare pact was won

Gritty determination demonstrated by HEU long-term care members in contract negotiations this spring helped move the union closer to its goal of one collective agreement covering all union members, says the chairperson of the HEU bargaining committee.

Phil MacLeod of the Queen's Park Hospital local said new contracts involving a combination of some 66

private and non-profit longterm care facilities are a testament to the hard work of the members employed at the facilities.

"In any bargaining, it's membership strength that determines how the bar-

gaining committee will fare at the table with employers," MacLeod said. "We knew that when push came to shove the members would be with us."

That confidence was vindicated May 9 when members voted 90 percent to ratify the tentative agreement.

Sixty-six long-term care facilities employing some 3,400 HEU members now have the HEU/CCERA Standard as their base collective agreement. And, included in that statistic for the first time are 28 privately owned long-term care facilities.

Bringing the private long-term care facilities, operated by profitminded business persons, under the same agreement as non-profit facilities was a sizeable achievement, says MacLeod. "They had enjoyed the best of both worlds — great money coming in from government but little going out in the way of service. Profits were good."

The bargaining committee's challenge was to convince private owners to change a system that had so substantially padded profit margins at the expense of employee wage and benefit schedules.

Half of the owners were farsighted enough to accept the change as unavoidable justice, agreeing to a settlement that was ratified on the same date settlements were ratified at 37 non-profit facilities.

But a splinter group of some 11 owners dragged their heels all the way, recalls MacLeod. "They were spoiling for a fight. I think they received some bad advice." HEU members at the 11 facilities maintained a steady stand. "We received an exceptionally strong mandate from members at the 11 hospitals. I think the employers misjudged the members. They felt they wouldn't mount a strong front in the face of employer rollback demands."

The employers were wrong. At the mid-way point in a strike vote a process launched after negotiations

News

had broken down, the voting pattern showed members almost unanimously favouring strike action. Strike preparations were well advanced when the announcement came that the two sides had agreed to appoint a mediator in a last ditch effort to avoid a strike.

A tentative settlement was reached after round-the-clock negotiation sessions in late April bringing members under the Standard Agreement. A week later, HEU members voted 90 per cent in favour of the package which preserved fixed shifts and severance pay superior benefits.

Employers had waged an extensive campaign to roll back the benefits but the determination of the HEU members to avoid concessions won the day.

MacLeod says public support for increased government funding for health care helped sway the bargaining process in HEU's direction. "We managed to maintain the public's sympathy throughout. There are so many news stories ridiculing the province for failing to provide critical care. It all helps."

The bargaining chairperson says HEU staff members also played an important role in the negotiation process. "Staff are critical to the success that we have because of their experience. They know the players and they know the issues at hand."

The 10-member bargaining committee's mandate called for no-concessions bargaining. "That didn't make bargaining easy but we knew we had a base to work from," says MacLeod. "The only way to go was forward."

HEU urges locals to speak out at royal commission

The HEU is gearing up to make a major submission to the royal commission on health care.

Mr. Justice Peter Seaton, is chair-

Help us to tell it to the judge

If you could sit down with Mr. Justice Peter Seaton, head of the royal commission on health care, what would you tell him?

We think the commission needs to hear the view from hospital workers on the front line.

Tell us what you'd like to tell the judge and we'll make sure it gets passed along.

You can phone the HEU Hotline (734-5311) and put a message on our tape, or you can write to us at 2006 West 10th Ave., Vancouver.

We'll make sure your comments are part of the HEU brief. We'd like to print the best comments in the

If you've got a lot on your mind, leave a message on the Hotline and we'll call you back to save you the phone charge.

It's your chance to tell it to the judge.

ing the commission. He'll be holding public hearings around the province

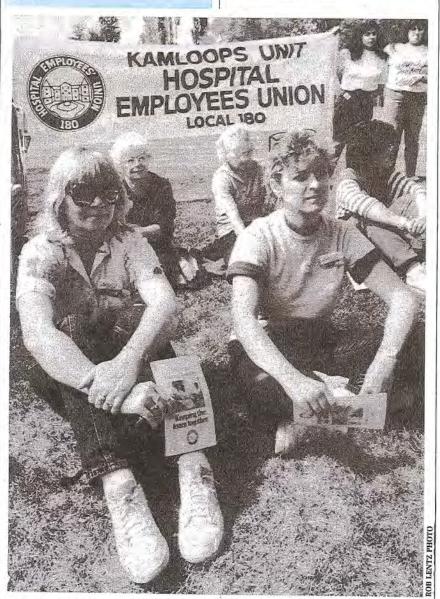
Mr. Justice Seaton is welcoming submissions from the public. He and four fellow commissioners are investigating every aspect of the health care system, including its structure, management and fund-

The commission also will review requirements for professional personnel, the use of advanced technology, the promotion of good health and the use of prescription drugs.

HEU secretary-business manager Carmela Allevato is urging union locals to make submissions to the commission.

They could highlight union concerns for proper funding, support for team nursing, our fight against privatization, the campaign for elected hospital boards and pay

The commission would like notification in writing or by telephone of any submissions. The deadline, which is somewhat flexible, is June 1. Contact the commission at Royal Commission on Health, 9th Floor, 1285 West Pender St., Vancouver, telephone 660-0165.



NURSES RALLY: Irene Girard (left) and Diane Andreykew were among more than 30 HEU members from Riverside Park who rallied in Kamloops May 12 in support of team nursing. Local NDP MP Nelson Riis called for effective use of the skills of all members of the health care team. HEU members in Victoria and Prince George offered blood pressure tests in shopping malls the same day to highlight their skills.



Making rights a reality

F YOU FEEL unfairly treated by your boss, you turn to your union. But who can help you if you feel unfairly treated by your union?

For HEU staff members, help is available from Vancouver alderman Libby Davies, who agreed in January to serve as the union's ombudsperson.

An ombudsperson is an impartial public official appointed to investigate citizens' complaints against agencies which may be infringing on their rights.

The union's need for such a person became obvious during the past two years when one union employee launched charges of sexual harassment against another employee. That experience convinced the union's provincial executive that a stronger union commitment was necessary to protect all members from harassment of any sort.

The first step was the establishment of a policy on the protection of human rights. Davies' appointment is designed to guarantee HEU employees a fair and impartial enforcement of that policy, which is reprint-

"My job is to hear complaints from staff members or from union members on any form of discrimination," Davies said in an interview. "That includes sexual harassment, racial harassment, on the grounds of sexual preference, marital status or whatever."

Davies emphasized she will not be handling cases which normally would be covered by collective agreements between HEU members and an employer.

But she is available to hear complaints which may involve the internal business of the union.

Davies is well-qualified for her role. Many years as an organizer with Vancouver's Downtown Eastside Residents' Association won her a city-wide reputation as an advocate for the poor and for tenants. Since her election to city council in 1982, she has become the leading voice for working people at City Hall. She is a member of the Committee of Progressive Electors, which is supported by the Vancouver and District Labour Council.

"Human rights is an issue a lot of organizations are finally confronting," Davies says. "Harassment is a very difficult problem to deal with because it's part of the system we

"It's to HEU's credit that they

LIBBY DAVIES: Vancouver alderman stands ready to assist HEU employees who feel victim of human rights violations.

recognized the need to put a process in place to deal with it."

Although Davies has been appointed by the executive, she is entirely independent.

"A harrassment policy must be flexible," she believes. "It must allow the victim to deal with the issue in a way she or he feels comfrotable."

How would a complaint be handled? The victim would first contact Davies at her office or her home to arrange a meeting.

'We'd discuss it informally and in complete confidentiality. There is the option of a formal complaint. If the victim takes that option, than the person accused of harassment is notified."

There is absolutely no charge to the complainant.

"It is important for people to know that this process exists," Davies says, "and to have confidence it's impartial. The union may need to do some more education on this.

"The objective is to eliminate harassment. When there are complaints, they must be handled in a fair way. Discrimination is illegal. Yet within the union structure, victims may be facing harassment from their superiors."

Davies accepted her appointment which carries a modest retainer and will reimburse her only for hours worked on behalf of complainants - on the condition that it be reviewed in one year, including her role in it.

'You need to know that it's working, that it's getting rid of harrassment in the workplace."

HEU's human rights policy

· Following are excerpts from the HEU Policy and Procedure to Protect Human Rights. The full text is available from head office.

Harassment means being subjected to unwelcome verbal or physical conduct, related to any of the 10 grounds of discrimination prohibited by law - sex, age, race, national or ethnic origin, colour, religion, marital status, family status, conviction for which a pardon was granted or disability.

The policy of the Canadian Human Rights Commission includes the following as harassment:

- verbal abuse or threat;
- unwelcome remarks, jokes, innuendos or taunting about a person's body, attire, age, marital status, ethnic or national origin, religion, etc.,
- displaying of pornographic, racist or other offensive or derogatory
- practical jokes which cause awkwardness or embarrassment:
- · unwelcome invitations or requests, whether direct or indirect or intimidation;
- leering or other gestures;
- condescension or paternalism which undermines self-respect;
- unnecessary physical contact such as touching, patting, pinching, punching;
- physical assault.



HEU research confirms women are paid far less for hospital work

Preliminary HEU research into wage discrimination against women hospital workers is proving what women have said all along: it pays to be a man.

Union researcher Mike Adam analyzed data produced by Statistics Canada in a 1988 report called Earnings of Men and Women and found that in job categories where both men and women are employed, men consistently earn more.

It's not possible to compare men and women in all job categories, however, because in some of the better-paid jobs, there are no women at all.

In the patient care area, Adam

found that workers employed in 1985 on a full-year, full-time basis received \$27,019 if they were male nursing supervisors. Women in the same category received \$25,770.

Registered nursing assistants did even better if they were men, taking home \$30,516. Women in that job were paid a mere \$18,465.

In the clerical categories, which cover all such employment rather than just hospital employment, the same pattern was evident. Male shipping clerks received \$25,181, while women were paid only \$19,472 and so it went.

Obviously, low women's wages put downward pressure on men's

WOMEN'S EARNING: A CUT BELOW (British Columbia, 1985 — Full Year, Full Time)

OCCUPATION MEN EARN WOMEN EARN **Patient Care** Nursing Supervisors \$27,019 \$25,770 Registered Nursing Assistants 30,516 Related Assisting Occupations 32,049 19,275 Clerical Secretaries 28,997 19,648 Bookkeeping Clerks 26,194 19,826 Electronic Data Processors 28.212 20,209 Shipping Clerks 25,181 19,472 Stock Clerks 26,279 19,790 Receptionists 21,719 17,482 Trades Painters 23,332 19,827

wages. The objective of bargaining on the pay equity issue is to raise women's wages to guarantee them full value for their labour.

Across the province, women's lab-

our is considered cheaper labour. Adam's analysis shows that women dominate in jobs were annual incomes are below \$25,000. Above that range, men predominate.

LOOK BACK

HEY WERE THE first Hospital Employees Union members ever to picket a hospital, but when they put on their placards in May, 1970, their target wasn't management. It was the Social Credit government.

Those historic information pickets, which affected facilities around the province, were designed to draw public attention to devastating layoffs hitting the health care system.

Since its founding in 1944, the HEU had been able to record substantial gains for hospital workers without job action.

But Social Credit attacks on health care, spearheaded by health minister Ralph Loffmark, demanded a strong response. Loffmark pointed to recent HEU wage gains and claimed that health costs were out of control. He directed hospital boards to lay off workers and to hold the line on wages.

The HEU fought back with a sixpoint action program that included a strict work-to-rule campaign and a ban on overtime. The program was designed, the union said "to protect not only the physical health of hospital workers, but also the survival of hospitals throughout the province."

The HEU quickly won the support of many in the health field, including substantial numbers of doctors. On May 13, more than 500 marched outside Royal Columbian carrying placards reading "Save the Royal Columbian" and "Loffmark Resign."

Joining the demonstrations were registered nurses, at that time still members of the HEU. A team of nurses left the main demonstration to hand out leaflets and demonstrate on the Patullo Bridge.

The picketers needed little urging to take strong action. Many faced financial disaster if the lay-offs went ahead. More than 150 VGH workers were slated for lay-off and many were unable to qualify for unemployment insurance. It was the same all over the province.

In Cranbrook, for example, HEU member Robert Cottrell, a purchasIt's 20 years since HEU's first job action for health care

ing storekeeper, was laid off after two years with only 10 work days notice. Mrs. A. Goldbach, a food supervisor with St. Joseph's Hospital in Dawson Creek got her pink slip after 10 years' employment and faced loss of her pension benefits.

Another victim was Carl Gustavsson, an 11-year employee of VGH, who was laid off and lost his unemployment insurance protection. He was a victim of the refusal of the B.C. Hospital Insurance Service to pay the employer's share of UI contributions, a fair indication of the contempt HEU members faced from employers.

With the picket lines hitting Lower Mainland hospitals, union president W. D. Black and secretary-business manager R. S. McCready went on the road to mobilize interior locals. They demanded a royal commission of inquiry into Socred health policy and distributed a special issue of the Guardian which spelled out the facts on health care.

Union research had revealed more than \$100 million of sales tax revenue, which should have been spent on health care, had been diverted to other Socred schemes. As a result, B.C. had the lowest ratio of nursing staff to patients of any province in the country.

Although the campaign was unable to stop all lay-offs, it exposed the reality of Social Credit health policy and helped lay the groundwork for the defeat of the government in 1972.

Twenty years later, the same job is on the agenda once more.



INFORMATION PICKETS:
HEU members took to the
streets in May 1970 in
their first job action to
protest Social Credit attacks on the health care
system. The Guardian
published a special edition (top) and members
were mobilized for signpainting parties. Information picketing was conducted at many locations.



5

editor's

By GEOFF MEGGS

NY COMMUNITY needs a newspaper and hospital workers are no exception. Although HEU members have much in common, they are separated by geography, their roles in the health care system and even the shifts they work.

For several years, HEU convention delegates have urged the union executive to tackle this problem with a series of initiatives to bring the grassroots membership of the union into closer contact with the work of the union.

This new Hospital Guardian is an effort to respond to that demand. Is it a step in the right direction? We're counting on you to let us know.

Every step of the way, we're trying to make

of your Guardian

the Guardian your com-Let us know munity paper - a true reflection of the talent, how you like ability and dedication the new look of HEU members. At the same time, we're encouraging HEU members to use the Guardian to talk to each other about the issues that

unite them or could divide them.

For that reason, we've switched from a magazine format to a tabloid style. That gives us more space for the same amount of money, because we're reducing the number of colour photos and using a cheaper printing process. The inside of the paper is on recycled stock and the cover is printed on a flat finish paper which can be recycled.

Our main goal is to inform members about what's happening in the HEU community all over the province.

Let us know what you and your local are doing. Who's retired? Who won a grievance? What HEU members are making a difference in the broader community?

You can write to us; but you'll also find our phone number scattered through the paper. We've got the HEU hotline (734-5311) set up to take your calls and letters and we'll call you back if the long distance charge discourages

We're trying some other ideas, as well. To give members a sense of what their fellow workers do elsewhere in the hospital, as well as what HEU members are contributing to their local communities, we're carrying two profiles.

One of these columns is On the Job, an insight into one HEU member's working day. The other is called After the Shift, a profile of a HEU member's life after the work day is done. We'd welcome suggestions of HEU members we should feature in future issues.

If the membership likes the new direction, your editorial committee hopes to develop a budget and editorial plan for much more frequent publication in 1991. Another objective is to mail the paper directly to each member.

That's all in the future. We hope you like this new beginning.

Thanks to Rey Umlas, chief shop steward and vice-chairperson of Vancouver St. Paul's local, for the recent tour he gave the Guardian. We took many photos of HEU members at work which we hope to use in future issues, along with pictures from many other worksites around the province.

ON THE JOB

Speed-up, cutbacks in the kitchen

More like heavy industry than health care

In her nine and a half years in the nutrition services department at Vancouver St. Paul's Hospital, Trisha McLean has done every job available, from working on the tray line to handling the cafeteria cash.

There's no job she finds easier than another, she says. "They're all overloaded, they're jobs with not one second to waste, they're all timed to the minute."

A casual employee who trained on the job, McLean has seen the crisis in health care funding from the ground

Workers in nutritional services work deep in the hospital, where it's easy for the public and even other health care workers to forget about them, but they perform a vital role.

Three times a day, 10 women turn on the St. Paul's trayline and assemble more than 500 hot meals for the patients.

It's demanding physical work, assembling food, drinks, cutlery and condiments on up to six trays a minute. The women spend the entire 90minute shift on their feet and they're not supposed to talk to each other. Every patient's meal must be right.

Even basic jobs have been made much more difficult by funding cuts, McLean says.

"Everything has been really narrowed down. They have been rearranging the meal planning so there is less diversity and less choice. Where a doctor could order food to be bland or soft in the past, he may not have the option now."

The cuts have also hit working conditions. The kitchen has a cook and a helper where three cooks once were the norm.

Intense work schedules and reduced crews produce more stress. McLean has observed more injuries and illness among her fellow workers, particularly hip problems, shoulder problems, back problems and high blood pressure.

Most workers in her area



TRISHA McLEAN

are paid \$2,315 a month under the current contract. Those on the casual list, however, can lose income very easily. If they are 10 minutes late without warning, their callout is cancelled.

Real changes in the hospital system are needed, McLean says, but they won't come easily.

"It's hard to change anything without changing the

AFTER THE SHIFT

Where a union card means death

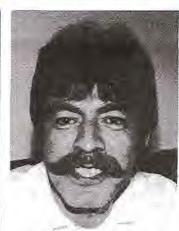
This HEU member fled death squads in Guatemala

By BRAD TEETER

Landing a job almost 10 years ago in the Tilbury Regional Hospital Laundry helped Waldemar Monzon overcome the terror that had earlier driven him thousands of miles from home and family.

Monzon considers himself lucky to be alive. Though still recovering from stretched neck and back ligaments from a February car accident, Monzon counts himself fortunate to be in a position to provide a safe, comfortable home for his wife and three

The 44-year-old former employee of a Guatemala City organization responsible for occupational health and safety statistics recalls the nightmare leading to his move to Canada. He says life became increasingly tense in his family's household and throughout Guatemala after a 1978 general strike protesting a 100 per cent increase in bus rates. Monzon, a union organizer at both local and national levels, was among a large number of union members blacklisted by government.



WALDEMAR MONZON

He explains that unions in Guatemala are on the front lines of the peoples' movement to resist oppressive policies of a small group of influential corporations and individuals. Hundreds of human rights abuses are reported annually by international human rights monitoring agencies. Since 1954, more than 100,000 persons have been killed, 40,000 disappeared and 1 million people displaced internally in the small Central American country of some 9 million people.

Despite pleas from his wife to cut his ties to the union for the family's sake, Monzon continued his work. "Many times my wife would ask me to leave the union but I would always answer that I have a promise with my people and I have to finish."

Monzon knew his days were numbered in Guatemala after seeing his name among a list of 38 union leaders published in newspapers Oct. 18, 1978,

with a warning that those listed would be killed if they didn't leave the country.

It quickly became apparent that those responsible for the warning meant business. Three of Monzon's friends, also listed in the newspaper, were killed within three

In the early morning hours of March 5, 1979, Monzon fled Guatemala leaving behind all the people he had worked so hard to defend including his own wife, then seven months pregnant with their third child. "It was very difficult to leave my wife. She said 'better you go. I want you to be alive." Many months passed between the frightening 3 a.m. bus ride to the Mexican border and a Monzon family reunion. "My boy (Eduardo) was almost two years old when I met him."

Monzon continues to adjust to the freedom he has found in Canada. Even signing the HEU membership card was an anxious moment for Monzon after life in a country where it is a crime to belong to a union.

The Tilbury HEU member was cautious when asked for an interview for this Guardian article. But, as might have been expected, the interest of his beloved Guatemala came before his own.

"More important than to talk about me, I would like it if you talk about the situation in my country. Not to educate Canadian people, because they already know. Just to let them know that we need their help."



Best of the bats

CAMBRIDGE, Ont. — Baseball season is in full swing across Canada and thousands of players, whether they're in the majors or playing a pick-up game with friends will be carrying union-made bats to the plate.

Since 1905, a woodworking shop near this southern Ontario town has been turning out baseball bats and hockey sticks for sale across North America, proof that Canadian workers at union wages can compete with the Americans at their own game.

This Cooper-Canada plant, where 45 members of IWA-Canada Local 1-500 work to exacting tolerances to produce equipment for the pros, was the first hockey stick manufacturer in Canada and is the country's only baseball bat factory.

Players for the Toronto Blue Jays

Nfld. wildcat ends in victory

What do you do when a court orders you to stop your illegal strike? You study the court order, of course!

That's how Newfoundland hospital workers reacted when a court tried to end their wildcat strike in St. John's April 26.

The 525 members of Local 6901 of the Newfoundland Association of Public Employees were outraged when their employer tried to impose a new sick leave policy that violated the collective agreement.

They walked off the job until ordered back to work by a court injunction. Unwilling to quit, they went back to work, occupied the cafeteria and studied the injunction.

A tentative agreement was reached after a bargaining session that lasted until 4 a.m. and the workers ratified it April 29.

NUPGE UPDATE.

CANADIAN, UNION-MADE: IWA
Canada members Bruce Weber
(left) and Manny Melo show off
their wares at Cooper-Canada
plant in Cambridge, Ont. They beat
Americans at their own game.

and the Montreal Expos turn to this plant for their bats. Workers can put out a bat to the player's specifications within 3/1000ths of an inch in length and to within five grams of the desired weight.

Using white ash from Pennsylvania and Connecticut, plant workers first dry the wood, then turn it on a high-speed lathe, referring to sample bats for each customer to ensure uniform products.

Some major leaguers will go through up to 300 bats a season. Stars like Bo Jackson of the Kansas City Royals, Jose Canseco of the Oakland A's and George Bell of the Jays are regular customers.

Workers at the plant joined the IWA in 1951, and have seen steady employment over the years despite tough competition from American bat producers.

It all takes dedicated craftsmanship, the kind that union wages can keep around.

IWA-CANADA LUMBERWORKER.

CONTINENTAL TRADE

U.S. pact would add Mexican labour to Canadian resources

ANADIAN OFFICIALS are denying they want a three-way free trade deal with the United States and Mexico, a sure sign such a scheme is in the works.

Such a deal would hit hard at all workers who would be forced to compete with Mexican wages and working conditions. B.C. hospitals already exploit such differences by contracting work like medical record transcription to low-wage areas in the U.S. and Alberta.

Early in March, Canadian government officials denied that a U.S.-Mexico free trade deal was in the offing.

In mid-March Prime Minister Brian Mulroney paid an official visit to Mexico. When he was asked about the possibility of a North American free trade deal, he responded slyly, saying he "wouldn't be scandalized at the prospect."

Then, in late March, it was revealed that the U.S. and Mexico are planning to start negotiations on a free trade pact this summer.

What exactly is going on here? During the free trade debate of 1987-88, many Canadians wondered whether the Canada-U.S. deal might be only the first step in creating a continental market that would include Mexico.

Such an arrangement would put the U.S. firmly in control of the new, North American trading bloc. Canada would produce the natural resources, Mexico would contribute cheap labour, and the U.S. would control the technology.

As it turns out, that was probably the U.S. game plan all along. Although they didn't admit it then, the U.S. was already discussing the idea with Mexico in 1988 — at the same time it was finalizing its deal with Canada.

When the first free trade agreement was struck in October 1987, then-U.S. President Ronald Reagan said: "The U.S.-Canada free trade agreement is a new economic constitution for North America."

At the time, the Mulroney government insisted that nothing sinister was afoot. The deal was with the U.S., and Mexico wasn't in the cards.

In fact, the government still insists that it won't get involved in a three-way, continental free trade deal. External Affairs Minister Joe Clark said in mid-April, "we're not getting involved in whatever might emerge."

Many economists think Canada may have no choice but to ask for a seat at the table with the U.S. and Mexico. Because of its own free trade deal with the U.S., Canada is hostage to other trading deals the U.S. makes on its own.

Canadian business leaders, who promoted free trade with the U.S., are also in favour of a North American free trade zone. Laurent Thibault, president of the Canadian Manufacturers Association, says the Mexican market is a tremendous opportunity and "it's very definitely time for Canadian business to take another look."

Scott Sinclair is the co-ordinator of Common Frontiers, a group that monitors Mexican-U.S. trade. He thinks a trade deal between the two countries could be ready within 18 months, and "a three-way deal involving Canada might not be far behind."

He warns that the present Mexican government has been persecuting its opposition, and crushing strikes by democratic unions.

Mexican workers make as little as 65 cents per hour. The average annual income is just \$1,900 (U.S. dollars), compared to \$18,600 in Canada and \$20,000 in the U.S.

Canadian trade minister John Crosbie led a delegation of Canadian business executives to Mexico in late April. He applauded Mexico's bid to lower trade barriers.

"I just hope Canadians realize that when Crosbie praises Mexico's economic policies, he is also praising union-busting, armed repression, and electoral fraud," Sinclair commented.

"Continental free trade will mean lower wages and working standards for all of us — Canadian, Mexican and American — and it will mean continued erosion of democracy in all three countries."

 CANADIAN ASSOCIATION OF LABOUR MEDIA.

WHAT WAS SAID

"If corporations want to save money, they should move corporate headquarters overseas where they can get good, cheap senior managers, and leave the plants here, where labour is competitive."

EDWARD LAWLER

University of Southern California specialist in organizational behaviour, noting that U.S. executive make twice as much as their counterparts in West Germany and Japan.

"A conservative is a man who wants the rules changed so that no one can make a pile the way he did."

GREGORY NUNN

"Diplomacy is the art of saying 'Nice doggie' until you can find a rock." WILL ROGERS

TITH ITS two cranes towering 91 metres above 12th Avenue, Vancouver General Hospital's massive \$150 million expansion seems as solid as its earthquake-proof foundation.

The appearance may be deceiving. The huge tower is a \$36 million shell, built on Victoria's assurance that money will flow until the entire project is complete.

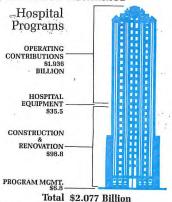
Although hospital planners will soon be seeking bids for a three-year, \$89.6 million project to complete the bottom three floors of the tower, the rest of its 14 storeys will remain empty for six years or longer if money is not available

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In the process, they are asking some tough questions about the hospital's commitment to employee relations and health and safety and about the province's spending priorities.

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More mundane matters, like the current cost, who will work where and when they will move in, are harder to determine. "Our members have had a difficult time get-

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General local. "We had to hold a series of sit-ins just to deal with the issue of contracting out." When tower construc-

tion crews sealed up windows on the Centennial Pavilion, VGH's current main building, HEU health

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Fraser put these questions and others to Bill Goodsir, VGH director of planning and construc-

tion, during an interview arranged by the Hospital Guardian May 23.

The next phase of construction will install the diagnostic and treatment facilities in the bottom three floors or podium of the tower, Goodsir says. Completion is scheduled for 1993.

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money is not all available today, but we are proceeding in logical and reasonable phases."

The design process is complete and because the new tower is built with interstitial floors full floors between the main floors to carry all mechanical equipment - it will be very easy to update and modernize, Goodsir says. "Even if the government said 'here's the money you need,' we wouldn't be further ahead or behind.

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But Goodsir is less comfortable with the suggestion that hospital workers have been left out of the planning process.

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"This is a massive project. There is no way they will complete the balance for \$150 million, it won't happen. We're determined that our members' interests will be protected."

Is there a plan to this building binge?

If HEU members at Vancouver General Hospital are confused about the plan behind Victoria's hospital building boom, they're not alone.

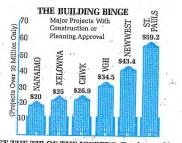
Vancouver alderman Carole Taylor, chairperson of the Greater Vancouver Regional District hospital board, flew to Victoria May 25 to see if she could get health minister John Jansen to shed some light on the government's spending plans, which exceed half a billion dollars in the lower mainland alone.

Is all the spending necessary and in the right places? We'll just have to take Victoria's word for it, for neither industry workers nor local politicians have any say in the matter. Areas without political connections and aggressive hospital boards may come up short.

"The hospitals have their own plans," says Greg Stump, of the GVRD. "VGH does and that's how it got where it is. But there's a lack of an overall global plan for the region."

The final decision about where to put a new hospital rests with Victoria, which foots 60 percent of the bill. The other 40 percent must come from local taxpayers. Naturally, politics is

With provincial health spending in the billions, the \$100 million budgeted for capital construction this year is a drop in the bucket.



JUST THE TIP OF THE ICEBERG: Total spending approved in Sptember, 1988, was \$318 million. but does not include \$120 million to complete VGH. Source: B.C. Health Management Review.

The new buildings look good at election time, even if no one is sure where the staff, furnishings and equipment will come from.

All of the GVRD's share of the VGH project. which was expected to cost \$150 million in 1988, must be borrowed. The real figure now is closer to \$200 million, Stump says. To pay that cost, local taxes must be raised throughout the region, even though the facility is for province) wide use. Almost every hospital in the lower mainland

has expansion or renovation under way. Altogether, it's going to raise the regional hospital capital debt to \$680 million and require a doubling of costs to local taxpayers. That's about \$46.68 a year for the average resident in the lower mainland, where property owners already pay more than the average provincial resident.

What is needed, says Stump, is an overall plan which considers the changing population of the province. If Surrey is booming, for example, it makes sense to spend more money there.

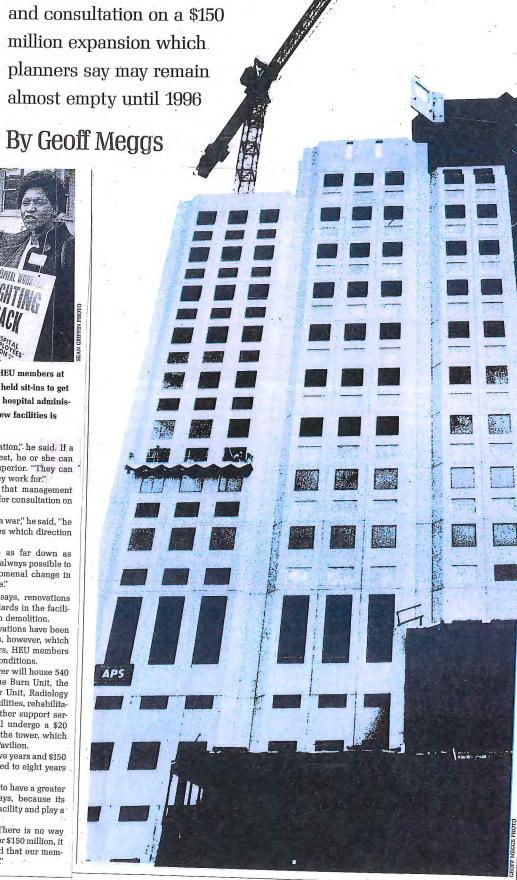
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Planners justify the building binge by pointing to the freeze in spending during the last recession. Nevertheless, the totals being spent in the lower mainland alone are staggering. They

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- the \$42 million Royal Columbian project;
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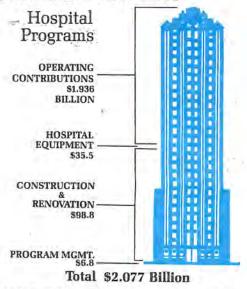
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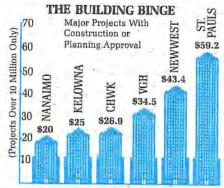
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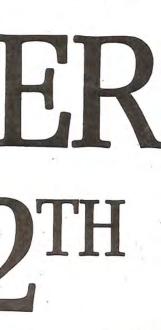
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HEU members at Vancouver General are demanding more information and consultation on a \$150 million expansion which planners say may remain almost empty until 1996



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Labour takes aim at GST

Delegates demand action, solidarity at CLC meeting



BILL MACDONALD



MARY LaPLANTE

WO FIRST-TIME HEU delegates to last month's Canadian Labour Congress convention say they are convinced the CLC can roll back Conservative economic policy if it relies on the spirit and determination of its members.

Defeating the GST and privatization would have tremendous benefits for hospital workers, they say, because it would protect them from economic assaults which are destroying the livelihoods of many Canadians.

The CLC now is pledged to take strong action, the HEU delegates report, but it will take grassroots organization to make it successful.

Kathy Dinning, a nursing aide and chairperson of the HEU's Evergreen local in White Rock, and Lynn Halstead, a clerk 4 and chairperson at

Vancouver St. Mary's local, spent five days in Montreal May 14 to 18 as members of HEU's 39-person delegation.

The experience was both sobering and exhilarating.

On the one hand, they learned of the desperate struggles faced by workers right across the country as free trade takes hold.

On the other hand, they felt a tremendous sense of solidarity and strength.

"It was so exciting to find so many women and men who shared this concern for the union, for the movement," says Halstead. "The freedom was there to debate, there was lots of interaction, people were very involved."

On the convention floor were 2,400 trade unionists from every part of the country, speak-

ing out on the issues facing them.

"We had people from the fishing industry on both coasts stand up and say 'tell people it's not just our jobs,' "Halstead says. '"Tell them it's our communities, our fishing industry, our livelihoods.'

"That shook me. It wasn't just a news item any more, no longer just a name or an article. I saw how important what we are doing really is."

Dinning had the same experience. "What I found exciting was the appearance of democracy and solidarity of the labour movement," she says. "I feel a sense I'm not alone. These people are working for the same goals.

"We were there trying to mobilize on the issues, the voting was open and people were speaking out at the microphones. On the whole,

people were allowed to make their point."

In her report to her local, Dinning wants to urge her fellow workers "to remain very politically alert on issues like free trade and privatization.

"People need to be politically focused because in health care we are still fighting for a good contract, a fair wage, for better conditions.

"In other industries, people are fighting for their very livelihood, not just a job, but their life, their family and for food on the table.

"We have so much to lose and we have to be so aware. We can see it in the fishing

"I feel we could lose it all, lose everything we ever had in this country as Canadians and it scares the tar out of me."



 HEU DELEGATION: union members from around the province participated in last month's CLC convention in Montreal.



• DELEGATE, MIKE TWO: Autoworkers president Bob White addresses convention while CUPE president Jeff Rose waits his turn.

But Dinning and Halstead share an optimism that the labour movement can make a difference.

"We have to mobilize to save our jobs from this right-wing business agenda," says Dinning. "We have to fight for our brothers and sisters in different unions."

The challenge for the CLC leadership, Dinning says, is to take the convention resolutions and to implement them. "The question is whether the motions we pass and the actions between the conventions justify holding the convention. Talk is cheap. We can pass resolutions until the cows come home, but unless we pinpoint issues and mobilize, we won't get anywhere."

That sentiment was shared by most delegates, says HEU president Bill Macdonald, and reflected itself in the strong vote won by Dave







• CONVENTION FACES: St. Paul's delegates Fred Muzin (left) and Rey Umlas, presidential candidate Dave Werlin and (below) NDP leader Audrey McLaughlin.

'I feel we could lose it all, lose everything we ever had in this country as Canadians and it scares the tar out of me' KATHY DINNING, HEU Delegate

Werlin, former president of the Alberta Federation of Labour, when he ran against incumbent Shirley Carr for the presidency of the CLC.

The congress is in a transition period, Macdonald says, with member unions pushing for more action against government policy and in defence of workers on the picket line.

Because Werlin was advancing those concerns, Macdonald supported him. "I was in Alberta during the Gainer's strike and again during the nurses' strike," Macdonald says, "and Werlin mobilized one of the most conservative federations in the country.

"There's no doubt he got the whole labour movement in Alberta to support the nurses. There was no feeling of isolation."

Because of that experience, Macdonald believes that new leadership could transform the congress.

Structure is not the problem, says Macdonald. "Take the GST: if we put our energies into putting 500,000 people on Parliament Hill the way we have into little petitions in the workplace, we would have a hell of an impact.

"The government can be backed off. The old age pensioners backed them off, the women's movement backed them off. If there's a real effort to put people on Parliament Hill with crowds like we saw in Eastern Europe, the government would be forced to rethink its policy."

Werlin's relatively high vote indicated strong

support for that kind of action. Despite a campaign that only began at the convention, he won almost 700 votes against Carr's 1,588.

(The vote is by secret ballot, HEU convention practice guarantees each del-

egate the absolute right to vote as he or she sees fit, a policy which Dinning and Halstead found was followed to the letter.)

The convention was the third for HEU since it rejoined the congress through the Canadian Union of Public Employees. Membership has been invaluable, Macdonald said, by enabling HEU to resolve differences with other unions like HSA and ensuring the support and assistance rendered by the B.C. Federation of Labour during last year's strike.

But HEU believes the congress could do more to defend Canadian workers. The tremendous support for militant action was reflected in congress resolutions.

The convention directed the congress to "organize national days of action against specific parts of the Tory/big business agenda.

"These days of action will be designed to allow our members and the community at large to show their anger and frustration toward Tory policies and their support for our alternatives through demonstrations, public forums, sit)ins and other forms of mass mobilization."

Halstead and Dinning now want to communicate the spirit behind that resolution to their fellow HEU members.

During her five days in Montreal, Halstead talked to as many people as she could on the convention floor, in restaurants, in stores and late into the night. She knows the issues she



debated were real, not a political fantasy.

In her own local, she is aware of families facing personal ruin because one wage-earner's job has moved south of the line.

"It's up to all of us to go to the locals and tell people how strongly we feel," she says, "to spread that convention excitement. We need to tell them we may have to close down for a day to stop the GST, otherwise there's no hope.

"All union people have to stand together and stand strong and do it now. We can't wait until tomorrow."



JUSTICE DENIED: Lelt, one of the hereditary chiefs of the Gitksan-Wet'suwet'en Tribal Council, died before the council's claim to a large area of central B.C. had been settled.

Gitksan-Wet'suwet'en spell out their claim

For three years, the hereditary chiefs of the Gitksan and Wet'suwet'en people have been submitting evidence in B.C. Supreme Court to back their claim to unextinguished title and jurisdiction over their traditional territories, which encompass an area the size of New Brunswick in the region centred on Hazelton, Burns Lake, Houston and Smithers. In this territory, many HEU members are also members of the nations making the claim and many other union members would be affected by a settlement. Here is an excerpt from the closing statement of the chiefs to Chief Justice Allan Mc-Eachern, as submitted by Delgamuukw, also known as Earl Muldoe, on May 14 in Vancouver.

E, THE Gitksan and Wet'suwet'en people, are in court to state the truth of the ownership and jurisdiction we exercise over our territories ...

Long ago, my ancestors encountered the spirit of that land and accepted the responsibility to care for it. In return, the land has fed the house members and those whom the chiefs permitted to harvest its resources...

We, the Gitksan and Wet'suwet-'en, must be compensated for loss of the land's present integrity and for the loss of economic rents. We ask that the court not only acknowledge our ownership and jurisdiction over the land, but to restore it to a form adequate for nature to heal in terms of restoration.

We would like to see clearcuts and plantations returned to forests, contaminated rivers and lakes returned to their original pristine state, reservoirs of drowned forests returned to living lakes and lifesustaining flows to diverted rivers.

We realize that the true financial value of this compensation for restoration would bankrupt both the federal and provincial governments. Compensation must remain an ongoing obligation of the federal and

provincial governments "until our hearts are satisfied."

However, this compensation should not be viewed by this court as an alternative to the acknowledgement of our ownership and jurisdiction of our land. We do not want financial compensation without the recognition of our authority over our territories...

First, we the chiefs must have our authority recognized in order to exercise our responsibility to protect the land for the future and to conserve resources. We must have the power to manage all human activity that brings change to the land, air or water on all of our territories.

Second, to enable each house to provide for its members and all those living in their territory, the chiefs must have control over the local economy by managing resource allocations within their territories. This would include licensing, leasing and permitting. As well, royalties and taxation payments from resource use on our territories must be paid to us.

It is not our intention to exert any powers over the non-Gitksan and Wet'suwet'en people living in our territories. Fee-simple lands held by third parties as of October, 1984, would be exempt from this resource allocation...

We see a layering of responsibilities among the Gitksan and We'suwet'en, the federal government and the provincial government being resolved in an ongoing series of negotiations. Given the strong imperative for the Gitksan and Wet'suwet'en, B.C. and Canada to have social and economic activities continue within our territories, consensus on the necessary political and administrative framework must be found.

We ask nothing more than what should have occurred prior to Confederation and prior to this province entering Confederation. We are here to right the wrongs that have been occurring for over one hundred years.

Words On Working

Mrs. Copp

Marion Copp whose courage and cheerfulness is a lesson to us all who will die because I found her cancer too late, who will be my first patient to die, everyone else being too young or too lucky or too tough, whose approaching death is rushing at me like the next dip in the rollercoaster, whom I visit every week not only for her but for penance because I found her cancer too late, has a little room in the nursing home hung with knitted ornaments and toys, signs in big letters, all she can see now, phone numbers, addresses, including mine, but to me they read: "Nice view of the park, isn't it? Memorize it. And us, too, the bag of yarn, the talking clock. We'll be around. You won't forget us."

Hot-House Babies

By KIRSTEN EMMOTT

The hot-house babies sing themselves lullabies with irregular rhythmn.

Not ready yet is the only lyric they know.

Like kites at the end of their tether, they soon must fall into the world or sail away forever out of sight.

We wonder how to hold them when they are here and not quite here. So frail and wizened, they've managed a miracle travelling this far. Unlanded immigrants, hung up for weeks in customs, they are suspect refugees, illegal aliens.

We tell ourselves we will love them over the threshhold into existence. Their tiny troubled footprints hesitate.

By GLEN DOWNIE

 Kirsten Emmott is a Vancouver doctor.
 Glen Downie has worked in a number of jobs in the health care field. The Guardian encourages submissions of poetry or fiction. Health care themes are welcome, but not essential. Dr. Gabor Mate, who was a guest speaker at the HEU's special conference of Licensed Practical Nurses in March, began his remarks by commenting on how unlikely it would be to have a hospital maintenance person or orderly invited to speak to a convention of doctors.

That reality reflects the system of power in the health care field, he said, which is responsible for the continuing drive to eliminate LPNs and patient care aides from the health team.

Mate believes that the top-down nature of decision-making in the health system is undermining the foundations of good care.

The challenge for HEU members, he says, is to bring the issue to the public's attention, and for that, they'll need a strong union.

"It seems that in our system, the more you enjoy your work, the more you get paid for it," he said. "The work nobody wants to do is paid the least. That's an inversion of values. Really those who do the most difficult work should be honoured.

"Nurses I've talked to feel that LPNs have an important role to play. They can provide much of the basic care and leave the registered nurses free for more specialized duties."

Nonetheless, he said, the number and importance of LPNs is declining. "It seems a decision has been made to diminish the role of the LPN. We have fewer care-givers and more frustration among those who remain.

"When there is such a focused outcry on nursing shortages, it makes little sense to cut out an essential service." So why is it happening?

Mate believes that the medical system is hamstrung by a rigid hierarchy of power, which sharply defines each care-giver's role and tries to keep everyone firmly in place.

"In terms of decision-making about the patient, the doctor has a lot of power. Yet in terms of providing patient care, he has little direct role. There's not enough teamwork. More integration would work to the benefit of the

patient."
In that sense, Mate says, health care workers are in a strong position.

That's the way our health care decisions are made, says one doctor, and it's time for a change

"Unions often try to argue that their members' interest is the same as the public interest," he says. "In the case of health workers, that's certainly true."

Without their unions, Mate adds, health workers would be in deep trouble. "You must maintain a strong union. Without it, you are very vulnerable."

The pressure comes in many forms, he says, from elimination of LPNs to privatization of health services. "Privatization is really nothing but an attempt to break unions, to contract out the work in an attempt to get cheaper, unorganized labour.

"That may be beneficial to management, but it is highly detrimental to society, because everybody suffers except the employer."

Unfortunately, many people in the health care system have accepted the divisions imposed upon them. Mate has heard some RNs, for example, comment that LPNs priced themselves out of the wage market

by rolling up some good wage

If that ever was true, he says, it is no longer the case. It could be argued that the gains of LPNs helped RNs improve their lot, because when the wages of the lowest groups decline, the pay of those above is sure to follow.

In an ideal world with unlimited funds and an infinite number of nurses, it might be feasible to employ only RNs.

The reality is that public funds are not unlimited, Mate says. B.C. patients face the fact that "when they come into a hospital the nurses are just too harassed to give the care that patients need. In medical terms, it is good care, but on the human level, understaffed nurses can only do so much."

13

The obvious solution is to restore the team concept.

The HEU's challenge, Mate says, "is to make the case to the public that the health workers' interests are also the public interest. There would be better care with more staff"

When health care workers win, the patients will win too. The alternative "just doesn't make any sense."

HEU members speak out for the team

HEU members involved in nursing care around B.C. are telling their story this summer in submissions to a joint union-management committee.

HEU members of the joint committee studying nursing care services in B.C. hospitals are touring the province to find out how layoffs and underutilization of nursing team members are affecting patient care.

Chris Allnutt, HEU's Acting Assistant Secretary-Business Manager, and Lila Murao, a Licensed Practi-

cal Nurse at Vancouver General Hospital, have gone to Prince George, Kamloops, Chilliwack, New Westminster and Vancouver to hear briefs from Nursing Team Committees. Here's what some locals told

We feel that RIH could utilize LPNs to their fullest potential if they would offer instruction on new equipment that is introduced to the hospital, as well as on catheterizations, suctioning, neuro vital signs, and other tasks the hospital is hesi-

tant about using LPNs for ... We feel that if RIH were to hire more LPNs, our patients' emotional and physical needs would be better cared for. We often do not have time to sit and listen to our patients' concerns or to give them that little bit of extra physical care.

Royal Inland Hospital Kamloops The Dawson Creek and District Hospital is suffering from a shortage of RNs. LPNs are being assigned to fill RN shifts in areas where the LPN has been eliminated. We wonder — if we are capable of working in these areas when RNs are not available — why are we not given permanent positions in these areas.

Dawson Creek

Regardless of the acuity of the patient, the very basic bedside nursing will always remain the same; only the length of time it is required will differ. Practical Nurses and Orderlies have always been qualified to do this work and will continue to do so as our very complicated technology takes us into the future. No diagnostic machine or medication delivery system such as IVACs can take the place of the tender loving care each patient has come to expect and deserves during their stay at this hospital.

Prince George Regional Hospital

TEAM SUPPORTER: Dr. Gabor Mate believes the health care team needs to be restored.

GEOFF MEGGS

Coffee Break





Invisible Women

Many women are invisible, says a United Nations report, at least as far as statisticians are concerned. According to a report by the UN's International Labour Organization, millions of working women simply are ignored in labour statistics.

This gives a distorted view of reality and leads to misguided economic policies. These legions of "invisible" women can be found everywhere from third world agriculture to family businesses in industrial nations.

By ignoring the contributions of these women, economists distort their estimates of productivity.

He Spoke The Truth

The former free trade negotiator for Canada, Gordon Ritchie, confessed the truth to an April business gathering in Toronto.

He said the Canada-U.S. free trade deal, which came into effect over a year ago, won't be a major creator of jobs. "That was a specious claim made in the heat of an election campaign," said Ritchie.

Actually the claim was made by Brian Mulroney almost two years before the last federal election when he told Canadians free trade "can produce hundreds of thousands of new jobs."

We're A Union! Got That?

The Manitoba Organization of Nurses' Associations is no longer.

Delegates attending the Association's recent annual convention in Winnipeg voted to change their name to the Manitoba Nurses' Union. "We want to have a name that reflects the fact we are a union," said

president Vera Chernecki. She said the change is timely as the union gets set to start negotiating a new contract in the fall.

Want To Buy A Post Office?

Some Tory Members of Parliament think its time to sell Canada Post to private investors, a sure sign that the Crown corporation is ready to turn a tidy profit.

But the country's major consumer watchdog thinks selling the post office is a bad idea.

Nickolas Murray is President of the Consumer's Association of Canada. He doesn't believe that a change in ownership will give better ser-



vice. In fact, he says
"there is a real danger
that service in rural and
remote communities will
deteriorate further as
nonprofitable programs
are cut"

Murray criticizes the recent moves to close rural post offices, and provide new urban delivery via super mail boxes. Hundreds of thousands of Canadians must now travel further to pick up their mail, rather than having it delivered to their doors.

Murray concludes that ownership is not the issue or the problem at Canada Post. "Canadians deserve and need an accessible postal system that treats everyone equally, at a price all can afford."

'Child 27, Go To Your Room!'

The Central Intelligence Agency — the U.S. spy organization — has set up an employees' child care centre at its headquarters in Virginia. The staff identifies the kids by their first name and a number — last names are secret.

Sleeping On The Job Good For Your Health

Bosses tend to frown upon workers who sleep on the job, but a new book on sleeping suggests that napping in the workplace might be a good thing.

There is strong evidence it would relieve stress and reduce the risk of accidents.

But don't expect the proposal to be greeted warmly by employers. Lydia Dotto, the author of Asleep in the Fast Lane: The Impact of Sleep on Work, says it would take years to implement napping in the workplace, mainly because of society's attitude towards sleep and work.

"Napping is regarded as a symptom of disinterest and lack of motivation," she says.

Nonetheless, she found that our bodies have natural lulls at two points during the day: between 3 and 6 a.m. and between 2 and 4 p.m. These are both natural periods of sleep. The judicious timing of naps during these low periods can have a "restorative effect on performance," says Dotto.

Dotto thinks it's time employers took a serious look at napping on the job, from ultrashort 10-minute power naps to hour-long slumbers.

"There's an attitude that if you're sleeping you shouldn't be paid," says Dotto. "We accept the fact that food is necessary, since we're allowed to eat at work. But sleeping at the work site is frowned upon."

• COMPILED FROM THE CANADIAN ASSOCIATION OF LABOUR MEDIA REPORT





CYNTHIA PATTERSON: Helping communities organize to survive.

RURAL DIGNITY

Canada's small towns find new ways to defend a way of life

HEN THE PEOPLE of the village of L'Echouerie, Quebec learned that Canada Post wanted to cut back their mail service, they knew they had to act or their community would die.

They took action and they won, adding their efforts to a growing national movement to defend Canada's small communities. Called Rural Dignity, it is a grassroots movement which is proving that free trade, privatization and deregulation can be resisted.

And just as important, says Rural Dignity national co-ordinator Cynthia Patterson, the fight to save Canada's small towns is generating a new kind of politics, one in which political action and strategy is devel-

oped at the bottom, often by women, rather than imposed from above.

"All communities are under attack," Patterson says, "and the communities which want to survive say 'no further.' Each can see that if they allow things to continue they will disappear."

So people are trying new techniques and finding a new sense of personal power at the same time. "It's a more inclusive approach," says Patterson.

"The stakes are so high that people are talking to each other for this first time and that's a really hopeful sign." Trade unions, women's groups, community groups and small businessmen are sitting down to confront common problems. They did to save post offices and again to resist the VIA Rail cutbacks.

Rural Dignity's experience may hold important lessons for hospital workers, who face their own battle to protect vital community health services.

Although the fight against Canada Post began spontaneously in scores of communities, it had become a national movement by 1986. By working with the Canadian Postmasters and Assistants Association and later with the Canadian Union of Postal Workers, various communities were able to strengthen their connections.

The post office campaign convinced the founders of Rural Dignity it would be possible to save rural Canada from oblivion. Their movement had grown "letter by letter, meeting by meeting in municipal offices, coffee shops, schools, churches, seniors clubs and community halls."

Everywhere, Patterson says, the impact of free trade and Tory politics is threatening the future of small towns, which support six million Canadians and produce most of Canada's food and raw materials.

"When people really care, they charge ahead without thought for the consequences," she says. "None of us is professional. We're learning as we go."

Women save post office

The post office is the heart and soul of a small town, the place where people learn the local news, meet their friends and renew the fabric of community life. When it dies, the community dies with it.

The people of the Quebec village of L'Echouerie — particularly the women — weren't about to take a death notice from Canada Post or anyone else, but their calls to Canada Post's bureaucracy went nowhere.

So early one morning about 75 citizens, mostly women and children, peacefully hijacked the mail truck, brought it back to the post office and blockaded it there. They weren't moving, they declared, until Canada Post backed off.

By 2 p.m. their issue was on the floor of the House of Commons. By 4 p.m. negotiations had begun and within 24 hours the service was restored.

It was a rare victory, but an important one in a national fight against Canada Post.

CROSSWORD

This crossword puzzle was developed for an intermediate English in the Workplace class by instructor Dina Pereira. It was first used with Rubberworkers from Garlock Canada and Steelworkers in class at Samuel and Son in Toronto. The puzzle was published by the Metro Labour Education Centre in November 1989 in Crosswords and Word Games for Workers.

Across clues

- 2. The short form for Worker's Compensation Board is
- When an injured worker dies his family gets the WCB.
- 5. When an injured worker becomes permanently disabled s/he gets a
- 8. When you get injured on the job, it's very important to send the WCB a _ about the incident.
- 9. The opposite of yes
- 11. When you get injured at work and your

SOLUTION

illness doesn't get better, you develop a

14. You son or your daughter is your

1111

- 17. Your husband or your wife is your
- 18. The opposite of sad
- 19. Your WCB-identification number is called your. number.
- 20. If you can't return to your job because of injury, the WCB can give you another job.
- 21. Your gross salary after deductions becomes your.

5

350005

O W

PRAINING

W/ V72

1

MOISN

17184519

1. The opposite of no

Down clues

SHOCK 1990, UCS

- 2. A word that means the same as salary
- A word that means the same as hurt is
- 4. When you get injured on the job, the WCB pays you
- 6. When you don't agree with a WCB decision you have
- the right to 7. When a doctor checks you up he
- 10. The word that means the same as "not being on time"
- 12. When you are agreeing with or taking something, you are
- 13. The word that means the "to pick something" is
- 15. If you are the mother or father of a little girl, she's your
- 16. The WCB pays you percent of your gross wages.

resolve dispute

Both the Hospital Employees Union and the Health Sciences Association have ratified an agreement ending a dispute which resulted from activities of the B.C. Society of Respiratory Therapists.

"This is an important step for both unions," said HEU secretarybusiness manager Carmela Allevato. "It shows we have the ability to work out issues within the labour movement even when outside bodies are interfering."

The dispute resulted from an application to the Industrial Relations Council by some members of the respiratory therapists' society. They wanted to take the 300 RTs out of the HEU and into the HSA, a move supported by the HSA.

The IRC ruled on the matter in

March 1989, ordering the therapists to be transferred to the HSA without a vote of the workers concerned.

The HEU, adhering to the B.C. Federation of Labour boycott of the Industrial Relations Council, did not appear at the hearing. The decision was made on the evidence of the therapists and the employer.

The HEU filed charges with the Canadian Labour Congress (CLC) alleging that HSA was raiding attempting to take HEU members out of their union.

An April meeting convened by the Congress achieved an agreement to end the dispute. The HSA has provided a legal statement supporting HEU's application to overturn the ruling of the Industrial Relations Council.

The statement declares that the decision was wrong and that HSA makes no claim to represent the therapists or any other HEU members now or in the future. The HSA also disassociates itself from the position advanced by the B.C. Society of Respiratory Therapists.

Nonetheless, the therapists are transferred to HSA jurisdiction until the ruling is reversed.

Peter Cameron, HSA executive director, also welcomed the agreement. "We've had a good working relationship with HEU since before last year's strike," he said, "except for that one issue. We hope it's

New HEU contract extends safety rights

BY NOEL SCHACTER

If you check through your 1989-1991 contract you will notice that three new clauses have been added to the Occupational Heath and Safety section.

One of the articles now ensures that those of you who sit on our HEU OH&S committees will receive time off with pay while attending these meetings. If you happen to be off duty at the time of the meeting, then you will receive straight time regular wages (no overtime will be paid).

This is an important new provision because it encourages employers to schedule committee work during working hours or be required to pay you for your efforts.

A second article now entitles OH&S committees to receive complaints about health and safety related workload issues. If you are experiencing health and safety problems that are related to workload issues in your work area, then contact your OH&S committee members and ask them to raise your concerns at their meetings with management.

In order to be able to raise a workload issue under the new OH&S language you must be able to provide evidence that it is related to health and safety problems that you or your co-workers are experiencing.

There are a number of ways of demonstrating this; one of the best methods is to obtain the record for your department of WCB claims and WCB incident reports over a period of time (for a one year period, for example).

Choose a time frame in which there has been a change in workload levels. Your OH&S committee members can obtain the WCB information for you but you will have to collect information on workload.

A third new OH&S clause requires that employers provide HEU members with information on any patient or resident who has a history of violent behaviour. In addition, the



employer must provide HEU members who may work with such violent individuals in-service training and/or instruction.

This is new language and will be open to interpretations in the near future. It is HEU's position that violent behaviour includes both physical and verbal violence. It is also HEU's position that if you are faced with a violent patient and you do not feel that you can handle that person in a safe manner, then you have the right to demand that other staff be provided to assist you.

If you do not receive the necessary assistance to ensure that you can work in a safe manner, then you do have the right to refuse to work with that patient or resident. This right to refuse unsafe work is provided under section 8.24 of the Industrial Health and Safety Regu-

 Schacter is HEU's occupational health and safety director.

f you do not have a Voter Identification Card you are not on the Voter's List and cannot vote in the next Provincial Election. You can get on the list by contacting the nearest Election British Columbia Office:

• Look under "E" in the Government of B.C. listings in the blue pages of your phone book.

 Phone the Registrar of Voters in your Elections B.C. office and ask them to mail you a registration application form.

When you receive the application in the mail fill it out and send it back in the postage paid return envelope provided.

 Every Canadian citizen 19 years and over is entitled to vote and should be registered, so remember to ensure that other members of your family get on the Voter's List.

DON'T GIVE UP YOUR RIGHT TO VOTE!



DO YOUR PART • GET REGISTERED NOW!