



HEU BARGAINING RESUMES AFTER ELECTION VICTORY PAGE 3

# Guardian



## WORK LOAD

*HEU tables key proposals Page 10*



### BREAKTHROUGH ON SAME-SEX BENEFITS

HEU and LPN Tim Knodel combined efforts to score a legal breakthrough which has national importance for same-sex couples.

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### Who's cleaning the laundry?

When Surrey Memorial Hospital took its laundry contract away from Royal Columbian, HEU members took job action, then began to investigate. The findings: the big player in the non-union laundry business is a low-wage boss with a record of safety violations.

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UNION LAUNDRY: HEU members at this Royal Columbian laundry in New Westminster are looking for new jobs because a non-union contractor has taken their work.



### They didn't back down

HEU members at Kelowna's May Bennett Home found community support to save their jobs

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## A fair contract is main goal for HEU in 1992

**W**ITH this year-end issue of the Guardian, I want to wish all members, staff and friends of the Hospital Employees' Union a happy holiday season and all the best in the New Year.

As this issue goes to print, Master Agreement negotiations are continuing with the help of mediator Stephen Kelleher. Long-term care negotiations are resuming after the provincial election recess. The B.C. Federation of Labour convention has just wrapped up, where HEU delegates once again have carried themselves very well. They helped in a big way to shape the agenda of the Federation for 1992 with a focus on establishing a provincial branch of the Action Canada Network, the national coalition that is fighting for economic justice for Canadians and against Free Trade, cuts in services and the rest of Mulroney's economic program.

HEU members have a lot to be proud of. Our public awareness campaigns about our bargaining agenda,



## COMMENT

by CARMELA ALLEVATO

about the closure of beds and about health care issues, helped make health care one of the most talked-about and decisive issues in the provincial election campaign.

Our Supreme Court victory in the Knodel case put HEU on the map as a leading defender of human rights in this country. And the fighting spirit of all HEU members was expressed in the continuing struggle at the May Bennett long-term care facility – a struggle which we won! As I write this column, the public administrator is cancelling layoff notices issued to our members at May Bennett Home. He also is implementing pay increases we negotiated after a three-week strike last spring.

On the Occupational Health and Safety front, HEU's fight on ethylene oxide resulted in new WCB guidelines and improved standards in many hospitals.

Unprecedented numbers of HEU members got actively involved in the provincial election campaign in every constituency and joined in the job of throwing out the corrupt Social Credit government, and electing the NDP. Well done, HEU!

But what of the tasks ahead?

Of course, now that we have put Bill Vander Zalm, Bill 82 and Bill 19 (almost) behind us, the successful renegotiation of all of our contracts is the main priority.

HEU members will meet this challenge with the fighting spirit that has always marked our union. Our bargaining goals are clear. Our strike fund is healthy. Above all, our membership is united around our determination to win a fair contract.

But ahead of us also lies a time of change. The government is about to begin rewriting the labour code. The Royal Commission on Health Care and Costs has handed down its report, which may bring major changes to health care. Our union will ensure that the concerns and interests of workers in the system are heard.



The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., Vancouver V6J 4P5.

### Member applauds HEU action on native rights

As a native woman, I am happy to see that unions and native people are starting to pull together.

Native people in Canada and unions are having the battles of all time. When we are all worn out from the hardships of being made to feel we are not important to Canada, it is nice to know that all people don't share the views of the governments.

It made me feel good to read and hear about the Summer School, including the report on our native leaders. Thank you for the respect of wanting to know more about our culture.

Natives and unions really need each other now, as it seems that both are being used by governments to show the general public that we are the cause of all financial problems in government. Government mismanagement

of finances is the cause of the problems, not unions and natives.

Just a note of thanks from a native union member who loves both her country and her union.

RUTH ADAMS,  
Delta

### U.S. medicare in terrible condition

I recently found an advertisement in *The Globe*, a paper like the *National Enquirer*. It is selling advice on "how to protect your house from being sold to pay nursing home bills" and how to avoid common mistakes which "can prevent you or your spouse from receiving emergency medical care."

I find it a little troubling – actually very troubling – to think that this is what the medicare system has been reduced to in the United States. It's pretty sad when

you have to turn to a gossip paper to get help with medicare.

KIM GALLAHER,  
Dania Home Local,  
Vancouver

### Cross-border shopping hurts Canada

When people shop across the border in the USA, they deny support to our Canadian social services, in particular to health care. This is especially important for our members to understand as underfunding for hospitals again approaches crisis proportions. With this in mind, I have reproduced an article produced by the Union Label Committee of the Canadian Labour Congress.

DONALD ALLEN,  
Burnaby

• The Union Member's Creed sent along by Brother Allen is reprinted below.

### Mixing politics and health care 'is not good'

I am a licensed practical nurse at Shaughnessy Hospital in Vancouver and I received the *Guardian* a few days ago and was frustrated at the articles regarding our current political choices.

I realize that I am new at learning the policies of the hospital and the union, and may not know the facts completely, however, I do know that the *Guardian* should ABSOLUTELY NOT dictate or be biased as to what party will be better for health care!! I was forced to join the union, but I think it has been used for greed! I do not feel the paper should be pro NDP or pro Social Credit or pro Liberal, but neutral.

I am very surprised at some of the attitudes and opinions the other nurses share and sometimes it makes me want to quit

nursing. Mixing health care and politics is not good in my opinion. I guess it's unavoidable!!

The only thing Mike Harcourt and the NDP have promised is a perfect health care system, which is not likely, and promises don't go very far in this province! For this HEU member there can be only one conclusion. Socialism is bad for your health!!

As a member of the HEU, I hope my voice will be heard and please do not send me the *Guardian* any more as I am not interested in most of it!!

Thank you.

CARLA GIBSON,  
Vancouver

## Guardian

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

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## The Union Member's Creed

I am a union worker and I shall not undermine the welfare of my fellow brothers and sisters. Canadian working people laboured too long and too hard for me to destroy their gains by purchasing non-union. I am a union family person who has been blessed with a decent living. I have come to enjoy better things because the devotion, dedication and the desire of those before me who laboured to provide a standard of living unparalleled in the world. I shall not destroy all their efforts and render helpless all the causes they

so earnestly fought to win for workers. I am a trade unionist and refuse to reward those who have opposed my existence and way of life. I will not permit my union-earned dollars to penetrate the walls of those establishments where a union card is the same as a "no vacancy" or "not welcome." As a person who believes in the dignity and rights of people, before I buy I shall look for the union label, shop card, store card or service button. In so doing, I will strengthen the security of men and women who

believe, as I do, in the goals of a free labour movement. I am a member of organized labour and will never forget I would not be able to purchase the amount of products I do without a union job and, therefore, common sense and a deep commitment to the ideals of our movement demand that I purchase those products which will further our cause. I will support and strengthen my fellow brothers and sisters by using a simple tool, the label gold rule: "Buy Canadian union products and services and you will have union wages paid unto you."





# What we're up to

People and events around the HEU. If you have news for us — a retirement, an election, a rally, a vote or whatever — please, let us know.

## Internal review saves Terrace hospital beds

A massive campaign spearheaded by health workers at Terrace Mills Memorial Hospital resulted in victory Sept. 10 when a special consultant's report recommended that 24 proposed bed closures be rescinded.

"The report recommends that the hospital get the money to cover its deficit plus an increase in operating funds," said HEU activist and campaign spokesperson Elaine Pigeau.

"But the report was very critical of management and the board for going ahead and hiring specialists without a great deal of thought. They wound up over-budget."

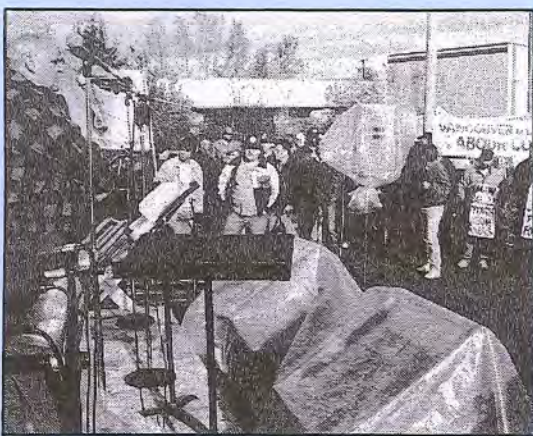
The report saved the beds, but did not save the political career of Social Credit cabinet minister Dave Parker, who sought the review after HEU and others rounded up 12,000 signatures on a protest petition after the closures were announced.

## New HEU comptroller has wide experience

The Provincial Executive has approved the appointment of Norbert Bulling as union comptroller to assist financial secretary Mary LaPlante in managing the union's finances.

Bulling trained and was qualified as a chartered accountant in South Africa. His career later took him to Germany, Quebec and ultimately to British Columbia. At one stage he worked for the accounting firm of Peat Marwick.

Bulling has worked in various fields of industry and real estate. Most



**FIGHTING THE FREE TRADE DEAL:** John Fitzpatrick (left) was among unionists addressing workers at Wolverine Tube in Surrey Nov. 8, where members of the Canadian Association of Industrial, Mechanical and Allied Workers are fighting to stop the export of their jobs to the U.S. Wolverine workers forced a halt to export of plant equipment.

recently he performed various accounting and financial projects for the B.C. Cancer Agency and the B.C. Transplant Society.

## Health and safety courses offered to locals

As part of the continuing program to upgrade HEU's Health and Safety program, the union is offering a two-day course for occupational health and safety stewards beginning in November.

Local secretary-treasurers were advised of the courses early in October. Two local representatives selected by the local executive will be eligible for the course, which will be offered at various locations around the province.

## Durand Manor workers tackle staff cuts

When Golden's Durand Manor cut nightshift in

half at the 40-bed facility to a single worker, HEU members decided to make the threat to health and safety of the residents a public issue.

They placed an ad in the local paper and contacted residents' families to outline their concerns.

The result: a 75-name petition to the facility's Sept. 25 board meeting appealing for improved funding to maintain the position. The petition outlined hazards posed by the cuts for residents and for staff.

The board refused to act on the appeal, blaming a \$100,000 deficit. Then, reports local chairperson Kathy Anderson, the local paper weighed in with an editorial slamming HEU members for "manipulation" of the question. The dispute should be resolved at the bargaining table, the paper said, if necessary by strike or lockout!

That brought HEU secretary-business manager Carmela Allevato into the controversy with a letter to set the record straight. At press time, the cutbacks remained in place.

## HEU moves to upgrade computer system

Programmer analyst John Boodhoo joined HEU staff for a six-month period beginning late in September to undertake an overhaul of the union's internal computer network.

Among other daunting tasks, Boodhoo will improve the union's membership records database to improve delivery of the *Guardian*.

Cont. on page 4



**VICTORIOUS CAMPAIGNERS:** HEU members were active in the election around the province. In Vancouver-Kensington and Vancouver-Kingsway were members (left to right) Louise Hutchinson, Children's local, Fred Muzin, Fredora Umlas and Rey Umlas, St. Paul's local, and Peter Marcus, Shaughnessy Hospital.



**HEALTH CARE COMMITMENT:** NDP leader Mike Harcourt used Vancouver General Hospital during the campaign as a backdrop for a news conference outlining his party's stand on the health care crisis.

# HEU ready to bargain in wake of NDP victory

The New Democratic Party's sweeping election victory will bring new stability to the health care system, says HEU bargaining spokesperson Carmela Allevato, and should open the door to serious bargaining for new collective agreements.

When Health Labour Relations bargainers remained inflexible in their concession demands Nov.

4, HEU called on the employers to agree to mediation to speed the bargaining process.

On Nov. 19, the two sides announced agreement on veteran labour relations expert Stephen Kelleher as mediator. Talks resumed immediately.

Allevato said the union expected the election of the NDP to change the context of health bargaining.

HEU worked hard to elect the New Democrats and to defeat the Social Credit party because the NDP program came closest to the union's goals for health care, she said.

In the course of the campaign, NDP leader Mike Harcourt emphasized his party's pledge to end user fees, to freeze medicare premiums and to end the chaotic mismanagement of health care finances.

In a Vernon news conference, he promised to introduce election of hospital boards by the general

# News

public. He also vowed to end the control of single-issue groups, like anti-abortion coalitions, which have taken over hospital societies like Vernon's.

But the NDP's commitments to the labour movement were equally important to HEU, Allevato said, and will dramatically change the nature of bargaining. They include:

- a renewed promise to extend pay equity throughout the public sector;
- a pledge to repeal Bill 82, Social Credit's wage control law, and to honour collective agreements freely negotiated before the bill's imposition; and
- to repeal Bill 19, Social Credit's labour law, which had been criticized even by health care employers.

# Workload issues dominate latest round of bargaining

HEU's Bargaining Committee returned to the table with the Health Labour Relations Association Nov. 4 to resume talks on the union's Working and Caring Conditions proposals.

"We're targeting the crisis in workload with this group of proposals," said bargaining spokesperson Carmela Allevato.

HEU demands call for restoration of the nursing team and implementation of the 35-hour week negotiated almost 10 years ago but eliminated by Socred wage controls.

The union had tabled the basic outline of its entire package — the Six Steps to Fairness — when talks began last spring.

Since then, the union has detailed its proposals for a general wage increase and for pay equity.

Talks have also started with the Continuing Care Employee Relations Association, which represents publicly-funded long-term care employers, and Pricare, which represents other long-term care employers.



# What we're up to

Cont. from page 3

## Verbruggen, Jessome take up regional posts

Judi Verbruggen, formerly a staff representative in HEU's Prince George office, has been appointed to a staff representative position in the Okanagan office. She joined permanent HEU staff in 1989 after nine years in various positions, including billing clerk and pharmacy tech, at Dawson Creek Hospital.

Appointed to replace Verbruggen in the Prince George office was Kathy Jessome, who was a member of the HEU's Royal Inland local executive in Kamloops, until she joined HEU's staff on a temporary basis one year ago. Jessome worked in Royal Inland's dietary department.

Both appointments took effect in September.

## Saanich local takes health issues to voters

Even before the election writ was dropped, HEU local members at Saanich Peninsula Hospital organized to highlight problems at their facility. The action began Aug. 20 with a lunch-hour study session.

The local produced an advertisement and flyer to circulate throughout the region warning "budget cuts are seriously threatening the jobs of those who make your hospital



**BED CLOSURE FIGHTBACK:** HEU secretary-business manager Carmela Allevato joined representatives of the B.C. Nurses' Union and the Health Sciences Association in a September protest against bed closures in Nanaimo.

such a special place." The material circulated to 13,000 households in the region.

While managers remained secure in their jobs, the flyer noted, housekeeping staff cuts mean "patients and residents will not receive the same degree of housekeeping service and the hospital may not be kept in its usual clean and attractive state."

## Mohammed joins HEU staff, Gerrath added to Executive

Irma Mohammed, who was elected third vice-president of HEU at last year's convention, has been appointed to position of staff

representative-organizer in the union's provincial office. Mohammed served for many years on Shaughnessy's local executive where she worked as a unit clerk.

In line with the HEU constitution, Provincial Executive members will now move up a notch to fill the vacancy created by Mohammed's appointment. Roy Gerrath, who was elected first alternate at the convention, has been brought onto the Provincial Executive to bring it up to full strength. The new Provincial Executive is listed on page two of *The Guardian*.

Gerrath works in the sterile supply department at Victoria General.

## HEU members, staff visible in NDP campaign

With so many HEU members and staff in the thick of the election battle, it wasn't surprising to see them turning up on television and in the press. Many more were active behind the scenes and to name some would risk missing — and offending — some others.

Although no HEU members were candidates, several worked as campaign managers and full-time workers. Their duties were as diversified as fund-raising and election-day organizing.

Scores more volunteered to do everything from phoning to leafletting.

In Prince George, union activists had the satisfaction of seeing former health minister Bruce Strachan go down in defeat. And in Oak Bay-Gordon Head, future health minister Elizabeth Cull held the seat she had won in a by-election upset.

The results were impressive. In the Kootenays, a narrow loss in the last election was turned into a major breakthrough for NDP



**HEALTH CAMPAIGN:** NDP candidate Tom Perry (left) discussed health issues with VGH members (left to right) Sharon Parker, Noel Gulbransen and Linda Whittaker.

candidate Corky Evans, who had strong HEU support on his campaign.

Another uphill struggle was won in Vancouver-Kensington by candidate Ujjal Dosanjh, where every poll but one was taken by the New Democrats. It was a similar story throughout the Lower Mainland.

Throughout northern B.C., HEU members were active in the campaigns, so much so that beleaguered Socred cabinet minister Dave Parker blamed HEU for his problems in very rude terms.

By the same token, NDP candidates could often be found where HEU members were fighting on other fronts.

Just one example was Revelstoke candidate Jim Doyle, who took time out to indicate his concern about lay-offs at Golden's Durand Manor. Doyle, who a year ago gave strong support to HEU members seeking a first agreement at Invermere's Mount Nelson Place, defeated Socred incumbent Duane Crandall on Oct. 17.



**VICTORIA PROTEST:** Workers at Victoria's Memorial Pavilion followed up an October job action on the issue of short-staffing with an afternoon rally to maintain pressure for replacement workers.

## LPNs, aides, dietary staff protest workload

VANCOUVER ISLAND — HEU members underlined their determination to deal with the simmering issue of workload last month with job actions in Nanaimo and Victoria.

Veterans' wives joined about 60 HEU members at an Oct. 9 rally outside the Royal Jubilee Hospital to protest staffing shortages threatening the health of residents and workers.

"It's shameful the way these people, men who fought for their country, are being treated," said a tearful Violet Doucette of Victoria in an emotional address supporting increased staffing levels in the hospital's Memorial Pavilion wing.

"Health care in the Memorial Pavilion is poor, very poor," said Doucette. She is concerned about the care her husband is receiving because of staff shortages in the facility which is home to many war veterans.

Her 69-year-old husband is completely paralysed and is not receiving the care he should, said Doucette. "I'm constantly told he has to stay in bed because of staff shortages."

She said she visits the hospital five times a week and on many occasions has a lengthy wait for a second nurse to be available so her husband can be taken out of bed. "After taking him to lunch and feeding him, it's not uncommon to have to wait 45 minutes so he can be put back to bed."

For HEU members, the October protest provided an outlet for many months of frustration. Management had promised changes after a Sept. 23 sit-in by workers fed up with understaffing and the rally reinforced HEU's call for improvements.

"Health care workers at Memorial Pavilion and many other facilities across B.C. are carrying the burden

of underfunding," HEU secretary-business manager Carmela Allevato told the gathering. She explained that health care administrators are trying to make up for budget short-falls by cutting back on staff and not replacing absent employees.

Doucette made the same point in a moving letter on behalf of residents' families to Ken Fyke, president of the Greater Victoria Hospital Society.

"Most of us, too, have reached the point of stress resulting from the shortage of nurses and aides," she wrote. "We...request more workers to help them."

Several NDP spokespersons including MLAs Moe Sihota, Robin Blencoe, Elizabeth Cull and Gretchen Brewin publicly expressed support for increased staffing at the Memorial Pavilion protest.

In Nanaimo, HEU members from housekeeping, food services, stores, administration and pharmacy held a sit-in Oct. 8 at Nanaimo Regional General Hospital to protest management's failure to deal with a wide range of workload issues and grievances. Patient care was not affected.

The five-hour cafeteria protest ended after management agreed to listen to serious grievances flowing from poor working conditions. The hospital has repeatedly failed to replace absent staff and workers are forced to contend with frequent equipment breakdowns.

Nanaimo Hospital senior managers were scheduled to respond to worker concerns at a Nov. 6 meeting with the HEU.



DOUCETTE



**NOT LUNCH:** Nanaimo Regional General workers occupied their cafeteria during an October protest to force an end to short-staffing in several departments.



# EtO manual reflects HEU struggles

By GARY SPENCE

In a major breakthrough for HEU members who work with ethylene oxide (EtO) sterilizers, the Workers' Compensation Board has issued a new standard practice manual on EtO safety which establishes standards and procedures as good as any in the world.

The manual is a tribute to the persistence and militancy of HEU members in sterilization departments around the province.

Delegates to last year's HEU convention decided that union members would not work on EtO sterilizers which lacked proper monitoring equipment 90 days after the close of the convention.

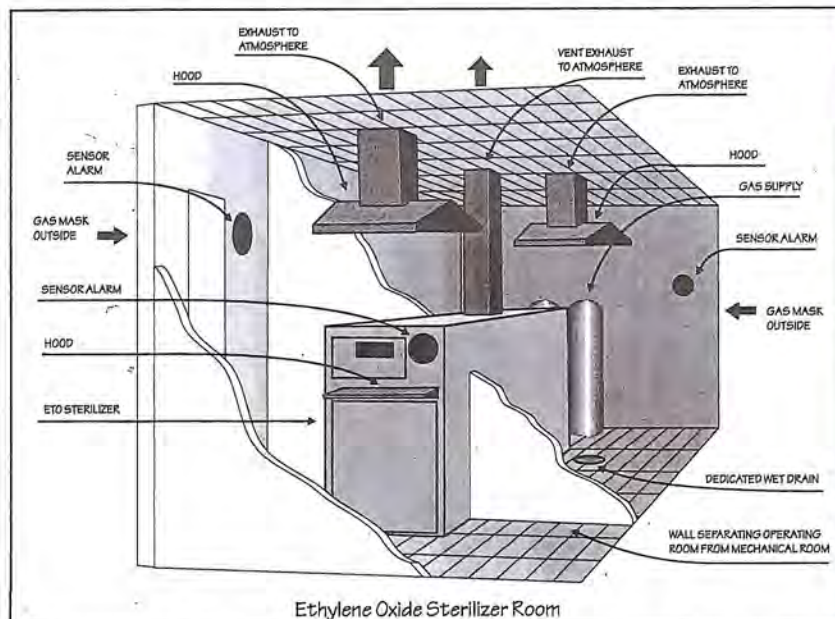
In subsequent months, HEU confronted safety violations at facilities around B.C. with a firm refusal to work on unsafe equipment. Widespread media coverage and HEU's strong stand forced hospitals to undertake costly upgrades of substandard facilities.

One result of the publicity received was the Workers' Compensation Board's decision to give EtO safety standards priority treatment.

Ethylene oxide gas is widely used for effective sterilization of medical equipment. Workers exposed to EtO face the risk of serious short and long-term health effects.

Short-term health effects include irritation or damage to the eye, skin irritations and rashes, severe irritation and damage to the upper respiratory tract and lungs.

There are numerous long-term health risks associated with exposure to EtO. Ethylene oxide has been shown to cause cancer in test animals and has been designated as "probably carcinogenic in humans"



**THE RIGHT WAY:** Basic safety features for gas sterilizers, detailed here, are spelled out in a new WCB manual.

by the International Agency for Research into Cancer and the American Conference of Governmental and Industrial Hygienists.

Repeated exposures to EtO can result in a severe skin allergy. There is also evidence of impairment of nerve function in the hands and feet after prolonged or repeated exposures to concentrations in excess of 100 parts per million. Exposure to concentrations in excess of 800 parts per million will cause death.

The manual establishes that the maximum daily exposure for a worker is one part per million, averaged over an eight hour day. The maximum permissible exposure level to any worker is five parts per million.

The manual establishes standards and procedures for the following

areas: personal protective equipment, education and training, emergency response, ethylene oxide sterilizer facility design, system operation and maintenance, workplace air monitoring, as well as providing general information about ethylene oxide.

The manual requires that employers investigate and report accidental releases of ethylene oxide and cases of worker exposure.

The Workers' Compensation Board has scheduled seminars throughout the province in October, November and December to inform employers and workers of the requirements in the manual.

• HEU staff representative Gary Spence worked closely with the WCB in the preparation of the EtO manual.

## St. Paul's job action forces action on EtO safety

VANCOUVER — Central Supply Department workers at St. Paul's Hospital won profound safety changes including the temporary shutdown of a hazardous gas sterilizer after a gritty Oct. 15 stand against dangerous working conditions.

Exercising their right to refuse unsafe work, CSD staff didn't return to the job after the second ethylene oxide gas related alarm within a week had forced a staff evacuation.

A portable monitor alarm indicating a possible leak of the gas that can cause cancer and genetic mutations forced the Oct. 15 evacuation. A similar evacuation occurred a few days before when an alarm indicated a breakdown in the hospital's ventilation system.

The incidents led to two sets of Workers' Compensation Board orders reprimanding the hospital for EtO safety violations, but it was the feisty stand of staff members fed up with repeated safety delays that forced the hospital to undertake immediate changes.

After a three-hour standoff, the hospital agreed to a staff demand that the EtO sterilizer remain shut down and gas lines cleared until a continuous EtO monitor was installed.

The board also ordered that the hospital develop a system whereby the EtO sterilizer would automatically shut down if the ventilation system stops.

## LOOK BACK

### HEU's support for daycare goes way back

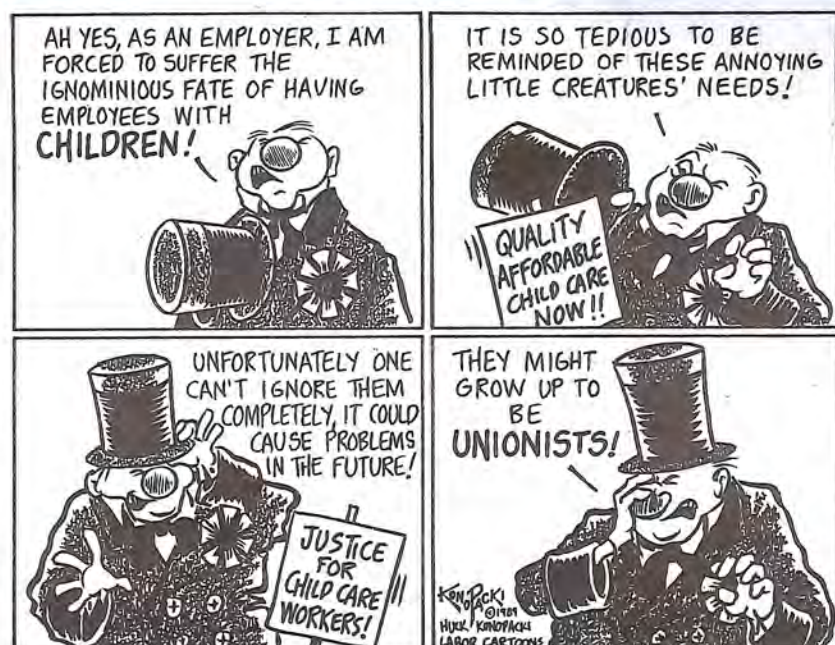
IT WAS a little more than 15 years ago that the HEU threw its full support behind striking daycare workers who were fighting for an increase in their pathetically low pay.

Addressing a rally of daycare workers on the steps of the old Vancouver Court House (now the Art Gallery) HEU representative Sharon Yandle said she was there not just out of union solidarity, but because daycare workers provide a service that allows many HEU members to be in the workforce.

The one-day strike by members of the Social Service Employees' Union won workers an increase in pay because the government agreed to allow parent-run daycares to raise fees charged to parents.

Just before the strike Bill Vander Zalm, then Human Resources Minister, had responded to notice of strike action by threatening to close down the centres. But the government backed down immediately following the workers' rally, promising a rate increase effective April 1.

At the time the province had the



power to approve fees set by parent-run daycares, even though the province's financial role was restricted to subsidizing fees for low income parents. As it continues to do today, Victoria gave no operating or capital funds to daycare.

With rates set at \$120 per child per month in 1974, most centres got \$2,400 per month, according to government regulations, the total available for the wages of three employees and all other expenses. So wages amounted to a paltry \$550 and \$600 per worker.

The new regulation increased fees to parents to \$140, allowing a wage increase to about \$700 a month. But the government also allowed centres to increase fees beyond \$140 if they saw fit.

The change was a two-edged sword, opening the door to a two-tiered system of daycare with more affluent parents better able to absorb higher fees, hence higher wages and better care in wealthier neighbourhoods.

Referring to the government's hostile stance and the generally negative attitude of radio hotline

hosts, the HEU, represented by staff rep Sharon Yandle, said the attack on daycare is really an attack on women who work outside the home and against "what surely must be the most fundamental right of all human beings — the right to earn our own living." Noting that at the time some 20 percent of the female workforce had preschool children, the HEU said it's in the interest of all women to support daycare, maternity leave and other measures that allow women to enter and remain in the workforce on an equal basis.

"To the extent that women receive the same wages, working conditions, job security and opportunities as men, to that very extent will women stop being marginal workers, a reserve pool of cheap labour that can be alternately moved in and kicked out of the workforce and used to drive down all wages generally, male and female," said Yandle.

HEU has never given up the fight for decent daycare. Daycare is an important part of the union's pay equity proposals in the current round of bargaining.

The union also is a member of the B.C. Daycare Action Coalition, which lobbies government for full support of daycare. A number of HEU members are early childhood education workers in facilities which already have on-site daycare.



## AFTER THE SHIFT

### Politics is in her blood

HEU member finds campaign an education

PRINCE GEORGE — Nancy Lang, a housekeeper at Prince George Regional Hospital, learned labour politics at her father's knee in her native Scotland.

But this year's provincial election has turned her from a solid voter for pro-labour parties into a rank-and-file political activist for the New Democratic Party.

"I've always volunteered on elections in the past," she said in a telephone interview mid-way through the campaign. "Now I'm going to stay active in the constituency. My eyes have been opened so wide by some of the dirty politics."

As a health care worker and an HEU member, Lang has a direct personal interest in the outcome. "Without the NDP being elected we won't get a good contract," she says. "They won't give us everything we want but with the Socreds we would do very poorly."

As a campaigner for NDP MLA Lois Boone, Lang tackled Social Credit health



ON CAMPAIGN TRAIL: Nancy Lang, of Prince George, found her knowledge of health care an asset in the recent election.

minister Bruce Strachan in his own riding.

But she has broader concerns as well. By participating in the political process she feels she is making a contribution both to her community and to the health care system.

As a campaign worker, she must handle fax machines, run the photocopier, go foot canvassing and handle donations. She gets her greatest satisfaction, however, from meeting people.

"I meet old people, young people. They say, 'I can only give you \$10' and then they give a plate full of cookies."

By joining Boone on her door-to-door canvasses, Lang was able to learn a great deal

and to teach voters a few things. She's become a health care advocate and a symbol of HEU members' commitment to a better health care system.

"They'll ask about waiting lists and Lois will tell them to talk to me," Lang says. "I know people are waiting up to four days for an air ambulance to Vancouver. I find out because I'm not able to clean their beds until they're gone."

Election work is no vacation — Lang is putting in 12 and 13 hours a day, seven days a week — but the work is satisfying and Lang isn't about to give it up.

"Once this election is over, I'm not going to miss anything, I can tell you. I'll be out for everything."

## ON THE JOB

### Engineers make hospital run smoothly

Jeet Dukhia has seen it all

VERNON — Doctors at Vernon Jubilee Hospital may not know Jeet Dukhia and the other four shift engineers at their facility, but they couldn't do surgery without them.

Dukhia is one of hundreds of engineers throughout the health care system who ensure that the complex systems of a modern hospital operate flawlessly 24 hours a day.

With provincial restraint programs and funding cuts, that job is becoming much tougher, Dukhia says, because preventive maintenance necessary to keep equipment in top shape simply isn't being done.

Vernon Jubilee's engineers, all HEU members, have four boilers, two stand-by units and five chillers or air conditioning units to keep running, but that's just one aspect of their responsibilities.

All mechanical operations, laundry equipment, heating, back-up lighting, sterilization



DUKHIA

equipment and medical gas equipment is cared for by the engineering team.

Even elevator repairs fall to this versatile group, whose role often goes unnoticed by those involved in patient care.

"We look after the power plant and all physical and mechanical operations in the hospital," Dukhia says. "We all have to have our Third Class Power Engineer's ticket and a four-year apprenticeship."

"We have to handle all kinds of emergencies, from flooding and burst pipes to fires if they occur."

In his 13 years at Vernon

Jubilee, Dukhia has noticed the deterioration in standards caused by funding cuts.

"Our crew stays the same but the hospital gets bigger and we can't keep up the quality. It's a penny-wise, pound-foolish approach."

The problems of restraint have been compounded at Vernon Jubilee by the success of local anti-abortion groups in controlling the hospital society.

These single-interest groups have succeeded in denying choice to women considering abortions and other aspects of community health care have been ignored.

"HEU members in my local are very much concerned about the board," Dukhia says. "It really affects morale."

As a result, the local has been campaigning hard to win force election of the board by the entire community.

Those efforts bore fruit during the provincial election campaign when NDP leader Mike Harcourt used Vernon Jubilee as the backdrop for a news conference.

Harcourt promised that an NDP government would move to community election of hospital boards and he promised that women throughout B.C. would have real choice on abortion.

## editor's notebook



By CHRIS GAINOR

IT is not an easy job to explain how the Conservative government in Ottawa is attacking medicare and other social programs.

The Tories learned their lesson a few years ago when they cut pensions. Angry senior citizens rose up and the Tories were forced to back down.

Now, they are smarter. When the Tories attack programs, they do it in a way that is difficult to explain. That way, it is tougher to raise opposition to these measures.

The Tories have cut their share of medicare funding four times since they took office in 1984. Even though they have put medicare in danger, they claim that it remains safe in their hands.

The way Brian Mulroney treats medicare can be compared to a shady developer who wants to tear down a building that city hall wants to keep standing.

The developer simply lets the building run down, and helps the process along by deliberately leasing it to people who will not take care of the building.

Eventually, the building is in such bad shape that the developer has to rip it down. He gets to tear down the building and escapes blame for its destruction.

Through bills such as C-69 and C-20, Mulroney is weakening the fiscal foundations of medicare. The creaks and groans of the weakened structure are the complaints of provincial governments.

Plaster is already falling. Just look to the poorer provinces in Canada, where cuts in federal transfer payments hit hard. Hundreds of health care workers in Newfoundland are now unemployed thanks to the Mulroney government.

Unless these policies change, it is only a matter of time before the whole structure collapses.

One of the founders of Canada's medicare system, Justice Emmett Hall, once said that no one in Canada is against medicare, and this support for medicare, "would defeat any government that tried to destroy it."

Brian Mulroney and his government are in the process of destroying medicare in Canada. They swear up and down that they are not attacking medicare. When pressed, they will admit they are cutting medicare funding because of the deficit.

But the Tories insist on giving tax breaks to large corporations and wealthy Canadians. Only when these billions of dollars worth of tax breaks

are ended can Canadians really believe that the Mulroney government is serious about fighting the deficit.





# Labour

## U.S. unions form coalitions on health care

Alarmed by rising insurance costs that have created a health care crisis in the U.S., American unions have joined with community groups in a coalition campaign to fight for reform.

The Jobs with Justice coalition kicked off its campaign in the summer with forums, workplace leafletting, and a national week of action with demonstrations in 120 centres in all 50 states.

It's "the largest collection of grassroots actions for health care reform in the U.S. to date," said Gary Williams Mack of the Communications Workers of America.

Most U.S. health care activists say the only way to provide universal coverage while controlling costs is to implement a government funded national health insurance plan similar to Canada's. Health care expenditures per person are 30 percent less in Canada than in the U.S.

Proponents say a public insurance plan would provide access to adequate health care for millions of Americans without insurance coverage, and reduce bureaucratic waste of the U.S.'s private sector-controlled insurance schemes.

An estimated 37 million Americans have no form of medical

coverage, most of whom are working people and their dependents, young people, and minorities.

Health insurance costs in the U.S. double every seven years, while the quality of coverage declines. And on average, between 20 percent and 25 percent of insurance premiums cover the administrative and paperwork costs of private insurers.

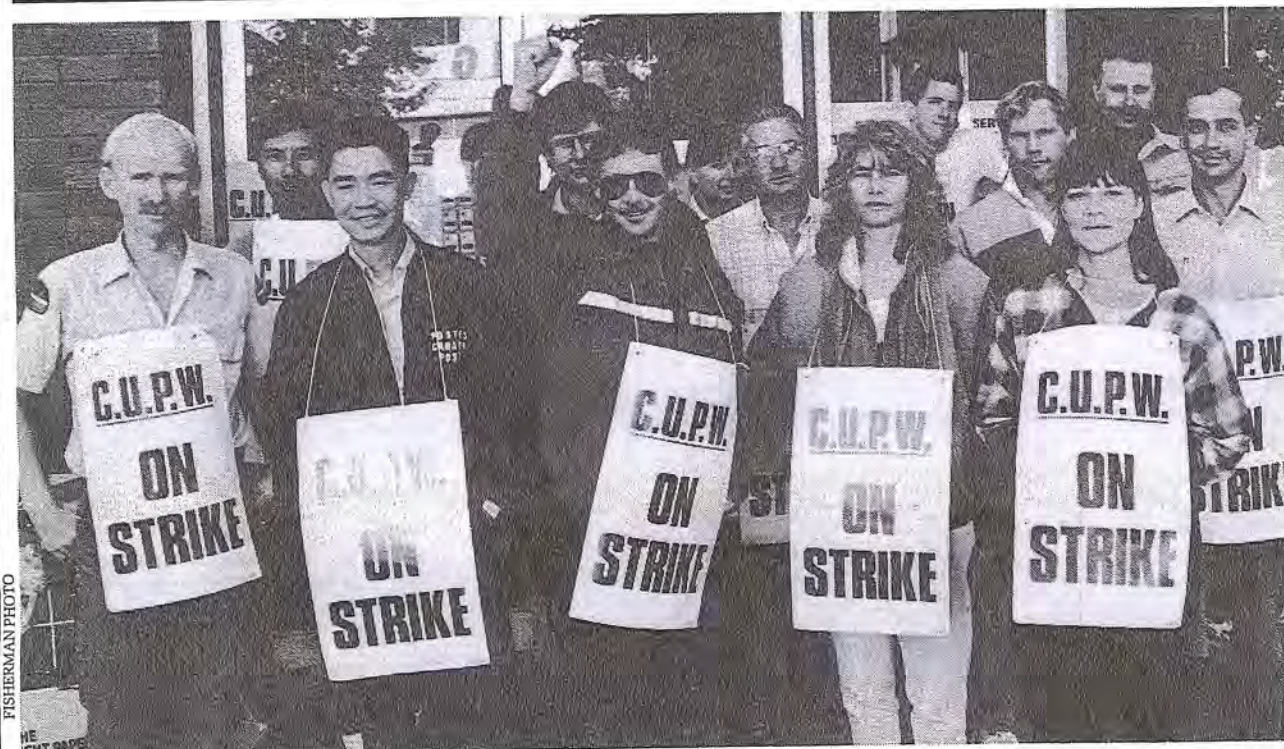
This massive bureaucratic waste is one reason why the coalition targeted offices of big insurance companies for rallies that saw demonstrators literally tying-up buildings with red tape.

Canadians, including HEU presi-

dent Bill Macdonald, have been invited to the U.S. to explain our system.

But the public insurance plan is staunchly opposed by the powerful insurance lobby and conservative politicians. The Jobs with Justice coalition is continuing its campaign with an Emergency Drive for Health Care planned for October. Ambulances will spend several weeks travelling to Washington, stopping in communities along the way to collect cards and personal messages from Americans calling for comprehensive health care reform.

*Labor Notes*



**POSTIES ON THE LINE:** Vancouver members of the Canadian Union of Postal Workers returned to the picket lines in October before their fight for a new agreement was ended by back-to-work legislation.

## IWA local, environmentalists find unity on forest policy

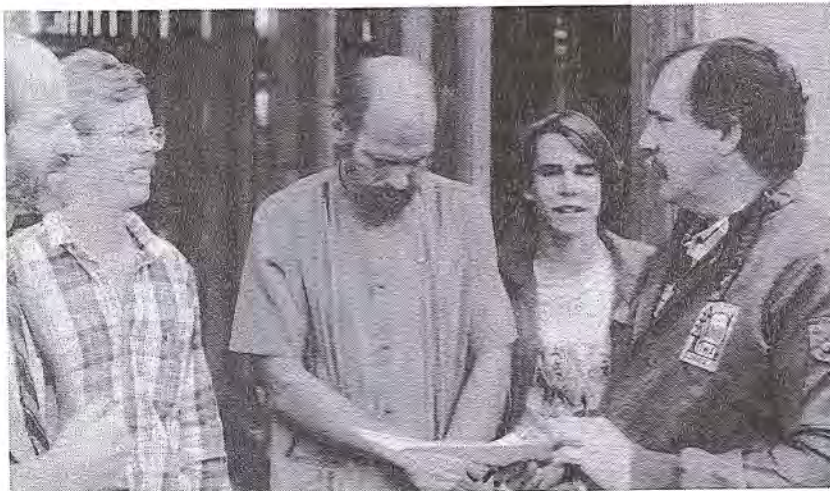
Vancouver Island loggers and environmentalists have signed an historic agreement on forest policy that proves environmental protection need not cost logging jobs.

The South Island Forest Accord, the outcome of a special 14-hour meeting between representatives of environmental groups and Local 1-80 of the IWA in Duncan Sept. 5, outlines joint demands for community control over forest management, more forest products manufacturing jobs for B.C., and environmentally-responsible logging practices.

Spokespeople say the accord is a step to greater cooperation and agreement over more specific issues in the future, and a way to preserve the ecosystem and jobs.

It laid the groundwork for similar deals signed during the provincial election.

For IWA Local 1-80 president Bill Routley the discussions weren't aimed at current conflicts but rather



**FOREST ACCORD:** Signing a new accord Sept. 6 to resolve disputes: (left to right) Warrick Whitehead, Sierra Club, Clinton Webb, Western Canada Wilderness Committee, Saul Arbess, Carmanah Forest Society, Nathan Gage, Environmental Youth Alliance, Bill Routley, IWA 1-80.

the longer term. "We simply wanted to find as much common ground as we could," he said.

The accord called for legislation to guarantee protection of some old-

growth forest areas, jobs through value-added manufacturing, intensive silviculture and habitat restoration, and a ban on raw log exports.

## Carpenters fight waste in hospital construction

A special investigation of the track record of non-union, low-wage building contractors has turned up shoddy work, cost overruns and late completions at a number of construction projects for health care facility extensions in British Columbia.

And the result, says the investigation completed by the B.C. Provincial Council of Carpenters, has been a failure to meet government codes, costly repairs, and lost wages to the community.

Among the worst horror stories uncovered in the carpenters' investigation were:

- The Fellburn hospital expansion in Burnaby was \$600,000 over budget, and still was not finished one year after the target completion.

- The Terraceview Lodge in Terrace, where a 22 bed expansion of the facility was six months late, while poor quality construction materials and Building Code violations were not properly investigated. The result was a loss of \$300,000 in wages to the community when expanded staffing levels were delayed.

"We have become exceedingly concerned with the erosion of quality in public construction," said building trades leaders.

At fault for the shoddy work are the "low-bid" tendering practises established by the B.C. and federal governments for public construction projects.

The Social Credit government insisted that low bids be accepted, regardless of a contractor's past performance, provisions for hiring local crews, or payment of fair wages and benefits.

The carpenters compared these costly overruns and delays of non-union contractors with the construction of the Vancouver General Hospital tower, built union, on time and on budget.



# RCH laundry workers fight job losses

Members of HEU's Royal Columbian Hospital local threw up a picket line at Surrey Memorial Hospital Sept. 30 to protest Surrey's decision to turn its laundry contract over to a private, non-union operator.

Thanks to firm support from HEU's Surrey local, as well as members of HSA and BCNU, the job action forced Surrey managers to take another look at their privatization plans – and the troubled track record of the private operator who wants to do the work.

Surrey's laundry has been handled by HEU members at New Westminsters' Royal Columbian facility for 19 years. But Surrey, faced with funding cuts, went looking for a cheaper deal.

On Sept. 12, Surrey's board of trustees voted to end the agreement with Royal Columbian and turn the work over to non-union ACT One Health Care Systems of Clearbrook.

Hospital brass said the deal would save Surrey \$300,000 a year with no decline in quality.

What they didn't say was that the change would force 28 lay-offs at



**DEMANDING JUSTICE:** Royal Columbian HEU local members Robert Webster and Joyce Muilenburg picketed Surrey Memorial Hospital earlier this fall to protest the privatization of Surrey's laundry contract.

Royal Columbian, where the affected workers have a minimum of eight years of seniority. HEU's Royal Columbian members decided to fight back.

The Sept. 30 picket line quickly brought the matter to management's attention. The workers' refusal to return to the job netted HEU an unprecedented invitation to make a

presentation Oct. 10 at the normally closed-door Surrey Memorial Hospital board meeting. (Five Surrey executive members were handed letters of reprimand.)

HEU took advantage of the meeting to submit detailed evidence of the poor track record of ACT One and its associated companies.

"The facts we were able to dig up on ACT One in a very short time raise serious doubts about the company's ability to meet the high standards for hospital laundry," Allevato said. "I fear for the safety of ACT One workers when it comes time to deal with hazardous, virus-contaminated laundry."

"We haven't yet won full restoration of jobs, that fight is going on at the bargaining table right now," Allevato said. "But our Royal Columbian and Surrey locals proved quick, militant action produces results."

Surrey is pressing ahead with its ACT One contract, despite concerns raised by HEU's investigation. Surrey local members, however, will be keeping a close eye on the private laundry's performance.

## PRIVATE LAUNDRY

### An HEU investigation finds non-union low-bidder offers low quality, low wages

By **STEPHEN HOWARD**

Cutthroat non-union laundry firms like ACT One Health Care Systems, which won the Surrey Memorial Hospital job, are aggressively pursuing hospital laundry contracts.

ACT One, which started out as a fledgling Abbotsford dry cleaning shop in 1959, has grown into a complex corporate web of companies owned by the Bartsch family of Clearbrook.

The Bartsch's mini-empire includes Victoria's Renfrew Laundry, a uniform rental service, an investment company, and a number of shell or dummy companies.

And ACT One's garment finishing firm, which dyes and acid-washes clothing for the likes of Levi's jeans, shares the same washers and dryers with hospital laundry.

But in a special investigation, HEU turned up enough dirty laundry on ACT One and its allied companies to raise serious doubts about the company's ability to meet high hospital laundry standards. Results of the investigation were put before the Surrey Memorial Hospital board, which decided to take its laundry to ACT One anyway.

ACT One wins low-bid contracts by paying low wages. The company claims to be one of the highest paying private sector health care laundries, with a generous benefit package.

The company may reward the many managers and supervisors in its top-heavy operation with good perks, but the people who actually clean laundry start at \$6 an hour with no benefits – less than half the starting rate for an HEU member.

Those wages are unlikely to rise. ACT One has been up on a number of serious unfair labour practise charges before the Industrial Relations Council because of its hardball tactics fending off union organizing efforts. It also faces a number of Employment Standards Branch complaints, which means it stands accused of violating the bare-bones protection extended by law to non-union workers.

This low-paid work force, which turns over often enough to warrant regular job postings by ACT One at Canada Employment Centres throughout the Lower Mainland, works under difficult conditions.

ACT One claims to be "highly safety conscious," but a review of Workers' Compensation Board documents obtained by HEU suggest a different picture.

Since 1989, the company has been cited for dozens of serious WCB violations including:

- unsafe equipment and working conditions;
- unsanitary facilities;
- failing to fully investigate work place accidents;
- inadequate first aid equipment and services;
- no health and safety program;
- not providing protective gear for workers;
- illegal handling of workplace chemicals.

The Surrey Memorial board claimed the new ACT One deal would save the hospital \$300,000 annually with no decline in service quality. However, ACT One's performance record at the provincial government's Woodlands care facility has been so poor that the company has been forced to pay

ACT One also recently lost a hospital contract at Eagle Ridge Hospital for cost and "other" reasons.

The Socred government's privatization push at government-run care facilities in the 1980s opened the door into the public sector health care field for companies like ACT One.

With assets of between \$4 million and \$5 million, ACT One is the largest non-union laundry bidding on hospital jobs. With the recent hiring of the former general manager of the Lower Mainland's Tilbury Regional Laundry, the company has inside knowledge of hospital tendering specifications and physical plant setups for existing hospital laundries.

HEU is responding to the privatization challenge on several fronts. One is the fight at the bargaining table for stronger language



**LOST QUALITY:** Royal Columbian workers (left to right) Megan Tait, Kristine Sylte, Fran Leroux, Kathy Kildare and Joyce Muilenburg pride themselves on high-quality work. ACT One has a record of damaging laundry, as it did the Woodlands pad at right.

compensation for destroyed items. According to facility documents, linen has been "coming back wet, smelling of Pinesol...chewed up," and clothing, bedding and patients' personal items ruined.

Woodlands has a special system in place to record ongoing linen damage inflicted by ACT One.

to prohibit contracting-out. Another is the drive to unionize non-union laundries.

A third response is action by union laundry workers, like the demonstration by Royal Columbian Hospital workers at Surrey Memorial, to bring the issue before the public.



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# COURT BACKS GAY COUPLES

## Same-sex spouses win

By Marc Edge  
Staff Reporter

A gay man has won his court battle to get medical coverage for his sick lover. But Tim Knodel's victory comes at a price to benefit his same-sex spouse — Ray Garneau died more than two years ago. "Principle is weaker than it was down-  
"Maybe some time in the future I'll be in the same situation," Knodel said. "I would want the Medical Services Commission when it

refused to include Garneau as a spouse on his medical coverage because he did not fit their definition of a spouse. The couple were "wed" in a 1984 money, exchanging rings and vows, lived in a monogamous relationship, at a joint bank account and credit cards. "The evidence is overwhelming that petitioner and Mr. Garneau lived as husband and wife," ruled B.C. Supreme Justice Anne Rowles. "They were deeply committed to each other, emotionally and sexually."



# An HEU legal victory widens human rights

By BRAD TEETER

**L**AST August's much-celebrated B.C. Supreme Court decision ordering the Medical Services Commission to include same-sex couples in its definition of spouse marked the end of a long, awkward ordeal for the HEU member who launched the legal action.

Tim Knodel, a licensed practical nurse at Shaughnessy Hospital, knew there would be no large monetary or material reward regardless of the outcome.

"Basically, it was a question of principle," says Knodel of the difficult decision to defend the spousal benefit rights of his then dying lover Ray Garneau, a former HEU shop steward.

"The medical services benefit never involved a lot of money. All I wanted was to be treated the same as anyone else."

Lawyer John Steeves argued on behalf of the HEU that the Medical Services Commission denial of spousal benefits to lesbian/gay spouses was a violation of equality rights under the Charter of Rights and Freedoms. And, in a decision handed down Aug. 31, the court agreed.

"The evidence is overwhelming that the petitioner and Mr. Garneau...were deeply committed to each other," said Justice Anne Rowles in a written report summarizing her reasons for judgement.

She found that Knodel's right to equality was violated and ordered the Medical Services Commission to treat same-sex couples as spouses.

Knodel's ordeal began when Garneau, also an LPN at Shaughnessy, became seriously ill and was forced to take sick leave. In the period between the time his sick leave expired and long-term disability cov-

**The actions of  
LPN Tim Knodel  
will have a  
national impact**

erage began, Garneau was without medical plan benefits.

Shaughnessy Hospital said it would pay the premiums, noting such coverage was in line with the HEU contract. (HEU bargained such protection in 1989 and the 1990 Wage Policy conference reaffirmed the union's intention to extend the benefits to all members.)

But the Medical Services Plan refused coverage, explaining that the medical plan recognizes both legal marriages and common-law relationships, but only those of a heterosexual nature. Knodel decided to pursue the matter in the courts and HEU backed him up.

Knodel, who—since the 1989 death of Garneau—patiently endured many months of waiting for a court date, says he has no regrets about pushing his justice claim forward. And, although the resulting publicity appears to have at least temporarily setback personal relationships with both his own family and the family of his late lover, he is satisfied he did the right thing.

Knodel's family and Garneau's mother and sister are not comfortable with public knowledge of their sons' sexual orientation.

Support has come from friends and co-workers. "The homophobic response that I feared hasn't happened. Several non-gays came up and said congratulations and other gays said thank you."

Spirited approval came from a gay colleague on the job. "He jumped up, gave me a big hug and said thank you, thank you..."

A retired Vancouver Men's Chorus member kept the painful degree of public attention in perspective. The elder gay, who suffered many lonely years because of discriminatory and frightening anti-gay attitudes, complimented Knodel on achieving so great an achievement so early in life.

The union received calls from labour and teachers' organizations in Ontario and Quebec who said the verdict would lead to immediate changes in those provinces.

The court victory was also recorded by numerous newspapers including the *Globe and Mail* and the *Advocate*, a Los Angeles based lesbian and gay magazine.

The October edition of *Angles*, a Vancouver lesbian and gay newspaper, heralded the court ruling as "an historic, legal breakthrough for the rights of gays and lesbians."

Burnaby M.P. Svend Robinson said the HEU's human rights effort continues the historic union tradition of "being in the forefront of social change in Canada" and the B.C. Civil Liberties Association described the ruling as a "decision we're happy to see."

The decision contributes to constitutional legal precedents recognizing gays and lesbians as a disadvantaged group under the equality provision of the Canadian Constitution. Such recognition offers gays and lesbians protection from discrimination afforded other minority and disadvantaged groups.

Dennis Dahl, a Vancouver lawyer specializing in gay and lesbian court challenges, agreed with that view, but cautioned that the court's comparison of a gay/lesbian relationship to that of a "husband and wife" relationship could restrict legal recognition to only those relationships resembling the heterosexual model.

The equality principle had meant a lot to Garneau, says Knodel, recalling that his partner had waged many battles involving fairness and gender issues while serving as shop steward before failing health forced him to take sick leave.

Narrow spousal definitions have blocked gays and lesbians from basic medical plan coverage in most provinces, although some major insurance carriers including the CU&C Health Services Society are covering full dental and extended care medical benefits — if employers agree.

For his part, Knodel hopes to get back to everyday routine. "It has been stressful but I've had a lot of help and I hope others will benefit from this experience."



HEU's goal is to ensure safety and quality of care for both patients and workers. We want to develop proper staffing levels and stop workload problems before they result in injuries. Here are the changes HEU is proposing in its health care contracts to improve working and caring conditions:

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- A return to the 35-hour work week won in previous rounds of bargaining but eliminated by government restraint programs.

Give our Occupational Health and Safety Committee some teeth. Where the committee determines that workload-related safety problem exists, the employer must correct the problem.

Guarantee the rights of Health and Safety Committee members. They must have the right to go on inspections. They must be paid properly for the time they put in. They must have access to education programs. There must be a health and safety steward system to back up the work of union members on the committee.

The proposals, already tabled with the employer, would dramatically improve health and safety monitoring. Even more important, they would establish minimum staffing levels, rebuild the nursing team and require replacement workers to fill in for sick or vacationing staff.

Schumacher's story is typical of the hundreds of HEU members who fight pain and injury every day on the job. Her workplace was unsafe. Even after she was injured its design remained unsafe. And when she got back to work after her first injury, her workload actually increased.

Health care employers know that HEU members care about patients. They know that, despite unprecedented cuts to the system, we will carry on. Somehow patients will be fed, washed, medicated and cared for.

Gordon Austin, the chief spokesperson of Health Labour Relations Association (HLRA), told the Royal Commission on Health Care that "we do not have a good record...in safety hospitals, for many and varied reasons, are not overly safe places to work and it would be foolish of me to say otherwise."

The real cost is not measured in dollars but in human agony. To HEU, these figures represent needlessly injured workers—victims of overload and victims of shoddy health and safety practices.

HEU's bargaining proposals for improved Working and Learning Conditions are summarized on page 10.

we seek to solve the problem before it happens. The employer has a different plan. HLRA is targeting the victims. During the past few years, B.C. hospitals have launched "wellness" programs which focus on sick or injured workers.

The programs seek to "counsel" workers, or send them letters which will encourage them to return to work or stay on the job even if they aren't completely recovered.

The whole purpose of these plans is to save money by curtailing the use of sick time, injury on duty leave and long-term disability.

Employers are increasingly trying to use sick time and Workers' Compensation claims as a reason to deny job postings. They claim that these factors should be an important part of measuring efficiency.

During the summer, HEU won a grievance on this issue and the employer was forced to admit it was wrong to demand such evidence.

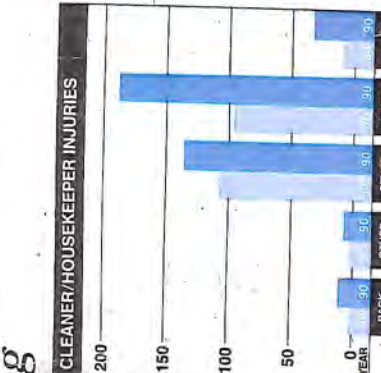
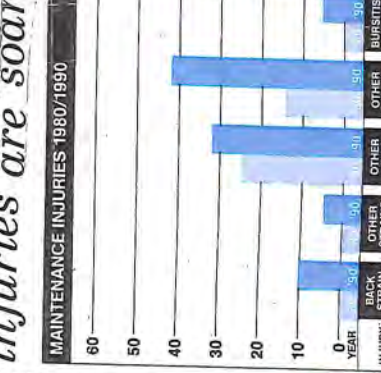
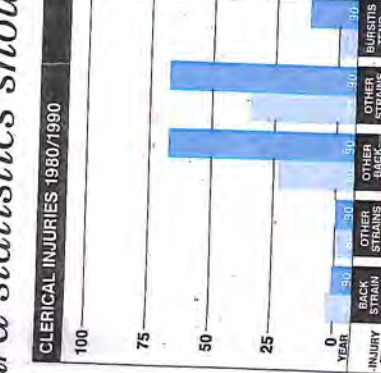
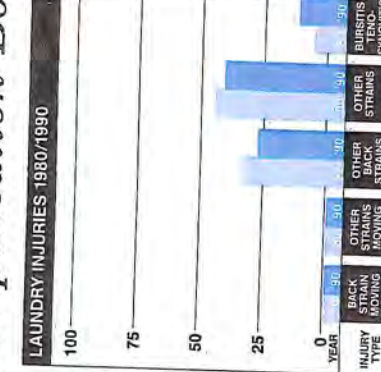
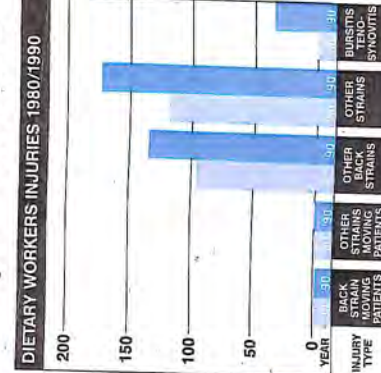
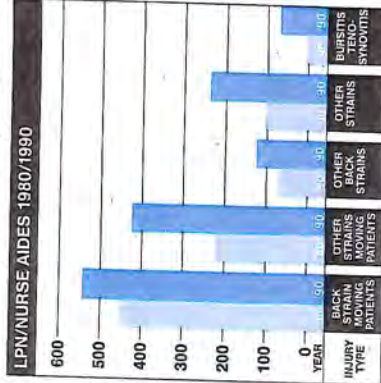
The HEU's objective in this round of bargaining is to force the employer to acknowledge that the best way to control costs – human and financial – is to stop the injury before it happens.

Improved working and caring conditions are a vital part of EU's Six Steps to Fairness contract proposals.

## Job Security

## STEPS TO

## DIETARY WORKERS INJURIES 1980/1990







## Working and caring conditions

HEU's goal is to ensure safety and quality of care for both patients and workers. We want to develop proper staffing levels and stop workload problems before they result in injuries. Here are the changes HEU is proposing in its health care contracts to improve working and caring conditions:



- New contract clauses to set the number of workers high enough to guarantee good quality health care, including the social and emotional needs of patients or residents. These levels must be maintained at all times, including during employee absences. We need specific

protection against working at unsafe levels during the night.

- Specific proposals about the composition of the nursing team to guarantee that the staffing levels in patient care meet patient needs.
- A return to the 35-hour work week won in previous rounds of bargaining but eliminated by government restraint programs.
- Firm guarantees that we must be replaced when we are absent because of illness, vacation or other reasons. Missing workers must be replaced. If they are not, those remaining must receive overtime wages. This would be an incentive to call in replacement staff.
- Give our Occupational Health and Safety Committees some teeth. Where the committee determines that a workload-related safety problem exists, the employer must correct the problem.
- Guarantee the rights of Health and Safety Committee members. They must have the right to go on inspections. They must be paid properly for the time they put in. They must have access to education programs. There must be a health and safety steward system to back up the work of union members on the committee.

# WORKLOAD

*Since 1986, more than 40 percent of HEU members have been hurt on the job. HEU bargaining proposals target problems that hurt workers and patients*

**U**NSAFE working conditions and ever-increasing workload have destroyed Joan Schumacher's ability to work at Vancouver's Children's Hospital.

In 1988, working as a clerk IV on a computer in the hospital's pathology department, she developed a trigger thumb and carpal tunnel syndrome – a painful condition of the tendons of her arm that results from repetitive motion.

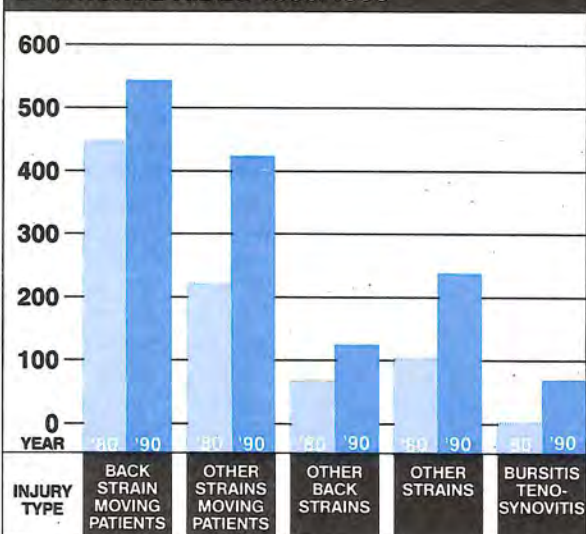
But three years later, her injury has not been accepted as work-related by the Workers' Compensation Board even though a previous injury in 1986 was accepted by a WCB review board.

"It's an open and shut case and it astounds me that they don't recognize it," Schumacher says, as she prepares her files for another appeal. "I'm a secretary-typist and I've lost my hands. I can't work."

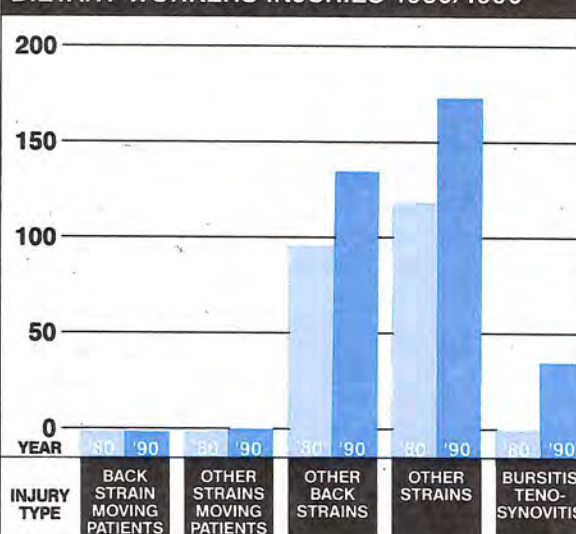
**HEU members are paying for cuts and understaffing with their health**

## Who's hurting and why: Workers' Compensation Board

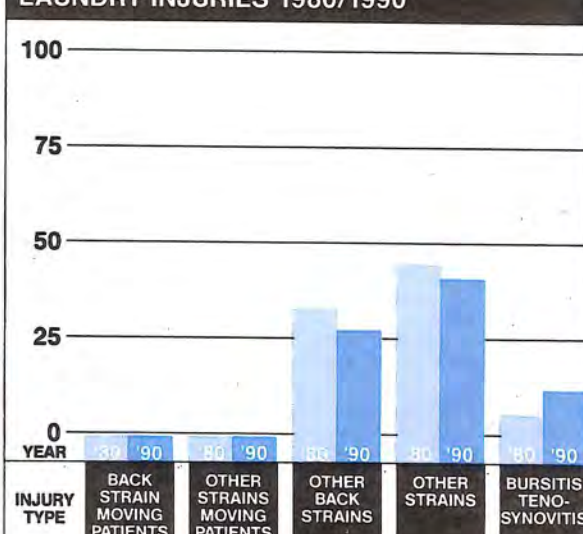
LPN/NURSE AIDES 1980/1990



DIETARY WORKERS INJURIES 1980/1990



LAUNDRY INJURIES 1980/1990





HEU's Working and Caring Conditions contract demands are designed to ensure that HEU members never have to endure that kind of ordeal again.

The proposals, already tabled with the employer, would dramatically improve health and safety monitoring. Even more important, they would establish minimum staffing levels, rebuild the nursing team and require replacement workers to fill in for sick or vacationing staff.

HEU's research indicates that health care workers are paying the price for underfunding and short-staffing with their health.

Schumacher's story is typical of the hundreds of HEU members who fight pain and injury every day on the job. Her workplace was unsafe. Even after she was injured its design remained unsafe. And when she got back to work after her first injury, her workload actually increased.

The statistics back up what every HEU member knows: that health care workers are being called upon to deliver more health care with fewer people and declining resources.

## HEU's bargaining proposals would force the hiring of relief workers

Health care employers know that HEU members care about patients. They know that, despite unprecedented cuts to the system, we will carry on. Somehow patients will be fed, washed, medicated and cared for.

The cost of the overload is our health. Even the employer admits there is a problem.

Gordon Austin, the chief spokesperson of Health Labour Relations Association (HLRA), told the Royal Commission on Health Care that "we do not have a good record...in safety. Hospitals, for many and varied reasons, are not overly safe places to work and it would be foolish of me to say otherwise."

He's putting it mildly. HLRA claims that disability costs are now 10 percent of the total payroll. That money would pay for 3,000 full-time health care workers. That figure does not include the costs of disability in long-term care.

The real cost is not measured in dollars but in human tragedy. To HEU, these figures represent needlessly injured workers - victims of overload and victims of shoddy health and safety practices.

HEU estimates that one in 10 of our members is disabled at any given time.

### • BARGAINING PROPOSALS

HEU's bargaining proposals for improved Working and Caring Conditions are summarized on page 10.

We seek to solve the problem before it happens. The employer has a different plan. HLRA is targeting the victims.

During the past few years, B.C. hospitals have launched "wellness" programs which focus on sick or injured workers.



The programs seek to "counsel" workers, or send them letters which will encourage them to return to work or stay on the job even if they aren't completely recovered.

To promote these plans, the ministry of health cut funds from hospital budgets and asked hospitals to reapply for the money when "leave management" programs were in place.

The whole purpose of these plans is to save money by cutting the use of sick time, injury on duty leave and long-term disability.

The plans target people already injured, but do little or nothing about the cause of the injuries.

Employers are increasingly trying to use sick time and Workers' Compensation claims as a reason to deny job postings. They claim that these factors should be an important part of measuring efficiency.

The message is clear: if workers use their legitimate right to enjoy these benefits, they will be penalized.

The Long-term Disability plan, meanwhile, has been demanding such things as "objective medical evidence" before allowing benefits. There is nothing in the Collective Agreement to allow this.

During the summer, HEU won a grievance on this issue and the employer was forced to admit it was wrong to demand such evidence.

But, in a continuing effort to harass injured workers, HLRA has advised that employees will continue to demand "objective" evidence from anyone who applied for disability before this grievance was settled.

The HEU's objective in this round of bargaining is to force the employer to acknowledge that the best way to control costs - human and financial - is to stop the injury before it happens.

Improved working and caring conditions are a vital part of HEU's Six Steps to Fairness contract proposals.

## TOTAL CLAIMS

Health care work is getting much more dangerous, particularly in nursing homes.

### HOSPITALS

1980	3,332
1990	4,791

### NURSING HOMES

1980	155
1990	648

### COMMUNITY CARE/REST HOMES

1980	231
1990	583

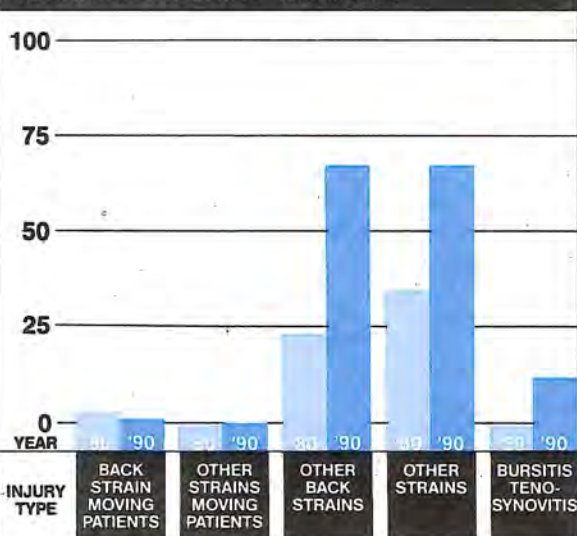
Source: all statistics on this page based on Workers' Compensation Board statistics for wage loss claims in health care from 1980 to 1990.

## STEPS TO FAIRNESS

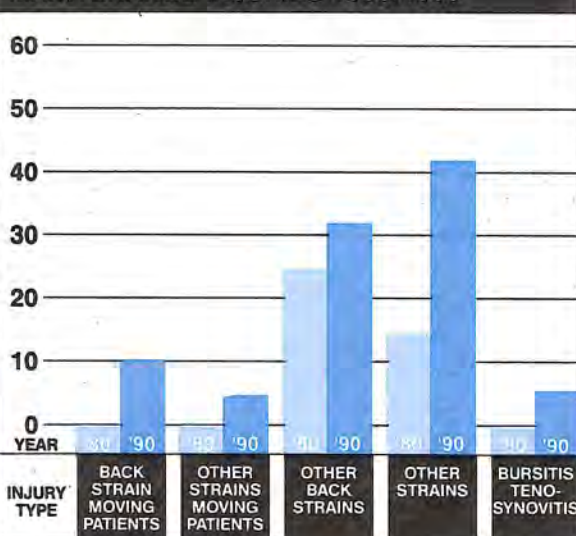
- Pay Equity
- An Adequate Wage Increase
- Working and Care Conditions: A Shorter Work Week, Restoration of the Nursing Team
- Union Rights
- Improved Benefits
- Job Security

## rd statistics show injuries are soaring

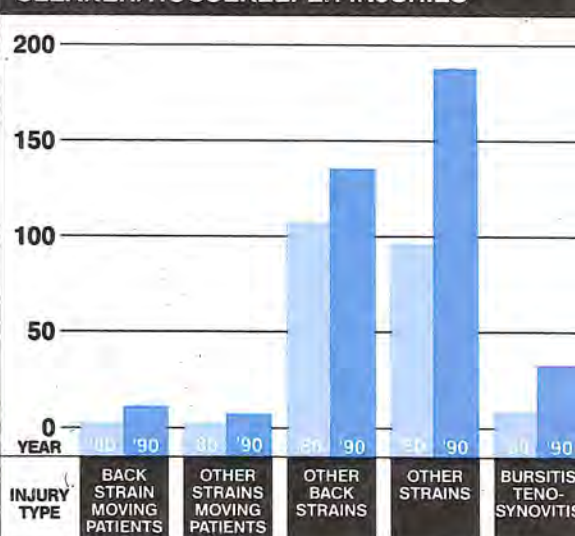
### CLERICAL INJURIES 1980/1990



### MAINTENANCE INJURIES 1980/1990



### CLEANER/HOUSEKEEPER INJURIES







**THE HOME TEAM:** Reunited May Bennett workers – hopeful that a settlement is in sight that will finally secure the home and their jobs – join residents for a moment of fun around a home game table. From left to right are: Margaret Kelly (resident), Rena Kunth (local HEU chairperson), Grace

McDuff (HEU), Minnie Tyrrel (resident), Marilyn White (HEU), Judy Lang (HEU), Hannah Chummun (HEU), Sue Peterson (HEU), Mildred Fisher (resident), Louise Gobolis (BCNU), Janice Little (BCNU), Sandra Wilcox (HEU), and Agnes Gugler (resident).

## “...we were just doing our job.”



RENA KUNTH

KELOWNA – It's been a struggle full of highs and lows that they will never forget. Here are some of the memories.

**Rena Kunth, local chairperson**

- "It was my birthday and there we were – on the five o'clock news on the floor at (MLA Larry) Chalmers' office."
- "The good fellowship and close bonds, these are things you'll never forget."

**Marilyn White, dietary-aide**

- "We're not superwomen or anything, just working people trying to do a job."
- "They cut back wages (before the union), and more and more family members were being brought in. We were starting to wonder if our jobs were safe."
- "Am I going to be talking about this the rest of my life, the way my dad talks about the war?"

**Sandra Wilcox, care-aide**

- "I was shocked. I had to ask again – did they really resign?"
- "People called me – people I just barely knew – they didn't know the details but they knew something big had happened – and they called to congratulate me."
- "He could have walked away. He could have quit. Sometimes Allan Claridge was all we had. He helped us feel better."

**Grace McDuff, activity aide**

- "My kids got a bang out of it. They called me their militant mother."
- "I started from scratch, setting up lots of events. I loved my job."
- "This was my first union experience. It was a baptism of fire you might say."

# Refusing to surrender

## HEU's tiny May Bennett local outlasts a union-hassling boss

By BRAD TEETER

KELOWNA – HEU's May Bennett Home local has outlasted a union-bashing employer in a drawn-out fight over the future of the intermediate care home.

The entire board of directors of the Central Okanagan Health Care Society (COHCS) resigned Oct. 30, less than two weeks after its plan to close the home was soundly rejected by its own membership.

The May Bennett local, bone-weary from a relentless series of union-bashing board attacks, welcomed the news of the resignations.

And HEU chief spokesperson Carmela Allevato predicted the tiny local's brave stand against a hostile employer will have province-wide consequences.

"Through their courageous determination and refusal to abandon residents under their care, May Bennett workers have won a victory for all health care workers," said Allevato.

"Let all health care employers beware that nothing – not even the threat to close down an entire facility – is enough to break HEU's resolve to do what is best for health care patients, residents and workers."

COHCS management warned May Bennett

workers that they would pay a price if they joined the HEU. And, following the local's certification in June, 1990, management moved quickly to carry out the threat.

HEU's May Bennett bargaining team faced a tight-fisted employer at the bargaining table, winning the local's first contract only after a 21-day strike marred by scab labour.

Then came word through management that Bill 82 denied – at least temporarily – wage increases fairly won in bargaining.

In the workplace, HEU members were bombarded with changes designed to make them feel isolated and fearful of management. "Suddenly, they (managers) became very strict," recalls local chairperson Rena Kunth.

Work hours were cut, workloads increased and coffee breaks were staggered to discourage group discussion.

But the COHCS directors saved the harshest blow for May 31 when they dropped the closure bombshell on surprised residents and staff.

MAY BENNETT HOME WAS TO BE CONVERTED to sheltered housing, COHCS board chairperson Barbara Walker coldly announced. The facility's 35 residents and staff would have to find homes and jobs elsewhere.

Since sheltered housing offers less care than is needed by home residents, the change presented the frightening challenge of finding more than 30 new homes in a region already suffering long intermediate care waiting lists.

"It was a real kick in the teeth," says Kunth. Although claiming the decision was made for the benefit of residents, society directors had involved neither residents or staff in discussions leading to the closure plan.



Residents and their families were horrified. The HEU, infuriated by the board's selfish manipulation of a vital health care service, organized a forum to bring together all home supporters.

And from this HEU forum, a jam packed meeting at the Capri Hotel, was born the Friends of May Bennett Home, a home advocacy group headed by local fruit farmer Allan Claridge.

**S**OME FOUR AND ONE-HALF MONTHS LATER, an overwhelming majority of society members called a halt to the closure plan at the COHCS Oct. 16 general meeting. In a death blow to the board of directors, the society delivered a powerful signal of support for the home and staff, passing resolutions backing both a continuation of the existing use of the home and the retention and rehiring of facility employees.

The breakthrough came despite amazing resistance from the board. "It was like the whole world was out there telling them to do something and they were saying they weren't going to do it," recalls home care-aid Sandra Wilcox.

Turning a deaf ear to numerous appeals from distraught residents, families of residents, staff and the public at large, the directors had methodically continued to dismantle the home's support services.

The September layoff of the evening cook was the last straw for Helen Lucke, daughter-in-law of 100-year-old resident Bill Lucke. In a letter to the region's long term care administrator, Lucke warned, "Despite all our efforts to handle this controversy in a democratic way, they (home managers) continue to downgrade the care of the residents. I want you to know the home is now a shell of its former self, and the lives of the residents are in peril..."

IN A LAST DITCH EFFORT TO SAVE THE HOME, the HEU and the Friends of May Bennett Home encouraged supporters to join the non-profit society governing the home.

By mid-August, the pro-home network had recruited sufficient numbers to force the board of directors to call a general meeting to review the conversion plan. And, a revitalized society, dominated by pro-home supporters, easily snuffed out the directors' closure bid at the October general meeting.

May Bennett workers and local news organizations say Claridge's enthusiastic, even-handed approach played a key role in the success of the home support work. And Claridge, in turn, credits the HEU for providing necessary support and resources.

Despite repeated efforts of society directors to dismiss the Friends group as an instrument of the union, Claridge retained an independent - though supportive - perspective.

"We (Friends and the union) haven't always agreed, but we always worked in concert and the union has been very, very, fair to deal with," Claridge told the *Guardian*. "We didn't push the labour end of it. We pushed for the care of residents."

Claridge praised the extraordinary efforts of the HEU's Kathy Jessome, Okanagan regional representative Dollia Ferguson and director Gay Burdison. (Helen Burnell and Maureen Sheppard also played an important role.) The long-time apple grower is thankful for the care his 86-year-old mother-in-law, Minnie Tyrrell, receives from the care givers at May Bennett.

"In the end," explains Claridge, "it's impossible to work for quality care without defending the caregivers. It's a home, not a facility. And it's a home because of the people who work there."

# And it's not over yet

KELOWNA - The HEU called for immediate action to normalize home operations here at a mid-November meeting.

The union has the assurance of a top health ministry official that there will be a return to "business as usual" at the home. But with only one-third of the former 21 member staff still employed and Christmas layoff notices hanging over the heads of several other union members, the HEU wants swift action to end months and

months of uncertainty. There are 23 residents at the long-term care facility.

At a meeting with interim administrator Wayne Tucker, HEU Okanagan representative Dollia Ferguson and communications director Geoff Meggs pressed Tucker to act quickly.

The loss of support staff including the September layoff of activity aide Grace McDuff has compromised resident care, Tucker was told. The union insisted plans be dropped to

transfer two more residents including 100-year-old Bill Lucke to another facility. Staffing should be increased to meet special care needs rather than subjecting the elder residents to the traumatic changes a transfer would entail.

Paul Pallan, executive director of the ministry's continuing care division, says Tucker's job is to normalize home operations - "to bring some peace and sanity to the place" - until a new society board is named.



**SOLIDARITY:** HEU secretary-business manager Carmela Allevato addresses the media after HEU solidarity last spring on the picket line forced the reluctant society board to return to the bargaining table.

## CHRONOLOGY OF A BATTLE

**JUNE 1990 - CERTIFICATION** Twenty-one May Bennett workers join HEU.

**JAN. 1991 - TIGHT-FISTED BARGAINING** Wage rates and benefits offered thousands of B.C. workers employed at long term care facilities are denied May Bennett workers.

**FEB. 9 - STRIKE** May Bennett workers assigned to early morning picket duty are relieved to find they are in good company. In line with HEU tradition, the entire Provincial Executive joined May Bennett workers for the first eight-hour picket shift. HEU blue never looked better.

**FEB. 28 - RESIDENT SUPPORT** The May Bennett Home bargaining team achieves a tentative agreement. The local thanks home residents and their families for their understanding, patience and support.

**MAR. 3 - AGREEMENT APPROVED** May Bennett workers vote to ratify their first collective agreement. The package calls for wages and benefits in line with the Long Term Care Standard Agreement.

**LATE MARCH - BILL 82 SETBACK** The Central Okanagan Health Care Society announces that promised wage increases fairly agreed to in bargaining will be held back, subject to review by the Bill 82 commissioner.

**MAY 31 - KICK IN THE TEETH** At a hastily called management/staff meeting, management drops a bombshell. The society plans to convert the home to sheltered housing, leaving 35 residents without a home and all staff members - save two cooks - without a job. "It was another kick in the teeth," recalls HEU local chairperson Rena Kunth.

**JUNE 3 - HELP FROM THE ORCHARD** The Friends of May Bennett Home, a pro-home advocacy group comprised of family and friends of home residents, calls its first meeting. Allan Claridge, a prominent local fruit farmer, emerges as the leader of the group.



WALKING THE LINE

**JULY to SEPTEMBER - HOME RESCUE** May Bennett Home supporters launch a drive to take control of the non-profit society governing the home. By early October, with both sides waging recruitment campaigns, the society's membership swells from 17 last June to more than 300.

**AUG. 16 - GENERAL MEETING ORDERED** The directors of the Central Okanagan Health Care Society are ordered to call a general meeting to review home closure plans by a pro-home block of society members comprising more than 10 percent of the membership.

**OCT. 16 - CLOSURE PLANS REVERSED** At an emotionally charged meeting at St. Michael's Cathedral Hall, an overwhelming majority of Central Okanagan Health Care Society members vote to save the home and retain all home workers.

**OCT. 30 - BOARD COLLAPSES** The entire Board of Directors of the Central Okanagan Health Care Society resigns citing enormous pressure, stress and harassment. The Board refused to carry out resolutions democratically passed at the Oct. 16 general meeting.

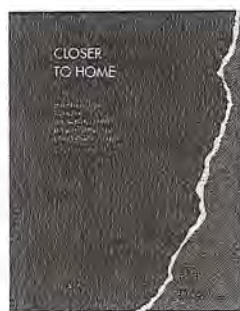
**OCT. 31 - PUBLIC ADMINISTRATOR APPOINTED** (Then) health minister Bruce Strachan appoints Wayne Tucker, chief executive officer of Kelowna General Hospital, interim public administrator for the Central Okanagan Health Care Society.

**NOVEMBER - NOT OVER YET** HEU presses the interim administrator to quickly restore May Bennett staffing and services to normal.



By CHRIS GAINOR

B.C.'s Royal Commission on Health Care and Costs says our health care system needs massive changes that will have a dramatic impact on HEU members.



With a report containing nearly 400 recommendations on everything from euthanasia and school lunches to abortion and extended care, the commission has put health care reform at the top of B.C.'s political agenda.

The report, which wraps up 20 months of work by the commission headed by Mr. Justice Peter Seaton, landed on the desk of the new NDP government in Victoria a week after it took office.

Health minister Elizabeth Cull promptly announced that she is setting up a consultative committee made up of health providers and consumers to help the government turn the commission's blueprint for health care into real changes. HEU has formally asked the minister for representation on this advisory committee.

The report is called *Closer to Home*, reflecting the commission's central theme that health care must be brought closer to the users.

To do this, the commission proposes that 2,000 of B.C.'s 11,500 acute care hospital beds be closed by 1995, and replaced with a mix of more home care and more extended care facilities.

While HEU secretary-business manager Carmela Allevato welcomed the general thrust of the report, she warned that the new facilities must be in place before any hospital beds close.

"We have already gone down a similar road with mental health services in the 1980s, and the results were disastrous," she said.

All extended care facilities should be operated separately from acute care hospitals, the report said, and should be set up for residents' comfort, not for diagnostic or administrative convenience.

#### PROTECT WORKERS

When care is transferred out of hospitals, the commission said displaced health care workers should be able to find jobs at reasonable pay in these new surroundings. Allevato said HEU will work vigorously to defend the rights of any members affected before such changes are made.

# "A great system but..."

*A sweeping royal commission report says we have the best health care in the world but need services 'closer to home'*

While the report calls for a more regionalized structure in the ministry of health, it pulled back from fully regionalized services which could have disrupted province-wide bargaining for health unions.

#### BOOST MEDICARE

Fully elected hospital boards, which have been demanded by both HEU and the New Democratic Party, weren't in the report. Instead, the commission suggested a complicated mix of elected and appointed hospital trustees. Health care workers would not be allowed to serve on hospital boards.



**LICENSED PRACTICAL NURSES:** Their importance finally is acknowledged.

The report urges that provincial law enshrine the five principles of Canadian medicare — universality, accessibility, comprehensiveness, portability, and public administration. And it calls for measures to restore medicare funds lost through federal cutbacks.

The commission wants the government to set up a Provincial Health Council to help supervise the system. As well, spending caps would be imposed on hospitals and physicians.

In more than 25 submissions from locals all over the province and two from the Provincial Executive, HEU members raised several issues, one of the most important being team nursing.

The commission responded by attacking layoffs of licensed practical nurses, and called on the ministry of health to require the use of LPNs. This also dovetails with NDP promises made before the election.

#### HEU RECOGNIZED

The report recognized the efforts made by HEU members to discuss this matter. But it blames the layoffs of LPNs in part on higher wages won in the 1970s, and it makes contentious suggestions about increment steps and training programs for LPNs and registered nurses, including the abandonment of the idea that all new RNs must have a degree in nursing starting in the year 2000.

## Initial reaction positive, cautious



**CARMELA ALLEVATO**  
HOSPITAL EMPLOYEES' UNION

"Before we start to close hospital beds, we must first ensure that the community and home care facilities are in place. This will take time and money."



**ELIZABETH CULL**  
HEALTH MINISTER

"We are going to take some time to make sure that what we do to change health care in British Columbia has some staying power."



**JACKIE HENWOOD**  
HEALTH SCIENCES ASSOCIATION

"The recommendation to contract out laboratory services contradicts the commission's strong support for community control, which would be lost to large corporations."



"Nurses aides should be encouraged in their jobs and permitted to perform the tasks for which they are qualified and which they are capable of performing," the report added.

Wages and labour relations are also addressed in the commission report.

Because the commission believes that the wages of hospital workers have risen at a higher rate than inflation in the last 21 years, the report says hospital workers' wages should increase only at the same rate as general wage increases in B.C.

Allevato took issue with this proposal, saying that the commission seems to be looking at the wages of professional and technical staff. Federal



and provincial wage controls in the last two decades have kept HEU members' wages below inflation, she said.

On the other hand, the commission calls for pay equity legislation that applies to health care. "The real argument in favour of pay equity is that it is fair," the report said.

The commission also attacked the Industrial Relations Council, and it echoed HEU's call for a single bargaining agent for health care employers.

The needs of women health care workers were also recognized when the commission called for "broader participation in decision-making in health care organizations, and more support for women in the labour force, including such things as child care, designated parking, and security for shift workers."

#### CONTRACTING OUT

HEU is concerned about commission proposals that would permit contracting out of services in hospitals, and the opening of free standing clinics to offer health care services currently provided by hospitals.

The Health Sciences Association also attacked the contracting out proposal. President Jackie Henwood warned that this proposal violates the medicare principle of public administration.

While the commissioners, one of whom is a hospital administrator, rejected the idea that hospitals are taking on too many managers, the report said health care facilities must provide much more information to the public.

The report also criticized the widespread use of casual workers in place of full- and part-time work in health care facilities.

Many recommendations deal with questions that fall outside of the running of the health care system. Natives' concerns, multicultural matters, mental health, AIDS, immigration, children, and dying with dignity are also covered by the 400-page report.

One suggestion of concern to HEU members would allow management to test for AIDS and hepatitis B in "hospital workers and patients involved in invasive procedures."

Along with the reports' other proposals on AIDS, this recommendation has come under fire from AIDS experts and AIDS support groups because of the low probability of AIDS spreading from health care workers.

Although the report calls for better access to abortion services, school lunches and higher welfare rates for families with children, along with steps to deal with family violence, it has come under fire from women's groups for not addressing the health needs of women more strongly.

The report is virtually silent on workers' health and safety, despite the fact that HEU and many other trade unions raised the serious implications of ignoring this problem. The commission did call for improved protection for farmworkers, who have been exempted from Workers' Compensation regulations.

**THE COMMISSION:** (left to right) David Sinclair, Peter Seaton, Ken Fyke, Marguerite Ford and Robert Evans. William Webber was appointed part-way through the inquiry. None has a labour background.

## Who wrote the report



**Mr. Justice Peter Seaton**, the chair of the commission, was a lawyer in the Okanagan before joining the B.C. Court of Appeal in 1973.

**Robert Evans**, one of the world's top health economists, is based at the University of B.C.

**Ken Fyke** is president of the Greater Victoria Hospital Society and was deputy minister of health in Saskatchewan.

**Marguerite Ford** was trained as a medical librarian, and has served on Vancouver city council and as executive director of the Alzheimer's Society of B.C.

**David Sinclair**, a prominent Victoria chartered accountant, was chair of the B.C. Cancer Control Agency.

**Dr. William Webber** was dean of medicine at the University of B.C. before becoming a vice-president of the university.

## What the commission said

Last year, HEU went to the Royal Commission with 12 major recommendations. Here are the recommendations and how the commission responded to them.



**HEU PRESENTATION:** Smithers local chairperson Barb Groat (left) and secretary Bev Tones joined union president Bill MacDonald to kick off the HEU submissions.

#### WE SAID:

- 1 Issue an interim report on underfunding in our hospitals and health facilities.
- 2 Return federal support for medicare to a block funding formula to assure both stability for medicare and accountability of the provincial government.
- 3 Elect hospital boards by population at large as we do for municipal councils and school boards.
- 4 Reject the idea of regionalization of health services in British Columbia.
- 5 Urge the ministry of health to mandate the use of licensed practical nurses in hospitals and in long term care facilities.
- 6 Remove the profit motive from all health care services in British Columbia.
- 7 Strengthen WCB services and regulations.
- 8 Establish one bargaining agent for health care employers in British Columbia.
- 9 Address the issue of poverty as a cause of poor health.
- 10 Examine factors in the environment which affect the health of everyone. Take government action against large corporate polluters.
- 11 Abolish medicare premiums.
- 12 Provide funds for pay equity in health care.

#### THE COMMISSION SAID:

- 1 No interim report despite repeated bed closures, layoffs and funding cutbacks.
- 2 No return to block funding, but a repeal of cutbacks to federal medicare funds, plus B.C. legislation protecting the principles of medicare.
- 3 No election at large, but opening of hospital societies to the local population.
- 4 Full regionalization rejected, but regionalized organization of the ministry of health.
- 5 The ministry should require the use of LPNs in hospitals and in long term care facilities where consistent with efficiency and quality care.
- 6 More contracting out of certain health services, free-standing clinics for certain services.
- 7 No mention of workplace injuries.
- 8 Support for the idea of one bargaining agent for health care employers.
- 9 Higher welfare rates for families with children.
- 10 All proposed government programs and laws be reviewed for their impact on health. Environmental studies take into account health effects.
- 11 Abolish medicare premiums.
- 12 Pass pay equity legislation.



REPORT FROM  
HEU SUMMER SCHOOL



DR. MICHAEL  
RACHLIS  
writer, health  
care critic

"If you fight cutbacks but do nothing to change the system, you will lose."



KATHLEEN  
CONNORS,  
chair, Canadian  
Health Coalition

"The next federal election should be fought on the issue of medicare."

16

# MEDICARE ALERT!

*The health care system is changing,  
but where do health workers fit in?  
And can they defend their interests?*

**C**anada's medicare system is under assault and health care workers are bearing the brunt of the attack with high work load, injury and job loss.

But where is the attack coming from and how can it be stopped? Will health care workers have a voice—or even a job—in the health care system of the 1990s?

More and more, HEU members are confronting these questions on the job as they fight work load, bed closures, privatization and lay-offs.

Since its formation, HEU has been committed to "defend and preserve the right of all persons to high standards of medical and hospital treatment."

For decades, that meant supporting a general government drive to expand and improve the quality of the health care system. Now, however, governments are refusing to spend more money.

HEU has joined the fight to save medicare at the national level, at the provincial level and even in the United States.

Recent HEU efforts include:

- an address by HEU president Bill Macdonald to a national organization of retired health care workers, all members of the American Federation of State, Country, and Municipal Employees

(AFSCME), who are campaigning for a national medicare system in the United States. Macdonald described the Canadian system and urged the Americans to adopt something similar. With free trade, improvements in the U.S. will be critical if we are to defend our own medicare standards.

- at the national level, HEU is participating in the Canadian Health Coalition, a movement of unions, health groups and community organizations fighting to save medicare.

- at the provincial level, HEU is working with the other health unions and with the Health Advocates, a community and labour coalition, to defend B.C.'s medicare system. The Health Care Advocates co-ordinated community participation in the Royal Commission on Health Care and Costs and maintains a continuing information program.

Such coalitions will be the key to saving medicare, according to four veterans of the fight who addressed HEU's Summer School in Vancouver last August.

The panel was unanimous that broad coalitions of health care providers and consumers will have to work together to save the system from hostile governments.

But the panelists and a dozen HEU activists who joined the debate had different and sometimes conflicting opinions on what kind of health care system we need.

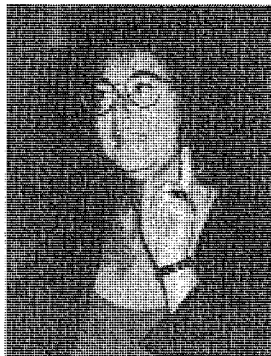
Judy Rebick, the president of the National Ac-





**DR. HEDY FRY,**  
past president,  
B.C. Medical  
Association

"I don't think the public thinks the health care system is in trouble."



**JUDY REBICK,**  
National Action  
Committee,  
Status of Women

"We have to start presenting alternatives to the Conservative agenda."

tion Committee on the Status of Women, warned the meeting that the federal Tories have embarked on a "sneaky, duplicitous" effort to dismantle medicare by cutting back funding to the provinces.

The latest part of this effort is Bill C-20, which is the fourth set of cuts to funding for medicare and post-secondary education imposed by the Tories.

Along with Kathleen Connors, president of the National Federation of Nurses Unions and chair of the Canadian Health Coalition, former B.C. Medical Association president Dr. Hedy Fry and health care analyst Dr. Michael Rachlis, Rebick debated how medicare can be saved and reformed.

Much of the battle is waged around proposed laws that no one has ever heard of. Two good examples are Bill C-69 and Bill C-20, both proposed by the Conservatives, which will end

Ottawa's financial support of the provincial health care systems.

Bill C-69 raced through the House of Commons with only 17 hours of hearings, but 900 health care workers were laid off in Newfoundland as a direct result.

Rebick said the source of the funding crisis is the Tory program of tax breaks to wealthy Canadians and corporations. Social programs are being cut as the flow of corporate taxes dries up.

When it came time to debate the alternatives, HEU members at the forum were quick to line up at the microphones. Among the questions HEU members want answered:

- how can we justify the enormous power and financial share enjoyed by doctors in the health care system?
- why do governments and health care bosses refuse to listen to health care workers on questions of quality and health care delivery?

- when will the absurd increase in management be stopped? Why can't we eliminate waste and mismanagement in the existing system?
- why does the health care establishment resist election of hospital boards. What's wrong with a little democracy?

Fry said health care in Canada is underfunded, but said consumers misuse the system. She called for more consumer education, rather than criticism of the medical profession.

But that view found little support from other panelists, who argued that health care consumers are suffering from the current cuts.

The situation is worsening, Rachlis warned, because of the crisis over Canada's constitution. Many provincial governments want to take direct control of health care. The national system could break down.

HEU participants at the Summer School forum made it clear they aren't about to let that happen.

## Health care changes – will they help workers or hurt them?

Fighting health care cuts will be a losing game, says a Toronto health consultant, unless unions like HEU also push for fundamental changes to the health system.

Toronto health care consultant Dr. Michael Rachlis warned HEU Summer School participants that "if you fight the cutbacks, but do nothing to change the system, you will lose."

Rachlis, a keynote speaker at a panel discussion on the future of medicare, said health care will move out of hospitals and into the homes of patients.

This change, which is already under way, is caused by rising costs of hospital care and because home care is superior in many ways to hospital care.

"Your perception and the perception of patients has been that there have been severe cutbacks," Rachlis said, who has analyzed the health care system in his best-selling book *Second Opinion*.

But in fact, hospital budgets have risen at a higher rate than inflation.

There are often fewer beds with sicker patients, and fewer people doing more health care. This is caused by more expensive diagnostic and treatment equipment in hospitals and growing numbers of middle management.

"You're going to look at more and more patients, and health care will continue to rise in cost," Rachlis said.

He warned that not even left-wing politicians will fund the system the way it has been funded for the last 20 years.

Debates on health spending include the ques-

## Hospital budgets have risen faster than inflation

tion of whether money would be better spent on making sure children and their mothers are properly nourished rather than on treating conditions resulting from poverty and poor nutrition.

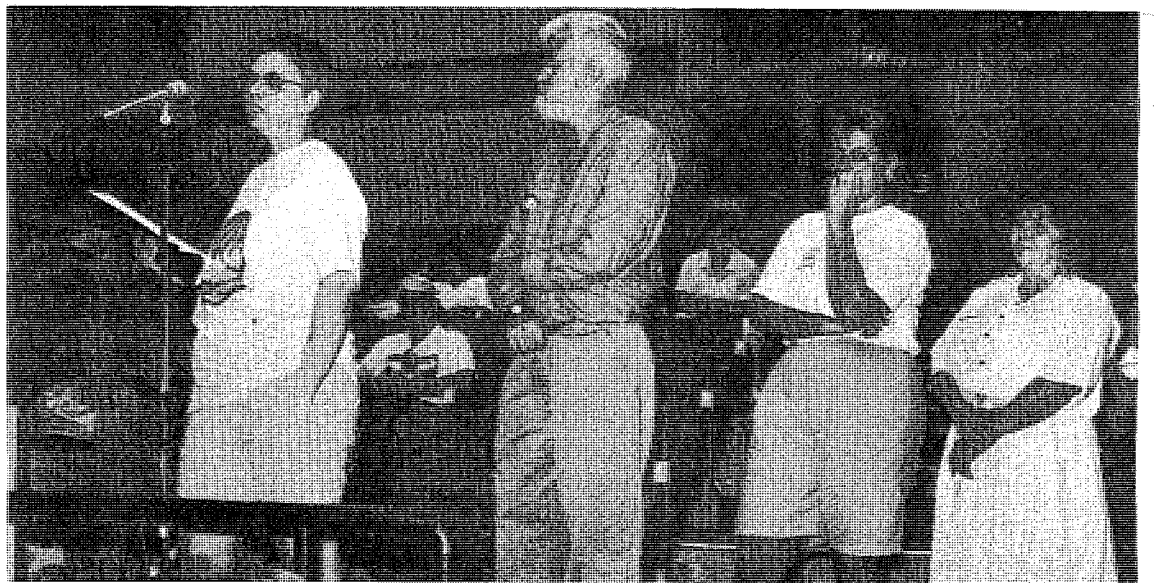
Rachlis said the problem of adverse patient reactions to medication is a major problem, particularly in seniors, who often are taking several different medications at once.

Doctors will have to change the way they work. Rachlis said fee-for-service payments to doctors encourages them to over-serve patients.

As an example, he mentioned high blood pressure patients seeing doctors monthly, when one or two checkups a year are sufficient. And while walk-in clinics and housecall services treat healthy people for colds, many other people don't get the care they need.

"The quality of your jobs will inevitably deteriorate faster than your economic position if

Among those with questions were (left to right) Bonnie Nilsen, Castlevue local, David Ridley, Royal Jubilee, Barb Wilkinson, Penticton local, Jean Whiting, Royal Jubilee.



**ANSWERS PLEASE:** Provocative and contradictory views of the panelists at HEU's Summer School forum on the future of medicare brought union members flocking to the microphones.

health work remains in hospitals," he warned. "We have to look at moving jobs from hospitals to the community."

But this change could be positive for health care workers, as long as workers protect themselves by remaining organized during the shift to home care to protect pay and benefits.

"You are in a better position to critique the health care system because you know what's going on better than anyone. The quality of your working life will be better with the reforms."

Patients have more dignity at home, and health care workers escape the paramilitary hierarchy of hospitals, he said. As an example, he spoke of a nurse he knows who changed her mind about leaving health care when she joined a home care program.

These changes are on the way, Rachlis said, but no one is asking health care workers how they fit in or considering how to protect their rights.

The coming revolution in health care could hurt health workers or help them, Rachlis concluded, but one thing is certain: health care will change.



# Coffee Break



**They just don't get it, do they?**

Workers at the Minneapolis Star Tribune were astonished recently to receive the following memo from Roger Parkinson, their publisher, who was seeking ideas to cut \$10 million from the paper's budget:

"If you...have an idea about how work could be changed to permanently eliminate your job, I suggest you contact your manager or the human resources department."

## Napoleon's snores blamed for Waterloo

The French general Napoleon probably lost at Waterloo because he snored heavily, according to a study presented at the inaugural meeting of the British Snoring and Sleep Apnoea Association.

Dr. John Sneerson, director of the sleep laboratory at Newmarket General Hospital, in Suffolk, England, has concluded that Napoleon's stout build, short neck and backward set jaw would have made him a strong candidate for serious snoring, so serious it disturbed his sleep.

Further pushing back the frontiers of medical science, Sneerson has concluded "it explains why Wellington had an easier time at Waterloo than he might otherwise have done."

## The Iron Lady rusts...fast

How quickly the once mighty fall from grace. A Derbyshire, England foundry is having trouble flogging bronze commemorative statuettes of



former prime minister and right-wing windbag Margaret Thatcher. Of the 1,000 minted, only three have been sold after an extensive advertising campaign. What a bust.



## These are baaahhd sheep

The 40th Annual Lancaster Agricultural Show of Great Britain was thrown into confusion this year during the sheep-dog trials. "It has been somewhat unusual this year," said Mrs. Primrose Silvertop, the organizer. "Bobby, the dog which has won the show four times, and his shepherd, Mr. Dan Pickett, were chased out of the fields in which the trials were being staged by a flock of angry sheep."

## Don't be a scab, man

America's favourite dysfunctional nuclear family, The Simpsons, was shocked to its reactor core last

spring when it realized that portions of the hit TV show was drawn by cheap labour in the United States and Korea.

Screen Cartoonists Local 839 in Hollywood says The Simpsons are produced by a non-union shop that uses art school graduates who work in a sweatshop for 35 percent less than union cartoonists at Disney studios.

And the most labour-intensive part of the animation — drawing and painting the pictures used for each of the 24 shots in each second of the show — is done in South Korea for as little as \$1.45 an hour.

Outraged fans are urged to write to The Simpsons producer, James L. Brooks, Gracie Films, P.O. Box 900, Building 42, Beverly Hills, California, 91210.

## U.K. Tories try to nip crime in the bud

Britain's Tory government has unveiled a plan to nip crime in the bud by identifying children as young as five and six years old who have criminal potential.

Because so many of those arrested in recent riots in decaying British cities were under 17, the Tories want to catch future criminals early. The following factors are supposed to lead to crime:

- criminal history in the family background;
- unhappy family background;
- inconsistent behaviour by parents who mix harsh and erratic discipline with sudden generosity and material gifts;
- large family size;
- a record of truancy;
- failure to do well at school.

Once the kids are identified, the Tories will step up policing in key areas, open school sports facilities in the summer and develop programs of "rigorous physical activity."

If you don't believe us, see the *London Times* for Tuesday, Sept. 15.

SOURCES: CALM, PRIVATE EYE, GLOBE AND MAIL, MEDICAL POST, LABOR NOTES



**CONVENTION GREETINGS:** HEU president Bill Macdonald affirmed HEU's solidarity with Canadian Union of Public Employees members in a speech to CUPE's October convention in Winnipeg.

## CUPE elects two women to top union positions

WINNIPEG — Judy Darcy, a 41-year-old former library clerk, was elected on Oct. 17 to the presidency of the 400,000-member Canadian Union of Public Employees.

Darcy, who was elected secretary-treasurer of CUPE two years ago, told 1,600 delegates to her union's biennial convention that their main task must be to mobilize to protect public services.

"There isn't a community where there aren't CUPE members," Darcy said. "If those members can all become advocates for quality public



DARCY



MCGUIRE

services, we can make a real difference in this country."

Elected secretary-treasurer to replace Darcy was Geraldine McGuire, president of the union's B.C. region.

Bill Macdonald, president of HEU, took his union's greetings to the convention. HEU is affiliated to the Canadian Labour Congress through CUPE.

The convention included a warm tribute to outgoing president Jeff Rose, who announced his decision to step down earlier this year. Rose recently was appointed deputy minister of constitutional affairs in the Ontario government.

CUPE represents thousands of health care workers across the country. During the convention, HEU representatives met with CUPE health care delegates to discuss possible joint action to defend medicare.

## HEU urges new peace policy after Cold War

Canada should redefine what security means, withdraw all armed forces from Europe, substantially reduce defence expenditures and increase social spending.

That was the Hospital Employees' Union message to a special Citizens Inquiry into Peace and Security hearing in Vancouver last month.

"We also believe that the best route to peace is through disarmament," said the brief by HEU spokesperson Carmela Allevato.

"The recent wars in the Persian Gulf were related to an overreliance on armaments," the union presentation said, "and the result is the loss of more than 100,000 lives and an ecological catastrophe."

(Because Allevato's schedule made it impossible for her to attend in person, the brief was presented by HEU researcher Chris Gainor.)

The Citizens Inquiry, which is sponsored by a number of groups including the Canadian Labour Congress and the Assembly of First Nations, is holding hearings across the country to find out what makes Canadians secure.

The HEU said that cuts in health and social spending are related to federal government policies of high interest rates, generous tax giveaways for corporations and the wealthy, and a high priority on military spending.

Saying the \$7.8 billion spent annually to support Canadian military operations against the defunct Warsaw Pact was a waste, HEU called for a complete withdrawal of Canadian forces from Europe and real cuts in military expenditures that should be reallocated to badly needed social programs.

Vancouver was the first of 19 cross-Canada stops for the inquiry. When the tour ends in late October, inquiry commissioners Douglas Roche, Canada's former Disarmament Ambassador; Joanna Den Hertog, past president of the federal NDP; Quebec professor and peace activist Jules Dufour; Assembly of First Nations activist Konrad Sioui; and Iona Campagnola, a former Liberal cabinet minister, will prepare a final report by early 1992.

There's no escape till the weekend from the...

## OFFICE OF THE DAMNED





## SPARE TIME



**HOW THE DEAL WAS DONE:** Free Trade, how it's linked to health care and how we can handle the whole mess are issues covered in several readable new books.

## Books to clarify the health care muddle

By GEOFF MEGGS

**T**HERE are few better cures for a muddled mind than a good book and few issues more complex than the debate over Canada's health care system.



That's why five recent books, three of them by women, are welcome arrivals in local bookstores and libraries. Each gives an insight into the problems besetting our health care and social services systems.

The key book in recent health care debates — it's rumoured to be a favourite of Premier Mike Harcourt — is *Second Opinion: What's Wrong with Canada's Health Care System and How to Fix It* (published by Harper and Collins).

Dr. Michael Rachlis, who wrote the book with Carol Kushner, produced a bestseller with this investigation of waste and mismanagement in medicare. It's easy and fun to read, and packed with information.

Many HEU members will agree with Rachlis' analysis, but many will be disturbed by his proposed solutions, which include sharp curbs on doctors' incomes and a major decentralization of the health care system.

Say what you like about Rachlis — and many do — his suggestions have had a tremendous impact on the debate over medicare.

In *Who Cares: The Crisis in Canadian Nursing* (McClelland and Stewart), journalist Sarah Jane Grove focuses on the crisis in patient care, using the troubling deaths of a number of children at Toronto Sick Children's hospital as a starting point.

The great virtue of this book is its many first-person accounts of nursing life. It recounts some important history in the evolution of the role of nurses.

Unfortunately, though, the book fails to come to grips with the crisis in the nursing team. The importance of licensed practical nurses and other team members is missed. It's a good book for understanding the problem, but not much help with solutions.

Solutions are a bigger element of Sheila Baxter's new book called *Under the Viaduct: Homeless in Beautiful B.C.* (New Star). Baxter is a community organizer who herself has been homeless many times.

No stranger to poverty, she is angered by a society that claims to offer medical care to all, but is unconcerned if thousands are without basic shelter. She mixes raw and troubling interviews of street people with her own research on the causes and solutions to the housing crisis.

*Under the Viaduct* is not a cheerful book, but it's a compelling work well worth reading.

How did we get into such a mess? That sad story is told by journalist

Linda McQuaig in *The Quick and the Dead: Brian Mulroney, Big Business and the Seduction of Canada* (Viking). McQuaig is not objective — she despises

the men who have sold out Canada with the Free Trade Agreement.

That anger is what makes this book exciting. More and more, the rich are asking us to "tighten our belts" and work harder to get competitive in "world markets." McQuaig has written a timely reminder that "global competition" is just another form of Robin Hood in reverse.

All this bad news is enough to turn off even the most serious reader. An excellent antidote to depression can be found in *More Than Our Jobs* (Pulp Press), an anthology of work poems by 11 Vancouver writers. The writers include several health care workers.

For anyone who likes a good poem to clear the head or change the mood, this collection edited by Glen Downie and Pam Tranfield is a treasure house. If you can only afford one book, perhaps this should be it.

### Writers find problems are many, solutions more scarce

# HEU people

## Finnish Manor local bids farewell to Martta Juoni

HEU members at Burnaby's Finnish Manor are getting used to work without the help and direction of long-time member Martta Juoni, who retired as a care aide July 13.

Juoni had worked at the facility since 1977 and joined HEU in 1980, serving over the years both as local chairperson and shop steward.

## Apologies to Edith Milbers

Our apologies to Edith Milbers, a recently-retired member of HEU at Ponderosa Lodge, in Kamloops, whose name was misspelled in our last issue.

"Edith Milbers was a very caring, conscientious and dedicated employee," wrote chairperson Edith Kassiones, "and will be sorely hurt that after 15 years of service her name is spelled incorrectly."

## Jean Groner retires at Rotary Manor

HEU Dawson Creek members will have a tough job to fill the gap in their ranks left by the retirement of Jean Groner, who served as shop steward, chairperson and vice-chairperson during her 10 years with the local. She retired from Rotary Manor's dietary department June 1 and plans to spend her retirement enjoying her home and travelling.

## Mount Nelson Place activist retires

Margaret Kennedy, a five-year veteran of the dedicated staff at Invermere's Mount Nelson Place, retired in July.

As a member of the bargaining committee and a trustee of the HEU local, she played an important role in the union's fight to



**LETTER OF APPRECIATION:** Mt. St. Joseph's local chairperson Tony Mangadap presents Irene Dumas with a letter of appreciation for her service to the union.

get a first collective agreement at the facility for mentally-handicapped adults.

## Helen McDonald retires from Burnaby General

After 18 years in the dietary department at Burnaby General, HEU member Helen McDonald has simple plans: to play the horses and to win the lottery. Should be no problem and her fellow local members are wishing her well in her retirement, which began Oct. 11.

## Mt. St. Joseph's local leader honored for role

Mt. St. Joseph's hospital in Vancouver has faced a tough year of bed closures and lay-offs, but found time at a recent meeting to honour retiring activist Irene Dumas,

a nurse aide who joined HEU in 1974.

Dumas retired in July after serving variously as chairperson, secretary, trustee and conductor of the local. She plans to remain active in community services in Surrey and writes that "there's a price to pay for apathy and this union has paid the price for a long time. A change is overdue and our constitution should reflect this."

## McKenzie's career an 'experience'

Care aide Emily McKenzie, of Duncan, retires Dec. 5 after 10 years at Acacia Ty Mawr. An activist and executive member in her HEU local, McKenzie recalls her health care career as "a real learning experience." She plans to travel, work on her hobbies and enjoy her home.

## Provincial Executive names bursary winners

Diane Knezacky was awarded the \$1,000 Edward James Ashmore Memorial Bursary, sponsored jointly by HEU's Provincial Executive and Surrey local.

The bursary is one of several offered annually to HEU members and their families to pursue higher education.

Wendy Fleet will receive the \$1,000 bursary

offered by the Lion's Gate local.

A \$500 bursary sponsored by the Provincial Executive was awarded to Anne-Marie Hummelman.

Other winners of \$500 bursaries (followed by the bursary sponsor) included: Colleen O'Hara, Royal Jubilee; Carman Wong, Prince George; Charles Paltiel, Ginger Goodwin Bursary sponsored by the Provincial Executive; Dan Sandberg,

Alex Patterson Bursary, sponsored by the Provincial Executive; Lisa Rivard, Robert Standell Bursary offered by St. Paul's local; and Ian Battle, sponsored by UBC local.

Winners of \$350 bursaries were Sharon Johnson and Snezana Babic, sponsored by VGH local; Brad Medwid, sponsored by Victoria General local; and Jennifer McCartney, sponsored by Mission local.



# Guardian



## Assessing the election

The NDP won victory after pledging to repeal wage controls, ban user fees, change labour laws and extend pay equity. What does it mean for HEU?

PAGE 3



## Workload overload

HEU's bargaining proposals for Working and Caring Conditions focus on health and safety and the nursing team.

PAGE 10



## They refused to quit

When HEU members at Kelowna's May Bennett Home won a three-week strike, they thought their troubles were over. They had just begun.

PAGE 12



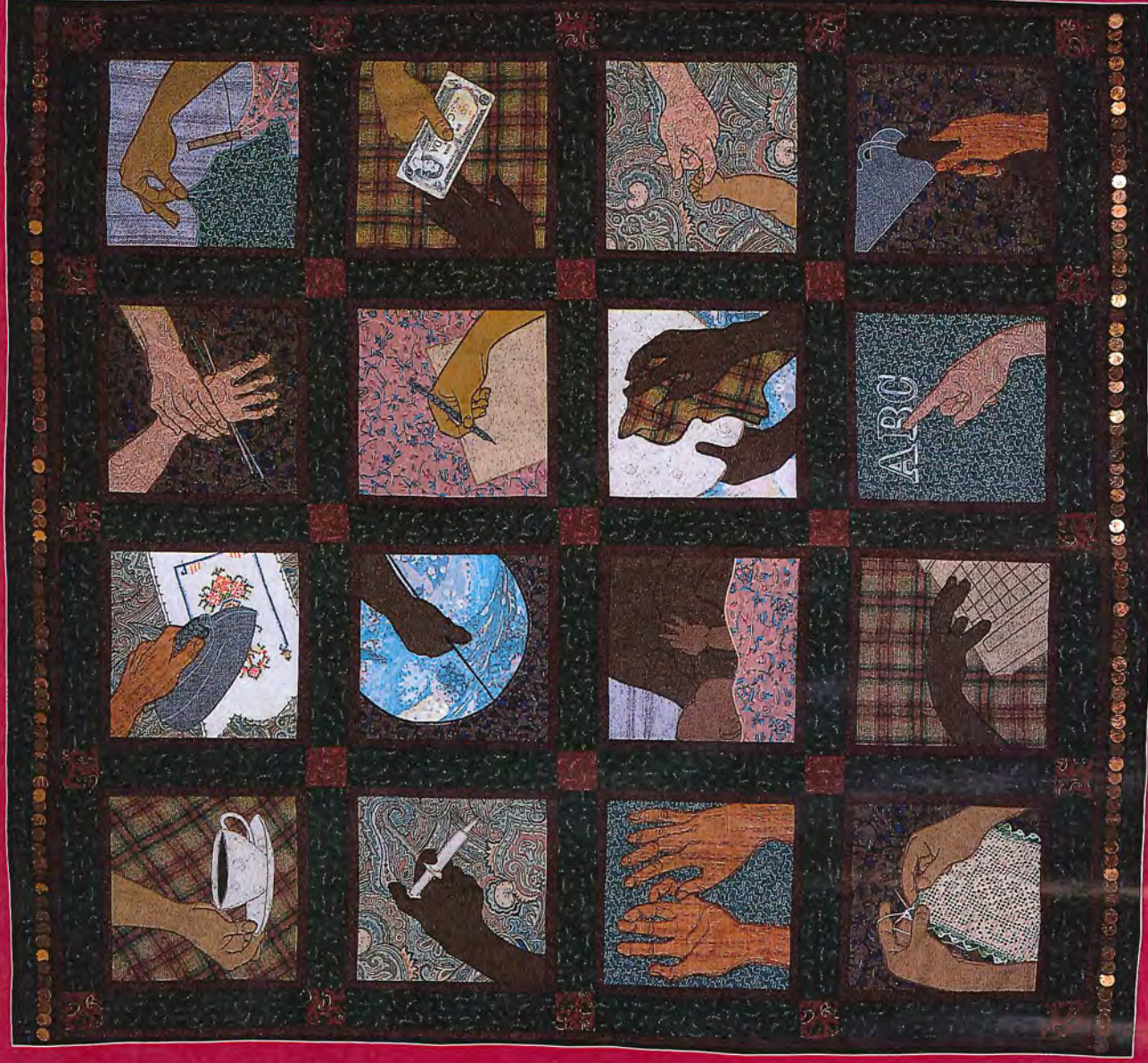
## Human rights victory

The determination of an LPN combined with HEU's backing has won a victory for same-sex couples.

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## Season's Greetings from the Hospital Employees' Union

Small Change by Wendy Lewington-Coulter

A 53" by 58" quilt about women's labour and how work in the paid labour force traditionally performed by women is underpaid, undervalued and directly related to the unpaid labour done by women in their own homes. Photo by Brenda Hemsing.