On the Job
Trisha McLean, a nutrition services department worker at Vancouver St. Paul’s Hospital, is one of the vital but invisible links in the health care system. An HEU member who has done all of the arduous jobs in the hospital’s kitchen, she works with women and men who must contend with aspects of the health care crisis a patient might never consider. Her story on PAGE 6.

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 Diming, a nursing aide and chairperson of the Evergreen local in Whistler, and Lynne 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 $350 million project.
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 budgeted 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

WHILE 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 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 is to do with quality health care and a lot to do with cutting costs. Public reports 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.

The health system is failing
In 1992, my father, 90, was diagnosed as having an aortic aneurysm—a life-threatening condition requiring surgery. He was admitted to Royal Columbian Hospital but discharged without surgery until a week later.

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 aneurysm. He died three weeks later.

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 peptic ulcer disease
The Third World mis-ery of served meal, monu-

tary working conditions, low wages and long hours is the daily experience for farmworkers who farmworkers have a miserable pay. A day's work should be extended to the problems of the health system and the need for coordinated long-term planning. My prescription: if time for a change and fresh blood. Health promotion and health education can be concentrated to make the best of health care.

LETTERS

The Guardian welcomes letters to the editor. Please be brief. Write to 2005 W. 10th Ave., V6H 4S5 or leave your views on the HEU Guardian hotline, 734-3311.

COMMENT

Set by identifying costs as a specific mandate of the royal commission, the government has predetermined what recommendations it will be prepared to accept—that those purport to be "cut costs." Other provincial governments have reached the same conclusion and are breaking the Deal 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 cut profit before services to people.

B.C.'s attempt to destroy trade union rights through the infamous Bill 18 in 1976 mirrored Alberta's reactionary labour laws.

The question is how do we change

the sacred government all work against the workers. The only way to change working conditions and to acquire dignity is to self-organize 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 bro-

thers in the trade union movement.

Please support us. I would be most happy to come and talk with you and speak of your concerns about the farmworker struggle.

SARVAN ROAL, President, Canadian Farmworkers Union

Rig Gu Of touch
B.C.'s health care system is so seriously ill. From unsustainable waiting lists for heart surgery, eye and hip surgeries, the most common complaint is by profession- nal and workers, the symptoms are unmistakable.

Throughout B.C., I encounter the same problems and pain with our overworked, undervalu-

ed nurses, physicians. They're frustrated they can't offer their patients the high standard of care. We've battled with health care cutsbacks with improved support for community services, little people falling through the cracks. My diagnosis is serious and not just a matter of health problems in the health system and the need for coordinated long-term planning. My prescription: if time for a change and fresh blood. Health promotion and health education can be concentrated to make the best of health care.

TOM PERRY, NDP Health Critic, Victoria

St. Mary's supports BCGEU strikers
Our members at St. Mary's Unit, Sechelt, have written John Jun-

sen, minister of health, to add our support to the BCGEU Home Support Workers who are cur-

rently on strike.

The valuable service these workers provide to the community help keep many people comfortable in their own homes rather than being admitted to hospitals. A hospital bed at St. Mary's is worth $260 a day. The provincial govern-

ment will not guarantee hospital beds, yet we will not pay Home Support Workers more than an average of $8 an hour.

They want to reduce medical and maternity benefits to these workers, who are, of course, mostly women. Workers must also supply a vehi-

cle at their own expense.

The provincial government funding priorities are difficult to under-

stand. HEU members stand behind the Home Support Workers for a fair and decent contract im-

mediately so they can return to their jobs.

LINDA MOSELEY, Chairperson, HEU St. Mary's local, Sechelt

Emerald Health Critic, Victoria

"In health dedicated to all those who need it."
What we were up to

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.

Invermore members seek first contract

The 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 ranges below the industry standard. Union rep Stan Rice 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 McCarthy was meeting with both parties at the end of May to find non-binding settlement recommendations for the group home workers.

Arbitration awaits 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 Cerov as mediator. Cerov will hand down a binding decision on the difficult scheduling issues which had stalled negotiations. The decision affects about 38 Mount Paul workers.

Pay Equity kit now available

A new educational kit on pay equity is ready for membership distribution, says Melanie Iversen, chair of the Equal Opportunities Subcommittees 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 may be asked to make presentations on the issue in their locals. Copies are available from regional office or from provincial office in Vancouver.

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

Hard bargaining: how the pricewarc 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 a new 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 60 private and non-profit long-term care facilities are testament to the hard work of the members employed at the facilities.

"In any bargaining, it's membership strength that determines how the bargaining 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 per cent 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 20 privately owned long-term care facilities.

Bringing the private long-term care facilities, operated by profit-minded 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 far-sighted 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 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 favor 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 swing 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 helped."

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."

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.

Summer 1990 • GUARDIAN
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, chair of the commission, is calling for public submissions around the province this autumn.

Mr. 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 funding.

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, their fight against privatization, the campaign for elected hospital boards and pay equity.

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, 6th Floor, 1215 West Pender St., Vancouver, telephone 604-683.

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 views 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 (734-3511) and leave a message on our tape, or you can write to us at 2000 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 Guardian.

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 charges.

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

Making rights a reality

IF 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 elderman Libby Davies, who agreed in January to serve as the union's ombudsman.

An ombudsman 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 employer.

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 prevention of human rights. Davies' appointment is designed to guarantee HEU employees a fair and impartial enforcement of that policy, which is reprinted below.

"My job is to hear complaints from staff members or from union members in any form of discrimination," Davies said in an interview.

"That includes sexual harassment, sexual 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 1983, 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 in 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 live in."

"It's to HEU's credit that they recognize 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 harassment policy must be flexible," she believes. "It must allow the victim to deal with the issues in a way she or he feels comfortable."

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 try to resolve the complaint."

"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 $600-a-month 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 harassment in the workplace."

HEU's human rights policy

- Following are excerpts from the HEU Policy and Procedure for Human Rights. The full text is available from the 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, innuendoes or teasing about a person's body, attire, age, marital status, ethnic or national origin, religion, etc.;
- displaying of pornographic, racist or other offensive or derogatory pictures;
- practical jokes which cause awkwardness or embarrassment;
- unwelcome invitations or requests, whether direct or indirect or intimidation;
- leering or other gestures;
- condensation or paternalism which undermines self-respect;
- unnecessary or physical contact such as touching, patting, pinching, punching;
- physical assault.

NURSES RALLY: Irene Giraud (left) and Diane Andreykov were among more than 30 HEU members from Riverbend Park who rallied in Kamloops May 12 in support of team nursing. Local NHP 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.

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LIBBY DAVIES: Vancouver elderman stands ready to assist HEU employees who feel victim of human rights violations.
Women's wage ghetto

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 equally, 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 $37.019 if they were male nursing supervisors. Women in the same category received $35.770.

Registered nursing assistants did even better if they were men, taking home $30.515. Women in that job were paid a mere $18.463.

In the clerical category, which covers all such employment rather than just hospital employment, the same pattern was evident. Male shipping clerks received $25.161, while women were paid only $18.472 and so it went.

Obviously, low women's wages put downward pressure on men's 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 labour is considered cheaper labour.

Adam's analysis shows that women dominate in jobs where annual incomes are below $25,000. Above that range, men predominate.

LOOK BACK

They were the first hospital employees union members ever to picket a hospital, but when they put up 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 1974, 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 care 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 step-by-step 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 Pattullo Bridge.

The picketers needed little urging to take strong action. Many faced financial disaster if the layoffs 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 purchasing

WOMEN'S EARNINGS: A CUT BELOW

(British Columbia, 1985 - Full Time, Full Year)

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HOSPITAL WORKERS STAND TOGETHER

Your Hospital Workers Stand Together

It's 20 years since HEU's first job action for health care

The 20th anniversary of the health care workers' strike of 1970 is an occasion to reflect on the progress made and the work yet to be done.

The HEU has made some important gains since 1970, including better wages and working conditions, improved benefits, and greater representation in the workplace.

But there is still a long way to go to achieve true equity for all hospital workers.

The next 20 years will be a time of change and challenge as the health care system seeks to meet the needs of an aging population while facing financial constraints.

It's time to stop talking and start acting to ensure that all hospital workers receive fair wages, benefits, and working conditions.

With the right leadership and a commitment to justice, the HEU can help lead the way to a healthier future for all.

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 picketing parties. Information picketing was conducted at many locations.

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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 floor.

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

Three times a day, 10 women lay out the St. Paul's table and assemble more than 500 hot meals for the patients.

The demanding physical work, assembling food, drinks, cutlery and condiments on up to six trays a minute. The women spend the entire 90-minute shift on their feet and they're not supposed to talk to each other. Even a 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. Where there was 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.

Intensive work schedules and reduced crews produce more stress. McLean has observed more injuries and illnesses among her fellow workers, particularly hip problems, shoulder problems, high blood pressure. Most workers in her area

TRISHA McLEAN

are paid $2.35 an hour under the current contract. Those on the cafeteria list, however, can lose income very easily. If they are 10 minutes late without warning, their callback is cancelled.

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

"It's hard to change anything without changing the government."

AFTER THE SHIFT

Where a union card means death

This HU member fled death squads in Guatemala

By BRAD TATTER

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

Monzon, 44, says it was the greatest thing he could have done. Though still recovering from stretched back 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 children.

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 10 per cent increase in bus rates. Monzon, a union organizer at both local and national levels, was a member of a small group of influential corporations and individuals. Hundreds of human rights abuses are reported annually by international human rights monitoring agencies. Since 1964, more than 100,000 people have been killed, 40,000 disappeared and 1 million people displaced internally in the small Central American country of some 6 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 keep it," Monzon says.

Monzon knew his days were numbered in Guatemala after seeing his name among a list of 38 union leaders published in newspapers Oct. 18, 1979, 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 months.

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!'"

The couple was last seen between the frightening 5 a.m. bus ride to the Mexican border and a Monzon family reunion. "My boy (Eduardo) was almost two years old when I left him."

Monzon continues to adjust to the freedom he has found in Canada. Even signing the HU 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 HU 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 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."

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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 the Guardian your community paper — a true reflection of the talent, ability and dedication 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's 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 (734-5313) set up to take your calls and letters and we'll call you back if the long distance charge discourages you.

We're trying 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 inside look 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 from HEU members who 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.

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Thanks to Ray Ulms, chief shop steward and vice-chairman 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 work sites around the province.
CONTINENTAL TRADE

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

CANADIAN 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 with 1987-88, many Canadians wondered whether the Canada-U.S.-Mexico trade deal might be 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 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 maintains it is not part of 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 with Mexico.

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 a 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 12 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 $3,000 (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 upheld Mexico's bid to lower trade barriers.

"I just hope Canadians realize that when Crosbie talks about Mexico's economic policies, he is also grading 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."

CANNADIAN ASSOCIATION OF LABOUR MEDIA.

Best of the bats

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

Since 1983, 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 25.

The 52 members of Local 601 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 26.

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 LAVLIER
University of Southern California specialist in organizational behavior, 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

Summer 1990 • GUARDIAN
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.

By Geoff Meggs

1989/1990 Ministry of Health Estimates

Programs

OPERATING EXPENSES

$70.1 million

$70.1 million

CERTIFICATION

$1.0 million

$1.0 million

PROGRAMS

$67.1 million

$67.0 million

SMALL SICHE:

$3.0 million

$3.0 million

Bill Goodsite, VGH Project Director of Planning, said he received a tip from inside his hospital that the money planned for the new hospital building might not be enough.

"If the provincial government is going to build the new hospital building, it should do it right," he said. "But if it's not going to be done, then it's not going to be done." He added that the new hospital building should be completed as soon as possible.

The project has faced several challenges, including delays and cost overruns. In 1985, the province announced plans to build a new hospital on the site of the former Vancouver General Hospital. However, the project was delayed due to a lack of funding.

In the end, the project was completed in 1989, and the new hospital was opened to the public. Since then, it has become an important part of the city's healthcare system, providing care to thousands of patients each year.

"When a general is fighting a war, he doesn't go and ask the privates which direction to go," said Bill Goodsite, VGH Project Director of Planning.

"With the new hospital building, we have to plan it correctly. If we don't, we'll end up with a building that's not good enough for our patients."

The new hospital building includes 12 stories and has 450 beds, with plans to expand to 600 beds in the future. It also features state-of-the-art technology and facilities, making it one of the most advanced hospitals in the country.

Looking for answers, HEU members at VGH have been calling for more information and consultation on the project. The hospital board has not responded to their requests.

"When a general is fighting a war, he can't just say, 'I'll give you a few more bullets.' He has to plan it correctly," Goodsite said.

The new hospital building is expected to open in early 1990, and it will become an important part of the city's healthcare system for years to come.
WHIT ITS two cranes towering 91
metres above 12th Avenue, Van-
couver General Hospital's massive
$600 million expansion seems as
solid as its earthquake-proof foundation.

The appearance may be deceiving. The huge
tower is a $30 million shell, built on Victoria's
assurance that money will flow until the entire
project is complete.

Although hospital planners will soon be seek-
ing bids for a three-year, $50.6 million project
to complete the bottom three floors of the tower; the
rest of its 14 stories will remain empty for six
years or longer if money is not available.

With only six months to go before completion
of the tower's first phase, HEU members at
Vancouver General are demanding greater
involvement and consultation in the develop-
ment of the Social Credit government's show-
piece hospital project.

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.

The hospital's promotional materials can
tell you down to the pound how much steel and
cement are in the tower, which one brochure
linked to architectural triumphs like France's
Gothic cathedrals and the Eiffel Tower.

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-
ting basic information," says Joe Fraser, chair-
person of HEU's Vancouver General local. "We had to
build a series of silos just to deal with the issue of
contracting out!"

When tower construc-
tion began, personnel
and safety committee
members insisted on a
chair at VGH.

meeting with VGH vice-president Art Beadle
Beadle to raise their concerns about ventilation both
in the existing building and the tower.

The meeting raised as many questions as it
answered. Although Beadle has since left VGH,
Fraser is determined to follow up on Beadle's
commitment for further consultation on the tower
project.

Workers in a number of facilities have been
told they will move into the tower when it is
complete, but are puzzled to see their current
workspaces being renovated.

Workers in very poor work areas, like Medical
Records, have been told they won't be moved
even though their workplace is substandard.

"We understand what planning and development is
involved in some of these issues and not others," says
Fraser. "Why isn't planning involved regard-
less of where a facility is going to be built?"

Fraser put these questions and others to Bill
Good sir, VGH director of planning and construc-
tion, during an interview arranged by the Hospi-
tal 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, Good sir says.
Completion is scheduled for 1993.

Good sir is impatient with the suggestion that
there is anything abnor-
mal about building a shell
which there is no money
to complete.

"That's part of the sys-
tem," he said. "We don't
have the benefit of know-
ing what the economy of
the province will be five
years from now. The
money is not all available today, but we are
proceeding in logical and rational 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, Good sir says. "Even if the
government said 'here's the money you need,'
we wouldn't be further ahead or behind.

"We are very comfortable with our commit-
tment from the government."

But Good sir is less comfortable with the sug-
gestion that hospital workers have been left out of the
planning process.

"We have a very democratic planning pro-
cess."

"When a general is fighting a war
he doesn't go and ask the
privates which direction to go."

BILL GOOD SIR, VGH Director of Planning.

1989/1990 Ministry
of Health Estimates

Hospital Programs

OPERATING
CONTRIBUTIONS
$7.5 BILLION

HOSPITAL EQUIPMENT
$125 MILLON

CONSTRUCTION
RENOVATION
$60 MILLON

PROGRAM MGMT
$13 MILLON

Total $2.07 Billion

SMALL SLICE: Although capital spending im-
presses voters, it only accounts for a small part
Of annual health care costs.

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

Vancouver alderman Carroll Taylor, chair-
person of the Greater Vancouver Regional
District hospital board, flew to Victoria May 25 to see if
she could get health minister John Jas szon 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 politi-
cians 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 GVRI. "VGH does and that's
how it gets where it is. But there's a lack of an
overall plan for the region."

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

With provincial health spending in the bill-
ions, the $100 million budgeted for capital con-
struction this year is a drop in the bucket.

"There is a plan to this building binge?"

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THS BUILDING BINGE:
Major Projects With
Construction or Planning Approved

JUST THE TIP OF THE ICEBERG: Total spending
approved in September, 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 GVRI'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,
scalar costs must be raised throughout the region,
even though the facility is for provincial/wise use.

Almost every hospital in the lower mainland
bax expansion or renovation under way.

Altogether, it's going to raise the regional hospi-
tal capital debt to $600 million and require a
doubling of costs to local taxpayers. That's about
$40.68 a year for the average resident in the
lower mainland, where property owners already
pay more than the average provincial resident.

When 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.

But old facilities in cities like Vancouver will
need replacing even while new hospitals go up.

The GVRI is considering five such projects right
now.

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 include:

- the $110 million to $200 million VGH project;
- the $42 million Royal Columbian project;
- the $80 million St. Paul's projects;
- the $32 million psychiatric and extended care
  project in Richmond;
- $22 million for Surrey Memorial; and
- major expansion at Lions Gate, with costs still
  undetermined.

GUARDIAN  • Summer 1990
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.

By Geoff Meggs
Labour takes aim at GST

Delegates demand action, solidarity at CLC meeting

TWO 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 38-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, speaking 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 were 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 unions."

"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 TOW: 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 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 Whelin.

'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

Whelin, former president of the Alberta Federation of Labour, who ran against incumbent Starley 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 Whelin was advancing those concerns, Macdonald supported him. "I was in Alberta during the Gainford's strike and again during the nurses' strike," Macdonald says, "and Whelin 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 now 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."

Whelin'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 1,500.

(The vote is by secret ballot. HEU convention practice guarantees each delegate 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 joined 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 FIS 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, rallies and other forms of mass mobilization."

Halstead and Dinning now want to communitize 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."
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 HBU 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 McEachern, as submitted by Dolgansuk, known also as Earl Muldoe, on May 24 in Vancouver.

W 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 us in 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 life-sustaining 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 over our territories.

First, 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 leasing, 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, 1894, would be exempt from this resource allocation.

We see a layering of responsibilities among the Gitksan and Wet'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, compensation 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.

BY KIRSTEN EMMOTT

Bot-House Babies

The bot-house babies sing themselves lullabies with irregular rhythm. Not ready yet is the only lyric they know. Like kittehs 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 threshold into existence. Their tiny troubled footprints hesitate.

BY GLEN DONNIE

* Kirsten Emmott is a Vancouver doctor. Glen Donnie 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.
If health care workers can strengthen their participation in the health care system, says a Vancouver general practitioner, then everyone from patient to doctor is likely to benefit.

Dr. Gabor Mute, 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.

Mute 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 LPNs. 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?

Mute believes that the medical system is hamstring 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, Mute says, health care workers are in a strong position.

“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, Mute 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. Mute has heard some RNs, for example, comment that LPNs priced themselves out of the wage market by rolling up some good wage increases.

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, Mute says. B.C. patients face the fact that “when they come into a hospital the nurses are just too haraessed 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.”

The obvious solution is to restore the team concept.

The HEU’s challenge, Mute 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 understaffing of nursing team members are affecting patient care.

Chris Allison, HEU’s Acting Assistant Secretary-Business Manager, and Lila Murao, a Licensed Practical

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 them.

“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 those areas when RNs are not available — why are we not given permanent positions in those 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

In that sense, Mute 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, Mute 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. Mute has heard some RNs, for example, comment that LPNs priced themselves out of the wage market by rolling up some good wage increases.

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, Mute says. B.C. patients face the fact that “when they come into a hospital the nurses are just too haraessed 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.”

The obvious solution is to restore the team concept.

The HEU’s challenge, Mute 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.”
Coffee Break

Invisible Women

Many women are invisible, says a United Na-
tions report, at least as far as statistics are con-
cerned. According to a report by the UN’s Inter-
national Labour Organiza-
tion, millions of working women simply are ignored in labour sta-

This gives a distorted view of reality and leads to misguided eco-

The regions of “invisible” women can be found everywhere from third world agricul-
ture to family businesses in industrial nations.

By ignoring the contri-
butions of these women, economists distort their estimates of productivity.

He Spoke
The Truth

The former free trade negotiator for Canada, Gordon Ritchie, con-

He said the Canada-

The claim was made by Brian Mulroney almost two years before the last federal election when he told Canadian free trade “can produce hundreds of thousands of new jobs.”

We're A Union! Get That!

The Manitoba Organ-

attains is no longer:

Dellegates attending the Association’s recent annual convention in

Child 27, Go To Your Room!

The Central Intelli-
gen—Agency — the U.S. spysorganship — has set up an employees’ child care center 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 sug-
gests that napping in the workplace might be a good thing.

There is strong evi-
dence it would reduce stress and reduce the risk of accidents.

But don’t expect the proposal to be greeted warmly by employers, says Dorothy Smith, the author of Asleep in the Fast Lane. The impact of sleep on work, says Smith, would take years to implement napping in the workplace, mainly because people’s attitude towards sleep and work

“Napping is regarded as a symptom of dis-

and lack of

motivation,” she says.

Netto, a professor, found that our bodies have natural highs at two points during the day: between 3 and 6 a.m. and between 4 and 7 p.m. “These are both natu-

and sleep. The

ludicrous timing of naps during these two periods can have a ‘restorative effect on performance,” says Do
to.

Netto thinks it’s time

employees had a serious look at napping on the job. She recommends a 10-minute power nap to your long dozes.

‘There is an atti-

d of you’re sleeping

you shouldn’t be paid,”

Do
to.

We accept the

fact that you’re

nec-

essary, since we’re al-

ned to fail at work. But

sleeping at the work site is a form of

outrage,” she says. The report

‘COMPLIMENTS FROM THE DEPUTY MINTER

Graudian • Summer 1990

CYNTHIA PATTERSON: Helping communities organize to survive.

RURAL DIGNITY

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

WHEN THE PEOPLE of the village of L'Effori-

sion, Quebec learned that Canada Post wanted to cut back their mail ser-

vice, 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 Cana-

land’s small communities. Called Rural Dignity, it is a grassroots move-

ment which is proving that free trade, privatization and dereg-

ulation can be resisted.

And just as important, says Rural Dignity national co-ordinator Cy-

thia Patterson, the fight to save Cana-

land'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 tech-

iques 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 peo-

ple 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 busi-

nesses are sitting down to con-

front common problems. They did it to save post offices and again to resist the VTA 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 Cana-

land Post began spontaneously in scores of communities, it had become a national movement by 1990. By working with the Canadian Postmasters and Assistants Association and later with the Canadian Union of Postal Workers, various communities were able to strength-

en their connections.

The post office campaign con-

vinced the founders of Rural Dig-

nity it was possible to save rural Canada from oblivion. Their movement had grown "better by let-
ter, meeting by meeting in municipal-

al offices, coffee shops, schools, churches, seniors clubs and com-

munity halls."

Everywhere, Patterson says, the impact of free trade and Tory poli-

cies is threatening the future of small towns, which support six mil-

lion 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."
CROSSWORD

This crossword puzzle was developed for an Intermediate English in the Workplace class by instructor Dina Perreia. It was first used with Rubberworkers from Carroll 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.

SOLUTION

ACROSS CLUES

2. The short form for Workers’ Compensation Board is

4. When an injured worker dies the family gets

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 report about the incident.

9. The opposite of yes is

11. When you get injured at work and your illness doesn’t get better, you develop a

14. You son or your daughter is your

17. Your husband or your wife is your

18. The opposite of said

19. Your WCB Identification number is called your

20. If you can’t return to your job because of injury, the WCB can give you

21. Your gross salary after deductions becomes your

DOWN CLUES

1. The opposite of no is

2. A word that means the same as salary

3. A word that means the same as hurt is

4. When you get injured on the job, the WCB pays you

5. When you don’t agree with a WCB decision you have the right to

6. When a doctor checks you up he checks your

7. The word that means the same as is

8. When you are agreeing with or talking something, you are it

9. The word that means “to pick something” is

10. If you are the mother of of a little girl, she’s your

15. If you are the mother or father of a little girl, she’s your

16. The WCB pays you the percent of your gross wage.

HSA, HEU 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 secretary-business manager Carmena 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 on 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, HEU executive director, also welcomed the agreement. “We’ve had a good working relationship with HSA since before last year’s strike,” he said, “except for that one issue. We hope it’s resolved.”

New HEU contract extends safety rights

BY NOEL SCHACTER

If you check through your 1990-1991 contract you will notice that three new clauses have been added to the Occupational Health 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 meeting during working hours or be required to pay you for your efforts.

A second article now authorizes OH&S committees to receive complaints about health and safety-related workplace 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 records 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 have the right to refuse to work with that patient or resident. This right to refuse unsafe work is provided under Section 8.34 of the Industrial Health and Safety Regulations.

Schacter is HEU’s occupational health and safety director.

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NO CARD: NO VOTE!

If 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:

- 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!

HOSPITAL EMPLOYEES’ UNION

DO YOUR PART • GET REGISTERED NOW!