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 1993.

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.

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 31.

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.
Women's rights key to coming HEU campaigns

EU members face two major challenges in the next six months which have the potential to work dramatically in our industry.

There's no doubt we've got both of them, but it will take all of us, unit by unit, determination and effort to achieve everything possible.

The first challenge is bargaining for a new collective agreement with the Health Labour Relations Association, Continuing Care Employee Relations Association and Picnic. Resolutions to the Wage and Policy Conference indicate that our members have not bought into all the goals and objectives of 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.

The Guardian welcomes letters to the editor. Please be brief. Write to 2200 W. 17th Ave, HEU OR leave your views on the HEU Guardian Online, 734-6311.

Some time in the next six to 10 months, Premier Bill Vander Zalm must face the people in a provincial election. There's a real possibility that the Vander Zalm gang will spend dollars for the health care system and the workers who are struggling to keep it going.

The chances of 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. Many 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 and 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 choose abortion. It's time for a change.

By this time next year, 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. • Always is HEU secretary-business manager.
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 bussed a picket line. Marching together June 12 were (left to right) HEU’s Carmela Allavato, 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 fire-up 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 struck, 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 stop up the pressure for a first agreement. The society laid them off and shut the facility even though only 86,700 was required in new funding to meet contract demands.

HEU 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 the challenge, forming a common front to confront the employer with a major rally June 12 at Langley Memorial. Swallowing the crowd of 300 were 200 students at HSA’s leaders in high school, then under way in Vancouver.

Loaders 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 Allavato 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. “We 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 fall 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 called in their determination to secure a contract, the employer gave in and the Peace Arch workers won their first agreement.

Heather Gardemann
Socrates' 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 Gettemple, president of the B.C. Federation of Labour, says the law could make bargaining tougher, not easier. "It will unleash bargaining positions," he said. "It will have a confrontational and chilling effect."

The bill will require both sides in a dispute to set their positions public 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 shocker to the bill was when the Socrates 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 summations 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 Craig, minister for women's issues, and Mel Couveller, 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 Couveller 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."

"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 packages cannot be mechanically copied from the government program announced by Couveller and Craig, 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 $15.3 million will be available in 1991.

But Allevato criticized the program for its limited scope. 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.
Surgical supply workers take job action over classification

A wave of walk-outs and sit-ins swept the surgical supply department 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 exerting increasing pressure for employers to implement the terms of an important job reclassification agreement which should mean pay increases for scores of workers.

HEU members in a number of localities 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 CBD workers classified as the PCG level in the collective agreement require skills which mean they should be reclassified. Most claimants originally argued for higher than PCG.

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

The hospital employers were not about to apply to many work sites, 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 Coen Kifflal, 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 ORC," she said, "although retroactive payments will only date from the day of the job review request. For that reason, all locals should check to see if they can benefit from the ruling."

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 should be able to say yes, and if you do, you need to do something about it. You need to prepare your case.

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, you must prove you should be paid at a higher benchmark. Then the union must prove that you should 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.

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

Letters of complaint flooded into the B.C. Human Rights Commission after the union waged a campaign against sexist wage scales. Long-time HEU members will remember 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 helped generate public support for the cause.

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 rollback in the collective agreement will mean cuts in postal service.

CUPW members turned out in mass to resist 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 and 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."

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."

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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 ward and nurses' locals to deal with unfair wage gap, the HEU has a strong history of being at the forefront in the battle for justice for women in the workplace.

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Rural cook needs many skills

Charlottetown 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 of both 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 sometimes differs with — outside the hospital.

As a staff 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 IHEU 10 years ago, the hospital has undergone some changes focused 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, need special supervision. The front door of them, which opens onto carefully-tended flower beds, used to stay open. Now it must be locked.

As rural hospital workers have found everywhere, small staff does not bring good lab relations. Since the Queen Charlotte members joined IHEU in 1990, 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"

Gay Games break down old barriers

An IHEU member challenges some of his own assumptions

The idea of a special athletic event for gay and lesbi- an didn't make sense to IHEU member Richard Dennis when he first heard about Gay Games 3 and Camelback Dennis, an IHEU 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 school had been very harmful.

But a few days before Gay Games 3 and Cultural Festival, something that fell upon 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 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 he 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."

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. communities desperately need the elected hospital boards demanded by the IHEU if only to restore some public accountability to local decision-making.

There's no doubt the IHEU local submissions are having an impact. Despite the dental of health bureaucrats, the dimensions of the problem 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 IHEU leadership, 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 IHEU activists present and those comments were especially helpful.

Bonnie Nielsen, 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 representation will be attacked by a hostile stranger. Watch out for comments by those who should know better." The 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."

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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 Charlevoix-Mistassini, in the Arcturus 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 cutbacks 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 Federation 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 Confederation General de Travail, France’s national labour federation.

During her Vancouver visit, Villiere found time to visit HEU’s headquarters. She was welcomed by union president Pauline Mitterand and union staff.

"Our job is the most important in the world," she said. "It’s a good thing to be at the head of the movement to defend people’s health."

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 606 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. timber should mean B.C. jobs," the toehold 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 Prince Rupert, 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 the Victoria link the company’s access to B.C. timber in proportion to jobs.

IWA members at Fraser Mills have been hit with 55 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 300 IWA members were forced onto the unemployment lines by closures at Ainsworth Lumber in Lillooet, and 220 workers have been let go at Weldon’s Squamish operations.

In yet all these cases the timber still is being harvested, says IWA spokesman Clay Perry.

"One of the core problems is the Torrie’s monetary policy," says Perry, because high interest rates have killed housing construction and reduced wood demand. "But a deeper one is to be found in 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.

"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 toiven up marches and rallies."

Despite the election of Socialist president Francois Mitterand, those songs have been important to keep up the morale of hospital workers, who have seen 65,000 of their members laid off. (About 400,000 hospital workers are members of Villiere’s union.)

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 will shift patient care from doctors’ offices to hospitals—further crowding an already overburdened system.

In addition, the tax will add a staggering $70 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 5-6% a bed at a time when the quality of care is already "near collapse because of underfunding."

Without a new injection of cash, the GST cuts 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’ll have to look at wages, benefits, working conditions."

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 electrocardiograms;
- payments for services purchased from other hospitals.

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10 steps to better health care in B.C.

Here are the key points of the HHR Provincial Executive Brief to the Royal Commission on Health Care and Costs, submitted Sept. 18 in Vancouver by executive-business manager Camilla Allemond.

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

2. Restores block funding from the federal government to assure support for medications and accessibility by the provincial government.

3. Meet all B.C. hospital boards by the provincial minister as large as you do for school boards and municipal councils.

4. Repeal efforts to privatize health services in B.C.

5. Call on the Ministry of Health to make the use of licensed practical nurses in hospitals and long-care facilities.

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

7. Strengthens Workers Compensation services and regulations for health care workers.

8. Establish one bargaining agent for B.C. health care employees.

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

10. Bases environmental factors affecting health. Take government actions against large corporate polluters.

LOURIE, September 5:

Patientization of hospital care in Kitsilano is leading to a drastic decline in quality... Other needs are unpredictable, are mostly inadequately supplied, and run out and are rationed. Patients are unhappy with this service and most of our members would like to see Cindy Russell, Kitsilano local chairperson.

ELIZABETH PINGARE, Terrace local chairperson.

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.

HRR local leaders are coming forward in almost every community to tell commissioners chairpersons that many people are coping with rationing, rationing, rationing, rationing, and a host of other problems.

HRR president B.B. MacDonald joined Smithers local chairpersons B.B. B.C. and local secretary-treasurer Bill Jones on Sept. 4 in Smithers on the commission's first day of hearings to underline the nation's concern about the funding crisis.

Funding requires urgent action, MacDonald told the commission. "We must state the threat to the service that the omission of determining roles for public and private medical services could be beyond our power to purse the final goal.""Seventeen thousand people are sick and the worst is yet to come," he added.

The undersubscribed lines and many others were understood in Vancouver Sept. 5 when B.C. presented a slide show which features interviews with HHR members on the job around the province.

Designed to give the commissioners a sense of all the problems they are dealing with as they begin their work, the slide show features interviews with 17 members from three hospitals in Kamloops, St. Paul's Hospital in Vancouver and several other hospitals.

The slide show, which is to be repeated at a number of hearings where other social workers and nurses are present, highlights the problem of the distribution of health care to the nation's need.

It is a system that is in dire need of reform and so-called "family" that it is threatened with destruction.

As a result of the commission's hearing, the Social Credit government's "direction of health funding into general revenue." The result, she said, is that medical practitioners have become better than a low tax, levied by government to support all kinds of spending while corporate taxes are reduced.

The Provincial Executive submitted its findings to all the other major issues confronting HHR members, including staff shortages.

"These and many other issues have been explored by HHR locals. Those who had made submissions at press times included Smithers, Vernon, Kitsilano, B.C. Rupert, Prince George, St. Peters Hospital and Prince George, Barriere, Terrace, Prince Rupert in Terrace. The hearings in Vernon and Penticton will be in September.

As the commission issues the half-way mark of its community hearings, some of its likely recommendations are beginning to emerge. In his travels, B. B. MacDonald says in his home community he has concluded that the government believes "he has a good system."

Yet "we need improvement, and should be fabulous away." Another concern his has, he said, was the need for more emphasis on preventing illness than on curing it.

"This is not an easy solution, he said. "I can't see that it is a particular group that is affected. We have to make changes in the system and in the way people think about health care."

The government has, however, in a report to the commission, proposed the following recommendations for health care:

1. More emphasis on health care prevention.

2. Better organization of health care services.

3. A national plan for the training and distribution of health care professionals.

4. More funding for health care services.

5. A review of the role of health care professionals in the community.

6. A review of the role of health care professionals in the community.

7. A review of the role of health care professionals in the community.

8. A review of the role of health care professionals in the community.


10. A review of the role of health care professionals in the community.

SMITHERS, September 6:

For those 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... Despite their shortages, Smithers chairperson B.B. Groot, union president B.B. MacDonald, and local secretary-treasurer Bill Jones.

DIBBON CREEK, October 5:

"In view of the fact that all of their hospitals and health care services are in spending one-third of the total annual provincial government budget, it seems more inappropriate that these boards be asked to elect their boards as health care is a public concern," he said.

Bob Edwards, Dawson Creek local

Peggy Banks, Peace River-Helen local.
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. 30 in Vancouver by secretary-business manager Carmela Allevato.

1. 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. Speaker: 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 meals 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; Elaine Pigeau, Terrace local chairperson.

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; Kim Horback, secretary-treasurer.

Wherever it goes, discord on Health Care is the crisis in health care people on the job.

HEU local leaders almost every community chairperson Judge Pettersen are coping with the union, lay-offs, contrasting other problems.

HEU president Bill G. Philadelphia chairperson secretary-treasurer... the commission’s first undertaking the unionizing crisis.

Underfunding reported told the common belief of HEU that the recommendations of the commission’s funding to health care advancement of the final.

Seaton later told issue sticks out like make an interim report.

The underfunding were understood in... HEU presented a slurred interview with around the province.

Described to give the what HEU members health care, the slurred members from Kamloops, St. Paul’s several other facilities.

The smoke-tape show health care costs the reality, the union assiduously starved of funds: destruction.

In a subsequent the Provincial Executive manager Carmela
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OMMISSION ON HEALTH CARE

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C. Cort. while corporate taxes are reduced.

C. Cort. Provincial Executive submission also

C. Cort. the other major issues confronting

C. Cort. BCCU members, including staff shortages.

C. Cort. those and many other themes have been

C. Cort. by BCCU locals. Those which had

C. Cort. submissions at press time included Smithers, Terrace, Kitimat, Prince Rupert, Prince George, Simon Fraser Lodge in Prince

C. Cort. Dawson Creek, Peace River Haven in

C. Cort. on Invermere and Pioneer Villa in

C. Cort. As the commission hits the half-way mark of

C. Cort. its community hearings, some of its likely

C. Cort. are beginning to emerge.

C. Cort. In his travels, Seaton told reporters in

C. Cort. he has concluded that people believe

C. Cort. have a good system

C. Cort. They say it needs improvement but

C. Cort. shouldn't be thrown away.

C. Cort. Another common theme, he said, was the

C. Cort. need for more emphasis on preventing illness

C. Cort. than on curing it.

C. Cort. Seaton is not impressed by calls for user

C. Cort. "I can't say that any particular group

C. Cort. favours them, but user fees deter people from

C. Cort. using health care on the basis of their ability to pay. Not because they may be using the system for the wrong reason.

C. Cort. The commission appears likely, however, to

C. Cort. favour regionalization of health services, a

C. Cort. opposed by BCCU and the Health Care

C. Cort. Advocates, a coalition of labour, health, and

C. Cort. community organizations monitoring the

C. Cort. The Health Care Advocates believe that

C. Cort. such a decentralization of health care

C. Cort. decision-making would reduce provincial

C. Cort. 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.

SMITHERS, September 4: '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."

Smithers chairperson Barb Groat, union president Bill Macdonald, Smiths local secretary-treasurer Bev Tones.

DAWSON CREEK, October 3: '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.'

Bob Embree of Dawson Creek local; Peggy Rurka of Peace River Haven local.
The Last Day of the First Week

FICTION BY JULIA SHELLEY

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 next ward is for women and feels more comfortable, but there's little time to talk. One white-haired little woman calls me overly 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 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 here. There's no time for sitting over pots of tea." Later in the day she parks my coat 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 highly complex network of romances among the cleaning and kitchen staff. "General Hospital has nothing on us!"

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 hanging 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 last thing is to make sure no one gets missed and to see to the cleaning of the bedside tables and the emesis basins. The patients are not happy; they're always asking for more linen, more soap, more water. I try to please them, but it's not easy. They're always complaining, always wanting more. It's a never-ending task, and I'm always running out of time.

I've been working here for two years now, and I'm getting tired. The job is hard, but I'm used to it. I've learned to cope with the difficulties, and I'm determined to keep on working. I'm not planning to leave any time soon, but I'm thinking of taking a break, maybe going on a vacation. I need to relax and recharge my batteries before I can continue with my work.

The second ward I visit is for women in obstetric care. They're all healthy and happy, and they're always smiling. The nurses are busy, and they're always asking me for help. I try to assist them as much as I can, but I'm not able to do everything at once.

The last ward I visit is for the elderly, and they're all quiet and peaceful. They're all waiting for their turn to be washed, and they're all thanking me for my work. I try to make them feel comfortable, and I try to make them smile. I'm always telling them that everything will be all right, and that they should never give up hope.
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. HEU on-Island Regional Office director, says the extra time will give the GVHS an opportunity to better understand the value of a nursing team strategy. CHS claims the reprieve was necessary for the committee to study the issue.

Meanwhile, morale among LPNs is low due to their uncertain future and the failure of the GVHS to recognize their skills, says Royal Jubilee LPN Elaine Benson. Benson, who worked there as a registered nurse, says the lay-off, "gives no good news but the continuing negative attitude toward team nursing is hard on staff morale.

On the front lines against AIDS

By BRAD TESTER

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

Through the purchase of special 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 McDermid, an HEU member and lab assistant, says AIDS has an enormous impact throughout the hospital. She is the mother of three children says that aside from the personal fear of infection, care givers must come to terms with extreme dietary 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.

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

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.

Unusual precautions, a safety standard widely used by health care workers, are recommended to reduce risks in handling blood and body fluids of people with AIDS or HIV infection. The precautions call for the use of gloves and gowns 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 un-informed that all patients in rooms labelled with the pink signs are HIV positive.

McDermid, who views the pink labels as an unnecessary breach of patient confidentiality, says under-staffing 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 McDermid. She says the signs could cause 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 McDermid. She emphasizes the lab assistant turn wage rate of $13.20 an hour is an insult. "I made more money a few years back driving a truck that job entailed a lot less stress and fewer risks.”

Some 80 per cent of St. Paul’s patients involve body and blood precautions, says lab assistants super- visor 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 two lab assistants have accidentally poked themselves with a needle in the last three years while taking blood from HIV infected patients.

Management doesn’t understand that it takes more time to treat patients requiring AIDS 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?”

McDermid says she feels sorry for patients and staff at other hospitals, especially those facing irrational fears about the virus.

Lemky agrees. She says the exaggerated publicity surrounding AIDS 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.”

McDermid 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 friends. The educational experience and helps make the challenges of the job more worthwhile."

"Each of us will lose someone close to us because of AIDS,” says McDermid. "But we’ve 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.”

“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 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 pushed 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 do. I suspect 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 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 labor movement has not been able to mount the political strength that it took 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 now be fought, and that is the notion that people have a right to make a profit off the fact that human beings are ill.

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NUMBERS & MONEY

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

...
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 Employers 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 grated 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 nominees dissenting, ruled that written applications are consistent with the collective agreement. The employer lost the right, however, to require proof of illness to be submitted six months before sick leave could begin. The arbitrator also ruled that proof of illness could be demanded, but only if circumstances reasonably warranted. This issue may be reviewed.

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 Morell, Connie Larabble and Halle McMillan.

'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 Saltier of the B.C. Boiler and Pressure Vessel Safety Board has condemned the sterilizer as "inoperable" in a report dated March 28. He said the sterilizer was "inoperable," and dangerous equipment.

But when Saltier 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," Saltier 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 800 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, chairman 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 muck is when we are 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." Saltier no longer has any jurisdiction in the matter. In a move described by Saltier 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 convenient 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 decided to decrease the safety valve release pressure per square inch (PSI) from 50 to 15 pounds following 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. "We're looking at a $250,000 expenditure to redesign. People here are not in a position to spend money if they don't have to. My hands are tied!"

Autumn 1980 • GUARDIAN
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 Dessureault, of Prince George. This bursary is sponsored by the Surrey Local and the Provincial Executive. Bursaries worth $500 were awarded to Ann Yates, of Victoria, Kamela Kristofferson, of Vancouver, Derek Shaw, of Kamloops, and Paul Battle, of Victoria. These are sponsored by the Lions Gete Local, Victoria General Local, the Provincial Executive and the Prince George Local respectively.

Bursaries for $500 went to Michelle Ostyn, Scott Smith, H. Hough of Janet Kern.

COMMUNITY SUPPORT: Norma Sadler (left) and Janice Gatzinger (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 Kootenay resort town, workers at Mount Nelson Place have been mentally hand-bound, cuffed 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 service 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 photo also threatens the conditions of all ununionized 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 $13.23 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 Services 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. Zaccia Brusco, assistant to HEU president Bill McMillan, said the local had the union’s backing for a strike vote but “that is our last option.”

Instead, she said, community 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 signup 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 Invermee 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.
Our concern is the last issue of The Guardian was well received, but surely our local secretary treasurer, Donald Allan, found it too easy. We should have an opportunity to see that the people are happy with this project. Good luck.

Address:
1. H.U. Staff
2. Contributions to Super-annuation.
3. Patient
4. Work
5. Not ill.
7. Printers reounce.
8.集体 Living Status.
9. Paid for the H.E.U.
10. A9
11. Proposed tax.
12. 25%.
15. Employers' Agents.
17. Legal obstruction.

Down:
1. Paid after contract signed.
2. Some benefits are...
3. Preferred working conditions.
5. Recruit not covered in Article 32.
6. Chose departures.
7. Staying with sales (initial)
8. Or, incorporated currently.
9. Part of Sydney suit.
10. Employer must show cause before imprisoning.
11. Insect.
12. Fuzzy, same are green, same yellow.
13. The study have a one-month usually.
14. Or, that pays men's bills.
15. Not, UK.
16. Restricted.
17. What's without to happen to B.C.
18. Specifications (other).
19. Is responsible for 63 A.

CALANDAR

The Guardian welcomes insertions for Calendar until 20th May, 1967, or voice the item on our message line. 744-7751. H.E.U. notices will go out promptly in the same issue.

OCTOBER

25 THURSDAY, 7:30 p.m. In the B.C. fisheries with Nick, with Jim "The Little" Reader, Vancouver, Y., on message line. 744-7751. Notice will go out promptly in the same issue.

26 SATURDAY, 6 p.m. 10th Annu

November

1 THURSDAY, 7:30 p.m. Economic Visitors, Where does one leave the Arlene Allison meeting with Arlene Allison and Middle Class. Savings and Loan Society. And the Bankers. (End Legis

2 FRIDAY, 6:15 p.m. Moving towards a world ofAtoms. The 1967 B.C. Peace Conference. Presented by End the Arms Race. On Friday, Nov 16 at 7:30 p.m. the keynote speaker will be Roderick R. Smith. Press.

3 SATURDAY, 4th Annual Benefit for the New Society, House of Commons, 1355 Hornby St., Vancouver, 12:30 p.m.

4-6 SUNDAY TO WEDNESDAY H.E.U. Stage Conference, Richmond, B.C.

SOLUTION

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 its defence budget by $100 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 72,000 British Columbia participants in the Week 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.

Please join us in the movement to a world of peace, disarmament and justice. Sponsor the Week for Peace and Planetary Survival and give British Columbians the opportunity to secure their future. Fill out and return the attached coupon below.

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

Enrolled in my contribution of:

$25 $50 $75 $100 $200

Please send me more information.

Please make your cheque payable to END THE ARMS RACE 1000 West 8th Avenue Vancouver, B.C.

Name

Address

Please cut along dotted line and mail.

Autumn 1990 • GUARDIAN
WORKING TOGETHER TO DEFEAT RACISM

HOSPITAL EMPLOYEES' UNION