

Guardian



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THE VOICE OF THE HOSPITAL EMPLOYEES UNION

AUTUMN 1990



• Lab assistant Joan Taylor of Kamloops' Royal Inland Hospital, who appears in HEU's slide-tape submission to the Royal Commission on Health Care.

The people on the front line

HEU members from every part of the health care system and from every region of the province — the people in the front line of the fight for decent health care — are taking their views directly to the Royal Commission on Health Care and Costs.

Through a special slide tape presentation which highlighted the work of HEU members and through presentations by locals, the HEU is putting its case.

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Workers at Vancouver General say that if the hospital doesn't replace a hazardous gas sterilizer condemned by an inspector, they'll shut it down themselves. Details page 13.

HEU convention aims to 'break new ground' in 1990s

Five hundred delegates from more than 200 Hospital Employees' Union locals around the province gathered in Richmond Oct. 29 for a biennial convention which will chart the union's course for the 1990s.

The theme of the convention, "Breaking New Ground," recalls the HEU's successful battle to stand its ground against concession demands during the past 10 years, but it also reflects the union's determination to achieve some long-standing new objectives in the coming years.

As soon as the five-day convention ends, delegates will move into a Wage and Policy Conference to set demands for the coming round of bargaining in 1991.

Community works for better wages

HEU members seeking a first contract at Mount Nelson Place, an Invermere home for mentally handicapped adults, found they had friends in the community when they appealed for support to raise their wages to industry standards.

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Women's rights key to coming HEU campaigns

HEU members face two major challenges in the next six months which have the potential to work dramatic changes in our industry.

There's no doubt we're up to both of them, but it will take all of our unity, determination and effort to achieve everything possible.

The first challenge is bargaining for a new master collective agreement with the Health Labour Relations Association, Continuing Care Employee Relations Association and Pricare. Resolutions to the Wage and Policy Conference indicate that our members have set tough but realistic goals for the incoming Bargaining Committee.

Setting the goals is the easy part. To achieve them, we're going to have to embark on an intensive campaign of education, not only within our own membership but also with other health sector unions and the public.

The second challenge is political.



COMMENT BY CARMELA ALLEVATO

Some time in the next six to 10 months, Premier Bill Vander Zalm must face the people in a provincial election. There's no doubt that another four years of the Vander Zalm gang would spell disaster for the health care system and the workers who are struggling to keep it going.

Advancing the rights of women may be the key to success in both areas.

Wage discrimination is particularly acute in the health care sector, which overwhelmingly employs women. Men in our industry are realizing that their

wages will never catch up to those in the unionized private sector until women's work in health care is recognized where it counts — on the pay cheque.

Wage discrimination and pay equity will be central issues in coming master contract bargaining.

That fact may be accepted, but many workers remain unaware that women may hold the key to the next government as well.

Women can decide this election and the Social Credit government knows it. Bill Vander Zalm's efforts to impose his religious views on women resulted in a disastrous slump in his government's support.

The record of the Vander Zalm government is deplorable, not only on the issue of pay equity, but also on the questions of child care, labour rights and the right of women to choice on abortion. It's time for a change.

By this time in 1991, we will have both a new collective agreement and a new government. If we can meet these challenges with the energy and determination we have shown in the past, the next six months could mark a major advance for health care workers.

• Allevato is HEU secretary-business manager.

Guardian

"In humble dedication to all those who toil to live."

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Letters

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.

Shaughnessy next underfunding victim

Another sad day passes in the health care system. At University Hospital, Shaughnessy Site, workers in the ENT Acute ward were given the word the ward would be closed permanently due to decreased government funding.

From Housekeeper to Head Nurse, these positions will now be eliminated. This ward was noted for its respect and utilization of LPN skills within the team nursing approach.

LOUISE SHULAR, LPN
White Rock

Voter registration key to labour

You're to be congratulated on both the format and content of your fine publication. As a newsletter designed to inform you members throughout the province, you provide current, comprehensive insight into issues of importance to health care workers and your sisters and brothers throughout the province.

Of particular significance was the full-page advertisement urging your members to ensure that they are registered to vote provincially. With the electoral changes brought about by the Social Credit government, it is estimated that over a quarter million British Columbians will

be ineligible to vote, mainly because they assumed that they were registered.

Locally, representatives of the HEU are joining with other unions, associations and the New Democrats in attempting to ensure that working British Columbians are not excluded from this basic right.

HEU members are increasingly becoming aware that the preservation of our health care system to a large degree relies upon their efforts in the political process.

MARK CONLIN,
President,
North Okanagan Labour
Council

Pricare story missed Raspberry conflict

I was extremely upset that *The Hospital Guardian* printed a story which gave the impression that a pricare settlement had been reached when our local, Raspberry Lodge, had not settled and was about to take a strike vote. As far as we were concerned, the battle was not over until both parties had signed on the dotted line and the members had received any retroactive benefits owing to them.

BONNIE NILSEN,
Secretary-treasurer,
Raspberry Lodge local,
Castlegar

• We regret the omission. Details of the Raspberry Lodge settlement are on page 4.

One Senator can stop the GST

The GST can be stopped.

This year, Canadians saw how much power a lone legislator could have when Elijah Harper said no and almost single-handedly defeated the Meech Lake Accord.

New Democrats did everything possible in the House of Commons to defeat the GST. We used every procedural trick in the book, but the rules of the House enabled the Conservatives to shut down debate. In the end, they forced the GST through the Commons.

The Senate is a different ball game. Its rules enable every senator, from Allan MacEachen to Stan Waters, to block the GST the way Elijah Harper blocked Meech. No matter how many Conservatives Mr. Mulroney appoints, he may not be able to stop a Senate filibuster, whether it is organized by a group of senators or a single brave man or woman.

There are no New Democrat senators. Will there be a single Liberal — or Conservative or Reform — senator who is willing to stand up for principle the way Elijah Harper did?

Canadians might want to give that a sober second thought.

NELSON RIIS,
NDP House Leader,
Ottawa

When will voters wake up?

Dr. A. Jamieson, a Richmond surgeon, has expressed surprise at the lack of operating room staff at Richmond General Hospital. He stated the technical cause of the problem — nursing understaffing — while carefully avoiding mention of the political responsibility for the situation.

The real problem is the Social Credit policy of papier mache window-dressing when it comes to dealing with social services.

When will doctors wake up to the fact that the Socred government's building of empty new hospital wings does nothing for health care without the nurses to run them?

Likewise, when will educators wake up to the fact that the Socreds' much-touted Year 2000 program will do nothing for the children of this province unless adequate funding is made available to support smaller class sizes and more support staff?

Finally, when will the voters of this province place Vision ahead of Fantasy?

K. ABRAMSON,
Burnaby

Angry and ready for change

• From a letter to the Vancouver Sun, Aug. 28, 1990.

I have just been released from hospital

after suffering a heart attack. I'm angry.

I'm not angry at being home or at being released or at the skill and care shown by the doctors and nurses at Lions Gate Hospital.

What I'm angry about is why this should have happened. Since mid-May, when it was determined that I needed bypass surgery, I have been on a waiting list, one of hundreds.

I'm angry at a government ministry that a few years ago did nothing to prevent the departure of many nurses to other jobs because the existing salaries were not competitive.

Is that action saving taxpayers money when we now have to pay for operations in the United States?

DON MORRIS,
North Vancouver



What we're 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.

Story with a happy ending

Applicants for HEU bursaries always are short of cash and normally are delighted to be selected. So it was a surprise to union treasurer Mary LaPlante when Dhurmadut Bhanthooa returned his cheque for a \$1,000 Edward J. Ashmore Memorial Bursary without cashing it. He had delayed his education plans, he said, and in any case would not need that much assistance. The bursary was reassigned, with a vote of thanks to Bhanthooa for his act of honesty and integrity.

Royal Inland HEU launches newsletter

HEU's Royal Inland Hospital Local in Kamloops has launched a local newsletter which promises to give Vancouver St. Paul's Heart Beat a

run for its money. The first issue under the editorship of Aleta Wallace casts a wide net for news, with reports on bargaining, the local labour council, health and safety and local work for LPN awareness. The local wants a new name for the publication, which so far is flying under the banner of *What's Hot and What's Not*.

Normandy workers beat back concessions

HEU members at Vancouver's Normandy Private Hospital have forced their employer to back down on his demands for concessions on their protection against contracting out. Normandy had the dubious distinction of being the last hospital under the Pricare agreement still to settle and even recommendations for settlement from

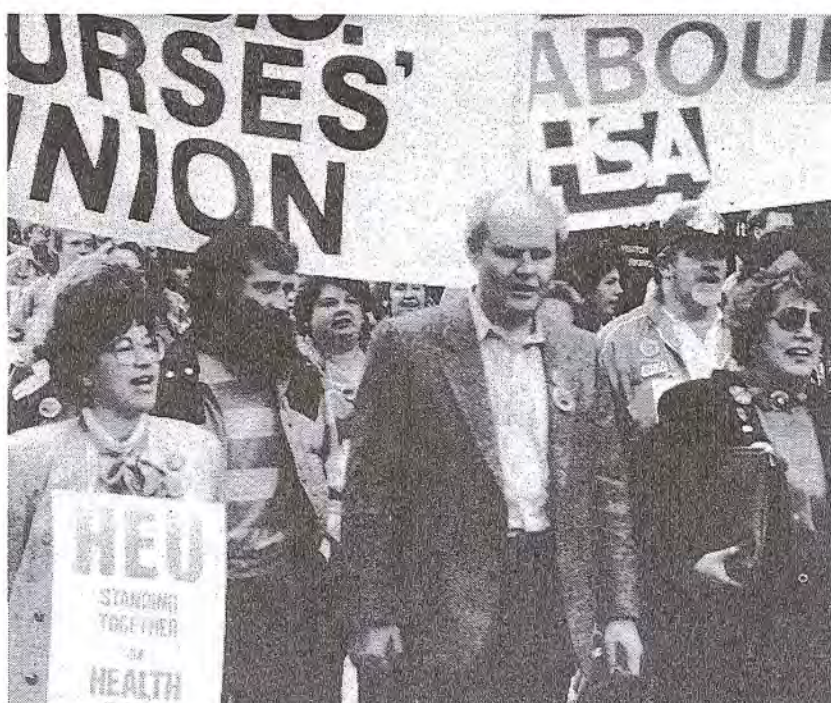
mediator Vince Ready could not break the deadlock.

Normandy workers voted late in September to demonstrate at the site of a major expansion under way at Normandy. Normandy is owned by Decker Management, which also owns two other hospitals. That threat of strong action was enough to bring Decker back to the table and Normandy workers voted early in October to ratify a new agreement with no concessions.

Fired-up Prince George workers win air conditioner

When kitchen temperatures at Prince George's Simon Fraser Lodge soared up to 99 degrees Fahrenheit during last August's heat spell, HEU

cont. on p. 4



HEALTH UNIONS UNITED: Joint action by B.C.'s three health care unions last summer helped Health Sciences Association members win a long strike and defeated attempts by Langley Hospital to discipline workers who honoured a picket line. Marching together June 12 were (left to right) HEU's Carmela Allevato, an HSA striker, HSA's Peter Cameron and former BCNU president Pat Savage.

Health unions prove value of united action

B.C.'s three health care unions demonstrated the power of united action last summer with a joint campaign that helped win victory for seven Health Sciences Association members engaged in a long, tough strike.

At the same time, HEU, the HSA and the B.C. Nurses Union rolled back attempts by Langley Memorial Hospital to discipline members of all three unions who honoured HSA picket lines in the course of the dispute.

The HSA strikers, who work with handicapped children through Peace Arch Community Services in White Rock, had been on strike for more than a month when they decided to step up the pressure for a first agreement. The society laid them off and shut the facility even though only \$6,700 was required in new funding to meet contract demands.

HSA selected the Langley health unit for picketing. It is attached to the Langley hospital and is the worksite for some of the strikers.

Langley Memorial was warned of the decision to picket late in May. Then, in collaboration with the B.C. Federation of Labour, the three health care unions worked out a joint strategy.

When the lines went up for several hours June 4, members of HEU and BCNU honoured the picket lines while maintaining essential services.

Management lashed back with one-week suspensions to two stewards from each union and a rash of disciplinary letters to other workers, even though the lines were lifted when declared illegal by the Industrial Relations Council.

HEU, HSA and BCNU took up the challenge, forming a common front to confront the employer with a major rally June 12 at Langley Memorial. Swelling the crowd of

300 were 200 students at HEU's leadership school, then under way in Vancouver.

News

Leaders of all three unions hailed the united action as a sign of new unity among health sector unions.

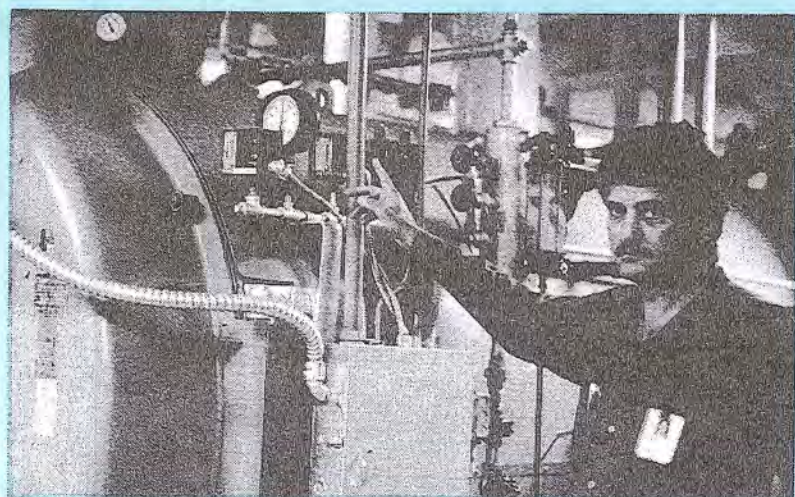
"Our three unions have joined together today to respond to this employer attack," HEU secretary-business manager Carmela Allevato told the rally. "By deciding to discipline HEU, BCNU and HSA members, they have challenged our right as trade unionists to boycott the IRC. This is the shape of things to come in health care."

The solidarity shown by the workers of all three unions at Langley "brought about the day when the three health unions have joined together," she said, "have taken on an employer and have shown the way to deal with the health care employers in B.C."

HSA executive director Peter Cameron told the rally that such unity would be essential to stop the fragmentation of health care services among scores of underfunded local societies which would simply fold up when confronted by union organization.

The rally sobered up the Langley administrators. A quick arbitration resulted in elimination of the suspensions and replacement of disciplinary letters with much milder reprimands.

HSA, meanwhile, was continuing its pressure both on the society and the provincial government. Aware that health care unions were united in their determination to secure a contract, the employer gave in and the Peace Arch workers won their first agreement.



VITAL JOB: Surrey Memorial steam engineer Gene Chiesa must keep a close eye on the hospital's boilers to ensure uninterrupted service.

Surrey engineers defend job duties, certificates

When Surrey Memorial Hospital asked its engineers to participate in training for a "Code White" emergency response team to deal with violent or aggressive patients, the HEU members couldn't believe their ears. Disbelief turned to a firm "no thank you" when it appeared management was determined to force the issue.

"The issue was patient care versus the protection of the physical plant," explained HEU member Steve McTaggart. "We were not hired for patient care." As it is, the engineering staff are stretched very thin ensuring that heat, light and

air conditioning keep operating throughout the hospital.

The HEU members affirmed their tough stand in a meeting Sept. 14 with hospital management. Although they welcomed the creation of such a team, they made a strong case they should not be on it, and challenged the hospital to restore a number of positions for orderlies, whose jobs had been eliminated a few months earlier.

The proposal to assign them to the Code White team could endanger their health and safety, as well as their certificates as steam engineers, the workers said. What clinched the debate, however, was a letter issued to the hospital in

1981 by a provincial inspector who directed that the maximum period the boilers could be left unattended was 10 minutes.

"If a boiler goes down, there's no steam," explained Mike Beza after the meeting. "That can cause all kinds of problems." Just the day before, a boiler had failed. Quick action was necessary to build up pressure again so that operating room staff could complete sterilization of instruments needed for surgery. What would have happened if the engineer had been answering a Code White call?

Management got the message and withdrew the demand.

GEORGE MEGGS PHOTO

cont. from p.3

members walked off the job to protest their conditions. Stoves were running all day and one member told local chairperson Cyndie Stephens she was ready to pass out on at least two occasions.

There was no air conditioning despite a year-old union grievance demanding improvements.

So the four workers took action, leaving the job and undertaking a sit-in outside the kitchen. During the five-hour protest, the head cook returned to work preparing the diets and meals. Administration staff made sandwiches and dished out soup.

An air conditioner arrived the next day.

K-Bro laundry in Cumberland under HEU pact

HEU members in the laundry departments at Comox and Courtenay hospital voted Oct. 15 to ratify a new collective agreement with K-Bro Linen Services Ltd. which will give them full protection if employed at K-Bro's new regional laundry facility in Cumberland.

The new plant will handle laundry from Comox, Cumberland and Nanaimo. Workers at those facilities will be entitled to work in Cumberland with full seniority.

Should they decide to return to their original worksite, they may do so within a three-month period, again with full seniority and benefit protection.

HEU members seek municipal seats

Several HEU members around the province are throwing their hats into the ring in November in municipal and school board elections. In Cumberland, local secretary-treasurer Linda Hargreaves is running for council. Why? Because at the moment there are no women and no labour representatives on the council.

"It's important for labour activists to become active in the running of their communities to ensure that the concerns of working people are considered," Hargreaves says.

Similar concerns have propelled Phil McLeod, of Queen's Park Hospital, to contest a council seat in Coquitlam under the banner of the Civic NDP. In Langley, Julia Amendt of Surrey Memorial Hospital, won the nomination for school board on the REAL team.

No doubt other civic-minded HEU members are running as well, but we didn't have their names at press time.

Ladysmith veterans begin retirement

Every week brings the retirement of many veteran HEU members, whose contribution to the health care system stretches back many years. In June, the Ladysmith Local said goodbye to Margaret Joyce Stebeleski, an LPN who joined HEU in September 1952 and served for some time as local secretary. In July, Ladysmith wished Muriel Copp many happy years of retirement. She joined the union in 1965, the

year she started at the hospital, and rose to supervisor of housekeeping. She was local president for two years, secretary-treasurer for five years and warden for one year as well as a very active member of the Ladysmith community. Best wishes to both and many thanks for their contributions to the HEU.

Raspberry Lodge brought into line

When a united stand by HEU members working under the Pricare agreements won a new contract last spring, it took some employers a while to realize it was time to sign. The slowest was Raspberry Lodge in Castlegar, where the employer seemed determined for force a concession on contract clauses concerning extended care and dental coverage.

Persistence finally paid off late in August, when HEU members ratified a new no-concessions agreement which provides them with all the benefits won in the province-wide pact. The workers were still waiting for retroactive pay at press time.

Quesnel nurses applaud labour solidarity

BCNU members who work for the provincial government in public health clinics, homecare facilities and as community health nurses spent a long hot summer on the picket line to win parity with hospital nurses. In many outlying communities, they relied on labour solidarity to keep their strike together. Just one example of the bonds that were forged was in Quesnel, where BCNU steward Sheila McIntyre wrote to the local paper to express her local's appreciation for support from many unions, including "CUPE, HEU and HSA and the Canadian Union of Postal Workers for honoring our picket lines."

Provincial office invites clerical job applications

From time to time, the Provincial Office requires casual clerical staff on an on-call basis which may last from one day to three weeks. Applicants must have Grade 12 or equivalent plus a minimum of 60 words per minute typing speed. Experience on computer word processors is an asset. The pay is \$19.77 an hour. If interested, send your resume to Carmela Allevato, secretary-business manager, at the Provincial Office. Mark your envelope "Confidential." Successful applicants retain all seniority and benefits on their usual job.



ON THE LINE: HEU and HSA strikers in Victoria in 1989. New Socreds legislation will further curb the right to strike in the public sector.

Socreds' Bill 79 will target public sector

Bill 79, Social Credit's so-called Sunshine Bill for public sector collective bargaining, could "turn contract negotiations into a three-ring circus," says HEU secretary-business manager Carmela Allevato.

The new law, passed by the government in the dying days of the spring session of the Legislature, has been condemned by the labour movement.

Ken Georgetti, president of the B.C. Federation of Labour, says the law could make bargaining tougher, not easier. "It will entrench bargaining positions," he said. "It will have a confrontational and chilling effect."

The bill will require both sides in a dispute to may their positions pub-

lic every step of the way. A registrar will review the material and may order public meetings or delays in strike action if he's not satisfied.

The final absurd touch to the bill was added when the Socreds appointed a retired rear-admiral to act as registrar. He has no labour relations experience whatsoever.

The registrar can compel the release of documents, require summaries of all matters which have been settled and disclosure of positions on outstanding positions.

Failure to file documents may result in a penalty of up to \$50,000.

The legislation will cover teachers, civic employees, health sector workers and the B.C. Government Employees Union. As many as 175,000 workers may be affected.

Union challenges HLRA to deal with pay equity

The HEU has challenged the B.C. government to match its pay equity rhetoric with money for health care workers.

When Social Credit cabinet members Carol Gran, minister for women's issues, and Mel Couvelier, finance minister, unveiled a pay equity package for government employees in September, the HEU suggested the government was seeking to get "maximum political mileage from a minimum amount of social justice."

But when Couvelier told reporters "the issue is fairness, it isn't the dollars," the union challenged hospital employers to start writing cheques.

In a letter Oct. 3 to Gordon Austin, president of the Health Labour Relations Association, HEU secretary-business manager Carmela Allevato requested a meeting "at the earliest possible opportunity to begin discussions on pay equity."

HLRA has agreed to a meeting. "Your members have always had a moral obligation to eliminate this discrimination against women," Allevato told Austin. "Now you have a clear government direction,

backed by the personal commitment of the minister of finance, which leaves public sector employers no possible excuse for evading this issue for even a single day."

A meeting with HLRA was scheduled at press time.

HEU has warned employers that hospital equity settlements cannot be mechanically copied from the government program announced by Couvelier and Gran, which initially covers workers in the B.C. Government Employees Union and some smaller unions representing government workers.

The plan announced by Victoria will boost the wages of 27,000 of the lowest-paid workers in the civil service during the next three years. About \$13 million will be available in 1991.

But Allevato criticized the program for its limited scale, its refusal to compel pay equity in the private sector, the fact that it was created without consultation with other public sector unions and for its failure to come to grips with pay equity in the health care sector.

Pay equity is expected to be a major issue in 1991 in HEU contract talks.



APOLOGY PAYS OFF: Members of HEU at Vancouver St. Paul's Hospital leafletted hospital users Sept. 21 to apologize for "dirt, dust and grime" resulting from short-staffing. The threat of further lay-offs and the failure of St. Paul's to deal with recommendations which resulted from a January sit-in prompted the action. Above, housekeeping steward Steve Vanderburgh advises hospital staff of the situation. The employer rescinded the lay-offs.

Surgical supply workers take job action over classification

A wave of walk-outs and sit-ins swept the surgical supply departments at Vancouver General, St. Paul's Burnaby General, Royal Inland and Royal Columbian during September and October.

HEU members in about 20 B.C. hospitals are stepping up the pressure for employers to implement the terms of an important job reclassification victory which should mean pay increases for scores of workers.

HEU members in a number of locals have been pressing the issue since 1987, demanding reclassification of Central Supply Aides, OR aides and instrument aides. The job review request covered all who assemble instrument kits for the operating room.

The HEU argued that CSD workers classified at the PC3 level in the collective agreement require skills which mean they should be reclassified. (Most claimants originally argued for higher than PC8.)

In some instances, hospitals have been quibbling over the date at which the award should be applied to their employees. In other cases, they are questioning whether or not the award has anything to do with them.

Workers at several lower mainland hospitals finally took job action to force their employers to deal with the issue.

In October, 1989, the St. Paul's local won the first stage of the bat-

tle, convincing an arbitrator that the PC3 classification was wrong. It took another 10 months, until August, 1990, to convince him that a higher classification was correct. He ordered reclassification to PC8.

The hospital employers were not about to give in easily. Although the St. Paul's victory applied to many worksites, administrators have been stalling the payment of retroactive pay.

Frustration exploded in mid-

September as HEU members at several hospitals held sit-ins or brief job actions to underline their determination to see justice done.

The decision was a significant victory, says HEU representative Conni Kilfoil, and may apply to other hospitals which have not yet filed a job review request.

"The decision applies to all of those employees who assemble instrument sets for the OR," she said, "although retroactive payments will date only from the day of the job review request. For that reason, all locals should check to see if they can benefit from the ruling."

CUPW braces for a strike

"The future of the postal service is at stake" in current negotiations with Canada Post, says the Canadian Union of Postal Workers, because any rollbacks in the collective agreement will mean cuts in postal service.

CUPW members turned in a massive 82 percent strike vote in September after 14 futile months of bargaining and conciliation. They called on the conciliator to report out Aug. 29, but he has yet to file a report.

Until he does, CUPW cannot strike. CUPW president Jean-Claude Parrot has denounced the delay as evidence of collusion between Canada Post and Labour Canada.

"The main issues are job security, an end to privatization and no more harassment," says Vancouver local president Brian Charlton. "We are bargaining for an expanded and improved postal service."

The main barrier to further privatization of postal service is the collective agreement. Canada Post now is profitable. Postal workers want to use that money to improve service.

Instead, Charlton says, the employer is once again preparing to use "scab labour to try to break a strike by postal workers."

ARE YOU ELIGIBLE FOR REVIEW?

Do you feel your job requires responsibilities, skills and qualifications which should be compensated by a higher rate of pay?

You could be right, but to find out you need to do some studying, have some patience and use your union rights.

First, take a look at the Classification Manual and Maintenance Agreement in the Collective Agreement, as well as the benchmarks.

Compare your duties to the benchmarks, which are similar to a series of slots into which workers are fitted to determine their pay rates.

To win your case, the union must prove two things. First, HEU must show that your job is not properly matched to its present

benchmark. Then the union must prove that you should properly be placed at a higher benchmark.

There are a number of ways you may qualify for a higher benchmark. The issue of your workload, however, will not be considered unless it is related to the type of duty, level of responsibility or qualifications the job requires.

Your local officers and your union representative are there to help. Consult with them and, if you feel you have a case, fill out a Job Classification Review Request Form with as much information as possible.

If your employer refuses to act, your union representative will be able to take the issue to arbitration.

LOOK BACK

HEU's first pay equity 'breakthrough'

An historic 1973 arbitration in Kimberley opened the way forward

THE HEU action program launched last January to help correct unfair women's wages is only the latest in a long series of major union battles against sexist wage scales.

Long-time HEU members will recall the campaign leading to the historic 1973 arbitration ruling that Licensed Practical Nurses were victims of wage discrimination.

"The actual breakthrough came at Kimberley General Hospital early in April 1973," says a report in the HEU's Trade Union History education program. "Arbitrator D.R. Blair upheld the union's claim that 12 practical nurses employed by the hospital were victims of discrimination based on sex."

Years of hard work by union members promoting fair wages had helped generate public support for the cause.

SIGNING CEREMONY: HEU director Bill Rolfe (left), secretary-business manager Ray McCready and NDP health minister Dennis Cocke sign the 1973 agreement which established a mechanism to deal with discrimination against women. Above, Cocke meets housekeeping workers at Victoria General.

Letters of complaint flooded into the B.C. Human Rights Commission after the union urged women members to document unfair wage treatment. Public officials were unable to ignore the overdue campaign for change.

A loophole in the 1972/73 Collective Agreement enabled the union to successfully challenge unfair wage scales despite fierce opposition from the B.C. Hospitals' Association (HLRA). Through arbitration, the union made its landmark challenge.

Arbitrator Blair's 1973 ruling

directed hospitals to pay LPNs the same rate as orderlies which meant a \$144 monthly wage adjustment. Wages paid the female housekeeping staff were also increased \$88 per month to correct previous discriminatory wage levels.

"The Health Ministry, headed by an NDP Minister of Health, acknowledged the union had proven its case and agreed that a mechanism should be established to identify the extent discrimination affected female wage scales," says the HEU history.

In the same year, the provincial

government granted hospitals an anti-discrimination adjustment payment to compensate all female employees earning less than the Cleaner pay rate.

Since the 30,000-member HEU is the largest union of women in British Columbia, there is good reason for the union to work hard on pay equity issues. Founded in 1944/45 with the merger Vancouver General Hospital's women's and men's locals to deal with an unfair wage gap, the HEU has a strong history of being at the front lines in the battle for justice for women in the workplace.



ON THE JOB

Rural cook needs many skills

Charlottes dietary staff find their work is changing

In large, urban hospitals, dietary workers may never see the patients they prepare food for. In a rural hospital, like the Queen Charlotte City facility where Betty Lou Lund is the cook, the workers not only meet the patients, they often know them personally.

In the hospital, which has 21 beds, including 10 occupied by long-term care patients, the three dietary workers do everything from cooking and washing the dishes to serving the food.

"We hear everyone's complaints," Lund laughs. "We see everyone in the community in here." When dinner's ready, she delivers it herself.

That intimate knowledge both of the community and the patients makes her job a more personal affair than it might be if she was based in a large city.

She must care for people she often encounters — and



WORKING IN THE COMMUNITY: as a dietary worker at Queen Charlotte City hospital, Betty Lou Lund not only cooks the meals, she also delivers them.

sometimes differs with — outside the hospital.

As a Haida and member of the Skidegate band, Lund not only takes a stand as a union member but also with her people in defence of their aboriginal rights and title.

Since Lund helped organize the local into the HEU 10 years ago, the hospital has undergone the same changes faced by health care institutions around the province.

Funds have been short and staff has been cut. Lund now works with one other full-time worker and a casual worker to prepare the meals on a menu prepared with the assistance of a dietician based in Prince Rupert.

"We've seen the cutbacks," Lund says, "but our work has

changed because the patients are changing." One obvious difference from 1980 is the large number of extended care patients, some suffering from Alzheimer's disease.

These community veterans, who occupy what used to be acute care beds, need special supervision. The front door of the hospital, which opens onto carefully-tended flower beds, used to stay open. Now it must be locked.

As rural hospital workers have found everywhere, small size does not bring good labour relations. Since the Queen Charlotte members joined HEU in 1980, they have seen improvements both in wages and benefits.

"The union's been good for us here," Lund says, "but there's always more to do."

editor's notebook



By GEOFF MEGGS

IT TAKES COURAGE to stand up to the boss at the best of times, but special determination and grit is required when workers go before a Royal Commission to spell out to

the public and the press what conditions are like in the front lines of the health care crisis.

That's what HEU locals are doing around the province before the Royal Commission on Health Care and Costs and their bosses don't like it one bit.

When HEU local chairs Cindy Russell and Elaine Pigeau detailed the problems faced by their members in Kitimat and Terrace during commission hearings in Terrace, administrations of both hospitals were indignant. There was more of the same

in Prince Rupert, where HEU chairperson Colleen Fitzpatrick called for snap inspections of hospitals seeking recertification.

Your advice is helping to improve your Guardian

In the battle of words which followed, two things became abundantly clear. The first is that too many administrators feel they must defend underfunding and budget cuts when both are indefensible. The second is that B.C.'s communities desperately need the elected hospital boards demanded by the HEU if only to restore some public accountability to local decision-making.

There's no doubt the HEU local submissions are having an impact. Despite the denials of health bureaucrats, the dimensions of the problem are too big to be swept under the rug.

Many thanks to those who took the time to offer their comments and criticisms on the new format for *The Guardian*. We received a lot of excellent suggestions for stories and features, some of which we have already incorporated and others which we are developing for future issues.

The HEU leadership school, held last June at the University of B.C., gave us an opportunity to ask a lot of members their views on the paper. An evaluation form distributed at the school was returned by almost half of the 200 HEU activists present and those comments were especially helpful.

Bonnie Nilsen, of Raspberry Lodge local in Castlegar, liked the changes in *The Guardian*, but recommended more charts and maps, particularly ones which illustrate the union structure or the location of regional locals.

Another member, liked the crossword puzzle and asked for a trade union horoscope — maybe something along the lines of "Aries: your reclassification will be arbitrated by tall, handsome stranger. Watch out for comments by those who should know better." The same reader proposed an Idiot of the Month Award, to be handed to deserving administrators, but added on second thought "this may not be a good idea."

Many members were pleased at the use of recycled paper and asked for more articles on environmental themes.

AFTER THE SHIFT

Gay Games break down old barriers

An HEU member challenges some of his own assumptions

The idea of a special athletic event for gays and lesbians didn't make sense to HEU member Richard Dennis when he first heard about Gay Games 3 and Cultural Festival.

Dennis, an HEU activist and head cook at Vancouver's Yaletown House for the past five years, thought the concept contrary to the struggle toward equality. "I thought if our goal was equality, why do we need our own games?"

"I have a negative attitude toward sports generally. I was never good at sports and the competitive nature of athletic events at school had been very humiliating."

But a few days before Gay Games 3 and Cultural Festival, anti-gay graffiti sprayed on the West End Community Centre where athletes were registering for the Games prompted Dennis to get involved out of a sense of solidarity.

"I had been naive. Society is



RICHARD DENNIS

not inclined to encourage gay people to feel good about being gay. So we have to find our own outlets. Many gay people have been ashamed of who they are. I really think the Gay Games helped gay men and women feel good about themselves."

"During that week, we were free to be ourselves. It also put me in touch with how we've accommodated our own oppression by not being open in public, by not kissing our lovers on the street because it might make others feel uncomfortable."

Days before the start of the event, Dennis joined some 2,000 Gay Games volunteers.

Two weeks later — after the Games had ended and some 10,000 visitors had gone back home, Dennis termed the event

one of the most wonderful experiences of his life.

The historic gathering of gay women and men crossing all political, religious and cultural lines helped large numbers of gays and lesbians come to terms with their own sexuality. "Two of my friends came out of the closet and I know there were many, many others that found in the Games the strength to be themselves."

The Games also helped unite the gay and lesbian community. Organizers refused to sanction any event that didn't include both sexes and as a result some 47 per cent of Games participants were women.

Though his role in the Games security patrol exposed Dennis to several violent assaults against gays, his overall view of the larger community's response was positive.

"I met a fellow with four out of town guests for the games — we all had people staying with us — who told me the lady next door baked a batch of cookies and sent them over. Most of the experiences of our guests were positive."

Dennis says Celebration '90 has left a profound, lasting impression. "I don't think the gay community in Vancouver will ever be the same. We feel stronger, prouder."

Labour

She sings for health care, solidarity

FOR DANIELLE VILLIERE, the fight for justice for hospital workers means music and laughter as well as sit-ins and strikes.

Since she quit school at age 13 to take a hospital job in her community of Charleville Mezieres, in the Ardennes region of Central France, Villiere has not only risen to the top of France's trade union leadership, she has established a career as a singer.

Now she battles lay-offs and cut-backs not just with job action but also with music.

It was her talent with music which brought her to the Vancouver Folk Music festival in July to perform the moving songs and anthems of the French labour movement.

"Often we forget the emotions of solidarity," she said in an interview. "You can do anything to a passive people. But song strengthens people, abolishes frontiers, creates marvellous solidarity."

Villiere was already a senior member in her union, the Fédération de la Santé et de l'Action Sociale, when her musical career began, almost by accident. She was an active shop steward, she had obtained a nurse's diploma on the job and was the mother of two children.

In her own hospital, she was chief shop steward for 2,000 workers and served on the national executive of the Confédération General de Travail, France's national labour feder-



DANIELLE VILLIERE

ation. As if that wasn't enough, she was elected assistant mayor of her town, the only woman on a council of 32.

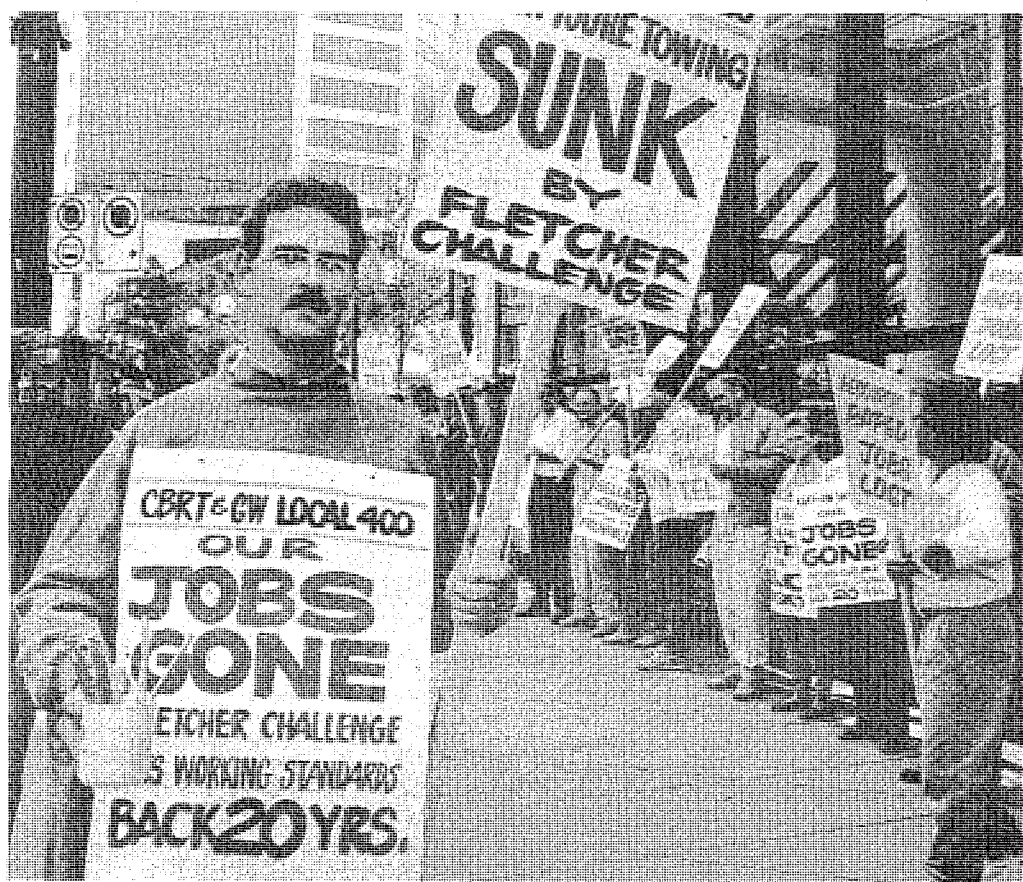
But 10 years ago, she met a German singer who was to perform at a union event. He asked her to sing him some local songs and was so impressed with her voice that he invited her to sing a few months later at a festival in Berlin.

"I thought he was joking," Villiere recalls. "Then I thought, why not?"

Her interest in music never stopped. She became part of a musical revival in the labour movement which now uses songs as much as speech-making to liven up marches and rallies.

Despite the election of Socialist president Francois Mitterand, these songs have been important to keep up the morale of hospital workers, who have seen 65,000 of their members laid off. (About 600,000 hospital workers are members of Villiere's union.)

During her Vancouver visit, Villiere found time to visit HEU's provincial office. "We must establish links around the world," she said. "Our job is the most important in the world and it's critical for us to be at the head of the movement to defend people's health."



ON THE LINE FOR JOBS: both towboat workers and forest workers are demanding that Victoria take action to force forest companies to create employment if they want to harvest B.C. timber resources. Lay-offs are devastating the forest industry.

PACIFIC TRIBUNE PHOTO

Forest workers demand job protection

Union woodworkers and seamen, confronting ruthless lay-offs and plant closures by Fletcher Challenge Corp., are demanding government action to bring the multinational timber firm into line.

Several hundred members of the International Woodworkers of America confronted Premier Bill Vander Zalm Sept. 18 in New Westminster to demand legislation to end a wave of plant closures that could cost up to 5,000 wood industry jobs in the coming year.

And seamen, members of Local 400 of the Canadian Brotherhood of Railway, Transport and General Workers, picketed the company's offices in Vancouver the same day to condemn the closure of its Swiftsure Towing Division.

Shouting "B.C. lumber should mean B.C. jobs," the towboat workers denounced Fletcher Challenge as a "rotten employer" which

doesn't care about its employees. From now on, company towing jobs are to be performed by a contractor using members of a company union.

Other jobs on the important run from Crofton to California are being turned over to Norwegian vessels crewed by Filipinos, says CBRT president Dave Crain. "It's just contracting-out and union-busting," Crain says.

Following the lead of the International Woodworkers of America, the CBRT is demanding that that Victoria link the company's access to B.C. timber to provision of jobs.

IWA members at Fraser Mills have been hit with 95 lay-offs in recent weeks while the New Westminster local faces the lay-off of 260 members at Fletcher Challenge's Delta Plywood plant.

Another 100 IWA members were forced onto the unemployment lines by closures at Ainsworth Lumber in

Lillooet, and 220 workers have been let go at Weldwood's Squamish operations.

Yet in all these cases the timber still is being harvested, says IWA spokesperson Clay Perry.

"One of the core problems is the Tories' monetary policy," says Perry, because high interest rates have killed housing construction and reduced wood demand. "But a deeper one is a tenure policy that pays little attention to provision of good employment."

As a result, timber companies can keep cutting, even export raw logs, while Canadian workers are laid off.

Exports of cants, which are semi-processed, are unchecked. Perry warns we may soon face demands for more exports from companies like Louisiana Pacific, which is shipping California redwood to Mexico for milling at rates as low as \$1 an hour.

HEU predicts GST will hit health workers hard

Hospital workers, whose income averages \$25,000 a year, will be in the group hardest hit by the Goods and Services Tax, the HEU has warned.

In an August submission to a Senate committee on the tax, the union predicted that the complex GST rebate system also will shift patient care from doctors' offices to hospitals, further crowding an overburdened system.

In addition, the tax will add a staggering \$312 million to national health care costs, according to a study by the Canadian College of Health Executives.

Beleaguered hospital administrators could face average cost increases of \$2,000 a bed at a time when the quality of care already is near collapse because of underfunding.

Without a new injection of cash, the GST cuts will fall on the usual victims of underfunding — patients and hospital workers.

"The new tax will have to be a factor in our collective bargaining strategy," says HEU secretary business manager Carmela Allevato. "We would have to look at wage hikes in the eight and nine percent range just to protect against GST inflation."

Health care is being hit particularly hard by the GST because health spending is rising faster than inflation.

Although the study does not compensate for GST, it identifies heavy impacts in other areas including:

- payments for uninsured health services such as doctors fees for interpreting x-rays and electrocardiographs;
- payments for services purchased from other hospitals.

10 steps to better health care in B.C.

Here are the key points of the HEU Provincial Executive brief to the Royal Commission on Health Care and Costs, submitted Sept. 18 in Vancouver by secretary-business manager Carmela Allevato.

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That the commission submit an immediate interim report on underfunding in our hospitals and health care facilities.

2

Restore block funding from the federal government to assure support for medicare and accountability by the provincial government.

3

Elect all B.C. hospital boards by the population at large as we do for school boards and municipal councils.

4

Reject efforts to regionalize health services in B.C.

5

Call on the Ministry of Health to mandate the use of Licensed Practical Nurses in hospitals and long-term care facilities.

6

Remove the profit motive from all health care services in B.C.

7

Strengthen Workers Compensation services and regulations for health care workers.

8

Establish one bargaining agent for B.C. health care employers.

9

Address the issue of poverty as a cause of poor health, particularly government "restraint" policies which have worsened poverty and weakened social and health services.

10

Examine environmental factors affecting health. Take government action against large corporate polluters.



LISTENING CLOSELY: Royal Commission members (left to right) accountant David Sinclair, economist Robert Evans, chairperson Mr. Justice Peter Seaton, former Vancouver alderman Marguerite Ford and Ken Fyke, president of the Greater Victoria Hospital Society, listen as HEU secretary-business manager Carmela Allevato delivers the Provincial Executive's submission.



TERRACE, September 5:

'Privatization of food services in Kitimat led to a drastic decline in quality ... Often meats are unidentifiable, foods are mouldy and spoiled, supplies run out and are rationed. Patients are unhappy with this service and most of our members refused to eat it.'

Cindy Russell, Kitimat local chairperson;
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PRINCE RUPERT, September 6:

'LPNs are unemployed all across this province, yet they provide a very legitimate part of nursing care. We are told more LPNs will be cut. Why can't they be used in this nursing shortage crisis? In this whole process there's one real loser — the patient.'

Colleen Fitzpatrick, Prince Rupert local chairperson;
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ROYAL COMMISSION ON HEALTH CARE

Speaking out for health care

Wherever it goes in B.C., the Royal Commission on Health Care and Costs is hearing about the crisis in health care directly from the people on the job.

HEU local leaders are coming forward in almost every community to tell commission chairperson Judge Peter Seaton how their members are coping with underfunding, privatization, lay-offs, contracting-out and a host of other problems.

HEU president Bill Macdonald joined Smithers local chairperson Barb Groat and local secretary-treasurer Bev Tones in Smithers on the commission's first day of hearings Sept. 4 to underline the union's concern about the funding crisis.

Underfunding requires urgent action, Macdonald told the commission. "I wish to state the belief of HEU that an interim report containing recommendations calling for restoration of full funding to health care should be issued well in advance of the final report."

Seaton later told reporters that "if some issue sticks out like a sore thumb, we could make an interim report."

The underfunding issue and many others were underlined in Vancouver Sept. 18 when HEU presented a slide-tape show which featured interviews with HEU members on the job around the province.

Designed to give the commissioners a look at what HEU members do and their vital role in health care, the slide-tape presentation featured members from Royal Inland Hospital in Kamloops, St. Paul's Hospital in Vancouver and several other facilities.

The slide-tape show attacked the idea that health care costs have risen out of control. In reality, the union said, the system is so seriously starved of funds that it is threatened with destruction.

In a subsequent presentation on behalf of the Provincial Executive, secretary-business manager Carmela Allevato condemned the

Social Credit government's diversion of federal health funding into general revenue.

The result, she said, is that medical premiums have become little better than a head tax, levied by government to support all kinds of spending while corporate taxes are reduced.

The Provincial Executive submission also delved into all the other major issues confronting HEU members, including staff shortages.

Those and many other themes have been explored by HEU locals. Those which had made submissions at press time included Smithers, Terrace, Kitimat, Prince Rupert, Prince George, Simon Fraser Lodge in Prince George, Dawson Creek, Peace River Haven in Dawson Creek, Fort Nelson, Trail, Mount Nelson Place in Invermere and Pioneer Villa in Creston.

As the commission hits the half-way mark of its community hearings, some of its likely recommendations are beginning to emerge.

In his travels, Seaton told reporters in Smithers, he has concluded that people believe "we have a good system."

"They say it needs improvement but shouldn't be thrown away."

Another common theme, he said, was the need for more emphasis on preventing illness than on curing it.

Seaton is not impressed by calls for user fees. "I can't say that any particular group favours them, but user fees deter people from using health care on the basis on their ability to pay, not because they may be using the system for the wrong reason."

The commission appears likely, however, to favour regionalization of health services, a direction opposed by HEU and the Health Care Advocates, a coalition of labour, health and community organizations monitoring the commission.

The Health Care Advocates believe that such a decentralization of health care decision-making would reduce provincial accountability for spending.



PRINCE GEORGE, October 1:

'The Prince George Regional Hospital is preparing once again to cut back on health care services ... The budget, when approved, will not be sufficient to maintain the current levels of services. PGRH needs additional support staff, not less, to reduce current workload problems and to improve services and care.'

Susan Park and Chris Truden of the Prince George local.



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'For seven of the last 10 years, the Bulkley Valley District Hospital has faced deficits stemming from tight budgets imposed by Victoria and a strong need for the hospital's services ... Jobs are disappearing despite growing demand for hospital services.'

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'In view of the fact that all of these hospital boards are involved in spending one-third of the total annual provincial government budget, it seems more appropriate that these boards be elected as school boards are. Health care is a public concern, as is education.'

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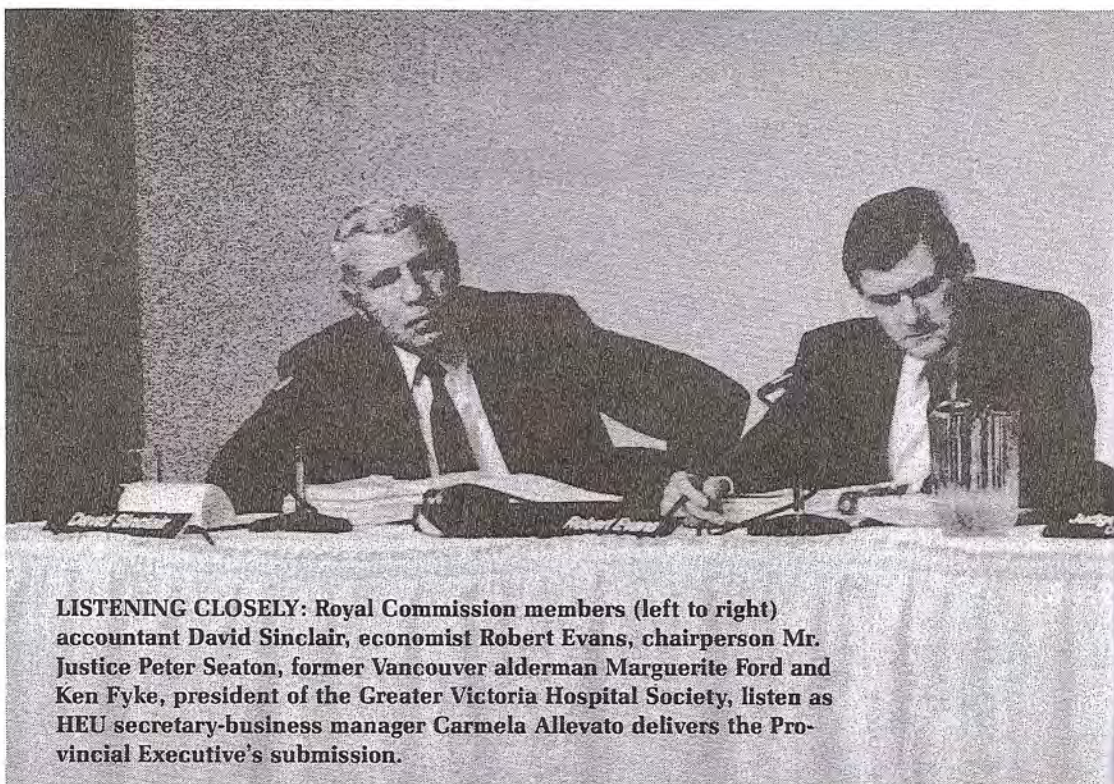
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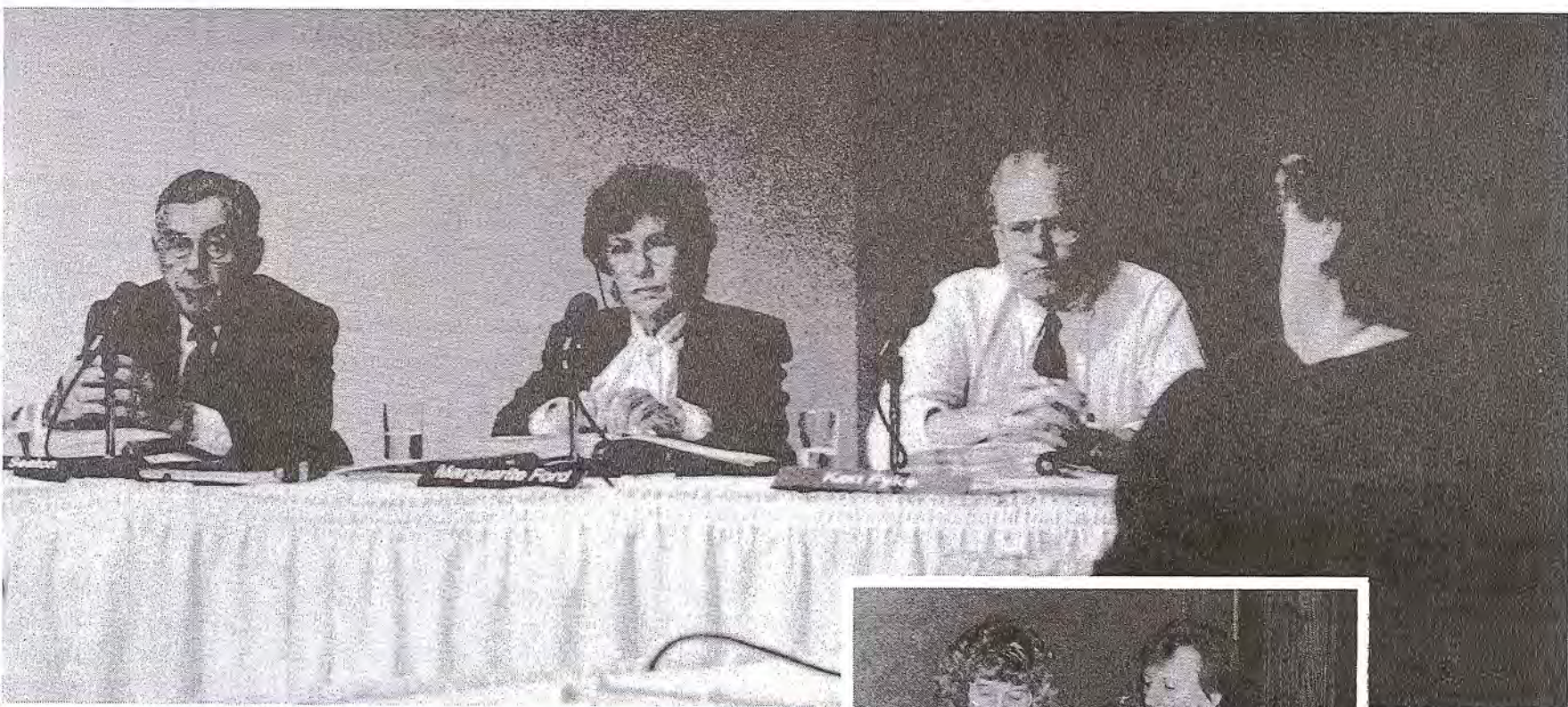
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'I'd thought that the territory of this job was simply inanimate — a landscape of metal beds, brown, glossy dressers, white-pored toilets and coarse-grained floors, seen from the close range of a duster.'

The Last Day of the First Week

FICTION BY JULIA SHELLEY

● Reprinted with permission from *Room of One's Own*.

I find my way down barren, fluorescent hallways — half dreaming, half awake — to the women's locker room, where I pull out from a shelf marked "M" for medium, one of those dismal, starched, hospital-green uniforms with the metal snaps that run full length of your body. You're supposed to take a fresh one every day and throw the used one into the bin, but most of the cleaning women like to keep the same uniform; they even sew their names on the inside back collars and take them home to wash, "To get out that damn hospital smell."

I reach down as though to undo the sash of my housecoat and realize that I'm dressed, that somehow I've managed to get up in the dark, dress in the dark, and sleep-walk through the predawn stillness to my job of one week. At least, living in a small city and close to the hospital, I can do that; I can walk instead of crowding onto an early morning bus where some people chatter but most sit entranced, still coveting last night's dreams. Still, I feel like some kind of animal crawling out from its hole.

The supervisor, a sullen, humourless woman, calls me over. "Lean across that bed, will you? I have to see if your hemline reaches the backs of your knees." I'm afraid I'm too tall. As I bend over, the blood that rushes to my face comes from more than my new latitude. "It'll pass," she says, "but don't let me catch your hem going up."

She appears to be enjoying herself, looks much brighter than I've seen her. Already I've learned that my skirt length is really immaterial — as insubstantial as the cotton polyester blend of the cloth, because the green dye in it renders me invisible, unseen by those who wear white or blue, unless someone vomits or spills their breakfast tray.

The patients see me coming though. I set out on my rounds, wheeling a metal cleaning cart fitted with a big green garbage bag and cluttered with various solutions and rags; a red feather duster, standing up from the corner, announces my approach. The first ward I visit is for men in chronic care. Most of them are older and all of them are bored; the ones in wheelchairs no longer bother to pull forward the dressing gowns which are forever falling back from their legs. They try hard to distract me from my routine, my mop and wet rag. One man has told me the same dirty joke every day this week and doesn't seem to notice that I'm not laughing any more.

The next ward is for women and feels more comfortable, but there's little time to talk. One white-haired little woman calls me over weakly, "Do you have a moment dear? I keep sliding down these pillows and I'm so uncomfortable." I stop to fluff her pillows and pull up up from the quicksand of her bed. She takes my hand. "Thank you so much, dear. You know, I'm so thirsty, and my jug is empty." The younger woman in the next bed shifts about restlessly while watching the soaps.

Sophie is short and dark-haired. She's in her early thirties and alone with two small kids. She was the first of the other cleaners to talk with me. Today she brings me a cup of machine-made coffee at morning break. "Listen," she says, "it doesn't matter what it tastes like. It's the only thing that gets you through around here. There's no time for sitting over pots of tea." Later in the day she parks my cart in a corner and pulls me into the washroom. She lights up a cigarette. "I feel sorry for the patients in this place, with the way they run things," she says. "Most of the doctors won't give them the time of day and there's never enough nurses around. Some of those old people wait for an hour for a bedpan. I usually get it for them if I'm around. The nurses don't mind; in fact, they're glad to have it done. Nobody appreciates us though, really. I mean, it's pretty important for a hospital to be clean, isn't it?" She tells me who on the wards

I should watch out for, who I can trust, and gives me a glimpse of the incredibly complex network of romances among the cleaning and kitchen staff. "General Hospital has nothing on us!" Then she tells me about the time when her mother died and she had to leave the kids with friends so that she could bring her mother home on the train from Montréal. I picture her on that night train, in one of those smokey, private compartment that you see in the movies, sitting across from a big, black, brass-handled coffin, talking to it.

It seems strange to me now that on the first day I'd thought that the territory of this job was simply inanimate — a landscape of metal beds, brown, glossy dressers, white-pored toilets and coarse-grained floors, seen from the close range of a duster, a scouring brush or a dirty string mop, smelling of plastic-warm food, vinegar-water solution and ammonia. More and more, woven around the routine of dusting table tops, scouring sinks and wiping floors, it's the voices and the faces that surface, bubbling, into my evenings — coming back at me through my weariness.

There's a boy in a stark, white-sheeted crib who makes me want to cry. They say he's twelve, but he's bone-thin like a bird, though long, and he's curled up on himself and diapered. He has a surprising thick wave of black hair falling into his large, dark eyes. I dust around him quickly. I want to reach into the crib and hold him, to somehow shut out his cruel sickness. I look around and, seeing no one, I stroke his hair, his bony, pale little back. He smiles. Sophie tells me later that he has seizures and shows me how to put a wooden depressor in his mouth to keep from swallowing his tongue.

At afternoon break, in the cafeteria, two of the male cleaners ask to join me. I suspect that they have a bet going. They're nice though — funny, genuinely friendly. One of them is tall and scrawny and rather nervous, head overflowing with dark blond permed curls. He wears a startled expression and, altogether, makes me think of a heron who's just noticed that the lake has dried up. Tony, the younger one, is more compact and rougher looking but has coal-dark expressive eyes. The blond one, Dave, starts making references to the other's girlfriends, laughing and poking at his friend. Somewhere in the conversation I learn that the male cleaners make a dollar more than the women. Tony says, "We all make shit anyway."

Even an extra cup of coffee, courtesy of Tony, and hidden among the clutter on my cart, fails to deliver me from aching arms and back as I swing my heavy, sodden mop on its last wide, overlapping arches across its last floor of the day. Not yet having learned to pace myself, I'm asked by a sharp-eyed nurse to do one more task. I bake brown paper-wrapped, shiny, silver bedpans in a sterilizing oven. I'm tempted to deliver some "fresh" to the wards, yelling "Get 'em while they're hot!"

Somehow, this day, and this week, comes to an end. That time in the morning when I closed the innumerable snaps on my uniform and wheeled out my cart is a vague, half-buried memory; only the bright red of the feather duster stands out. It's as though everything that's happened in this place, this hospital, this job, has happened to someone else. The week lasted for an age and is over in a moment. Did I dream it? Will I wake up? Will every week be like this? My fingers, stiff with exertion, painstakingly shed me of my green skin. My co-workers smile and wave at me as we all leave. I step out onto the street in my jeans and sweatshirt, suddenly blinded by the unexpected brilliance of sunlight — suddenly confounded, forgetting that instant, who I am and which way I'm going.



Rally wins lay-off reprieve for Victoria LPNs

An August rally by HEU members at Victoria's Royal Jubilee Hospital has won a reprieve for Licensed Practical Nurses threatened with lay-off.

The Greater Victoria Hospital Society has agreed to put its lay-off plans on hold to allow further study

of the role of LPNs at the hospital.

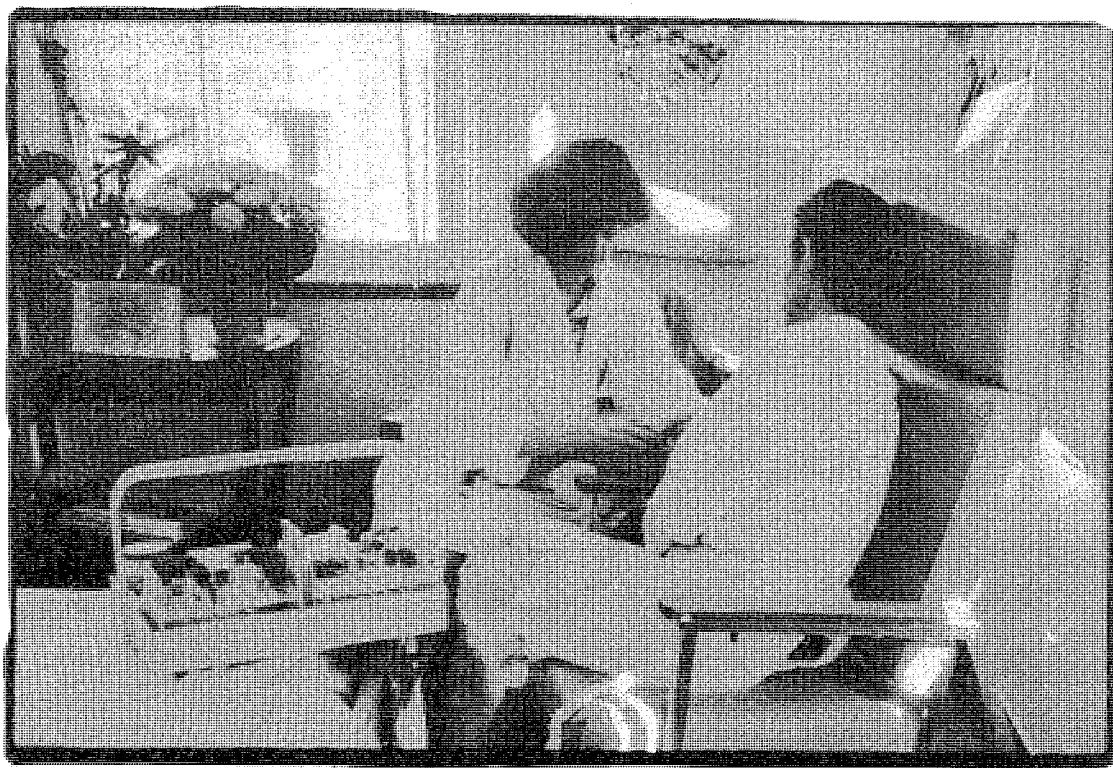
The union said the move would force Registered Nurses, already overworked and in short supply, to carry a heavier patient care load.

Raj Chouhan, HEU's Vancouver Island Regional Office director, says the extra time will give the GVHS an

opportunity to better understand the value of a nursing team strategy. Chouhan said HEU expects to be represented on a committee set up by the hospital to study the issue.

Meanwhile, morale among LPNs is low due to their uncertain future and the failure of the GVHS to rec-

ognize their skills, says Royal Jubilee LPN Elaine Benson. Benson, who helped organize the August LPN rally, says the decision to put off layoffs is good news but the continuing negative hospital attitude toward team nursing is hard on staff morale.



CAREGIVER'S CHALLENGE: HEU members like Phyllis McDiarmid must come to terms with extraordinary suffering. It's a big responsibility.

On the front lines against AIDS

By BRAD TEETER

St. Paul's Hospital has challenged its care givers with a responsibility avoided elsewhere.

Through the purchase of specialized equipment and the development of programs geared to monitor and treat AIDS and HIV infection, the downtown Vancouver hospital has become a major player in the AIDS battle in B.C.

Several years into the epidemic, Hospital Employees' Union members at St. Paul's better understand what they are up against but still find AIDS a painful, frightening intrusion both in the workplace and in their personal lives.

Phyllis McDiarmid, an HEU member and lab assistant, says AIDS has an enormous impact throughout the hospital. The single mother of three children says that aside from the personal fear of infection, care givers must come to terms with extraordinary suffering.

"I've seen people die of cancer suffering every bit as badly. But I guess because the majority of people dying are young... What we're seeing is large numbers of young people dying. It's very touching. A few of my closest friends have died from the disease."

Personal relationships with the men and women living with the virus have sensitized St. Paul's staff to the human side of AIDS.

Women and men from every sector of society are vulnerable to AIDS, but at St. Paul's most of the AIDS patients are gay men. And, while the sexual orientation of some AIDS patients has raised distressing side issues involving discrimination and

Personal relationships with the people living with the virus have sensitized St. Paul's staff to the human side of AIDS

human rights at other centres, the lifestyle/cultural mix is usually not a major issue at St. Paul's.

The hospital's location in the middle of a large gay community together with a significant number of gay women and men among hospital staff help keep the focus on patient care.

Greig Layne, the former advocacy director of the Vancouver Persons With AIDS Coalition, says St. Paul's staff offers superior care for persons with AIDS.

"St. Paul's is tremendous," he says. "I don't see how you could improve on the care and understanding offered by St. Paul's workers. They're doing an excellent job under very trying conditions in terms of manpower and wages."

Layne, who has participated in numerous national and regional news programs on the subject of AIDS, says care is often "shabby" at B.C. health facilities other than St. Paul's. "The lack of education about AIDS is frightening."

McDiarmid says there are exceptions but most of St. Paul's staff members are beyond the irrational fear and moralistic judgements hampering treatment at other facilities where AIDS education is denied staff. However, the large volume of AIDS cases at the hospital remains a heavy burden.

There are still many unanswered questions about the deadly virus. But it is known that HIV infection is transmitted through direct blood-to-blood contact or contact between semen and vaginal secretions and blood.

Universal precautions, a safety standard widely used by health care workers, are recommended to reduce risks in handling blood and body fluids of persons with AIDS or HIV infection. The precautions call for the use of gowns and gloves when in contact with blood or body fluid and the use of special containers for the disposal of needles and syringes.

The rooms of patients with an infectious disease are marked with a pink label listing precautions and warning visitors to report to the nursing station before entering.

The precautions are not specific to AIDS. Hepatitis and other infectious diseases also warrant universal precautions but the high numbers of AIDS cases at St. Paul's has resulted in the mistaken assumption on the part of visitors and the ill-informed that all patients in rooms labelled with the pink signs are HIV positive.

McDiarmid, who views the pink labels as an unnecessary breach of patient confidentiality, says understaffing and time restraints pose the

greatest risks to staff. The offensive signs duplicating information already known are an example of an inconsistent safety approach by hospital management. "For example, there are no signs labelling HIV positive outpatients though care givers face similar risks," says McDiarmid. She says the signs can also create confusion in rooms occupied by more than one patient.

Higher staffing levels, a reasonable wage and an appreciation of the extra time needed to deal with high risk patients are what's needed at St. Paul's, says McDiarmid. She labels the lab assistant top wage rate of \$13.20-an-hour an insult. "I made more money a few years back driving a truck and that job entailed a lot less stress and fewer risks."

Some 60 per cent of St. Paul's patients involve body and blood precautions, says lab assistants' supervisor Marilyn Fraser. She says the lab safety committee meets once a month to consider safety issues. To her knowledge, no St. Paul's staff member has died of AIDS or become HIV-infected on the job though three lab assistants have accidentally poked themselves with a needle in the last three years while taking blood from infected patients.

Management doesn't understand that it takes more time to treat patients requiring blood/body fluid precautions, says lab assistant Barbara Lemky.

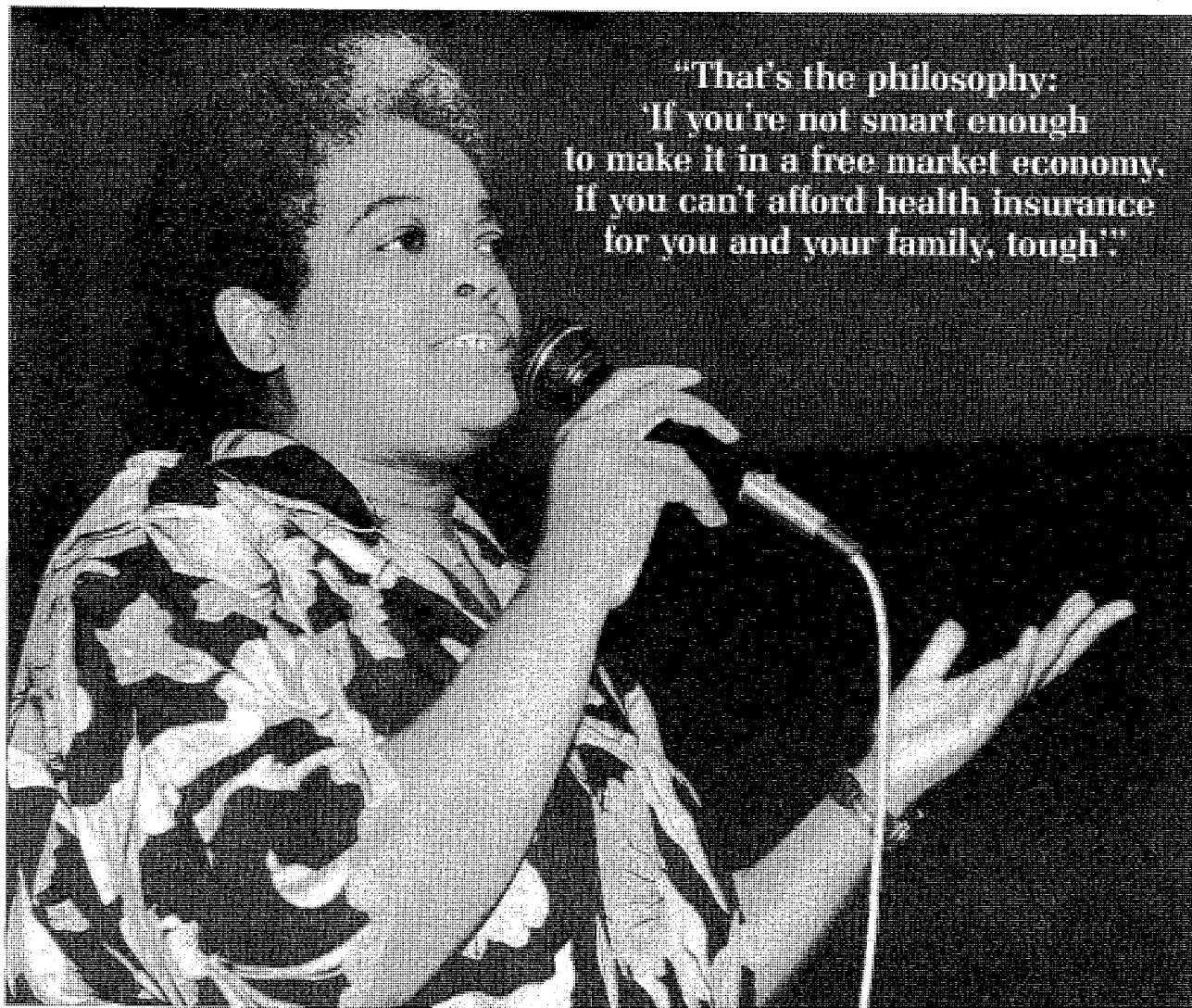
Even when the outpatient lab is filled with HIV positive patients, there is an expectation that lab assistants will process one patient every three minutes. "The seats are full and you'll be asked, 'what's holding you up?'"

McDiarmid says she feels sorry for patients and staff at other hospitals because of widespread irrational fears about the virus.

Lemky agrees. She says the educated approach of St. Paul's staff is missing at other hospitals. For example, HIV safety instructions at Prince George hospital where Lemky was employed two years ago were extreme. "The pathologist freaked right out," recalls Lemky. "He had us using kleenex on door handles. It set a poor example for staff."

McDiarmid has spoken of her experience treating AIDS and HIV positive patients in lectures to YMCA youth groups. "In the end, it's an education to parents as well. After they get past the point of embarrassment, the kids ask a lot of good questions then go home and educate their parents. It's a rewarding experience and helps make the challenges of the job more worthwhile."

"Each of us will lose someone close to us because of AIDS," says McDiarmid. "It's time we learned how to deal with it more effectively."



"That's the philosophy:
If you're not smart enough
to make it in a free market economy,
if you can't afford health insurance
for you and your family, tough."

IF AMERICA'S profit-driven health care system moves north, says Chicago doctor Linda Ray Murray, Canadian workers will pay the price with increased disease and death.

"The American health care system is concerned primarily about numbers and money," she told last summer's leadership school in Vancouver, "not human beings."

The main defence against the American system, she believes, is strong union organization, both in hospitals and in society as a whole.

With free trade, she says "there are real dangers in Canada that the health care system that you fought for, and that needs to be improved, is in danger of slipping back into a free-market competitive model."

Murray said there are three questions that must be answered to determine who the health system serves:

- Can health care be viewed primarily as a private consumptive good or as a social good? Are we talking about simply a commodity like a pair of shoes or a BMW or are we talking about a basic right that people ought to have?

- Is access to health care services a basic right or is the provision of such services merely an implicitly-understood moral obligation on the part of physicians and hospitals?

- Is health care the responsibility of the federal government or the local government? For example, a child in Mississippi will get no health care compared to a child in New York or California.

The American system fails all three tests.

"By any measure of health care," Murray says, "whether you are talking about access to prenatal care or how long people live, the U.S. does poorly and within the United States, different groups and classes do poorer still."

"Look at infant mortality rates, 1950 to 1986. Things are improving,

NUMBERS & MONEY

America's health care system is designed to make money, says Chicago's Linda Ray Murray, not to care for human beings

but even though the infant mortality rate is improving, the gap that exists between black infants and white infants has stayed about the same. Black infants die at twice the rate of white infants. Native American infants die at four times the rate of white infants.

"Just over seven Canadian babies die for every 1,000 born alive. In the United States, which is nearly the worst of the industrialized countries, if you lump black and white together, the U.S. has 10.6 deaths, but if you just look at whites the U.S. is still very far down on the list."

"This is the richest country on earth."

In two basic measures of health standards, the U.S. fails dismally. "Maternal mortality is a crime," Murray says. "It is something that should be almost completely preventable. It is directly a result of lack of access to medical care, especially in industrialized countries."

"Yet in the U.S., even for whites in 1980, 6.7 women died for every 100,000 giving birth. But look at the difference for whites and for black women, who suffer almost three times the death rate."

"Or consider vaccinations, another basic measure of health care ser-

vice. Only 64 percent of all American white children get vaccinated for measles. For blacks it's only 49 percent. Are you really surprised that right now we are in the midst of a measles epidemic? Is it really shocking that at Cook County hospital we've had three children die from measles this year?"

How did this situation develop? Murray says it is no accident.

"Some people believe that the U.S. health care system doesn't work. I don't believe that. I think it works perfectly. The problem is that it's not designed to keep healthy. It's designed to make money."

"In European nations, working people made a decision that health care was a right and they insisted that no matter what happened, if you got sick, you should get health care," Murray says. "In the United States, our insurance companies were invented to prevent doctors from going broke and hospitals from going bankrupt. That's what the industry was about. We don't have health insurance in the U.S. to make sure you and I get health care. We have health insurance in the United States to make sure that those industries that run the health care system make a profit."

"What this philosophy unleashed was a disaster. What it said was that health care is like everything else in the economy. If we want to have a good health care system we should let the free market rule. If you can't afford to buy it, you're defective anyway and you need to be sick and die."

"That's the philosophy. If you're not smart enough to make it in a free market economy, if you can't afford to buy health insurance for you and your family, tough."

Health care premiums have risen steadily. Employers attempted to increase the amount workers paid for health insurance. While benefits were cut, premiums rose. Seventy-eight percent of all strikes that occurred in the United States this year have happened over health care benefits.

Thirty-seven million people have no health insurance, Murray says. Because partial assistance is available for those on welfare, the overwhelming majority of those without insurance are workers. One quarter of the country's full-time workers have no insurance at all. Among part-time, casual workers, 88.7 percent have no insurance.

As corporate power over health increased, hospitals which couldn't turn a profit were closed down. In Chicago 12 hospitals have closed in the past few years simply because they didn't have enough money to run. The vast majority of those hospitals were in poor, working class communities.

If you go into a corporate hospital, admitting clerks will perform what Murray calls "a wallet biopsy. They will check your wallet." Those without funds will be patched up and sent on.

Health care workers not only pay more for their health insurance but also must deal with wages which have not kept pace with hospital prices. Wages for hospital administrators, however, have skyrocketed.

"We have more administrators than anything else," Murray says. "I don't know what they all do. They are there to make sure you don't give care to someone who hasn't paid their bill. They are useless, they don't do anything to add to people's health."

In conclusion, Murray says, it is obvious that health care in the United States is a private consumptive good. It is not a right.

Since 1940, however, most Americans have consistently said since 1940 that they want health care as a basic right even if it means more taxes.

Why don't they have it? The reason is simple, Murray says: "because less than 20 percent of American workers are unionized and because our labour movement has not been able to mount the political strength that it takes to win this basic right that every other industrialized workforce has been able to win."

"There are many things that happen north of our border that I wish would filter south," Murray concluded. "There is one critical thing that must never filter north and that is the notion that people have a right to make a profit off the fact that human beings are ill."

HEU wins partial sick leave victory

When you're returning to work after sick leave, should you be required to give the employer a certain minimum amount of notice?

Employers who are members of the Continuing Care Employee Relations Association (CCERA) think so, but last summer an arbitration panel ruled they were wrong.

The decision came in an important hearing into a new sick leave policy implemented at Rosewood Manor in Richmond. Rosewood administrators designed their policy jointly with CCERA, which intended to implement it province-wide.

HEU grieved against the policy. Its oppressive features included:

- a requirement that applications for sick leave be in writing;
- a requirement for a minimum amount of notice before leaving work and before returning;
- the right of the employer to demand proof of illness in the form of a doctor's note or medical certificate; and
- the right of the employer to discipline workers who failed to follow the policy.

The arbitration board, with the union nominee dissenting, ruled that written applications are consistent with the collective agreement.

The employer lost the right, however, to insist on specific notice periods before sick leave could begin.

The arbitrator also ruled that proof of illness could be demanded, but only if circumstances reasonably warrant. This issue may be grieved.

The arbitrator also found that the employer could not discipline workers for failing to adhere to elements of the policy which are inconsistent with the agreement.



DEMOCRACY AT WORK: Members of HEU convention committees travel to the Lower Mainland well before the opening gavel falls to prepare convention resolutions. All resolutions submitted by locals will be debated on the floor, but rank and file committees organize the convention's work. Working on one set of resolutions are (right to left) Pamela Morrell, Connie Larabee and Halle McMullen.

13

'They have no respect for hazardous gas or the people' HEU insists VGH remove sterilizer

HEU members employed in the Vancouver General Hospital Sterile Supply Department (SSD) say they will walk off the job if the hospital refuses to replace a gas sterilizer which has been condemned by an inspector as "bloody shocking."

VGH administrators deny there is any problem with the equipment and refuse to replace it despite reports by two provincial inspectors which indicate that:

- the equipment is corroded and dangerous to workers in the surgical supply area;
- the subcontractor charged with maintaining the equipment is not sufficiently trained in monitoring and safety procedures; and

- the sterilizer has been operated in violation of a number of other WCB regulations.

Inspector Richard Salter, of the B.C. Boiler and Pressure Vessel Safety Branch, gave VGH six months to replace the equipment last March after an engineer found that the sterilizer was corroded and dangerously operated.

But when Salter returned in September he was shocked to learn that the employer had ignored his safety orders, failing to address even the simple requirement that the gas sterilizer be labelled. He was disgusted by a hospital request for a further six month delay.

"Clearly, they have no respect for hazardous gas or the people who work there," Salter told the Guardian. "It's bloody shocking. I told them that they were going to kill somebody. I'm completely horrified with the whole set-up."

Some 80 HEU members work around the sterilizer, which is in a room with a number of steam sterilizers. The gas sterilizer uses highly toxic ethylene oxide to sterilize surgical equipment. A shutdown of the sterilizer could have a serious impact on the hospital's ability to do surgery.

Joe Fraser, chairperson of HEU's Vancouver General Local, says SSD workers are fed up with the hospital's failure to consider safety concerns. He says several SSD workers had to be taken to hospital four years ago because of exposure to ethylene oxide used by the gas sterilizer.

"They're coming up with band-aid solutions to serious problems," Fraser said. "This kind of risk — we're talking about the lives of our members — just isn't acceptable."

"If the hospital won't obey provincial inspectors, we'll simply have to act unilaterally to protect our members."

Salter no longer has any jurisdiction in the matter. In a move described by Salter as "a chicken way to go," the hospital adjusted the equipment so that it operates at pressures below those within the boiler branch's jurisdiction.

A change in the sterilizer's pressure release system put the equipment out of reach of boiler department regulations.

When alarmed HEU local executive members learned of the hospital's action, they forced an emergency inspection by the Workers Compensation Board.

The report produced by WCB inspector Michael Quigley early in October lists several safety violations and cites a disturbing lack of knowledge on the part of a subcontractor responsible for daily sterilizer maintenance.

"The subcontractor... was not conversant in emergency response procedures," Quigley reported. Quigley also noted that the floor drain receiving ethylene oxide waste is not sealed or ventilated which may allow gas into the work area.

The hospital decision to decrease the safety release valve pressure per square inch (PSI) from 40 to 15 pounds followed a March engineering report confirming deterioration of the sterilizer's chamber wall due to corrosion.

But the hospital has no immediate plan to remove the sterilizer or even isolate it from other work stations. Gas sterilizers at other Lower Mainland hospitals, including Shaughnessy and U.B.C. hospitals, are in isolated rooms.

Jim Neill, superintendent of building operations at VGH, is puzzled by all the fuss about a piece of equipment he considers safe. "There's absolutely no problem," he says.

Neill finds the Boiler Branch inspector's concerns unbelievable. "The inspector doesn't understand how the bloody thing works."

When interviewed on his third day back on the job after a holiday, Neill had not yet reviewed the WCB orders but said WCB and health and safety officials are working with the hospital to ensure safety standards are met.

He says he drafted a plan to isolate the sterilizer two years ago but abandoned the scheme because of the possibility that the hospital was considering using an alternative type of sterilizer. "You're looking at a \$250,000 to redesign the area. People here are not in a position to spend money if they don't have to. My hands are tied."

WHAT WAS SAID

"We are somewhat inexorably in the American orbit... There is a sentiment that we would be better off with the Americans. We could live under that scenario, it would not be the end of the world."

CONRAD BLACK

Right-wing business mogul, speaking on CBC's *The Journal*. He later denied he was suggesting Canada should join the U.S.

"The battle for the mind of Ronald Reagan was like the trench warfare of World War 1. Never have so many fought so hard for such barren terrain."

PEGGY NOONAN

former Reagan speechwriter

"We're having a hard time getting to the bottom of who makes the decisions."

MARGUERITE FORD

member of the Royal Commission on Health Care reflecting on the puzzle of who lays off licensed practical nurses and why.

BRAD TEEFER PHOTO

Coffee Break



Getting Bombed Not Part of Job Description

When managers of a Hinton, Alta., pulp mill received a bomb threat last April 13, they ordered all employees out except the three controlling the boilers. Then the managers left as well. Why were three left behind? As management later let slip, they were heading for 1,000 tons of production that day. The bomb threat was a hoax, but the outraged workers have vowed they won't stay behind next time: "Bomb threats are not part of our job descriptions."

Jobs, Jobs, Jobs Going, Going, Gone

The Conservative government's corporate buddies are turning the old slogan of "Jobs, Jobs, Jobs" into "Going, Going, Gone." According to the Canadian Labour Congress, an analysis of the *Financial Post's* top 200 Canadian corporations shows they have reduced their total employment by more than 200,000 jobs.

Some of the biggest cutters were top contributors to the Tories in 1988. Alcan cut 6,000 jobs, Imperial Oil cut more than 300 jobs, George Weston Ltd. slashed 7,000 jobs, Canadian Pacific took 9,800 out of circulation and IBM-Canada sent 9,000 workers down the road.

We Leave The Driving To You

On a recent run from Delaware to New York, a scab bus driver confessed to not knowing how to operate the bus' stick shift. Incredibly, a passenger named Diane Montiero took the wheel and drove the bus the rest of the way to New York. Embarrassed Greyhound executives refunded Ms. Montiero's ticket since she drove instead of rode the bus.

Greyhound's U.S. bus drivers are on strike. The strike doesn't affect Canadian operations. The two companies are separately owned and operated.

How Inflation Fighters Fight Inflation

Federal pay research figures reveal that salaries for senior staff of Brian Mulroney have gone up more than 16 percent since 1987, 54 percent more than those for average Canadians. Bank of Canada Governor John Crow, who is driving up interest rates to cut inflation, has increased his salary by 35 percent during the same period. The Mulroney Conservatives, meanwhile, have not raised the national minimum wage of \$4 an hour since 1987 and average wage increases for other working Canadians have only increased 13 percent in three years.

Please Pass The Antacid

When James Moran completed 20 years of service with the electrical and water department of the city of Lakeland, Florida, his employer grandly gave him a service pin and a gift certificate for a dinner for two. Soon after the May presentation, the company received the bill for dinner: \$510.05.

Moran and his wife

had ordered 48 different appetizers, including 33 jumbo shrimp cocktails and six dozen steamed oysters, then went on to 10 entrees, including three lobster tails, two scallop dinners and a chateaubriand. To avoid waste, they made liberal use of doggie bags.

The irate employer suspended Moran, who



forced a hearing. His lawyer argued that the couple "often spends a couple hundred bucks on dinner and samples lots of food as a hobby." Moran finally paid the bill, but his boss then demoted him and cut his salary by \$11,000.

Moran has called in sick for six months and is threatening to sue for psychological damage, loss of wages and infringement of Constitutional rights. He made no mention of indigestion. Ever since, the employer has issued gift certificates for specific amounts.



Don't Bogart That Joint, My Friend

Are workplace drug tests really used to control drug abuse? Or are they, as suggested by the March 1990 issue of *Scientific American*, also a way to prove "drug use had negligible or even beneficial effects?"

The National Institute on Drug Abuse uses a study of the Utah Power and Light Company and the Georgia Power Company to justify the totalitarian tests. The study claims that drug users are more likely to cause accidents, miss work and use health benefits.

But according to a report published by the institute, last year Utah Power and Light spent \$215 per employee less

on the drug abusers in health insurance benefits than on non-users.

Even more incredible, the Georgia Power workers who tested positive for marijuana "exhibited absenteeism some 30 percent LOWER than average."

Astonishing evidence published last year in the *Journal of General Internal Medicine* shows that in a study of 180 hospital workers, 22 had tested positive for drugs. After examining supervisor evaluations and other indexes, researchers found "no difference between drug-positive and drug-negative employees."

In fact, at the end of one year, 11 of the negatives had been fired but none of the positives.

There's no doubt about it, the world is going crazy. If employers could prove that drug addiction improved performance, it would not be long before a positive test would be good news, particularly at hospitals owned by pharmaceutical manufacturers.

HEU awards bursaries

Three HEU members and six members of HEU families have been awarded union bursaries this year to pursue their education.

The largest award was the \$1,000 Ed Ashmore Memorial Bursary to Tina Doucette, of Prince Rupert. This bursary is sponsored by the Surrey Local and the Provincial Executive.

Bursaries worth \$500 were award-

ed to Ann Yates, of Victoria, Kanetta Kristofferson, of Vancouver, Derek Shaw, of Kamloops, and Paul Battle, of Victoria. These are sponsored by the Lions Gate Local, Victoria General Local, the Provincial Executive and the Prince George Local respectively.

Bursaries for \$350 went to Michelle Ostan, Scott Smith, H. Hough of Janet Ker.



COMMUNITY SUPPORT: Norma Sadler (left) and Janice Gottinger (right) are two members of HEU's Mount Nelson Place local in Invermere organizing a community-wide campaign for a first agreement. They are seen here with two residents.

Invermere women target pay gap

INVERMERE — Eighteen HEU members in this East Kootenays resort town, workers at Mount Nelson Place home for mentally handicapped adults, have taken on one of the toughest challenges a newly-certified local can face.

They're out to close the gap between their wages as care aides in a Ministry of Social Services facility and the wages paid to HEU members for the same work in health ministry long-term care homes.

They've appealed to their local community for the political support necessary to force Victoria to loosen its purse strings and more than 200 have responded.

"The community has put a tremendous effort into this facility," says local chairperson Fern Hall. "It would really be a tragedy for the community and for our clients if the home was closed because Victoria was determined to hold down wages."

Mount Nelson Place workers are the main care-givers to elderly men and women who need close supervision in their personal hygiene, as well as prescribed medication, bathing, life skills training and much other support.

The outcome of their struggle will have implications not only for workers in social services facilities around B.C. but also for the depressed wages of women working in other service industry jobs in this tourist town. The existence of this health care low-wage ghetto also threatens the conditions of all unionized health workers.

"Wages have been a number one issue with us," says Hall. "We now earn \$8.32 and have received only 10 cents an hour increase in the past two-and-a-half years. That's why we joined HEU."

The Invermere workers hope to achieve a contract that will bring

them into the range of HEU members at facilities like Golden's Durand Manor, where workers with the same job description now earn \$13.21 an hour.

The fight for recognition hasn't been easy for the Mount Nelson Place workers. First certified with HEU in 1989, they have been trying to bargain a collective agreement since January.

Talks with the Windermere District Social Services Society ran against a brick wall on the question of wages.

Concern was heightened by the employer's decision not to fill some beds at the facility and by the Ministry of Social Service's threat to close Mount Nelson Place.

In a news conference in Invermere Sept. 28, HEU warned that the future of the home was under a cloud because of the funding issue. Zorica Bosancic, assistant to HEU president Bill Macdonald, said the local had the union's backing for a strike vote but "that is our last option."

Instead, she said, the union would work to mobilize community support for full funding to close the gap.

The campaign began in earnest the next week. HEU members leafleted around the community to tell their side of the story. Then they launched a drive to sign up "Friends of Mount Nelson Place" into the society to press for full funding.

"We've found tremendous support," Hall says. "Within a few hours of starting our sign-up drive, we had more than 200 new Friends of Mount Nelson Place in the society to show their concern."

The battle is far from over, but the Invermere workers are determined to stick it out. With community support and union solidarity, they believe they can win important gains for all health care workers.

CROSSWORD

Our crossword in the last issue of The Guardian was well-received, but Burnaby local secretary-treasurer Donald Allen found it too easy. He sat down and drafted up one of his own on health and labour themes and we think he did an excellent job. Good luck.

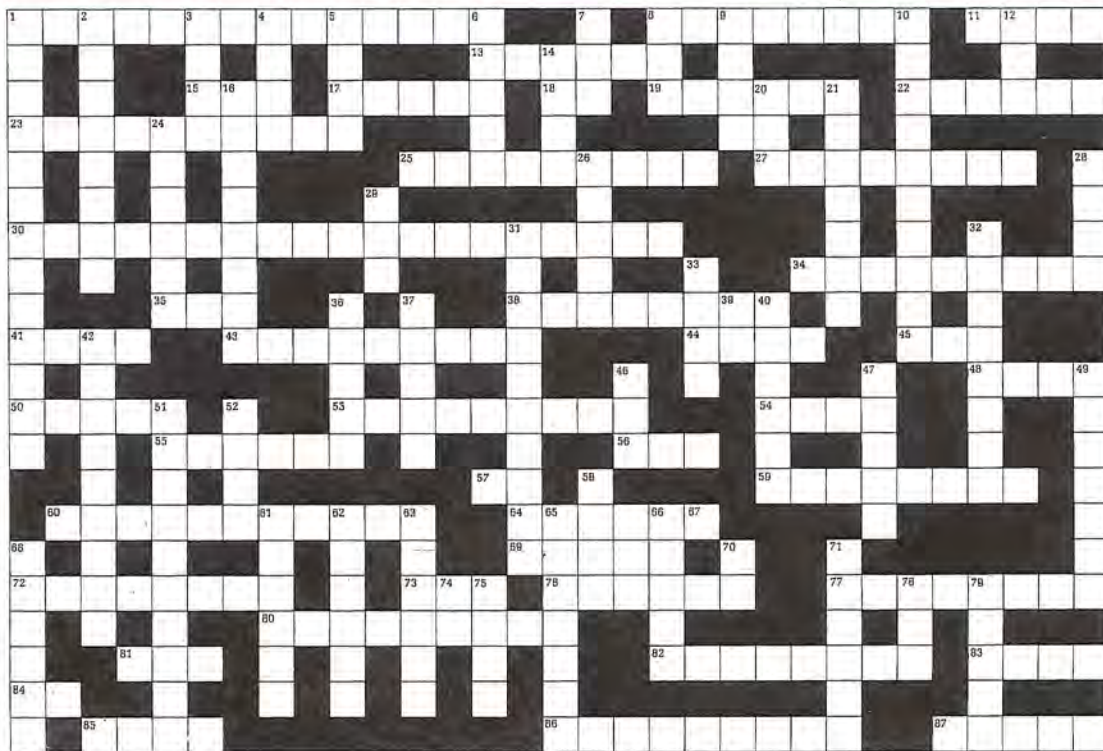
Across

1. HEU Staff _____
8. Contributions to Super-annuation.
11. Patient _____
13. Work.
15. Not thin.
17. Florence Nightingale.
18. Printers measure.
19. Entry Level Status.
22. Part-time, ie.
23. After sixty-five?
25. Type of nursing care.
27. Bargaining _____
30. Contract.
34. Some get this hour by hour.
35. Part of the Team.
38. Is posted if vacant 20 days.
41. Cast ballots.
43. How to right a wrong.
44. Black bird.
45. Serpent-like fish.
48. To free from pain.
50. _____ of employment.
53. _____ aspects of a job.
54. Pancake place (initials).
55. A Workers' way to improve conditions.
56. One of benefits.
57. Another of 35 A.
59. Could belong to HEU.
60. Shop stewards do this.
64. Sometimes is called Technological.

69. Have chewed and swallowed.
72. A Union Officer is one.
73. Friend.
76. Explained again.
77. Room with a patient inside is _____?
80. Provided at the HEU Summer School.
81. Proposed tax.
82. Currently.
83. Employment Standards Act. ie.
84. Not stop.
85. Employer's Agent.
86. Paid when leaving.
87. Legal obstruction.

Down

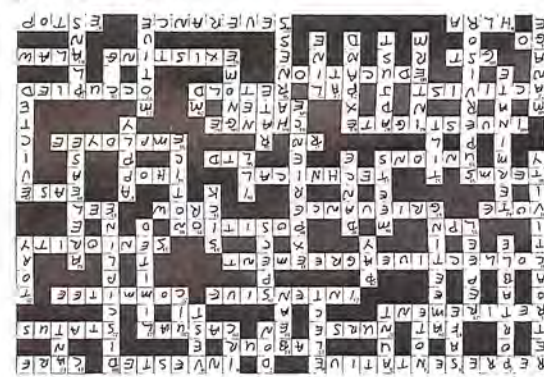
1. Paid after contract signed?
2. Some benefits are _____?
3. Preferred working conditions.
4. Brief informal letter.
5. Relative not covered in Article 32.
6. Chose delegates.
7. Nursing Administrator (initials).
8. Org. boycotted currently.
9. Part of 3-piece suit.
10. Employer must show cause before imposing.
12. Insect.
14. Fibrous, some are green, some yellow.
16. Locals have one a month, usually.
20. Org. that pays members on Mat. Lv.
21. Restricted.
24. What Unions want to happen to 8 D.
26. Specifications (abbr.).
28. Is responsible for 81 A.



29. Every 2 weeks.
31. Gained while working.
32. Usually signed before surgery.
33. Same as 46 D.
36. Joins another.
37. Done to music.
39. Surgery locale.
40. 14 days _____
42. Leave work permanently.
46. Not well.
47. Ask for work or position.
49. Kicked out.
51. Overseer.
52. Lean to one side.

58. _____ of pay.
61. Temporary.
62. Change slightly.
63. Make larger.
65. Reins are part of this.
66. After deductions.
67. A maxim or aphorism.
68. To control or direct.
70. Doctor.
71. Reason for doing.
74. Where it's _____, man?
75. Picket _____
78. Small, round part of machinery.
79. Dental & Medical _____

SOLUTION



CALENDAR

The Guardian welcomes insertions for Calendar. Mail to 2006 West 10th Ave., Vancouver, phone 734-3431, or leave the item on our message line, 734-5311. HEU notices will get priority in the space available.

OCTOBER

25 THURSDAY, 7:30 p.m. Caught in the Net, B.C. Fisheries under Free Trade, with Jim Sinclair, UFAWU. A seminar sponsored by Oxfam. Christ Church Cathedral, Burrard and Georgia, Vancouver. \$5. Information: 736-7678.

26 SATURDAY, 6 p.m. 10th Anniversary Celebration and Benefit for the Canadian Farmworkers Union. Scottish Cultural Centre, 886 Hudson St., Vancouver. Childcare. \$20, \$10.

28 SUNDAY TO FRIDAY HEU 17th Biennial Convention, Richmond Inn, Richmond, B.C.



NOVEMBER

1 THURSDAY, 7:30 p.m. Economic Violence, Where Does It Leave Women? An Oxfam seminar with Luce Alderson and Melanie Conn, of Womenfutures Society, and Jean Swanson, End Legislated Poverty. Christ Church Cathedral, Burrard and Georgia, Vancouver. \$5. Information: 736-7678.

2-4 FRIDAY-SUNDAY. Moving Toward a World of Peace, 1990 B.C. Peace Conference. Presented by End the Arms Race. On Friday, Nov. 2 at 7:30 the keynote speaker at Robson Square Media Centre is Gwynne Dyer. \$7 and \$5. Saturday and Sunday sessions at Native Education Centre, 285 East 5th Ave. Information: 736-2366.

3 SATURDAY 4th Annual Benefit for Sactu and Cosatu, with Jubal, Bafo Nyanga, Sactu Canadian rep and Nancy Sandy, Union of B.C. Indian Chiefs. Dance to Orquesta La Unica, latin beat. Maritime Labour Centre, 111 Victoria Drive, Vancouver. Doors open 7 p.m. \$12 employed, \$8 otherwise. Childcare 874-0550. Wheelchair accessible.

NOW!

4-6 SUNDAY TO WEDNESDAY HEU Wage Conference, Richmond Inn, Richmond.

7 WEDNESDAY, 7 p.m. All graduates of BCIT invited to attend an alumni get-together at the Victoria Conference Centre, Victoria. Information: Michael Crowe, 478-7820.

8 THURSDAY, 7:30 p.m. Fortress North America: Canada-U.S.-Mexico Free Trade, Oxfam seminar with Rev. Jim Manley, Christ Church Cathedral, Burrard and Georgia, \$5.

22 THURSDAY, 7:30 p.m. Random Acts, Jackie Crossland and Nora Randall perform political cabaret about people's lives. Sponsored by Oxfam. Christ Church Cathedral, Burrard and Georgia, Vancouver. \$5.

24 SATURDAY Fight the GST Cabaret and Dance, somewhere in the Lower Mainland. Put this date aside and watch for more details.

26-30 MONDAY THROUGH FRIDAY B.C. Federation of Labour annual convention, Vancouver Trade and Convention Centre.

Moving Toward... a World of Peace!

End the Arms Race, BC's only peace coalition.



You can be part of a growing movement which is changing the World. With your support we can move toward a world of peace and justice.

The Berlin Wall has tumbled and the Cold War is ended. But, the frightening reality is that the Arms Race continues although basic human needs are not met. Just this year the Canadian government increased an outdated cold war budget for

the military by \$560 million. Meanwhile it cut funding of social programs for those who need it most.

The End the Arms Race Coalition is dedicated to stopping the Arms Race and Funding Human Needs. We will continue to organize campaigns and activities giving you a voice in matters of Canadian Defence Policy.

Over 70,000 British Columbians participated in the Walk for Peace and Planetary Survival. The 1991 Walk, the 10th Annual, will celebrate our accomplishments and demonstrate our continued support for peace and disarmament.

We appeal to you to help move the world toward a world of peace.

We urge you to join the growing movement toward peace, disarmament and justice. Sponsor the Walk for Peace and Planetary Survival and give British Columbians the opportunity to secure their future. Fill out and return the attached coupon below.

Please join us by insisting that our energy, money and resources be used to save our planet. Let's build a world of peace and justice.

Yes! I'll help B.C. move toward a world of peace.

Enclosed is my contribution of:

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$200
☐ \$500 ☐ \$_____ (other).

Name _____

Address _____

☐ Please send me more information.

Please make your cheque payable to:
END THE ARMS RACE
1708 West 16th Avenue
Vancouver, B.C.
V6J 2M1
Phone: 736-2366

PLEASE CUT ALONG DOTTED LINE, AND MAIL.

WORKING TOGETHER TO DEFEAT RACISM



HOSPITAL
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UNION

