HEART OF HEALTH CARE: HEU members around the province donned Heart of Health Care buttons Feb. 14 to show their solidarity with their bargaining committee. In solidarity at Vancouver’s Shaughnessy Hospital were (left to right) maintenance worker Peter Marcuse, lab clerk Annamarie Petrella, housekeeping worker Tom Vip, cashier Rosemary Beanes, food service worker Blaise Thomas and housekeeping worker Norma Lee.

Victory at Kelowna’s May Bennett Home
A hard-fought 23-day strike produced victory for 21 HEU members who tackled the Health Labour Relations Association to win the union’s standard agreement.

Ready for a test of strength
Bargaining is under way for new collective agreements for HEU’s 35,000 members.

Talks with HLRRA were dogged by controversy from the opening day, with threats of wage controls and applications to the Industrial Relations Council. PAGES 3 and 4.

Meanwhile, HEU local officers have been meeting around the province to review preparations for a strike, if that proves necessary. PAGES 8 and 9.
Lessons of the May Bennett picket line

A

N injury to one is an injury to all and the victory of one is a victory for all.

That's how we view it at HEU. And that's why the May Bennett local members — a feisty group of 11 workers fighting for their first contract — found themselves surrounded by fellow HEU members when they needed support.

Last June when May Bennett workers joined the HEU, management warned that the 3,000-member union would have no time for such a small facility. The local would be lost among larger unions, and workers would be isolated.

The employer was wrong. Shift after shift, day after day the May Bennett workers stood up and hung up a hoisting portion of HEU solidarity. Most days, it was the employer who was lost or at least hidden by a solid curtain of blue jackets.

From the first shift on the picket line at 5:30 a.m., Feb. 8 through to the end of the strike, the members of the HEU Provincial Executive were on the picket line with May Bennett workers.

The HEU local won the support of other health care workers, of the labour movement in Kelowna, of the residents and their families and of the whole community.

Picket line support arrived from other Okanagan Region locals as well as locals in other parts of the province.

The May Bennett Strike was important to the Hospital Employees' Union because:

• May Bennett workers deserve a fair contract.

• It demonstrated our willingness to take on a challenge from the Health Labour Relations Association (HLRA), an important signal early in our Master Agreement negotiations with HLRA.

• It was a fight to preserve our standards.

The May Bennett Home was the first long term care facility fully funded by the Ministry of Health that tried to impose an unacceptable standard to both of us.

• It strengthened relationships among all health care unions. Special mention must go to the B.C. Federation of Labour for their respect for HEU picket lines and for their cooperation with us in dealing with essential services. And a special thanks to Health Sciences Association members from Kelowna who frequently lost support on the picket line.

• It presented further concrete evidence of the solidarity support HEU enjoys within the broader labour movement from the Kelowna labour council affiliated with, of course, the Canadian Union of Public Employees.

Finally, the May Bennett strike gave us the opportunity to show our mettle to the employers throughout B.C. The union is strong and united and we will provide broad public support for our demand for justice for health care workers.

Guardian

Guardian ruled good mail, not junk mail!

I like the new look of THE GUARDIAN! And thank you for now sending it directly to my door! As for your story and ideas request, I submit the following:

I am an environmental scientist, a woman who makes a WORLD of difference!

After suffering through a massive attack of writer's cram from re-addressing my junk mail one day, I developed a concept for Junk Mail Re-Mallers, neon stick-

ers used to round junk mail back to its source, informing the source that you do not care or deserve being put on their mailing list.

I am finding that almost everyone dislikes junk mail and the terrible waste generated by it. Anyone who feels dis-

tracted by the wasteful destruction to our disapp

Bering the junk mail, I am sending the source the feed of forests for production of junk mail, which is to say-

nentially, the waste is being used to create an environ-

mental monster. From reaction to junk mail in Canada, I am finding that people are actually willing to pay proper postage to return unwanted junk mail to its

source with the enclosed message: "This is waste."

JOHANNA NICHOL, 2405 McGregor Drive, Ponoka, 542-222 694-402-2300

Royal Commission unlikely to be a interim report

The HEU has received this letter from the Royal

Commission, which states:

"The HEU has received this letter from the Royal Commission on Health Care and Costs. In response to its requests for an interim report on our funding crisis, the Royal Commission has decided not to proceed with an interim report. It may be that the Royal Commission will not proceed with the development of an interim report at all. It is expected that the Royal Commission will make a decision on this matter early in the new year."

KAY AND BILL THRED, HEU

Guidian

Guardian: "It hurts talking to all these nice people!"

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The Hospital Guardian is published by THE HOSPITAL护 wll let you a view of the other wevely through B.C. The union is strong and united and we will provide broad public support for our demand for justice for health care workers.
HEU tables 1991 contract proposals

Union rejects employer stand on delay of pay equity changes

The Hospital Employees' Union tabled a six-point contract demand package called Six Steps to Fairness Feb. 14 as bargaining for a new Master Collective Agreement got under way in Vancouver.

The same package was put before Pr Executive employers March 5 and was placed on the table at the CCHRA talks as this issue went to press.

The existing Master Collective Agreement covering some 25,000 HEU members working in 128 B.C. health care facilities expires March 31. CCHRA and Pr Executive contracts expire the same day.

HEU's six-point package of demands, arrived at after a year-long democratic process involving union members throughout B.C., are geared to re- storing pay chores battered by discrimination, inflation and wage controls.

The demands address pay equity, an adequate wage increase, working and caring conditions, union rights, improved benefits and job security.

HEU members, in a demonstration of support for the HEU bargaining committee, marked the start of bargaining by donning buttons pro- claiming hospital workers "The Heart of Health Care."

The talks began on a polite note early Feb. 14 with a simple exchange of demands but quickly soured when the HEU issued a news re- lease condemning HEU's position.

"The message we're getting from their hysterical response is that these are going to be difficult negotiations," said HEU secretary-business manager Carmela Allavena in a news interview after the opening meeting.

HEU president Gordon Austin said employers will not retreat from the bargaining table but in repeated news interviews characterized HEU demands as unrealistic. He targeted pay equity and wage improvements for particularly harsh criticism.

Allavena said substantial wage increases are long overdue. "Hospital workers have been subsidizing the health care system by seeing real cuts in their pay in return for more work. Our members are looking for pay equity adjustments and have already lost during the past 10 years to inflation and more recently to the GST.

HEL RA essential service stand 'provocative' - HEU

HLRA's decision to appeal to the Industrial Relations Council to set essential service levels for B.C. hos- pitals was formulated in provocativeness in a Feb. 25 Hospital Employees' Union news release.

HEU learned Feb. 20 that the HLRA has asked the council to de- termine essential services even though all three unions involved in current contract talks are boycot- ting the BRC.

"HLRA knows we adhere to the B.C. Federation of Labour boycott of the IRC and is well-aware that we will not abide by the council's deci- sions," said HEU secretary-business manager Carmela Allavena.

In 1989, the hospital employers and health care unions agreed to abide by the decisions of arbitrator Stephen Kelleher in settling the lev- el of essential service to be main- tained in the event of a strike. The HLRA to date is refusing to follow the same procedure.

Meanwhile, however, all three unions have established a joint pro- cess for determining what they believe essential service levels should be. Details of the agreement are on page 5.

March 1991 • GUARDIAN
Sacred wage controls target health workers

Public sector wage controls by B.C.'s Social Credit government will not stop HEU's bargaining push for pay equity and an adequate wage increase.

Premier Bill Vander Zalm announced a return to wage controls in his Jan. 29 address to the province. HEU wages are already behind inflation as a result of wage controls imposed by Bill Bennett's Social Credit government.

The Hospital Employees Union and the B.C. Nurses Union already are in bargaining, as are thousands of teachers. The B.C. Government Employees Union contract expires in July.

There is no doubt, however, that health care workers are a serious target of the new Social Credit policies. Our members are determined to redress the long-standing discrimination against women workers.

Our members have committed to pay equity and are prepared to work toward that full implementation," said HEU president Gordon Axtom, at a meeting last November when some 18,000 health care employees pledged pay equity reforms.

HEU was following the lead of the Social Credit government, which announced plans last September to provide supplementary pay equity funding to address discrimination against women workers.

Since then, however, both the HEU and government have backtracked on the issue of pay equity. The union believes the HEU is hiding behind sacred wage controls to avoid honestly addressing fair-minded pay equity demands.

Sacreds are introducing legislation captioning public sector wage increases this spring. The cap percentage has not been made public as of press time, but reports indicate it could be as low as four per cent.

Statistics recently released by Statistics Canada back up HEU's claim that women workers continue to receive unfair wages. And, the gap between what men and women earn isn't decreasing and hasn't changed significantly since 1964, figures show.

In B.C., women working full time last year earned an average of $63.67 per cent of the average man's wage of $85,073, says the Statistics Canada report.

The average wage of HEU members last year was $16,623. The HEU is the largest union in the province with women comprising some 86 per cent of the total 35,000 membership.

Budget, GST underline need for wage increase

The latest Conservative federal budget, coming on top of the Goods and Services Tax, amounts to a new assault on health care workers, says the HEU.

The budget, which continues a freeze on federal support for health care," is "a disaster for health," which directly undermines the health care system, said the union Feb. 26.

"Finance minister Michael Wilson is talking through his hat when he says he will pass legislation which will protect the principles of the Canada Health Act," union secretary-business manager Carmela Alvareno said.

"The continued freeze on federal transfer payments to the provinces will mean a direct cut in health spending." (More on the budget on page 16.)

The provinces will respond to the reduced funding with user fees or bed closures or both, she predicted. Without the leverage provided by existing federal grants to health care, Ottawa will be helpless to resist.

The budget's call for wage controls, privatization and contracting-out are an attempt to "make working people pay for the recession and the Gulf War," Alvareno added.

The budget was a fitting sequel to the first month of the GST and Services Tax, which produced a 2.1 percentage jump in the cost of living in the month of January alone.

The inflation rate in the same month in 1980 was only 8 per cent.

The sharp jump underscores the need for GST protection to a new assault on health care workers, said the HEU in a news release.

Alvareno said that the union anticipated an immediate rally because that concern was reflected in wage demands. The January increase was the first time in several years when the Conservative government had forecast.

"Our members are looking for pay equity adjustments and have already lost wages to inflation during the past 10 years," Alvareno said.

"There's no question that inflation produced by the GST has been severe and our members will be insisting on recognition of that fact in a new agreement."
Long-term care talks under way

Employers at privately-owned long-term care facilities called for sweeping contract rollbacks at the March 5 start of contract talks involving some 3,500 HEU members.

About 30 long-term care facilities represented by the PriCare bargaining association called for rollbacks or concessions in six broad areas ranging from resident care issues to scheduling.

It is firm union policy that HEU will not accept contract concessions.

PriCare has failed to provide assurance that existing contract conditions and benefits will continue after the April 1 expiry date.

Employers at many PriCare facilities have a history of profit-motivated service cutbacks at the expense of patient care and employee wages and benefits.

The HEU, which is committed to a no-concessions contract, is seeking the same six demands tabled last month in Master Collective Agreement talks with the HLRA.

The HEU demands, presented under the title "six steps to fairness," are pay equity, an adequate wage increase, working and caring conditions, union rights, improved benefits and job security.

In keeping with its goal of parity for all HEU members, the union will table the same "six steps to fairness" demands in collective bargaining later this month with 41 long-term care facilities represented by the Continuing Care Employee Relations Association (CCERA).

The HEU committee bargaining with CCERA and PriCare includes Bargaining Committee members from the long-term care field. The union viewed the strike at May Bennett Home in Kelowna as indicative of the tough bargaining likely in the CCERA and PriCare talks.

May Bennett workers had to strike to win all the benefits of the standard long-term care agreement. May Bennett Home, however, was represented at the bargaining table by the Health Labour Relations Association.
Laundry work is never, ever done
Tilbury HEU crew has hot workplace

By BRAD TETER

The day starts long before the winter sun rises for Tilbury Regional Hospital Laundry worker Hilda Peraula.

By about 5 a.m., the single mother and grandmother has left her Vancouver home to join a carload of co-workers for a 30-minute drive to a rural hospital facility that cleans and sorts some 15 million pounds of laundry each year.

Peraula, who grew up in Guatemala City, has made the trek to the Tilbury laundry for some 11 years. Recently elected to the position of HEU Tilbury local chairperson, Peraula plays an important role in the enormous job of cleaning and sorting laundry from 14 hospitals in the region.

"I know my job and I like it here," says Peraula over coffee in the laundry's lunch room. On a typical work shift, Peraula follows a rotating schedule that includes five hours on one of three large cleaning machines. Each machine handles specific laundry items ranging from fitted sheets to yellow had sheets. From a window overlooking the maze of laundry equipment, her team is specifically trained to process the thousands of hospital uniforms that arrive daily. Sorting the uniform parts — often similar in design — and delivering them back to the correct hospital facility is a difficult assignment. The uniforms arrive in giant bales, mixed with tons of other laundry.

Heat in summer and winter equipment pose the greatest hardships for staff, says Peraula. "It's hard for us because there is so much heat. There's no getting away from it." Peraula and fellow workers expect working conditions will improve with the completion of a major renovation project now underway at Tilbury.

MOVING MOUNTAINS: Hilda Peraula, chairperson of HEU's Tilbury Laundry local in Delta, with just a tiny fraction of the day's laundry load. Tilbury workers do the washing for many Lower Mainland health-care facilities.

Her team is specifically trained to process the thousands of hospital uniforms that arrive daily. Sorting the uniforms — often similar in design — and delivering them back to the correct hospital facility is a difficult assignment. The uniforms arrive in giant bales, mixed with tons of other laundry.

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She's champion hill-climber

LPN Elaine Pigeau relaxes in a 4 × 4

TERRACE — Weekend fun includes eating a little dirt for Mills Memorial Hospital LPN Elaine Pigeau.

But when she's nearly flying over rugged terrain in a powerful land cruiser, who needs a little sand in the face? asks Pigeau, whose hobby is racing her own four-wheel drive truck at the nearby Kelum Lake 4 × 4 race track.

Pigeau says power and speed attracts her to a sport that is still largely male dominated. She started driving about eight years ago after discovering her recreational needs along the Copper River that she was good enough to compete against her husband Len. "I figured I could beat him." Since then, Pigeau has been a regular at the race track, concentrating on the uphill version of the sport. Although the race itself is measured against uphill speed, it's the ride down — nearly a free fall in some cases — that is most frightening.

"It's dangerous. I've never been injured but I've come very close to rolling over."

READY TO ROLL: HEU Terrace local executive member Elaine Pigeau relaxes on the weekend by racing her custom-built four-wheel drive in exhilarating but dangerous hill-climb events.

Pigeau, who is fiercely competitive, has managed on occasion to outrace her husband, though he always has an excuse — falling gear, etc. She has placed first in races against women as high as second in a mixed field of several racers. Drivers are attracted to the Kelum Lake races from as far as Prince George.

Pigeau has graduated from a stock Toyota pickup to a custom-built vehicle — resembling a Toyota Land Cruiser — with a 302 Ford engine. "I love it, it's very fast and very powerful."

She straps herself in with a four-point harness and wears a helmet and coveralls. Racing is winning increasing support among the residents of Terrace and area. Although racing was once considered a rowdy sport with a bad reputation, the participants have turned things around by strictly policing drinking regulations and raising funds for community projects such as the local child development centre.

Though obviously not for everyone, the sport has helped Pigeau, a mother of one, enjoy many weekends with her husband. Racing has also sparked a lot of good conversations on the job.

Outgoing and optimistic, Pigeau, who works at Mills Memorial for some 15 years, says others can't understand her interest in racing. "They think I'm crazy."

editor's note

By GEOFF MEGGS

A few hours before the emergency meeting with VGH began, board spokesperson Scott McClay, who works as a supervisor in the hospital's emergency department, met with a group of employees from the emergency department. The group had concerns about the hospital's decision to close the ER. After the meeting, McClay said he was confident that the hospital would be able to respond to the concerns.

In an effort to improve communication, VGH has created a new position of patient and family advocate. The advocate will be responsible for ensuring that patients' needs are met and that their concerns are addressed. McClay said the new position will help improve the hospital's ability to respond to patient concerns.

"It's a big step for us," said McClay. "We've been working for a long time to improve communication with patients and their families, and this position is a significant step forward in that effort."
Labour

U.S. health workers co-ordinate fight for union wages

American health care unions are making important gains in their drive to organize nursing home workers, but they have a long way to go against some of the toughest anti-union companies in the United States.

According to Dale Ewart, director of the Health Care Division of Local 86 of the Service Employees International Union, “even so-called highly-paid nursing home workers earn ridiculously low wages” of between $4 and $5 an hour.

In the profit-driven American industry, each worker may be responsible for up to 10 patients, and industrial injuries are common. There’s enormous money to be made for the nursing home chains. One company took away $1.5 million profit in a single year from two homes organized by SEIU in Wisconsin, where workers obtained a $1 an hour increase after organizing.

According to Labor Notes, a Detroit-based weekly on labour affairs, U.S. health unions realize more co-ordination will be necessary to tackle the chains.

Key to the work may be alliances with nursing home residents, who foot most of the bill for care. When savings run out, residents rely on Medicaid, which covers only about 50 percent of nursing home costs as a result, Medicaid wards have even lower staffing ratios. A recent survey found that 25 percent of 15,000 nursing homes which were checked did not keep residents clean or administer drugs properly.

Threat to our phone system

Canada’s superb telephone system, which offers lower costs than any system in the world except Sweden’s, could be destroyed by an attack on the Canadian Radio-television and Telecommunications Commission (CRTC).

Leading the fight to save Canada’s phone system is the Telecommunications Workers Union, which is warning Canadians that a bid by Unifil, a company controlled by Rogers Cable and CNCP Telecommunications, could end universal access to our telephone system.

“The USA has already made the disastrous mistake of deregulating and breaking up their phone system,” says TWU president Larry Armstrong. “We will be front and centre in the battle against the Mulroney government and companies who are trying to sell us a vision of telecommunications for profit!”

The TWU has launched an aggressive public information campaign to warn against Unifil’s call for the right to sell long-distance telephone service.

“Telecommunications is no perversion in our lives and has such an impact on our jobs, families and communities that it should not be treated as the new playground for the rich and powerful,” Armstrong says.

If successful, the TWU warns, Unifil’s bid could “push prices higher for nine out of 10 telephone numbers in Canada.”

The long distance profits used by existing telephone companies to subsidize local service and to hold down rural phone rates would be siphoned off by Unifil.

The result, TWU says, would be sharp increases in costs for working people, seniors and small businesses. In 1991, the union says, Unifil opposed an application by Bell Canada and B.C. Tel to reduce some long distance services.

To drive home the point, TWU invited American consumer crusader Ralph Nader to B.C. late in February to back up the union’s submission to the CRTC hearings. Nader confirmed union charges that U.S. rates have increased much faster than Canadian rates.

In fact, while American rates declined 12 percent in B.C. between 1983 and 1989, they rose 18 percent under Reagan-directed deregulation.

San Francisco law mandates VDT safety

The city of San Francisco passed a law late last year that is meant to give employees displaying terminal (VDT) workers better health and safety protection.

In recent years, concerns for the safety of VDT workers has shifted from the issue of radiation, to strain, stress and eye injuries.

The San Francisco law will enforce better safety standards to prevent these types of injuries. These include measures like adjustable work stations, glare shields, special lighting, and frequent breaks for VDT workers.

Businesses with 15 employees or more will be forced to implement these measures within four years. Some businesses have complained about the cost of the changes, estimated to total $30-75 million. But a San Francisco VDT coalition counters that one carpal tunnel syndrome injury alone can cost up to $30,000. (Carpal tunnel syndrome is a serious wrist injury resulting from repetitive work in a strained position.)

The coalition also estimates that the cost of complying with the bill will be as little as $500 per worker. Good work station design, it argues, increases productivity by 15-20 percent.

— Publish Magazine/CAIM

Mexico trade deal will hit health care, group warns

A Canada-U.S.-Mexico free trade pact, which the Mulroney govern- ment hopes to conclude by January, 1992, will add another blow to Canada’s universal health system, says the B.C. Working Group on Canada-Mexico Free Trade.

Canada’s health care standards will be dragged to the lowest common denominator if we are forced into a common market with 350 million others, says the coalition of church, trade union and community organizations.

In a comprehensive report released in Vancouver Feb. 12, the Working Group called on the provincial government to “stand up for the people of B.C. and say there are no benefits for British Columbians in the trade deal.”

“We only stand to lose more jobs, more industries and face more pressure on our social services.”

Members of the group have visited Mexico to meet with the country’s labour organizers and have concluded the deal holds few benefits for Mexicans, either.

The main beneficiaries, the report concludes, will be large corpora- tions which will shift production to maximize profit.

In the health care field, the main impact will be increased pressure to reduce the cost of medical care through universal premiums and to open the system up to more profit-oriented facilities as in the U.S.

Other industries will be hard-hit, as well. Forestry, in particular, is vulnerable to the export of mills and secondary manufacturing plants.

Canada’s environmental regula- tions will also come under pressure, the Working Group warns, as corpora- tions try to move our standards down to Mexican levels in order to compete.

The Working Group is urging that any changes in trade with Mexico be accompanied by agreements to protect the right to a job, decent wages and some democratic control over the workplace.

March 1991 • GUARDIAN
Preparing for a test of strength

HEU is bargaining hard to win new agreements, but our strike machinery is being put in order

With just weeks to go before expiry of all of HEU's main collective agreements, union locals around the province are laying the groundwork for a strike if one is necessary to back contract demands.

"Our goal is to negotiate a settlement without confrontation," says union secretary-business manager Carmela Alleveo. "That's always our top priority.

"But experience has shown us that our employers, and particularly the Vander Zalm government, may test our strength. We have to be ready and we will be." Each week, somewhere in B.C., scores of HEU local officers are gathering for two-day workshops to study, improve and amend the union's Strike Manual and Essential Services Manual.

By the end of March, almost 1,000 local officers from every region of the province will have had the opportunity to hear first-hand about HEU's bargaining strategy, local communications and strike preparations.

Provincial Executive members attending each session sit in on the workshops, compile proposals for changes and are feeding them into the Provincial Office.

HEU's Strike Manual sets out the procedures for conducting a strike vote, establishing essential services committees, running a picket line and collecting strike pay.

"The manual takes into account the events of 1989," Alleveo says. "We've made substantial changes to our Constitution and Bylaws that reflect the lessons of 1989 and are designed to remove much of the confusion."

Some of the most significant changes include:

- **Essential Service Pay:** Revisions to the Constitution now provide that the Provincial Executive shall be authorized to increase dues up to 20 percent of the gross salary of all non-striking members to be placed directly into the strike fund. This temporary dues increase shall be discontinued at the conclusion of strike action. This provision covers all essential workers and non-striking members. This temporary dues increase replaces the strike assessment levied in 1989.

- **Strike Pay:** Under revisions to the Constitution, strike pay will be $520 a week plus $25 a week for each dependent. To qualify, members must picket at least 20 hours over five shifts a week or an equivalent time subject to local scheduling needs. Strike pay will be paid to those performing essential service work provided they perform the minimum picket duty set out above.

Strike pay is payable from the first day of any authorized strike.

The Strike Manual includes checklists for the preparation of strike headquarters as well as sample forms needed to the course of job action.

During the regional Table Officers Conferences, each local's delegation has the opportunity to review the manual, discuss it in detail and plan implementation of its procedures.

"We believe this manual, combined with the Essential Services Manual and our improved internal communications should resolve many of the problems we experienced in 1989," Alleveo said. "We hope these preparations prove unnecessary, but it would be irresponsible not to take them."

"We have to be ready to fight for a decent contract. If health care employers want to take us on, we'll be ready."

News of talks by fax

HEU's Bargaining Bulletins now are available within 24 hours of publication by fax transmission. The bulletins will be published as often as daily as the pace of bargaining increases.

HEU locals wishing to receive the fax transmissions should identify a fax they would like the bulletin sent to and phone the number to Bred Twister at the Provincial Office, 754-9431. The bulletins will still be mailed in the local kits as before, but will arrive substantially later.

At press time, more than 30 locals already had joined HEU's Bargaining Bulletin fax network. Watch for the Bargaining Bulletin on your facility's bulletin board.

GUARDIAN • March 1991

ACTIVE DEBATE: Participating in workshop discussions at Bred Lower Mainland Table Officers' Conference were (above, left to right) Marion Thiessen, Sherwood Local, and Terry Lukach, MSA General. Others participating included (at top, left to right) Carol Freen, Parkridge, Gvenda Peck, UBC, and Melva Strudwick, Normandy.
Health unions establish essential services process

A ll three B.C. health care unions – HEU, the B.C. Nurses’ Union and the Health Sciences Association – have ratified a breakthrough agreement on essential services.

Not only does the agreement provide for a united position on essential services, says HEU secretary businessman Carmela Allevato, it opens the door to substantial co-ordination of bargaining and of job action, if that proves necessary.

“We worked hard for this agreement and we know the other unions did, too,” Allevato said. “The B.C. Nurses’ Union, in particular, listened carefully to our concerns and the agreement reflects their efforts to meet our proposals.”

The leadership of the three unions met on several occasions during the past three months to discuss a united approach. Allevato said the possibility of united action had been proven by experiences like the joint response to lay-offs last summer at Langley Memorial Hospital.

The agreement establishes a Provincial Tripartite Union Essential Services Committee to be chaired by a non-voting representative of the B.C. Federation of Labour.

Essential services plans are to be negotiated at the local level. Any unresolved issues may be referred to the Provincial Essential Services Committee.

Each union will have a single vote on the committee and decisions will be by majority vote. Decisions will be binding on all parties.

Other features of the agreement include:
- the unions will jointly decide where to launch job action;
- a disagreement about essential services before and during a strike will be resolved by the committee;
- there will not be any picket lines unless essential service levels have been established and agreed to under this process.

If the process collapses or a binding decision is broken, affiliates of the B.C. Federation of Labour have the option of seeking corrective action in line with the federation's picket policy.

LOCALS PARTICIPATE: Essential service arrangements came to for discussion during this Feb. 4 workshop which included (left to right) Rosemary Benesi, Shaughnessy, Phyll MacLeod, Queens Park, Linda Whittaker, Vancouver General, and Bruce Campbell, Cancer Control.

B.C. Fed support assured

The HEU Bargaining Committee is leading the way with strong support from the B.C. Federation of Labour.

“Not only is this support more vital than ever,” says union secretary-business manager Carmela Allevato, “with the government and our employers talking about wage controls and threats to use the Industrial Relations Council against us.

“We also know the Social Credit government may attempt to provoke a confrontation in bargaining which would serve Premier Vander Zalm’s hopes for re-election.”

B.C. Federation of Labour president Ken development of a united labour position on essential services. (See story above.)

Two important B.C. Federation of Labour policies could affect HEU bargaining.

One is the federation’s continuing boycott of the Industrial Relations Council, which has demonstrated a strong anti-union bias. Employer attempts to force HEU to break the boycott by submitting to B.C. orders for essential services could bring the entire labour movement into action in HEU’s support.

The federation also has warned B.C. employers against any attempt to exploit the Peccon decision. That decision, brought down by the Industrial Relations Council, gives employers the right to impose new wages and working conditions after the expiry of the agreement if bargaining has reached an impasse.

March 1991 • GUARDIAN
Gas Leak Chaos

When alarms signalled the presence of toxic gas from Vancouver General's gas sterilizer unit, HEU was able to win changes with province-wide implications

By FRANCIS DAVEY

Health Minister George Jewell called in an emergency meeting of all the gas sterilizer units in the province, including the one at Vancouver General, to discuss the problem.

"This is a serious situation," Jewell said. "We must take immediate action to prevent any further incidents." He ordered a full investigation into the causes of the gas leak.

The gas leak was discovered early in the morning when an alarm sounded in the sterilizer unit. The gas was determined to be formaldehyde, a known carcinogen.

The sterilizer unit at Vancouver General was immediately shut down and the gas was vented to the outside. The hospital's emergency response team was activated and all patients were safely evacuated.

Jewell said that the hospital had taken every precaution to ensure the safety of its staff and patients. He expressed his deepest sympathy to all those affected by the accident.

The gas leak at Vancouver General was just one of several incidents that have occurred in recent years. In 2017, a gas leak at the Vancouver General Hospital's surgery wing caused the evacuation of hundreds of patients.

Jewell announced that a review of the hospital's gas sterilizer units would be conducted, and all units would be subject to a thorough inspection.

The WCB's response to the incident was swift. The organization took immediate action to ensure the safety of all workers and patients. A team of inspectors was sent to the hospital to conduct a thorough investigation.

Despite the incident, Jewell remained optimistic about the future of the hospital's gas sterilizer units. "We will not give up," he said. "We will work tirelessly to ensure the safety of all our workers and patients."
On February 7
alarms monitoring the presence of toxic ethylene oxide gas suddenly went off in Vancouver General's sterile supply department. The result was chaos as the hospital evacuated both the work area and the nearby emergency department.

9:45 p.m. Soon after the alarms sound, VGH orders evacuation of the emergency department. Patients are shuttled by ambulance to Centennial Pavilion.

10:15 p.m. About 28 HEU members, all nightshift workers, huddle outside in blankets while the sterile supply department is checked for gas. A supervisor is attempting to unload the gas sterilizer.

10:30 p.m. HEU's chief shop steward at VGH, Linda Whittaker, gives reporters the background on the union's long battle to improve safety conditions in the sterilizer area. Secretary-business manager Carmela Allevato also was on the scene.

12:15 a.m. A fireman wearing a special isolation suit emerges from the sterile surgical supply department to announce that his tests showed no gas present.

12:30 a.m. Allevato reports to HEU members on VGH's position. The crew refused to return to work until assured that the gas sterilizer had been turned off and that further testing showed no sign of gas present in the work area.

When alarms signalled the presence of toxic gas from Vancouver General's gas sterilizer unit, HEU was able to win changes with province-wide implications

"First of all, let me assure you this was a false alarm, and in no way related to the equipment in the sterile supply department or a toxic gas leak."
— James B. Flett, VGH president, Friday, Feb. 8

By BRAD TEEGER
Vancouver General Hospital's refusal to confront continuing problems with its gas sterilization system collapsed into chaos last month with embarrassing front-page publicity and a thick sheaf of Workers Compensation Board orders.

In the course of two days, HEU members twice exercised their right to refuse unsafe work. The result: emerging WCB rules which will provide tough new guidelines to ensure the safety of sterile supply workers around the province.

Two days after Flett's misleading memo to staff, Vancouver General Hospital managers finally conceded they had a serious safety problem.

There was no public admission of error or apology to Sterile Supply Department (SSD) staff members who had long worked under chaotic safety conditions. But there was a marked shift in attitude. Long overdue questions were finally being asked as the hospital began looking for a way out of a mess generating embarrassing news headlines.

The hospital's ethylene oxide (ETO) sterilizer — threatening worker safety over the past several years and the cause of two patient/water evacuations over four days in early February — was shut down by management at 11 p.m. Feb. 9. And, a day later, the storage tanks housing the ETO — a carcinogenic and mutagenic gas used to clean delicate surgical instruments — were removed from the hospital.

Some 80 Hospital Employees' Union members who had faced several near-miss SSD alerts over consecutive nights breathed a collective sigh of relief. The hospital promised to obey the union's call to enclose the sterilizer before restarting operations and claims to be shopping for an accurate, ETO-sensitive monitor.

The latest chapter of the ongoing sterilizer controversy began Feb. 1 when two union members, one of them pregnant, were treated in hospital for ETO-related symptoms of nausea and dizziness.

Fearful that the sterilizer was malfunctioning, union members refused to operate the machine. A subsequent Workers' Compensation Board (WCB) report, shown continuing VGH contempt for worker safety, prompted the union to issue a news bulletin Feb. 7 warning of a further shutdown if WCB orders weren't quickly followed.

The next night saw an employee with a eggshell white face and shaking sprints and flashing lights, eight emergency ward patients and about 40 workers were evacuated from the area housing the sterilizer. Although the hospital's ETO monitor would later claim a false alarm, the absence of a credible ETO monitoring system left worker safety in doubt.

HEU members bussed in the cold in the emergency parking lot while emergency work crews wearing masks and space-like gear studied the sterilizer for leaks. The workers were joined by secretary-business manager Carmela Allevato and VGH chief shop steward Linda Whittaker and communications director Geoff Meggs until a.m. when the SSD department was ruled safe by the WCB. The sterilizer was to remain off until later in the day.

Within the week, the HEU had formally requested that VGH fund an independent study of the long-term health of workers exposed to low levels of ETO exposure. "It's a relief that VGH has finally agreed to do what should have been done when the sterilizer was first installed in 1983," said Allevato, the union's chief spokesperson. "That does nothing, however, to ease the fears of those workers who have been exposed to low levels of ETO. We have told the hospital that we stand by our demand that they replace the existing unit as part of their overall plan of safety in SSD." Allevato said the union will use the minimum standards established at VGH to force province-wide improvements.

The WCB concluded in its Feb. 1 report that VGH ETO-related safety violations included the following:
• an alarm system involving the exhaust fan which clears ETO fumes failed to activate when tested;
• several "difficulties" with ETO leak monitoring program;
• inappropriate emergency procedures for workers and supervisors;
• records indicated that not all of the required sampling is being performed or recorded.

Surrey Memorial workers flee ETO leak

SURREY Memorial Hospital president Roger Bernatchez was quick to blame staff for an ETO leak in early February which forced the evacuation of staff from the hospital's central processing department.

But a closer look at what Bernatchez had dismissed as "human error" showed the hospital has neglected ETO safety regulations.

The Hospital Employees' Union released copies of a WCB review following the leak that found the hospital in violation of 14 occupational health and safety regulations. The WCB orders show that:
• A gas detector was not properly maintained and was giving incorrect measurements of contaminants.
• Not all people working in the area were adequately aware of the hazards.
• An emergency shower is improperly located in an area that can become contaminated.

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The WCB's current standards

Although current WCB rules concerning gas sterilizers are far from adequate, much tougher procedures have been the industry standard for many years. Hospitals like VGH just chose to ignore them.

Hospitals started moving towards enclosing ETO sterilizers in self-contained rooms more than a dozen years ago, according to a 1986 volume of the Journal of Hospital Supply, Processing and Distribution.

In an extensive review of ETO, the journal noted that in the mid-70s biomedical engineers were discovering the potential harmful effects of ETO.

Illinois hospital engineer David Kirkby became aware of ETO dangers at a 1978 seminar and quickly moved to isolate the gas sterilizer at his hospital. "I realized then how habitually most hospitals use highly toxic, dangerous chemicals," said Kirkby in explaining a raft of safety changes quickly instituted at Condell Memorial Hospital.

Although ETO is widely used, the greatest number of occupational exposures are associated with the use of ETO as a sterilizing agent in health care institutions. Chronic long-term exposure may adversely affect the lungs, liver, kidneys, adrenal system, glands, testes, blood or central nervous system. There is also evidence suggesting that an extended period of exposure to ETO increases cancer risk. Upon inhalation, it will cause nose and throat irritation, nausea, vomiting, abdominal pain, difficulty breathing, coughing, dizziness and unconsciousness.

Skin contact with solutions containing as little as one per cent ETO can result in burns, blistering and, after repeated exposure, skin sensitivity and allergic reactions. Severe eye damage can result if splashed in the eye.

HEU intends to use the WCB changes emerging from the VGH experience to force province-wide improvements in safety in SSD.

HEU report to aid in new ETO rules

Within days after HEU sent a January letter to Health Minister John Jamieson critical of ETO sterilizer safety in B.C. hospitals, the union received notice that the Workers' Compensation Board was developing an ETO health and safety booklet.

The WCB requested HEU help in gathering background safety information for a safety practice manual on the use of ETO. The manual, to be compiled by June, will be widely distributed among labour, industry and ETO manufacturers.

Details of HEU's recommendations will be carried in the next Guardian.
Why HEU's pay equity proposals make sense

Hospital employers say HEU's demands are way out of line, but Wage Policy delegates felt differently. Here's why.

WHEN HEU tabled its proposals to achieve pay equity for health care workers earlier this year, hospital employers were appalled. Bargainers for the Health Labour Relations Association agreed that women health care workers face discrimination, but termed HEU's demands "totally out of line with traditional pay equity concepts."

In fact, HEU's demands flow from the only logical solution to what all agree is the problem: wage discrimination.

Wage discrimination the problem

The demand for pay equity is based on the fact that work traditionally done by women is underpaid and undervalued. That is why women working full-time in B.C. earn 65 cents for every dollar earned by men.

Skilled secretaries usually earn less than unskilled male workers. Health care workers, who are mainly women, are much lower paid than, say, wood workers, who are mainly men. Workers in traditional male jobs, such as engine mechanics, will earn more to care for machines than workers in traditionally female jobs, such as practical nursing, would earn to care for a human being.

The HLRA agrees that wage discrimination is a feature of the health care system.

The goal of pay equity is to raise women's wages so that the income gap between men and women is removed.

The answer is pay equity

Throughout its existence, HEU has been working to reverse wage discrimination against its women members.

The struggle has been difficult, and it was not until the 1970s that HEU won the principle of equal pay for equal work, which increased the pay of many women members. For example, the pay of female practical nurses was brought up to the pay level of orderlies, and the pay for female maids was equalized with male cleaners.

But that was only a first step. Now the goal is pay equity, sometimes known as equal pay for work of equal value.

Collective bargaining is the key

It's easy to talk about wage discrimination. It's harder to do something about it.

There are many ways of reaching pay equity, and the HEU is pressing for a new approach in this year's bargaining. HLRA has proposed a traditional job evaluation program, which would involve a long bureaucratic process of comparing jobs done by men and jobs done by women within hospitals prior to adjusting wages.

HEU believes that such an approach is ineffective, and would bring HEU members only part of the way toward pay equity. It would expose health care workers to costly lengthy job reviews and analysis.

It would postpone justice. We don't want a process, we want results.

Protection for women and men

HEU's answer to discrimination is based on the recognition that all health care workers — women and men — suffer from wage discrimination because most in our industry have predominantly been female.

The union has tabled a comprehensive pay equity program that is based on the concept that all health care workers' wages are depressed because traditionally, health care has been considered 'women's work' and consequently has been undervalued.

What this means is that HEU believes the wages of all members of HEU, women and men, have suffered because of wage discrimination. A special industry-wide pay equity adjust-

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Want to know more? Or help organize to win equity?

Call HEU's Bargaining Hotline for details of bargaining proposals or information on how you can help the bargaining effort in your local. A Provincial Executive member will be standing by beginning March 15.

In the Lower Mainland call 734-3431
Elsewhere call toll free 1-800-663-5813
21 HEU members at Kelowna's May Bennett Home went on strike to win our union's standard agreement

On the line against HLRA

STANDING OUR GROUND: In line with HEU tradition, the entire Provincial Executive (at top) joined May Bennett members for the first eight-hour picket shift as the strike began at 8:30 a.m. Feb. 9. Above, discussing essential service designations, are (left to right) May Bennett vice-chair Marilyn White, May Bennett chairperson Bena Keith, Provincial Executive member Julia Coutier and financial secretary Mary LaPlante.

K E L O W N A

AFTER negotiations stretching over several months and a tough 23-day strike, HEU members at the May Bennett Home voted overwhelmingly March 2 to ratify their first agreement.

Their victory not only assured the workers the protection of HEU’s standard long-term care agreement, it served notice on the Health Labour Relations Association that HEU is ready, able and willing to mobilize on the picket line if necessary to defend its members’ wages and working conditions.

The HEU’s 21 May Bennett workers earned wide union support and enthusiastic backing from May Bennett residents in their successful bid to gain parity with the long-term care standard. They had been fighting for a first agreement since they joined the union last June.

Key support in the strike came from BCNU members, also recently-certified, who worked closely with HEU to ensure appropriate essential service levels during the job action.

BCNU president Debra McPherson also joined the picket line.

On the picket line there was overwhelming support from other HEU locals and the local labour movement. HEU Provincial Executive members set the tone Feb. 9 as the picket lines went up, walking the first shift with May Bennett workers. Several executive members stayed in Kelowna to support the strikers.

Also on the line that day were members of the BCNU, CUPE locals at David Lloyd Jones and City of Kelowna, and representatives of the BCGEU.

Okanagan Region HEU locals with members on the line included Kelowna General, Noric House, Royal Inland Hospital and Oueylander. Strong financial and moral support from outside the region came from many locals. Details will be carried next issue.

HEU president Bill MacDonald, who met the strikers the day before the picket lines went up, promised the union’s full support. In addition to strike pay, the workers had a camper on the picket line and a strike headquarters at the nearby regional office.

Special newspaper advertisements backed up bargaining efforts and informed Okanagan region members about the dispute. More than 1,000 buttons supporting the strikers were distributed in the first week of the dispute.

Pickets had to remain calm despite often-provocative action by management in implementing essential services. By Feb. 26, with the strike heading into its third week, it was time to step up the pressure.

At a major picket line rally by Okanagan region HEU table officers, who were meeting in Kelowna, the union served notice once more it would not back down on its demand for parity with the long-term care standard.

“We’re here for as long as it takes,” union secretary-business manager Carmela Allevato told the rally, “but we’re ready to bargain.” Her challenge to the employer to return to the table was answered even before the rally ended.

Arduous talks during the next two days produced a tentative agreement which was ratified March 2.

Under the agreement, workers will receive an increase of 50 cents an hour retroactive to June 7, 1991, an increase effective April 1, 1991 and a final increase June 1, 1991 to bring their wages into line with the long term care standard agreement.
PATIENT VIOLENCE

Why are health care workers taking a beating on the job?

By Dan Gawthrop

more and more health care workers, the greatest threat they face on the job is not injury, disease or stress — it’s the threat of violent attack from the patients they care for.

According to Workers’ Compensation Board statistics released last fall, wage loss claims by hospital workers due to acts of violence or force have increased 88 percent since 1989.

More hospital workers than ever are vulnerable to attack, largely due to understaffing. Psychiatry, emergency and admitting reception are the biggest areas of concern but violence is prevalent in virtually every patient care area.

Frustrated in their efforts to seek improved staffing levels and safety training, workers are forced more and more often to take job action for their own protection. At the same time, improvements in working and caring conditions to safeguard the health and safety of HHU members is a key plank in current contract demands.

Al Corson, an HHU member who two years ago staged a sit-down strike to protest inadequate staffing and training in emergency preparedness, recently became another statistic in the disturbing violent trend. Corson was admitted to hospital after being kicked in the groin by a psycho-geriatric patient.

"This person gouges, kicks, bites, she tries to remember you," says Corson, HHU chairperson at Hardy View Lodge in Grand Forks.

Corson and other employees resorted to job action when Hardy View management insisted they accept emergency response training from nurses. Management’s efforts to discipline HHU members led to a special troubleshooter grievance hearing which upheld the union.

According to a WCB officer quoted in the troubleshooter’s report on the case, putting nurses in charge of the training would be like "the blind leading the blind," because nurses are not any better equipped than aides or orderlies to deal with violent patients.

"Our main concern was that this patient was doing damage not only to the employees — scratching them without warning — but also to herself," Corson says.

According to the report on the case, her range of illnesses included chronic brain syndrome, Alzheimer’s disease, diabetes, liver disease and arthritis.

Corson says the sit-down strike was inevitable, given the lack of proper resources and outside training.

"We’d given them warnings upon warnings with this patient, and nothing was ever done about it," he says. "That’s what caused me to invoke Section 8.24 and pull our members off the job." (Section 8.24 of the Industrial Health and Safety Regulations allows an employee to refuse to work if there is reasonable evidence of a health hazard.)

As the Hardy View case shows, the lack of standard procedure for verbal and physical intervention leaves many HHU members in a state of Catch 22. While families of disturbed patients routinely accuse workers of violent treatment, employees who are assaulted must use the griev-
The lack of standard procedure also leaves hospital employees much more vulnerable to charges of negligence.

"Management misuses the word 'abuse' to intimidate our members," says Curson. "If we raise our voice at a patient, that's considered 'verbal abuse'."

Mark Atkinson, HEU director for the Kootenay region, agrees management has failed to protect workers from abusive patient behaviour.

Of the problem, as Atkinson and others see it, is that Victoria's budgetary restraint in health care has led to more chronically ill patients being placed in fewer facilities with fewer staff.

"Places like Riverview are closing down and are sending us psycho-geriatric patients," says Atkinson. "Our members are not being trained."

Perhaps this explains the dramatic increase in violent incidents in B.C. hospitals. According to WCB statistics, acts of violence or force accounted for the second highest category of wage loss claims by nursing aides and orderlies.

In 1985, violence accounted for 194 claims, nine percent of the total claims. In 1989, there were 305 claims, or 14 percent of total claims by nursing aides and orderlies. Among nurses, the figures are even more staggering: violence accounted for 68 claims in 1985 and 156 claims in 1989, for an increase of 128 percent. The two occupation groups combined are experiencing twice the acts of violence as compared to five years ago.

Overall, reported incidents of violence at B.C. hospitals have increased from 3,663 in 1985 to 8,300 in 1989 — an increase of 46 percent.

There is evidence to suggest increased training could help ease the alarming statistics. At Penticton Regional Hospital in Penticton, an in-service emergency response training program for hospital employees has resulted in a 56 percent drop in violent acts since 1985 when the program began.

But the Penticton emergency response training program, which separates defensive actions into verbal and physical intervention techniques, fails to address the core issue of understaffing.

And, at the few facilities offering special training, staff are often unfairly asked to contribute their own time to the program.

"The root of the problem is provincial restraint," says Carmela Allevaro, HEU's secretary-business manager.

"With certain facilities closing down, more patients are showing up in emergency. If there were adequate staffing, you wouldn't have this situation."

Allevaro points to the total elimination of orderlies at Surrey Memorial and acute care facilities as part of the growing trend toward all-registered nurse staffs.

The union also is taking action at the bargaining table. HEU is advancing bargaining demands to improve staff-to-patient ratios designed to ensure safe, quality care for both patients and care-givers.
Bill C-69, Tory budget renew assault on health

By CHRIS GAINOR

The Canada Health Act and universal medicare are in danger thanks to measures contained in a piece of legislation that recently passed the House of Commons and Senate virtually without debate.

Compounding the threat to medicare is the latest Tory budget, which uses the new logic to change the federal government's health care system.

Bill C-69, the Government Expenditures Restriction Act, was passed over the objections of HEU, other unions and community groups, which are now working for its repeal.

Bill C-69 attempts to deal with very complex federal-provincial-cost sharing arrangements. But what it does, among other things, is to reduce the contributions the federal government makes to health care in every province.

Federal Finance Minister Michael Wilson announced the measures in Bill C-69 in his 1991 budget. He defended this round of cutbacks in federal transfer payments as necessary to reduce the federal budget deficit.

Bill C-69 froze health transfer payments for two years and cut back their rate of increase so that inflation will not reduce them. In his 1991 budget, Wilson extended the freeze to five years, so that within a few years, direct federal contributions to health care in every province will be zero.

In the 1970s and early 1980s, British Columbians were paying user fees to stay in hospitals or when they went to the emergency department. Ontario doctors were extra billing their patients.

Bill C-69, which came to an end after the federal government passed the Canada Health Act in 1984, obliging the provinces to end user fees and extra billing.

Under the Canada Health Act, the federal government can withhold health funds from a province if it fails to meet the five principles of Canadian medicare — universality, comprehensiveness, portability, public administration.

But when there are no health funds to withhold, provincial governments will be free to bring in user fees and more privatization in the health care, allow doctors to extra bill, and cut back on insured services and eligibility for medicare.

Wilson promised in his 1991 budget that medicare principles would be protected in new legislation, but his promise was revoked. "Canada's universal medicare system is in trouble," Dr. Sharon Mansen-Williams of the Canadian Council on Social Development warned the B.C. Royal Commission on Health Care and Costs.

That warning was underlined when B.C. Finance Minister Mel Couveller suggested to a meeting of provincial finance ministers that the provinces move more quickly to a "disenfranchise" themselves from federal involvement in medicare.

HEU had already urged the B.C. Royal Commission on Health Care to make a strong statement on federal cutbacks.

In response to Couveller's action, HEU secretary-business manager Carmela Allavoit took part in a December press conference held by unions and community groups against Bill C-69 and Couveller's "disenfranchisement" scheme.

HEU has also joined in the criticism of the new round of cutbacks in the 1991 budget.

"If you remove the cash, you remove the ability of the federal government to enforce uniform health standards throughout Canada," Allavoit said after the budget was tabled.

Alternative budget would emphasize jobs, services

When the Tories bring down budget that increases taxes for lower and middle income Canadians while slashing social services, they claim these measures are the only way to deal with Canada's economic problems.

We heard more of this rhetoric when Finance Minister Michael Wilson brought down his 1991 budget. But a progressive think tank, the Canadian Centre for Policy Alternatives, has prepared its own budget for 1991.

"In a curious perversion of language, a budget where 'tough choices' are made has come to mean a budget which slashes support for the most needy in our society, a budget which neglects our most pressing social needs," the centre's Alternative Budget concludes.

"The truly tough choice is to decide to reject the destructive agenda of big business with its prescriptions of deficit cutting and lower taxes."

In the alternative budget, the centre calls for lower interest rates and a lower Canadian dollar. While federal spending has actually fallen since the Tories took office, the budget deficit continues to grow because the Tories support a high interest rate policy.

"Lowering interest rates would put a real dent in the deficit, and by lowering the value of the Canadian dollar, Canadian products would sell better abroad, creating jobs.

The alternative budget calls for spending on municipal programs, transportation facilities, particularly sewer systems and other services needed to protect the environment.

More spending is needed to upgrade transportation facilities, particularly transit and rail, and for research and training.

Cuts in social spending should be reversed, and a national assault on poverty is needed.

WORDS ON WORKING

White-out

Prevented fingers type faster faster race the onslaught of numbing numbers to get the damned tables done.

But the eyes no longer co-operate, figures wriggle and blur in a dance these pupils never learned

the brain balks, savours four o'clock — then wwwor terrors of permanent dyslexia from fluorescent-bright statistics

Then he trots into the office bent arm hulking proofread pages, ticked with changes serves my cluttered desk this extra dish.

Comments have, although perhaps a bore, he sometimes wouldn't mind my job just sit all day and copy someone else's work!

Furious

the fingers grip liquid paper bleached brush joined

By Sandy Shreve

Grievance Procedure

I am listening to a woman worried — the harassment's there though often so subtle it avoids articulation.

Not that she wants to grieve this incident, or that in union terms

the concept of defiance such a threat

And yet she grieves — trying hard not to cry, the apologies as I offer tissues.

foul things, only good for absorption.

The office triscuit, congested with such as these, an arch of pain collected and dumped each day.

By Sandy Shreve

Sandy Shreve spent many years as a clerical worker and now works at Program Assessment for the Women's Studies Program at Simon Fraser University. These poems are reprinted with permission from Shreve's recent anthology called The Speed of the Wheel is Up to the Potter, published by Quarry Press.
The labour roots of Women's Day

BY MARY ROWLES

On March 8, 1908, 15,000 women marched in the streets of New York City. They demanded an end to the abuse of children through the practice of child labour. They demanded improvements in the brutal and dangerous working conditions of the New York sweatshops, and they demanded a fair day’s wage for a fair day’s work — and an end to pay inequalities.

This was neither the first, nor last time that working women took to the streets to assert their rights, particularly in an era when women were denied the vote, had no access to the legislatures to affect change, and were scarcely represented in the trade union movement. As the women marched, they invoked the memory of the women garment workers of New York City who, 53 years earlier, on the same day in 1857, occupied the same streets to protest inhuman working conditions and callous disregard for safety that caused the deaths of 64 women and children in a fire at the Triangle Shirtwaist Factory.

By 1910, March 8 had become a traditional day of protest for working women outside North America as well, and was proclaimed International Women’s Day. It has been observed, if not celebrated, in countries around the world since then. The day belongs to working women, and has brought together trade unions, left and progressive organizations and non-aligned community-based groups to advance demands for the equality of women. Sadly, many of the demands of the demonstrations and marches of 1857, 1908 and 1910 are still featured prominently on the flyers and banners of International Women’s Day events a century later. That’s great for recycling, but bad for morale.

Granted we have legislated an end to child labour at least in some countries, but we certainly haven’t succeeded in halting the exploitation of workers in inhumane, unsafe workplaces, nor have we eliminated wage discrimination against women.

Our economy has little regard for the health and safety of workers, and for women workers this situation is made worse by a sustained disrespect for women. Our work is assumed to be easy, not taxing. It is supposed to be safe, simple and pleasant.

The health hazards of women’s traditional workplaces, the hospitals and offices, stores and kitchens, are often unrecognized, as well as unrewarded.

Employers and governments remain uninterested in the long term effects on workers health of the new technologies, work processes, equipment and chemicals introduced to women’s workplaces. Sick building syndrome, even repetitive strain injuries, are still regarded by many “authorities” as the products of women’s imagination.

Far too many working women continue to be victimized, harassed, and verbally and physically assaulted by employers, by members of the general public, by clients and patients, and unfortunately by co-workers.

The wage inequalities between men and women workers have changed little over the past century. The practice of paying women a lower wage for the same work is no longer accepted, but it persists in many workplaces in a hidden way.

Often the identical nature of the work performed by men and women in a single workplace is camouflaged by a difference in job titles that justifies a substantial difference in pay.

Over the past century, wage discrimination has been institutionalized in our economy. Men and women are segregated in different occupations. There are men’s jobs and women’s jobs in our economy, and there are men’s wages and women’s wages.

This allows government representatives and economists to say, with a straight face, that women receive lower wages because they work at lower paid jobs. It’s an explanation that neatly avoids any examination of the fact that women’s jobs are lower paid simply because the work is done by women.

In 1911 women earned 63 percent of men’s wages; now, in 1991, women earn 64 percent of men’s wages.

In the intervening years, the gap has sometimes narrowed and then widened again within these two limits. Permanent improvement has been slight.

In 1857, the women garment workers returned from the streets to their workplaces and organized themselves into a union. The lesson for women in succeeding years has been to organize the power unionization brings. This has been the greatest tool in achieving permanent improvement in the lives of working women.

Women have secured some important legal rights. We have the vote. We have some presentation in the Legislatures. The legal balance of power has changed to a degree, but the most important change in power has been the organization of women into trade unions. The power unionization brings has been the most important tool in achieving permanent improvement in the lives of working women.

At the bargaining table, women workers are securing pay increases, pensions and benefits, health and a safety protection, family leave provisions, child care provisions, and access to training and jobs. And trade unions have helped secure these improvements in legislation.

But there still is reason to march.

This year at International Women’s Day in the Vancouver area, women will be demanding peace, pay equity and an end to poverty.

There is a clear link between the three.

Militarism and the war effort divert money for social spending throughout the world. In our own country, there is no money for a national child care scheme, little money for training and retraining for health programs, social programs, and education that could lift many women out of poverty. Yet the government can easily find millions each day for the planes, ships, and soldiers in the Gulf war.

Pay equity, that long-standing demand for an end to wage discrimination, will aid the poverty of working women.

On International Women’s Day, we still march for bread and roses, as the lyrics of the old song go. We march for wages, for a better life for working people, and “a sharing of life’s glories.”

* Rowles is Director of Women’s Rights for the B.C. Federation of Labour.*

March 1991 • GUARDIAN
COMMISSION TESTIMONY: Evergreen Local executive member Kathy Blundell (right) was one of several HEU members who made submissions to the Royal Commission on Health Care and Costs, which has reached the end of its hearings.

Katherine Dinning, chair of the Evergreen local in White Rock, discussed educational and staffing concerns in long-term care facilities at a Royal Commission hearing in Surrey.

The six-member Royal Commission is ending its hearings a year after it was set up in February, 1991, and now it is beginning to formulate its recommendations for a final report which is due in September.

HEU was one of the most visible participants in the Royal Commission process, with oral and written submissions from more than 25 locals and two presentations on behalf of the Provincial Executive.

Dinning, who has been a care aide for 15 years, told the commission that province-wide standards are needed for nursing courses at all levels.

"Long-term care aide and Licensed Practical Nurse Courses have to be credited," she added, so that experience and training as a care aide can count toward qualification as a LPN, for example.

Many welfare recipients are being funded by the provincial government for training in for-profit training schools, and when they arrive in the workplace, they are often not well prepared for the work, she said.

Dinning told the commission that she had taken a course at Kwantlen College on dealing with psychiatric patients. She paid for the courses herself, but she received no academic credit and no recognition of compensation from the employer.

Several locals have also sent the commission written submissions.

The Malaspina local in Nanaimo prepared a detailed submission on work patterns and patient needs in their private facility.

"Too much control is given to the administrators of such homes on the type of care that is imposed on the residents," said the brief, which was prepared by Barb Dibboll, with the help of Doreen Adamson, Val Hamilton and Marlene Robinson.

"Persons in charge of departments within the home should be checked on a regular basis by an outside source to see that they are meeting the requirements of the resident."

The Gibsons local, whose members are employed at the Kinnaird Village Intermediate Care Home, told the commission that the number of resident's and their need for care has increased, but the number of staff hasn't kept pace.

The brief, prepared by Joyce Stinley and Marie Frisch, criticized government policies that close off other facilities, such as adult daycare and achievement centres to residents of intermediate care homes.

The submission from the Maple Ridge local also addresses questions on long-term care. The brief, prepared by local chair Jim Reamsbottom, called for utilisation of LPNs in extended care facilities.

"Residents in long-term care facilities should be able to live out their last days or years in a pleasant and comfortable atmosphere and not be subjected to complications that arise from psychiatric patients."

The government should continue to utilize facilities such as Riverview Hospital, where the trained staff and the special facility are designed to meet the needs of these patients," Amiee Movory of the Nursing Team Committee at the Royal Columbian told the commission that LPNs are not being allowed to use their skills to the fullest extent.

A outline in the February issue mistakenly identified Victoria HEU members who testified to the Royal Commission on Health Care and Costs. Those shown were Marty Terpin, Diane Uyttergoot, Jeannette Munro and David Lawhilton, of HEU, and Susan Reade, of the commission's staff.

HEU locals testify on long-term care issues

By CHRIS GAINOR

The concerns of workers in long-term care facilities were highlighted in one of the last oral submissions from HEU before the Royal Commission on Health Care and Costs, which has reached the end of its hearings.

"I've heard of subliminal advertising," Tetsu Tomida said. "If the media stoop to subliminal programming,"

Taking time to waste time

Since it was set up a year ago, the B.C. Royal Commission on Health Care has come in for criticism from several sources, including the HEU.

But one of the more unusual criticisms came in a single-page submission from the Comox Valley Provincial Liberal Association, who feel that the commission is a waste of time and took the time to say how.

"It is important to state that the processes in time that there is no need for a Royal Commission on Health Care and Costs," the Liberals said.

"Some current members (of the commission) have career based entrenched views of the system that offer little hope for new insights," said the brief, which was given by Dr. Gordon Saunders, a physician, and Alice Burns, a Registered Nurse.

Seniors and others called in their brief for elected hospital boards, choice on abortion, and charging users of the health care system for services.

There's a laugh in that sludge

As more and more of our coastal waters are closed to fishery harvesting because of pup pollution, fishermen are finding it harder and harder to see a silver lining in the clouds over their industry.

Their solution: a pollination cession cession cession cession sponsored by the United Fishermen and Allied Workers Union, the largest in B.C. The judges were Terry Glavin, writer for the Northshore Sun, cartoonist Adrian Reid and fable writer Lavina White. We're happy to reprint two by — Cliff Cresy of Revelstoke (above right) and Peter Tinka of Vancouver (above left) — $20 and costs for fatal attack on robin.

The cold-blood murder of a robin required a $20 fine and enormous public embarrassment for a Smithers man last spring. Court transcripts show that on April 25, 1990, a Miss H. was in the kitchen of her home when she saw the accuser pick up a rock, throw it at a robin and kill the robin.

"Are you proud of yourself now, you idiot?" she called out. "Wash, I am," he replied. The police attended at the scene and recovered the robin's corpse. Charges were laid by a provincial conservation officer.

Seeking to avoid a fine, the accused took an ad in the interior news apologizing to bird lovers, saying he was embarrassed and ashamed. He also paid a sign in his front window saying "A robin killer lives here."

After considering all the evidence, the court levied a $20 fine.

U.S. politics: reaching to put the touch on you

A recent police assessment of corruption among New York State officials found that 105 out of 106 accepted bribes offered by undercover agents. Only one honesty No, he thought the bribe was too low.

Take State Representatives Don Kennedy, who only moments before taking a $5,000 bribe jumped on "Are you sure there are no hidden cameras up there?" The undercover officer replied "Why do the cameras? Kennedy declined, but was arrested anyway.

COMPLAINED FROM CALLS: NEWS REPORTS, THE ADVOCATE

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ON VIDEO!
Now available from the Hospital Employees’ Union

Pay Equity
The Time is Now

Pay equity will be a major issue in the coming round of health care collective bargaining. In a keynote address to the 17th Biennial Convention of the HEU, Barb Byers, president of the Saskatchewan Federation of Labour, made a compelling case for pay equity, particularly in the health care field.

This 29-minute VHS tape is a useful education tool.

► HEU – Fight for Democracy
The union’s battle against Bill 15, Social Credit’s repressive labour legislation, 15 minutes.

► HEU – Working for Better Health Care
The union’s submission to the Royal Commission on Health Care and Costs – a summary of where we stand on the crises in health care, 9.48 minutes.

► HEU 11th Biennial Convention
Originally produced as a film, this 26-minute review of the 1976 convention gives us a sense of our union’s roots.

► On the Move for Victory – 1199
In 1989, beleaguered New York City hospital workers ended a period of division in their union and mobilized to shutter their employers’ united front. This 20-minute tape, which features appearances by Leon Jackson and Local 1199 president Dennis Rivera, is an inspiration and a guide to action. Highly recommended.

For more information:
Hospital Employees’ Union
2006 West 10th Avenue
Vancouver, B.C. V6J 4P4
Telephone: 734-3431

Barb Byers, president of the Saskatchewan Federation of Labour.

March 1981 • GUARDIAN
Victory at May Bennett
HEU members at Kelowna's May Bennett won a tough 23-day strike against HLRA to win a first contract at HEU's standard wages and conditions.

Ready for a test of strength
HEU bargaining is under way and the union is ready for a test of the membership's determination, if that is what is required. Strike Manuals and Essential Service Manuals have been distributed.

Patient Violence
Why are health care workers taking a beating on the job? HEU members speak out about patient violence and we look at some solutions.

We're on the phone!
Do you have questions about wage discrimination? Bargaining demands? Want to help organize for a good contract? The HEU Bargaining Hotline will be up and running by March 15. Details on back cover.

MAN'S DOLLAR    WOMAN'S DOLLAR

FACT
For every dollar earned by men, women earn 63 cents.

QUESTION
Do you think that's fair?

Wage discrimination. Hospital employers admit that wages of all health care workers — men and women — have suffered because of systematic discrimination against women. Want to know more? Or better yet, would you like to help end this injustice?

Call the HEU Bargaining Hotline
In the Lower Mainland call 734-3431
Elsewhere call toll free 1-800-663-5813