WITH MORE THAN 300 BEDS CLOSED COMMUNITIES SAY:

‘KEEP OUR HOSPITALS OPEN!’

Across B.C., the Social Credit government’s final budget has produced an unprecedented wave of permanent bed closures and lay-offs of health care workers.

At press time, the HEU had identified more than 300 permanent acute care bed closures and an equal number of lay-offs in every part of the province. From Terrace to Cranbrook, HEU activists have joined with other health care unions and community organizations to tell the government those beds must stay open.

Details of the campaign on

PAGE 12

Pay equity: it’s about money — and lots more

HEU’s Bargaining Committee has been busy during the summer and pay equity is at the top of the agenda. It will take money to achieve pay equity in health care, but HEU’s wide-ranging proposals go much further and include a call for worksite daycare.

HEU member and early childhood education teacher Linda Tomori (above) works with children like Hunter Wood, 4 1/2, (left) and Katie Innis, 4, at just such a daycare at Vancouver’s G.F. Strong Rehabilitation Centre in Vancouver.

Details on her work, page 5, details of pay equity bargaining, page 3.
Your vote is vital to the future of health care

The 1990 B.C. provincial election, which should be taken as seriously as you read this issue of The Guardian, is shaping up as a decisive election for the health care system and for HEU members.

During the summer, HEU locals around the province were in action to defend the system against Bill 82 and against sweeping bed closures which resulted from the Social Credit government’s spring budget.

As the crisis worsened, HEU joined forces with the B.C. Nurses’ Union and the Health Sciences Association to produce a special province-wide tabloid paper on health issues for distribution to every home in the province. Look for it in your local newspaper in September.

Part of the research for the project included an opinion poll commissioned by the B.C. Nurses’ health care unions on health issues.

Why does B.C. insist on premiums for health care?

It’s for the doctors who treat uninsured patients and not paid. But it’s even more for the tens of thousands of uninsured patients who are reluctant to go to the doctor because they can’t afford medical services under Plan premiums. It’s even worse because patients may not know who are poor need health care more than others. B.C. and Alberta are the only provinces that have health care premiums. The B.C. government should enter the civilized world and abolish them. Medicare should be paid for with taxes on people and corporations who have the greatest ability to pay.

JEAN SWANGAN, Co-ordinator
End-Legislative Poverty

Economic Health Care

The article cites the B.C. government’s budgetary restraints in health care and the closing of psychiatric facilities as the major cause of understaffing and the rise of WCBC cases involving violence in the workplace. This seems a logical conclusion and I agree with it.

I would like to point out, however, that the Penitentiary Regional Hospital has in recent years discovered that an Emergency Response Team and that since the start of this program, the WCBC cases at PRH resulting from patient violence are down 56 percent.

I know from talking with staff that since this program began there have been more benefits: a greater sense of total staff morale and peace of mind that comes from knowing you are no longer alone in situations where staff are threatened with verbal or physical abuse.

This is what the ERT is designed specifically to do and it is working very well. The ERT is not designed to and never should have to “address the core issue of understaffing.” That is the responsibility of the unions, management and the government.

The ERT is simply the best way to handle and defuse the situations that arise and will continue to arise in our work.

MARIE PILPINENKO
Penitentiary

HEU’s Heart of Health Care
taping

On behalf of the CIVIL
backed NDF, constitution, I would like to thank HEU for inviting us by your per-

formance of Heart of Health Care June 13 at the

Vancouver East Cultural Centre. We were highly

enjoyed it.

ANNABEL REMPIL
Constituency Secretary

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

COMMENT by CARMELA ALLEVATO

There’s no doubt that British Columbians share our concern about the state of health care — and they respect the role of health workers as defenders and promoters of the sys-
tem. In my opinion, this is a tribute to the tremendous efforts of HEU ac-
tivists all over B.C.

As British Columbians generally are satisfied with the health care system, 34 percent believe it has deteriorated in the past few years. A full 78 percent of those polled agreed that hospitals are either somewhat understaffed or very understaffed.

Even more impressive was the fact that 79.7 percent of those contacted believe that health care spending should be increased, primarily by shifting priorities and by raising corporate taxes.

The public still relies on doctors as reliable sources of information about health care, but 88 percent see other health care workers as either somewhat reliable or very reliable sources.

Only 30 percent would consider the health minister “somewhat reliable” and only 20 percent consider premier John Stronach as “somewhat reliable.”

The message is clear: British Columbians share our concern about the health care system and have no confidence in the present government’s policies.

This issue of The Guardian contains two important articles for you to consider as you prepare to mark your ballot. On page 10, we recall the Social Credit government’s despicable record on health care. On page 6, you can see for yourself what NDP leader Mike Harcourt has promised his government would do to improve the health care system.

It’s clear that the defeat of the Social Credit government and the election of a strong NDP majority is absolutely key to the future of our health care system.

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

ANGELA REMPIL
Constituency Secretary

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

Guardian

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

JUNE BISHOFF
Vancouver

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.

The Guardian welcomes letters to the editor. Please be brief. Write to 206 W. 10th Ave., Vancouver V6J 4S5.
HEU safety manual mailed

Union local secretary-treasurers received copies of HEU’s draft Occupational Health and Safety Manual late last July. Produced in a handy pocket-sized format, it outlines HEU’s health and safety philosophy, the work of health and safety commit-tees and members’ rights under the regulations. The manual is considered a worthwhile tool and is distributed to all health and safety committee members.

Local activists have been asked to review the manual, put it to use and advise the Provincial Office how it can be improved.

HEU-sponsored video analyzes free trade

Trade union activists, including HEU’s Kathy Dinn- ing, are among the many Canadians fighting an HEU-sponsored video produced by the Action Canada Net- work. The 25-minute tape, which was sponsored in part by HEU, explodes the myths about free trade in a lively and hard-hitting fashion. Hosts Paul Haas Bar- kmeyer of the Council of Canadians, and Tony Clark, of the Action Canada Network, detail the devastating costs of free trade and outline the ways to defend our country.

On the same cassette is a summary of the economic consequences of free trade by Mel Hartig, of the Council of Canadians. Copies of the tape may be borrowed from Provincial Office or ordered from Reel Public Video, 210 George Street, Toronto, phone 484-4841.

SAFETY FIRST: Members of HEU locals in the Kamloops area, including Royal Inland members Ken Preis (left) and Melynda Cadarette demonstrated outside hospital June 19 to protest an employer safety con- ference which focused on getting accident vic- tims back work rather than on avoiding accidents in the first place.

HEU joins National Action Committee on Status of Women

The HEU’s Provincial Executive has voted to af- filiate the union with the National Action Com- mittee on the Status of Women, the umbrella or- ganization of Canada’s women’s move- ment.

NAC chairperson Judy Rebick participated during August in the HEU’s Summer Leader- ship School on a special panel on the threats to women’s rights.

Unions appeals to Strachan to help Buchanan residents

HEU appealed to health minister Bruce Strachan early in July to come to the aid of 15 New Westminster multi- family complex tenants living in Buchanan Lodge. As the result of a bureaucratic blunder, the residents were placed in the Salvation Army facility even though they re- quired intermediate care, not the group home style of care planned for the lodge. There was no problem until the spring, when city officials or- dered a major upgrading to improve fire and safety standards.

When the Salvation Army decided to dispose of residents to other facilities union members at the lodge joined residents and their families in protest. HEU urged Strachan to direct his officials to con- sider other measures to keep the residents together. Strachan did not respond.

Burnaby gas general not up to par

A June 1991 inspection of the gas system at Burnaby General Hospital found a number of deficiencies, reports local member M. L. Charlebois.

Pay equity obstacle defeated

HEU solidarity helped persuade health care employers to back away from a costly, defective job evalu- ation plan that had threatened to stall pay equity bargaining.

The Health Labour Relations As- sociation (HLRA) announced an at Aug. 14 press conference that it would not advance the Aiken job evaluation program as the only route to pay equity.

HEU members — in accordance with union policy — refused to par- ticipate in the survey. In a letter last June, HEU secretary-business manager Carmela Al- levato urged all union members not to answer survey questionnaires, advising members to turn the forms over to the union. HEU’s decision to back away from the Aiken plan is a victory for HEU, says Allevato. "Our members have served notice to the employer that the union is united and strong."

The HEU bargaining committee had feared the costly Aiken system would delay long overdue pay equi- ty benefits.

Recently, the Ontario Pay Equity Tribunal found that a sys- tem similar to the Aiken plan resulted in pay discrimination against women because the system did not value the skill, effort, responsibility and working condi- tions required in female-dominated classes of the bargaining unit. The HEU pay equity program is based on the concept that all health care workers’ wages are depressed because traditionally, health care has been considered "women’s work" and is consequently under- valued. The union has tabled exten- sive material documenting the extent of wage inequities.

Many other unions have been denied the right to negotiate a pay equity plan for the same reason.

The union is not party to the current negotiations between HEU and the province in order to have a better strategy on pay equity issues.

What’s up to

People and events around the

HEU, if you have news for us — a retirement, an election, a rally, a vote or whatever — please, let us know.

HEU campaign builds opposition to Bill 82

HEU’s summer campaign against Bill 82 included a reminder that a freeze on the wages of health care workers would have a serious impact on local economies.

Following an earlier Bill 82 protest in Victoria and formal petitions call- ing for repeal of the anti-labour Act, the union’s summer cam- paign targeted the Kootenays and northern B.C.

"People are losing sight of what health care being a major contri- butor to the economy," HEU secretaty-business manager Carmela Allevato told reporters in interviews in Trail, Kimberley, Prince George and Prince Rupert.

Allevato noted that HEU members in the Kootenays region alone con- tribute some $32 million in wages to the local economy.

Across B.C., Bill 82 directly im- pacts about 165,400 workers or about one-third of the province’s workforce. B.C. Federation of Labour president Ken Georgetti told a July Vancouver forum:

"If Bill 82 reduces wages increases by even three percent, that could mean more than $37 million less circulating in the Lower Mainland."

HEU’s effort, together with anti-Bill 82 campaigns by teachers and other trade unions helped fur- ther divide the already splintered Social Credit party.

Premier Riis Johnston found her- self all alone defending the Act at the July 4 Social Credit rally after public pressure forced other candidates to seek change in the legislation. "I support Bill 82," the premier told reporters in mid-

July. "Somewhere along the line, somebody has got to take a stand against these wage hikes."

HEU advertisements in com- munity newspapers and on the radio in the Kootenays and northern B.C. hammered home the message that Bill 82 is bad news for B.C.

"Every family and community in B.C. will feel the pinch if this freezes on the spending power of so large a sector of the B.C. population is not repealed," read the HEU message.

In addition to radio and newspaper advertisements, HEU members un- dertook letter writing campaigns, dis- tributed information leaflets at community centres and met with local labour leaders and municipal and provincial politicians.

Pay equity obstacle defeated

HEU solidarity helped persuade health care employers to back away from a costly, defective job evalua- tion plan that had threatened to stall pay equity bargaining.

The Health Labour Relations As- sociation (HLRA) announced on an Aug. 14 press conference that it would not advance the Aiken job evaluation program as the only route to pay equity.

HEU members — in accordance with union policy — refused to par- ticipate in the survey. In a letter last June, HEU secretary-business manager Carmela Allevato urged all union members not to answer survey questionnaires, advising members to turn the forms over to the union. HEU’s decision to back away from the Aiken plan is a victory for HEU, says Allevato. "Our members have served notice to the employer that the union is united and strong."

The HEU bargaining committee had feared the costly Aiken system would delay long overdue pay equi- ty benefits.

Recently, the Ontario Pay Equity Tribunal found that a sys- tem similar to the Aiken plan resulted in pay discrimination against women because the system did not value the skill, effort, responsibility and working condi- tions required in female-dominated classes of the bargaining unit. The HEU pay equity program is based on the concept that all health care workers’ wages are depressed because traditionally, health care has been considered "women’s work" and is consequently under- valued. The union has tabled exten- sive material documenting the extent of wage inequities.

Pay equity obstacle defeated

HEU solidarity helped persuade health care employers to back away from a costly, defective job evalua- tion plan that had threatened to stall pay equity bargaining.

The Health Labour Relations As- sociation (HLRA) announced on an Aug. 14 press conference that it would not advance the Aiken job evaluation program as the only route to pay equity.

HEU members — in accordance with union policy — refused to par- ticipate in the survey. In a letter last June, HEU secretary-business manager Carmela Allevato urged all union members not to answer survey questionnaires, advising members to turn the forms over to the union. HEU’s decision to back away from the Aiken plan is a victory for HEU, says Allevato. "Our members have served notice to the employer that the union is united and strong."

The HEU bargaining committee had feared the costly Aiken system would delay long overdue pay equi- ty benefits.

Recently, the Ontario Pay Equity Tribunal found that a sys- tem similar to the Aiken plan resulted in pay discrimination against women because the system did not value the skill, effort, responsibility and working condi- tions required in female-dominated classes of the bargaining unit. The HEU pay equity program is based on the concept that all health care workers’ wages are depressed because traditionally, health care has been considered "women’s work" and is consequently under- valued. The union has tabled exten- sive material documenting the extent of wage inequities.

Pay equity obstacle defeated

HEU solidarity helped persuade health care employers to back away from a costly, defective job evalua- tion plan that had threatened to stall pay equity bargaining.

The Health Labour Relations As- sociation (HLRA) announced on an Aug. 14 press conference that it would not advance the Aiken job evaluation program as the only route to pay equity.

HEU members — in accordance with union policy — refused to par- ticipate in the survey. In a letter last June, HEU secretary-business manager Carmela Allevato urged all union members not to answer survey questionnaires, advising members to turn the forms over to the union. HEU’s decision to back away from the Aiken plan is a victory for HEU, says Allevato. "Our members have served notice to the employer that the union is united and strong."

The HEU bargaining committee had feared the costly Aiken system would delay long overdue pay equi- ty benefits.

Recently, the Ontario Pay Equity Tribunal found that a sys- tem similar to the Aiken plan resulted in pay discrimination against women because the system did not value the skill, effort, responsibility and working condi- tions required in female-dominated classes of the bargaining unit. The HEU pay equity program is based on the concept that all health care workers’ wages are depressed because traditionally, health care has been considered "women’s work" and is consequently under- valued. The union has tabled exten- sive material documenting the extent of wage inequities.

Pay equity obstacle defeated

HEU solidarity helped persuade health care employers to back away from a costly, defective job evalua- tion plan that had threatened to stall pay equity bargaining.

The Health Labour Relations As- sociation (HLRA) announced on an Aug. 14 press conference that it would not advance the Aiken job evaluation program as the only route to pay equity.

HEU members — in accordance with union policy — refused to par- ticipate in the survey. In a letter last June, HEU secretary-business manager Carmela Allevato urged all union members not to answer survey questionnaires, advising members to turn the forms over to the union. HEU’s decision to back away from the Aiken plan is a victory for HEU, says Allevato. "Our members have served notice to the employer that the union is united and strong."

The HEU bargaining committee had feared the costly Aiken system would delay long overdue pay equi- ty benefits.

Recently, the Ontario Pay Equity Tribunal found that a sys- tem similar to the Aiken plan resulted in pay discrimination against women because the system did not value the skill, effort, responsibility and working condi- tions required in female-dominated classes of the bargaining unit. The HEU pay equity program is based on the concept that all health care workers’ wages are depressed because traditionally, health care has been considered "women’s work" and is consequently under- valued. The union has tabled exten- sive material documenting the extent of wage inequities.
Native leaders see progress on claims

A resolution to the thorny problem of Native claims is moving closer, two Native leaders told HEU summer school students Aug. 14, and trade unionists can take some of the credit.

In a special evening forum at the school, Native leaders Rose Point, of the Musqueam band, and Miles Richardson, the chairperson for the Council of the Haida Nation, outlined their people's goals.

Point, a former HEU member at Vancouver General Hospital, told HEU members how her people hunted and fished for thousands of years over the land now covered by the University of British Columbia campus.

"We had our own medical services and medical specialists," she said. "We fished the Fraser just as we do today and in. We got our resources, whereas the airport is there. These are the ancestral lands of the Musqueam people and we hold aboriginal title to it."

Despite legal barriers and economic hardship, "we still knew who we are," Point said, "that we belonged to this place."

But this claim is not without resistance, the Native leaders noted. " Sovereignty and title need not be the bogeymen they've been set up to be," Richardson said.

Union attacks laundry deal

The HEU will fight in B.C. Supreme Court the decision by two Vancouver island hospitals to award public laundry tender contracts worth more than $300,000.

An application has been filed under the Judicial Review Procedures Act jointly by the union and HEU member Robert Hornsby attacking the Saanich Peninsula and Mt. St. Mary's Hospitals' handling of the laundry contracts. If successful, the court action will void laundry contracts given Vancouver Island Linen Supply (VILS).

"We can just respect ourselves as human beings, we will find the point of co-existence, I believe it will happen," Richard told HEU members of the decisions of an historic task force on Native claims established this spring by the federal government.

The task force produced a process to accelerate the claims talks, Richardson said. The objective is to achieve settlements which "give a reasonable degree of certainty" to economic and political life in the province.

"But we should not expect you to be under your thumb or me to be under your thumb," Richardson said. "I want to stand as witness, Native people want an agreement that "includes an acceptance of respect for your well-being and destiny as a people."

The possibility for collective action has been demonstrated right on the Queen Charlotte Islands, he said. During the past two summers, the Haida have sought to control elite sportfishing camps which have operated on traditional Native fishing locations.

The Haida were assisted in their fight by 200 commercial fish boats which moved into the area to protect the uncontrolled harvest of chinook salmon by the sportfishing operators.

There was a real feeling of solidarity," Richardson said. Richardson paid tribute to unions, including the HEU, which have declared their support for the Native people. "We will prevail," he said. "Time is on our side."

Union attacks laundry deal

The hospitals decided last February to transfer laundry services from the Greater Victoria Hospital Society to VILS, a firm owned by the brother-in-law of former Sacred hearts minister Mol Couvillon.

Hornsby was one of at least 15 HEU members bumped from their jobs at the Oshawa Painter's laundry because of the loss of the laundry contracts.

The union, in an argument supported by a Health Ministry report, argues the hospitals broke both their own bylaws and government regulations by not tendering the contracts.
Harcourt spells out NDP health agenda

Unfair labour laws like Bills 19 and 82 will be gone. Health care funding may be used to deal with emergencies. Lottery proceeds should be used for health research, he said.

"We have a government that has taken waste to the nth degree," he said. "We're going to live within our means."

Harcourt praised the HEU for publicly criticizing bed closures around B.C. and the huge salary increases to hospital administrators.

Harcourt promised negotiations for a "just and fair" settlement of Native land claims in B.C. The government will also develop affordable housing.

"We're going to achieve women's equality in this decade."

"The Social Credit approach is a total failure — turning working people into the enemy. I'm picking up in this province that people are ready for a change."

Harcourt said he has urged HEU members on previous occasions to prepare for an imminent election. "I tell you, it is going to happen this fall because it's mandatory. If they don't go by November 15, I'll slap them with a law suit," he said. "I'm going to be business as usual at the Hospital Employees' Union when the writ's dropped."

Soperscots shut down health debate

VICTORIA — The Social Credit government used closure to shut off debate on its health budget before closing down the Legislature and heading off for the summer.

Victor Mackenzie, NDP critic for health spending which resulted in province-wide bed closures. The first time the Socreds had cut off debate in that fashion since 1983.

"The Socreds won't answer for their handling of health care services so they're trying to stop the source of the questions," Perry said. "B.C. still has huge surgery waiting lists. It's still lacking adequate health care in the regions, but we're seeing no government action to deal with that."

The use of closure meant the opposition had no chance to question the government on local health care, mental health and seniors' issues.

LOOK BACK

It took firm action to win settlement

HEU launched demonstrations in 1975 to force anti-discrimination payments

JUST over 15 years ago members of the Hospital Employees' Union were forced to the brink of their first province-wide strike when hospitals refused to pay anti-discrimination money negotiated 10 weeks earlier.

The union had served strike notice across the province and workers in three hospitals had voted overwhelmingly to back the union. Most dramatic was a three-hour demonstration on March 25 in front of Vancouver General Hospital by workers from hospitals throughout the Lower Mainland.

The workers were protesting the failure of hospitals to pay up to $37.50 for each month of 1975, a total of $450 to workers whose wages fell below the cleaner rate.

Some 10,000 HEU members were affected. The payments — designed as a one-shot interim measure pending completion of the government's job evaluation program — were negotiated between the union and Sacred health minister Bob McClelland on Jan. 5, with the Health Labour Relations Association agreeing to the terms.

But even though some hospitals had the clauses made out, HLRA refused to allow the payments, claiming it was up to the union to get the money from the government.

The street protest also targeted threatened layoffs and unfair scheduling at VH. In the evenings leading up to the action, workers handpainted picket signs.

The protest turned into more of a festive affair than people anticipated because militancy by the union had the desired effect. That morning the HLRA sent a telegram authorizing hospitals to pay the $37.50. On the street union reps were able to distribute copies of the telegram to the information pickets and the union leadership was able to call off its strike notice.
Building women in the arts

An HEU member lends a hand

"An impulsive decision to participate in a theatre revue, starring herself and two friends, catapulted HEU activist Louisa Hutchinson into an important role in B.C.’s women’s theatre movement.

Hutchinson, a tireless organizer, was no stranger to volunteer work and promotion when she took a night school board drama course in 1989. She was active in the union, worked at Vancouver Co-operative Radio, and had helped in NDP campaigns, but she had no theatre experience whatsoever.

When the course was over, she was suddenly being casting about for a way to put their learning to use when the idea of a revue was born. "We said, ‘we’re all Gemini, let’s do it,’" Hutchinson recalls.

When the combination of monologues, readings and stories was ready, the three invited 80 of their closest friends "to come and pay money," says Hutchinson, "and they did."

The one-night show at Vancouver Little Theatre was a success and brought Hutchinson into contact with View: The Performing Arts Society, a non-profit group sponsoring a women’s arts festival which has a province-wide reputation.

View needed a fund-raiser and Hutchinson agreed to help. "I believe in promoting something I believe in and I believe in theatre and in social justice issues," she says.

View sponsors works which have been submitted to a jury of people experienced in the arts for approval. Performers who win approval in this jury process find a much larger audience through View.

Random Acts, for example, the two-woman team which starred at HEU’s Summer School, was able to develop a much larger audience after its successful debut in the View festival.

Hutchinson, now in her second term on the View board, helps scare up the funds needed for its ambitious program. One frustration is "to see how cheap the corporations are when it comes to sponsoring community-based organizations."

Hutchinson, now an admitting clerk at Children’s Hospital, says her work with View reflects both her commitment to the women’s movement and to grassroots activism.

"I do View because it’s a women’s organization," she says. "Our stories as women need to be heard and validated, and men have a part in that."

"I believe in people," she adds. "I grew up in a small town. I believe in people pitching in. When you need someone they will help you out."

In Hutchinson’s mind, similar drive gets people active in the union.

"If you believe in the trade union movement, you believe in social justice and believe we are brothers and sisters," she says, "but that’s not why we do it. We do it because it makes us feel good."

ON THE JOB

Worker of the shift

ART OF CHILDREN: A Children’s Hospital worker and HEU activist Louise Hutchinson turned an interest in theatre into a commitment to help women succeed in the arts.

Her kids are

HEU, HSA kids

Union members run hospital daycare

Heaven is having daycare available in your own workplace.

At least that’s the view of HEU parents working at Vancouver’s G.F. Strong Rehabilitation Centre, home of an integrated daycare facility for some 35 children.

Intimate knowledge of the daycare facility and the staff — fellow HEU members — helps ease the extra responsibilities experienced by a working parent. And the facility’s extended hours of operation — 6:45 a.m. to 5:30 p.m. — gives parents needed flexibility in planning their day.

Most importantly, children are happy to have a parent nearby, says G.F. Strong preschool teacher Linda Tomori, who has six years of experience between a physiotherapist and an occupational therapist.

About 12 of the children at the centre are from G.F. Strong employees’ families, several others are children of union members from other health care facilities and the rest are children with disabilities referred by the ministry of health.

The integrated concept of the daycare centre in a facility catering to the physically disabled has given the children a special awareness and understanding of physical differences, says Tomori.

“They see persons in wheelchairs working to gain mobility and others with disabilities — such as a missing leg — but there is no fear or mystery, just an acceptance and awareness."

A desperate need exists for the expansion of the daycare service into other facilities across B.C. The G.F. Strong daycare centre waiting list bears more than 200 names.

UNIONS AND POLITICS: THE SUPREME COURT SPEAKS OUT

By GEOFF MEGGS

ON THE EVE of the Gulf War, the Hospital Employers Group joined with the B.C. Federation of Labour, the B.C. Teachers’ Federation, the Arms Race and a wide range of other groups to sponsor a special advertisement in the Vancouver Province. Headline “No Blood For Oil” the ad appealed to the Mulroney government to pursue negotiations against Iraq that would lead to an end to armed intervention.

A number of doctors called the Provincial Office to protest the ad. Some questioned whether or not the position taken was consistent with HEU policy — it was — but others questioned whether the union should take any position on matters outside narrow collective bargaining.

It was precisely that issue — the right of the union movement to participate in broader social concerns — that was decided in June by the Supreme Court of Canada.

In that landmark case, called the Lavigne decision, the court unanimously rejected the view of an Ontario college instructor who was opposed to the use of any part of his dues dollars to support the New Democratic Party, choice on abortion or other social issues.

The court’s decision makes interesting reading because it dramatically separates Canadian unions from their counterparts in the United States, where courts have hamstrung the union movement. Consider the following excerpts from the 162-page decision, compiled by the Canadian Association of Labour Media.

“The interests of workers reach far beyond the efficacy of the social deal they strive to strike with their employers,” wrote Justice Gerald La Forest.

There are two reasons why unions should be free to spend money on things not immediately related to collective bargaining, he continued.

“The first is to ensure that unions have both the resources and the mandate necessary to enable them to play a role in shaping the political, economic and social context within which particular collective agreements and labour relations disputes will be negotiated and resolved,” he wrote.

“Government policy on daycare, for example, will affect what a union can achieve for its members at the bargaining table.”

The second reason why governments and courts should not restrict union spending is that it “contributes to democracy in the workplace. It is for the union to decide, by majority vote, which causes or organizations it will support and in what way, especially in influencing the political, social and economic environment.”

The court rejected Meir Lavigne’s objection to the use of union dues to support the New Democratic Party. “There is evidence to support the view that the cause of unionism and of working people generally has been advanced by the NDP.” It is inconceivable that support of the NDP could be considered irrelevant to the union’s obligation to represent those who pay dues to it.”
Labour

Aussie health workers fight Big Mac privatization attack

Bringing McDonald’s Big Macs into the Melbourne’s Royal Children’s Hospital is a Big Mistake, says Australia’s health care workers. The Health Services Union, a new union formed by the merger of the Hospital Employees’ Federation and the Health and Research Employees’ Association, is campaigning to get McDonalds turfed out of one of the country’s most prestigious institutions.

Union members say the new restaurant in a hospital extension is the beginning of a drive to privatize dietary services at the expense of jobs and nutrition. They first learned of the scheme when the hospital identified a need for a “family restaurant with a separate kitchen” where parents and children could “retreat from the traditional hospital environment.” The hospital asked for tenders, but denied funds to the existing service to prepare an in-house bid. Within days, McDonalds had the deal and a 20-year lease. “The unionists were told of the decision to award the contract to McDonalds after it was made,” says Pimpinella, the union paper. Union members decided to fight back.

A broad range of community groups are joining the protest, worried about privatization, the nutritional value of McDonalds’ food and the environmental problems from the firm’s packaging. HSUA is circulating a petition against the hospital’s decision, but it appears the fight will be a tough one — McDonalds and Pizza Hut now are seeking contracts to provide food services in local schools.

“The fast food industry obviously views hospitals and schools as untapped markets and ideal areas to promote the fast food culture.”

Air unions warn of danger in ‘Open Skies’

Canada’s airlines will be less safe, smaller and foreign-owned, say airline unions, if the Tory government pursues its “Open Skies” policy.

“Open Skies” is the way federal transport minister Doug Lewis describes his “free trade in the air” scheme to integrate Canadian and American air services. But Canada’s airline workers charge that the policy will eliminate nearly all government restrictions, even weakening safety regulations.

Canada is ready to let American carriers fly passengers between Canadian cities, says Cheryl Kryskiwasky, president of the Canadian Auto Workers Local 2125, which represents 7,000 airport and reservation agents.

“Open Skies” could mean many Canadian airlines will disappear, Canada’s airlines will face cheaper American competition and the union members who are left will be forced to take lower wages, she says.

THE SUPREME COURT OF CANADA STRUCK A BLOW FOR UNION RIGHTS IN JUNE 27 WHEN IT Ruled AGAINST AN Ontario college teacher who was challenging his union’s involvement in social and political issues. Merv Lavigne was asking the court to stop the Ontario Public Service Employees’ Union (OPSEU) from spending about $2 of his dues money on political lobbying.

The amount was trivial, but the principle of the matter was profound. It was aimed at ending the long Canadian tradition of “social unionism.”

Lavigne had the financial backing of the right-wing lobby group, the National Citizen’s Coalition (NCC). Their objective was to restrict unions by law to a narrow “business unionism,” and prevent them from engaging in larger society. Lavigne and the NCC tried to attack the principle of social unionism by using the Canadian Charter of Rights and Freedoms.

They argued that Lavigne’s individual rights were violated when OPSEU donated a small portion of his dues money to the New Democratic Party, and on political lobbying for causes he didn’t personally support, like abortion rights.

The highest court in the land dismissed this argument saying unions should be free to spend money on more than just collective bargaining.

“Many activities,” wrote Justice Gerard La Forest, “be they concerned with the environment, tax policy, daycare or feminism, can be construed as related to the larger environment in which unions must represent their members.” The judge also said it wasn’t up to the court or the government to tell unions how to spend their money. It is the union’s job to decide what vote, which causes or organisations it will support in the interests of influencing the political, social and economic environments.”

STORM WARNING: PSAC members undertook national protests in August to warn the Conservative government of their determination to strike if necessary to break Tory wage controls.

PSAC braces for strike

Thousands of federal public servants walked off the job during August to underline their determination to break through Tory wage controls to win a decent contract.

The members of the Public Service Alliance of Canada have taken a national strike vote and union president Daryl Baun has vowed that his union will use that mandate if necessary.

The first-ever national strike by PSAC could come during September, hard on the heels of the confrontation between Canada Post and the Canadian Union of Postal Workers.

Pay equity is a major issue for PSAC, because the federal government has stalled on implementing pay equity improvements awarded by third parties.
Health care is a big budget item and for

Socrates it’s a favourite cutback target.

Why is Social Credit bad for your health?

EMPTY BUILDINGS

Past nearly two years, a large new hospital building has been under construction at Vanier General Hospital, becoming a center of controversy. The project has been beset by delays and cost overruns, leading to criticism of the government's handling of the project.

WAITING LISTS

Early last month, the ministry of health announced that B.C. hospitals are facing a significant shortage of nurses. The province has been forced to send nurses to other provinces to help meet the demand.

WAGE CONTROLS

The government has imposed wage controls on hospital workers, leading to protests and concerns about the quality of care.

by CHRIS GADOM

FIVE years ago, British Columbians elected a Social Credit government headed by Bill Vander Zalm. This fall, the check-

OUTSTANDING DEBTS

The government has accumulated an outstanding debt of over $10 billion, leading to concerns about the fiscal health of the province.

OVERBUDGET

The government has been criticized for overspending, leading to concerns about the sustainability of the health care system.

OVERSTAFFED

The government has been accused of overspending on health care, leading to concerns about the quality of care.

OVERPRICED

The government has been criticized for overpricing medical services, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching in its health care reforms, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the health care crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of health care regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH

The government has been accused of overreaching, leading to concerns about the impact on patient care.

OVERHOT

The government has been criticized for its handling of the crisis, leading to concerns about the effectiveness of its policies.

OVERHUNGRY

The government has been accused of being overconcerned with short-term gains, leading to concerns about the long-term sustainability of the system.

OVERWEIGHT

The government has been criticized for its overemphasis on short-term fixes, leading to concerns about the impact on long-term planning.

OVERPOLICED

The government has been accused of being overzealous in its enforcement of regulations, leading to concerns about the impact on provider autonomy.

OVERREVIEW

The government has been criticized for its overemphasis on reviews and inspections, leading to concerns about the impact on provider efficiency.

OVERSTAFFED

The government has been accused of overstaffing, leading to concerns about the impact on patient care.

OVERPRICED

The government has been criticized for overpricing, leading to concerns about the affordability of health care.

OVERREACH
Health care is a big budget item and for

by CHRIS GAINOR

FIVE years ago, British Columbians elected a Social Credit government headed by Bill Vander Zalm. This fall, the clock runs out on the government, and British Columbians must again make a choice. The choice in this fall's provincial election is between Social Credit and the New Democratic Party.

Bill Vander Zalm is gone, but the Social Credit Party is now led by a person who has been Vander Zalm's closest political associate for nearly 20 years. Rita Johnston served on Surrey Council with Bill Vander Zalm in the 1970s. When he entered provincial politics, he picked Johnston to succeed him as mayor. When he left provincial politics temporarily, he picked Johnston to take his seat in Surrey.

Johnston entered cabinet when Bill Vander Zalm became premier, and for much of that time, she was Bill Vander Zalm's deputy premier. She was the only MLA who stood by his side when he announced his resignation as premier last April.

Since becoming premier, Johnston has withstood a challenge from those in the Social Credit Party who wanted a change.

So when we wonder what Social Credit would do if they win this fall's election, it makes sense to look at the record of the last five years.

QUOTABLE QUOTES

"I'm certainly not going to throw the option of user fees out the window." RITA JOHNSTON

"Go fall on your head." RITA JOHNSTON, when questioned in 1993 about the attempts of Vander Zalm associate Peter Toigo to buy the Expo lands.

"By strengthening the strong, we can help the weak." BILL VANDER ZALM

"Rape and incest are not life-threating. We will be funding no abortions." BILL VANDER ZALM

"It just isn't good enough to replace the leader of the party for a couple of cabinet ministers. If we want to restore our democracy to health, the Social Credit Party must be voted out of office." Former Social Credit supporter and deputy labour leader GRAHAM LESTER.

"I think you'll just have to assume we aren't abducting those airplains." Government services minister CAROL GRAN, justifying her refusal to release logs of government aircraft.

The records were later released. Subsequently, it was learned that millions were spent to lease private aircraft for air ambulance service because the government jets weren't often available.

"We concluded that the ministry (of health) cannot determine how cost-effective the hospital system is, because it lacks information about the costs and health effects of the services offered by the system." AUDITOR-GENERAL'S REPORT, 1989.

"I'm suspicious of any allegations by HEU." Health minister BRUCE STRACHAN, commenting on HEU's release of news of elimination of 55 beds at St. Paul's Hospital, Vancouver Sun, July 15, 1991.

MAKING THE POOR PAY

Even before Vander Zalm left office, his government had hit the average annual B.C. household with more than $2,000 in taxes and fees, while corporations got $2 billion in tax breaks. The number of fee increases was 784, including 229 new fees.

Rita Johnston's finance minister, John Jansen, former minister of health, imposed new fee increases in his budget this May.

In health care, the Vander Zalm government established a policy that MSP premiums finance half the cost of doctors' services. The result was major premium increases in 1988 and this year.

B.C. and Alberta are the only provinces charging medicare premiums, which are a regressive tax. Premiums for B.C. families will exceed $200 this year, and thousands of poor British Columbians go without medical care because premium assistance is so limited and cumbersome.

As well, the Socreds have increased the Pharmacare deductible on several occasions, most recently to $375. This places an enormous burden on ill British Columbians of limited means.

It has been proven that user fees don't save the health system any money, and only deter poor people from going to the hospital. In spite of these facts, Rita Johnston insists on them.

For most British Columbians, the Socred election victory was an expensive one. Another Socred victory could be even more expensive.

WAGE CONTROLS

Through much of his term, Bill Vander Zalm helped keep wages down with Bill 19, the anti-union law which replaced the old Labour Code. By making it difficult for unions to do their work, Bill 19 held down wages.

But this clearly didn't satisfy the Vander Zalm government.

This year, the government passed Bill 82, re-establishing the Social Credit wage restraints of the 1980s. This time, the wage

GUARDIAN  •  September 1991
commissioner was given full power to overturn any negotiated contract provisions, not just those affecting wages. That means that Ed Lien, the $100,000-a-year commissioner, can block any effort by HEU to improve patient care through better staffing or health and safety programs. During the 1991 Sacred leadership race, only one candidate favoured keeping Bill 82 intact: Rita Johnston.

WAITING LISTS
Early last year, the ministry of health announced that B.C. patients requiring open heart surgery would be sent to U.S. hospitals for their surgery. After refusing to admit that underfunding was behind the cardiac waiting lists, which had ballooned beyond 700 people, the government announced last year that it would spend $3 million to deal with this problem. Since then, hospitals where heart surgery is done have been forced to cut back operating room schedules due to tight budgets. Waiting lists for heart surgery are still a fact of life in B.C.

Other patients have had to wait for services, as well. Recently, some prostate cancer patients were told that they may have to seek treatment outside B.C. Kidney dialysis patients are now facing cutbacks.

BED CLOSURES
The number of sick British Columbians has not declined, but Social Credit has cut more than 300 beds out of our province’s health care system. The blow is falling hardest in the key regional hospitals which are shutting down a significant portion of their acute care beds. But urban areas are suffering, too, as Social Credit squeezes the health care system. The quality of care is suffering and morale in hospitals is plummeting as staffs are cut and remaining workers try to make do with less. Rita Johnston has continued the tight-fisted policies of her predecessor, Bill Vander Zalm.

NURSING TEAM
The past decade has been particularly difficult for licensed practical nurses, orderlies and patient care aides, who bore the brunt of layoffs in B.C. hospitals when budgets were tightened. Nursing managers, often biased against non-registered nurses, took advantage of these budgetary problems to move toward RN nursing and elimination of team nursing.

On several occasions, the HEU asked the government to obligate hospitals to retain LPNs, orderlies and aides. These calls were refused.

CONTRACTING OUT AND PRIVATIZATION
The Vander Zalm government has encouraged privatization of government services, and one of the ministries where privatization was carried out with special zeal was Rita Johnston’s transportation and highways ministry. HEU members have seen privatization of many health services. Many long term care facilities are operated by profit-making corporations. The management of food and housekeeping services has been contracted out to companies like Vera Services and Marriott.

The government has refused to fund replacement of aging hospital laundry. The result is that laundry work is being farmed out to private laundries and regional laundries. Many other hospital services are being contracted out. Poor funding has even led to private nurses being hired by patients’ families.

TWO PEAS IN A POD: Bill Vander Zalm and Rita Johnston have been close allies and friends all their lives. Johnston’s election as leader of the Social Credit party put someone in charge who is totally identified with the Vander Zalm era.

BELIEVE IT OR NOT
Since Bill Vander Zalm became premier five years ago, there have been 12 resignations from cabinet related to scandals, including the resignation of Bill Vander Zalm himself. None of the original members of the Vander Zalm cabinet is in the same spot today, and more than 40 of the 47 Sacred elected in 1986 have had a turn at the cabinet table since then.

Of the many scandals that have roiled the Vander Zalm government, one was directly tied to health care. In May, 1990, deputy health minister Sam Dales was fired and former health minister Peter Duckett left cabinet after reports that the two had travelled to Germany in 1988 with their wives and received food and accommodation from Siemens Electric, a giant manufacturer of imaging equipment. Dales has since been charged over the matter, and Duckett returned to cabinet after being cleared by police.

It also came out that two board members of the Greater Victoria Hospital Society, including Susan Brice, who was the mayor of Oak Bay and now a Sacred candidate, had gone to Germany in 1986 with expenses paid by Siemens Electric. The following year, GYHS bought Siemens equipment worth $2.7 million without going to tender.

Throughout the 35 years of Social Credit government in B.C., creative bookkeeping has been used to foster the idea that B.C. is debt free or has less debt than other provinces. Premier W.A.C. Bennett boasted his government was "debt free," yet in fact there was debt listed as "contingent liabilities."

Bill Bennett squirmed off debt to crown corporations so that it wouldn’t show up on the books, but Bill Vander Zalm and his finance minister, Mel Coweikir, reached new lows when they crossed the Budget Stabilization or B.S. Fund. In the words of the auditor general, the government’s bottom line with the B.S. fund, is a "meaningless figure."

Although the end of the B.S. Fund was announced in this year’s budget, it was used last time to cook the books. The Socireds claimed the deficit this year will be less than $400 million, when in fact it exceeds $1.2 billion.
HOW HEALTH CARE BOSSES WORK

By Brad Tester

An HEU Summer School course designed to take the wraps off cleverly disguised union busting techniques has already helped at least one union officer identify upcoming problems at her workplace.

A Vancouver Island HEU shop steward is sounding the alarm on plans to introduce a smartly packaged quality circle or team management approach that threatens working conditions and worker benefits.

Jane Slaughter, author of Choosing Sides: Unions and the Team Concept, told HEU Summer School students that employers are pushing a definition of quality and team work that has little to do with reality.

The employers’ understanding of quality involves protecting management rights and convincing workers to do as much work as possible for as little pay as possible, said Slaughter.

The HEU shop steward, who asked to remain anonymous to allow time to consult with fellow workers, told The Guardian that managers at her facility plan a September weekend retreat to finalize a shift to the quality circle management style.

Quality circle catchwords and phrases found on a hospital letter/describing the retreat alerted the shop steward to the management’s agenda. HEU members are wary of such phrases as flexible or lean production, worker participation and management by responsibility.

The quality circle team concept has already managed to blur job classifications in the hospital’s dietary department, where — for the “good” of the team — Cook 1 job assignments have been stretched to include Cook 2 tasks, says the union activist. She said he higher paying Cook 2 classifications are in danger of being removed.

HEU Summer School students identified abusive quality circle programs already underway at their facilities. New Westminster shop steward Darlene Biglow said housekeepers at Royal Columbian Hospital are graded like school children on the quality of their work. And, said Biglow, the marks were influenced more by how much the boss liked you than by job quality.

The gesture, designed to intimidate workers into doing a good job, are now largely ignored. "But it’s still hard on new members," said Biglow, "because they think it’s important.”

Further evidence that the quality circle management attack is well underway in B.C. was provided in the career section of the Aug. 10-Vancouver Sun.

A career opportunities ad for Burnaby Hospital called for candidates who could provide higher productivity (i.e. more work for less pay) and greater management rights. The team concept is use way to reach those goals.

In recent months, the team concept has been introduced in workplaces as varied as municipalities, hospitals, and university libraries. It has been spotted in provinces as different as British Columbia, Quebec, Alberta and New Brunswick. Everywhere it has shown up, it has posed a serious challenge for the local union.

Workers are often attracted to the promises made by team concept boosters. This is especially so in workplaces in which our members have rarely been consulted in the past about any aspect of their working lives.

Employees form “teams” and “task forces” and ask those groups to look at various aspects of the way our work is organized.

Workers are given the strong sense that their “input” will really make a difference. Who wouldn’t be attracted by that?

The problem lies both in the “hidden agenda” of management and in the degree to which promises about workplace reorganization are kept. While some changes may be made in response to team recommendations, the real goal of management during this process is to evade support for the union.

QUALITY OF WORKING LIFE AND “TEAM CONCEPTS.”

The Japanese management techniques to build assembly-line productivity and improve quality while holding down costs, are sweeping into the health care system.

Across B.C., health care bosses are asking workers to “join the team” in an effort to improve service and cut costs. What are the bosses looking for? Speed-up, reduced costs and even lay-offs, designed and implemented by the workers themselves.

Employers are spending large sums of money for consultants who teach them how to “organize the workplace and increase productivity. These slick management techniques are designed to squeeze out more from each employee, erode the strength of the local union, and increase the real power of management.

Many hard-won union gains will be lost if the threats posed by the “team” concept are realized. Unions must develop counter-strategies which strengthen their locals while at the same time responding to the real concerns of their members regarding work organization and power relationships.

Perhaps the best definition of these programs is the simplest: their team concept is another name for speed-up and union busting. Team concept programs take advantage of the desire of workers to do a good job and to gain greater control of the workplace by subtly using the rhetoric of “quality” and “cooperation” against them.

We have to keep a clear head when faced with team proposals. No employer is interested in simply giving up control of the workplace. All employers have as their primary goal increased productivity (i.e. more work for less pay) and greater management rights. The team concept is use way to reach those goals.

In recent months, the team concept has been introduced in workplaces as varied as municipalities, hospitals, and university libraries. It has been spotted in provinces as different as British Columbia, Quebec, Alberta and New Brunswick. Everywhere it has shown up, it has posed a serious challenge for the local union.

MANAGEMENT TEAM IGNORES QUALITY INPUT:

Despite the team approach, managers talk of promoting, most decisions concerning the operation of B.C. health care facilities continue to flow from a handful of managers in male dominated boardrooms.

GUARDIAN • September 1991
In British Columbia, the municipality of Richmond introduced a concept called "Management by Responsibility." Management by Responsibility is a sophisticated effort to increase productivity by getting employees to take on more management work without receiving extra pay or a promotion.

The stated goals are to "improve workplace attitudes" and to increase the responsibility for success or failure felt by all municipal employees.

Workers were actually told that "a manager's purpose is to serve employees by helping them realize that they bear 100 percent responsibility for their own success."

This is dangerous nonsense, of course, since the only employee who bears 100 percent responsibility is the one who enjoys 100 percent control over the work, but it is a classic example of what some labour observers refer to as "Management by Stress."

By convincing employees that they bear all of the responsibility for what happens at work, employers using the team concept can simultaneously increase the stress which workers feel while reducing pressure on management from vocal employees.

This particular version of the team concept appears designed to confuse workers about the real power relations in the workplace: to make workers feel guilty when they speak out for their rights or criticize the employer; to trick employees into believing they are managers; and to increase productivity by convincing employees to take on more work without any increase in pay.

Because team concepts tend to follow the same pattern when introduced, it should be possible for locals to be alert to them. Whatever buzzwords are used to describe them (such as "Strategic Planning," "Vision and Values," "A Journey to Becoming the Best," "Team Building," "Management by Responsibility," etc.), team concepts are usually introduced in the following ways:

1. A management consultant is hired by the employer. Usually the consultant is from the United States.
2. The consultant conducts a seminar which is restricted to managers and supervisors only. Often this seminar is held in a resort or retreat location some distance from the workplace. At this seminar the basic goals of the project are outlined for administrators and they are trained in how it will be applied.
3. The employer announces (often in a newsletter or other new communication method) that some variation of the team concept is about to be introduced. The employer may not refer to "teams" but may have another name for the project. The consultant may be personally introduced to workers.
4. Psychological personality tests may be introduced. Workers may be labelled as individual "types" or a review may be done of the results for the workforce as a whole.
5. "Mission statements," "value statements," or organizational goals are written down. Workers participating in the process come to a consensus on these statements. Often these goals sound very positive and can be hard to disagree with.
6. "Teams" or task forces are created to deal with a wide variety of workplace issues and to implement the goals of the mission statement. The membership of these committees is determined by the employee. Once again, union activists are not usually selected. If these teams become well entrenched, the employer has created a structure which is parallel to and completely separate from the union or labour/management committees. Members of the "teams" are told that their input really matters (whether it is in fact listened to or not).
7. Workers on these teams are asked to take on certain management or supervisory responsibilities. In essence, they are asked to monitor the work of their co-workers and to do what they can to encourage higher productivity. The members of the teams may be given paid time-off to attend meetings, but they are not actually promoted to management jobs. They are not paid extra for taking on extra supervisory responsibilities.
8. Personnel issues which would normally be dealt with through the grievance process begin to be referred to the teams. Workers are told this is a less confrontational approach and are made to feel guilty if they are not being "co-operative."

Workers are attracted to team concept proposals because of a feeling that their ideas are not being heard at the workplace. All workers (and the unions which represent them) are interested in work which is happier, healthier and more satisfying.

Workers tend to disagree with management on how that can be accomplished because we have fundamentally different interests. The team concept can confuse workers about the real interests of management.

Our collective goals as unionists include items such as increasing pay; placing more real decision-making power in the hands of workers; protecting job security; protecting workers' rights; reducing hours of work; and protecting ourselves as a group through our collective agreements.

All employees have fundamentally different goals, such as protecting management rights and convincing workers to do as much work as possible for as little compensation as possible.

The challenge for all local unions faced with team management or quality circle schemes is to strengthen the union from the bottom up, while at the same time trying to respond to the desire by our members for more control over their work.

No one strategy will suit every situation, but the basics of any good organizing campaign are necessary to respond to team concepts.

In their book Choosing Sides, Jane Slaughter and Mike Parker suggest that "...the basic tools needed to keep team concepts out are the same as those needed to fight any kind of concession: education, organization, communication, and an alternative."
B.C. communities unite to fight bed closures

by BRAD TEKTER

Aided with petitions bearing tens of thousands of names, anti-bed placards and even piercing whistles, HEU members waged a summer-long protest against scores of hospital bed closures and layoffs.

The disaster forecast when the Social Credit budget was released last May was as bad as predicted. At press time, more than 500 beds had been closed and hundreds of health care workers displaced from their jobs.

B.C. health care unions, calling for community-wide responses, urged residents to remember this summer’s hospital service cuts come election day.

“You need your city council to be on your side; your chamber of commerce, your local labour council — everybody — to stand up and say, ‘No!’” said HEU secretary-business manager Carmela Allieva at a July union rally in Cranbrook.

Health care unions charged the government with mismanagement, questioning construction of empty hospital towers and new additions when underfunding is leading to service cutoffs at existing facilities.

The anti-bed closure union movement peaked in the northern B.C. town of Terrace where a determined public campaign pushed the government to postpone lay-offs and bed closures at Mills Memorial Hospital pending further review.

“We discovered how strong we can be when we all work together — really putting our minds to it,” says campaign spokesperson Pigeau. The three unions, with help from neighbours, relatives and friends, organized a remarkable campaign that in the end boasted a 12,644 signature petition backing their cause.

In Powell River where 12 hospital beds had been cut, an HEU-driven community response prompted a lively debate on the future of health care in the community. Marie Lacourciere’s HEU local, with help from BCUH and EHS, prompted a turnout of more than 500 residents at an election-style rally against the cuts.

Hospital after hospital across B.C. announced bed closures and lay-offs within weeks of Finance Minister John Jensen’s budget despite his promises of no bed closures or lay-offs.

The finance minister knew better. Service cuts and lay-offs were immediately predicted by hospital workers and administrators upon finding that hospital budget increases were restricted to between 5.3 and seven percent.

By July 24, HEU’s research department had identified at least 319 permanent bed closures at 23 health care facilities.

The union response was province-wide, largely flowing from three broad initiatives:

* a call from all three unions for an emergency meeting with the health minister — finally accepted by the Minister after a noisy, HEU Summer School demonstration in mid-August at the premier’s Vancouver office
* a demonstration July 16 outside the Social Credit leadership convention
* a special skills workshop Aug. 1 to help Lower Mainland locals mount community-based campaigns

The government to date has ignored HEU’s request for an emergency funding allocation to ease the budget crisis.

Empty Social Credit promises

Since the budget figures came down, the following permanent bed closures have been reported in the media.

Burnaby..............................................35
Cranbrook...........................................21
Nanaimo.............................................41
Powell River......................................12
St. Mary’s Sooke..................................11
and over 250 others
Province-wide total — 371

(does not include 125 summer bed closures at St. Paul’s)

THE CONFRONTATION: HEU’s Mary LePlante (right) and BCUH’s Delora McPherson turn up the heat on Health Minister Bruce Strachan in Cranbrook, where the beds closed.

VGH PROTEST: Members of all three health care unions rallied at Vancouver General Hospital in June to protest lay-offs and bed closures.

TEN THOUSAND NAME PETITION: HEU member Elaine Pigeau, fellow hospital worker and Howie the Health Care Bear rally support in Terrace where 12,000 signed a petition protesting cuts.
By BRAD TEETER

STUNNING 1989 bargaining victory by New York health care workers provided a rare moment of glory for a U.S. labour movement badly battered in recent years, HEU activists were told Aug. 12 in a captivating talk by the president of a New York health care workers' union.

Local 1199's successful strike in 1989 showed that militant action by a united membership can produce gains, Rivera said, and the New York labour movement had followed up that victory by defeating an attempt to break the unions at the New York Daily News.

The relatively stable health care field, one of the only sectors of the U.S. workforce not decimated by government policy, will act as a cornerstone for the revitalization of the wider labour movement, Rivera explained. "We can help galvanize the labour movement to a better future not only for health care workers but for the whole society. We are very optimistic."

Rivera said an effort is now under way in which the big three U.S. health care unions will undertake a joint, nation-wide organizing campaign targeting some 10 million health care workers currently without union affiliation.

A brighter future will depend on workers understanding that working together within the trade union movement will positively impact every part of their lives, said Rivera. "We have to say that life may be difficult but we can change it."

He said workers must be reminded that at stake are benefits impacting every part of their lives from their children's daycare programs to their summer vacations.

Rivera challenged the HEU to continue defending the Canadian medicare system for the sake of more than 40 million Americans who cannot afford health care insurance under that system's privately run health system.

He said U.S. studies show that if the U.S. was to adopt the current Canadian public health care model — "and I know the struggle that you have with people who want to chip away at your system" — a saving of $70 billion would be realized and health care could be provided for every American.

"It's very important for us that you fight to have the best kind of health care in Canada. Because when you fight, you're not fighting only for yourself, but for something that we in the U.S. — 250 million people — are trying to achieve."

The recent Local 1199 bargaining success flowed from years of preparation and planning after an earlier bargaining setback.

"It took careful preparation, building the union, department by department, chapter by chapter, and we made a calculated plan that as soon as we could strike we would send a message to the employer," said Rivera.

To a cheering HEU audience, Rivera concluded, "The more prepared you are to strike, the more ready you are to strike, the more determined you are to strike, the less you will have to strike."

"If the employer knows that you have been gearing up to strike, that you have lined up all your community friends and allies, that you have mobilized the political community behind you and you have invested millions of dollars in a public relations campaign. At that moment, they say "we'd better come to terms with these folks.""
Coffee Break

HEART OF HEALTH CARE: HEU delegates at Evergreen State College sang their sisters a rousing version of Heart of Health Care.

HEU members exhilarated by women's conference

When 13 HEU representatives headed to a five-day union women's school in Washington State during July, they expected to learn about women in the global economy. They did that, says Jean Whitling, who represented Victoria's Royal Jubilee local, but they also learned a lot about themselves: their power as women, their strength and their ability to make change.

"It was so powerful when it all wrapped up," Whitling said. "Each group had to speak or sing. You felt you could just jump up and give a sister a hug."

"Prejudices had dropped away, racial prejudices, prejudices against certain women."

Whitling and the other HEU delegates — all of whom are Provincial Executive members — joined about 49 other Canadian women at the week-long seminar at Evergreen State College in Olympia, which attracted 200 trade union women from Alaska, Hawaii and the American coast states down to California.

Sponsored by the Education Research Labour Centre, the program featured a series of high-level courses on the global and local topics as varied as Organizing for Social Change and Power in the Workplace.

Adding an important balance to the academic program were core groups named after important women trade union activists. According to Whitling, the combination meant that "anyone who went in on Sunday came out on Friday a changed person."

The program became a course of personal discovery for Whitling. She realized, for example, that even women can be sexist if they evaluate each other by their figure or their style of dress.

"We began to see other people as a person, a sister. I felt I could be more sensitive, promote women more."

Health care workers, who work in largely female workplaces, had a lot to learn from women carpenters and metalworkers who had endured substantial discrimination and sexism in the workplace. At the same time, American women were impressed by the Canadian health care system and how it had to rethik the Canada-U.S. Free Trade Agreement.

"They are worried about losing jobs to Mexican cheap labour if Mexico is added to the agreement," Whitling said. "We said, 'You are the cheap labour for Canadians,' and they hadn't looked at it like that."

Next year's conference will be held in Vancouver and Whitling is on the organizing committee.

Every woman in HEU should try to attend the Vancouver conference, she said, because it is the opportunity of a lifetime.

Arbitration upholds HEU on contracting-out clause

An important arbitration decision at Vancouver General Hospital should put an end to abuses of HEU's contracting-out protection.

All too often, health care employees contract out work to private operators first and advise the union later. An expedited arbitration award handed down at Vancouver General Hospital July 13 says that's wrong. Arbitrator Don Munroe was hearing an HEU grievance against VGH's practices of contracting-out renovations to existing facilities without asking the union's advice.

This is wrong, Munroe said, and is ruled out by Article 59 of the Master Collective Agreement, which bans any contracting-out of work which "will result in the lay-off of employees."

It requires the employer to discuss with the local any contracts which "could otherwise be performed by members of the HEU within a facility, except where an emergency exists."

Munroe's decision ruled the union must have "reasonable prior knowledge" of contracting to facilitate discussion before the contract is let.

As a result, HEU will be insisting on prior knowledge. Union policy is that in most cases discussions must take place prior to the tender being let and each tender will be discussed individually.
Health care target

B.C.'s health care system has been the target of Social Credit cutbacks and wage restraint. On voting day, remember the Social Credit record.

How bosses work

A special report on new tactics public sector employers are using to get workers playing their game.

Keep the beds open!

HEU members around B.C. have mobilized their communities to fight unprecedented bed closures by the Social Credit government.

Rebuilding labour

A New York health care union leader challenges Canadian unionists to lead the fight for a better labour movement.

Social Credit is bad for your health

A good health care system is not only good for patients, it's good for health care workers.

The Social Credit health care philosophy has failed. For the patients in our health care system, it's been four years of bed closures, waiting lists, funding cutbacks and misplaced priorities. Patient care standards crumbled. Social Credit built new hospital buildings it can't use while closing beds in existing facilities.

Meanwhile, health care workers are struggling to keep the system going. We've seen privatization, contracting out and we've suffered increased injury and illness due to short-staffing and hospital overcrowding. The final gift was Social Credit's wage control bill, Bill 82, which not only freezes salaries but also attacks every other contract condition.

For HEU members there can be only one conclusion: Social Credit is bad for your health.

Vote on election day