Who's cleaning the laundry?

When Surrey Memorial Hospital took its laundry contract away from Royal Columbian, HEU members took 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.

PAGE 8

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

PAGE 12
A fair contract is main goal for HEU in 1992

With this year-end issue of the Guardian, I want to wish all members, past and future, 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 Keller. 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 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 our Free Trade File, 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, by CARMELA ALLEVATO


cross-border shopping hurts Canada

When people shop across the border in the U.S., they deny support to our Canadian social services, in particular to health care. This is especially important for our members to understand when making decisions to receive emergency medical care.

I find a lot of this very troubling – to think that this is what the Medicare system has been reduced to in the United States. It’s pretty and when you have to turn to a group paper to get help with medical bills.

RUTH ADAMS, Delta

U.S. medicare in terrible condition

Recently I read an advertisement in The Globe, a paper like the National Enquirer, which is selling advice on “how to protect your house and your family being sold to pay nursing home bills” and how to avoid common mistakes which “can prevent you from receiving emergency medical care.” I find it really quite scary, actually very troubling – to think that this is what the Medicare system has been reduced to in the United States. It’s pretty and when you have to turn to a group paper to get help with medical bills.

KIM GALLAHER, Dawson Creek, B.C.


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 HD and Bill 19 (almost) behind us, the successful re-election of all of our candidates is the main priority.

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

But ahead of us 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.


COMMENT

Member appeals HEU action on membership

As a new member, I am happy to see that unions and union members are getting together to pull over the fence. No matter where you are in Canada and unions are having the backs of all workers, all issues are not out of the hands of the unions. We must unite to combat this. It is nice to know that all people who read this. Thank you for the respect of wanting to learn more about our culture. Women and unions need each other once again, so that 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 mismanage

The Union Member’s Creed

I am a union worker and I shall not undermine the welfare of my fellow brothers and sisters. Canadian workers are too tired, too often and too rarely to destroy their gains by purchasing non-union. I am a union worker who has been blessed with a decent living. I have every financial incentive to help keep the cause of the presidency, dedication and the desire of those before me who have contributed to a living unparalleled in the world. I shall never destroy the achievements and help destroy unless the cause is public awareness campaigns about our bargaining agenda, so earnestly fought for by workers. I am a trade unionist and refuse to reward those who have deserted their existence and way of life. I will not purchase our union-unionized dollars to penetrate the walls of those establishments where a union card is a "no no" or a "no want." As a person who belongs in the dignity and rights of women, 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 women and men in workplaces.

Mixing policies and health care is not good in my opinion. I guess it’s unavoidable.

Don’t know if the very thing that makes the bag more valuable is the money that is going in it. I think it has been used for greed! I do not feel the paper the very thing that makes the bag more valuable.

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

Thank you,

CARLA GIBSON, Vancouver

Guardian

By CARMA ELAVERO

on 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.

The Supreme Court victory at the Knedel 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 win! As I write this column, the public administrator is cancelling layoff notices issued to our members at May Bennett Home.

He is also implementing pay increases we negotiated after a three-week strike last spring.


Mixing policies and health care is not good in my opinion. I guess it’s unavoidable.

The only way Mike Harcourt and the NDP have preserved a perfect health care system, which is not (and, in any case) 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

A rarely written to

In the free labour movement, few will venture to be the amount of products I do without a union and, therefore, competition comes with no deep conclusion in the needs and ideas of our movement demand that I purchase those products we will work together and strengthen our fellow brothers and sisters by using a single tool, the ideal gold rule: "Buy Canadian union goods and services and you will have union wages paid unto you."
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.

**What we're up to**

Internal review taxes Terrace hospital beds
A massive campaign spearheaded by health workers at Terrace Mills Memorial Hospital resulted in victory Sept. 19 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 deficits plus an increase in operating funds," said HEU activist and campaign spokesperson Elaine Pippas.

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

"The report saved the beds, the jobs for the medical staff, the political career of Social Credit cabinet minister Dave Parker, who sought the ratesetter, also HEU and others recorded 8,000 signatures on a petition petition after the closures were announced.

**New HEU comptroller has wide experience**

The Provincial Executive has approved the appointment of Norbert Bulley as union comptroller to assist financial operations in managing the union's financial affairs.

Bulley trained and worked 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 Pricewaterhouse.

Bulley has worked in various fields of industry and real estate. Most recently he performed various accounting and financial projects for the B.C. Centre 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 standards beginning in November.

Local stewards were invited to attend the course early in October. Two local representatives selected by the local association 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 cuts nightsit 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 resident's families to outline their concerns.

The result was a 172-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 rate for residents and for staff.

The board refused to act on the appeal, blaming a $10,000 deficit. Then, reports local steward Kathy Anderson, the local ran 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 steward-secretary manager Carmela Alfavito into the controversy with a letter to set the record straight. At press time, the conflict remained in place.

**HEU moves to upgrade computer system**

Programmer analyst John Bouchard 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, Bouchard will improve data processing and memory of the union's computer system for processing the union's computer system.

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**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 Alfavito, and should open the door to serious bargaining for new collective agreements.

When Health Labour Relations Bargaining re- signed in their concession demands Nov. 4, HEU called on the employers to agree to mediation to speed the bargaining process.

On Nov. 18, the two sides announced agreement on veteran labour relations expert Stephen Kelleske as mediator. Talks resumed immediately.

Alfavito 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.

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 Alfavito. HEU demands call for restoration of the nursing team and implementation of the 35-hour work week legislated almost 10 years ago but eliminated by Sacred 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 Employees Relations Association, which represents publicly-funded long-term care employers, and Palmore, which represents other long-term care employers.

**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.**

**Workload issues dominate latest round of bargaining**

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HEU members, staff visible in NDP campaign

With so many HEU members and staff in the executive’s last election, it wasn’t surprising to see them turning up on television and in the press. Many were active behind the scenes and some were among the heavy hitters — and offering — some others.

Although some members were candidates, several worked as campaign managers and full-time workers. Their actions were as advertised — fund-raising and election-day organizing.

Scores more volunteers did everything from picking up to canvassing.

In Prince George, union activists had the satisfaction of seeing former health minister Bruce Schroeder go down in defeat. And in the B.C. Health Minister, Elizabeth Cull told the story of one of her most memorable victories.

The results were impressive. In the last election, a narrow loss in the last election was turned into a major breakthrough for NDP candidate Cory Evans, who had strong HEU support for his campaign.

Another win was for Vancouver Kensington, the province’s health minister, Jim Doyle, who took time out to indicate the importance of the outcome. He said he was happy with the results.

The NDP won the election, but the party still faces challenges. The party still faces challenges. The NDP won the election, but the party still faces challenges.
Eto manual reflects HEU struggles

BY GARY SPENCE

In a major breakthrough for HEU manufacturers, the newly issued to sterilizers, the Workers' Compensation Board has issued a new standard of procedure manual on Eto safety which establishes standards and procedures as good as any in the world.

The manual is a tribute to the perseverance and militancy of HEU manufacturers in sterilizer departments around the province.

Delegates to last year's HEU convention declared that union members would not work on Eto sterilizers which lacked proper ventilation after the second day of the convention.

In subsequent months, HEU contractors have been forced to undertake costly upgrades of substantial facilities.

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

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 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."

Doctor's report on Eto goes back

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

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

"The non-employees 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 rule was restricted to subsidizing fees for low income parents. As it continues to do today, Victoria gave no operating or capital funds to daycares.

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 pittance $550 and $600 per worker.

The new regulation increased fees to parents to $50 per month, 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 daycares with more affluent parents better able to afford higher fees than the welfare 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 Yandie, 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 and live." 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 the right of women to enter and remain in the workforce on an equal basis.
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 midway 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 outcomes. “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 Social Credit we would do very poorly.”
As a campaigner for NDP MLA Lois Boonie, Lang tackled Social Credit health 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 campaigner, 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 Boonie 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 the health care system.
“They’ll ask about waiting lists and lots 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 that frightening. 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 now must be done daily.
“Vernon Jubilee’s engineers, and then all the people here, 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 equipment and medical gas equipment is cared for by this versatile group, whose role often goes unnoticed by the patients 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.
“Over the years it seems but the hospital gets bigger and we can’t keep up the quality. It’s a poor, poor, poor approach.”
The problems of restraint have also been compounded by Vernon Jubilee by the success of local anti-abortion groups in controlling the hospital’s policies.
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 this board,” Dukhia says. “It really affects morale.”
As a result, the local has been campaigning hard to win a free 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.

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

editor’s note

How the Tories are attacking medicare

CHRISS GAINER

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 hopes the process along by deliberate- ly letting it to people who will not take care of the building.
Eventually, the building is in such bad shape that the developer has to zip it down. He gets to tear down the building and escape blame for its destruction.
Through bills such as C-69 and C-20, Mulroney is weakening the fiscal foundations of medicare. The cracks and gruns 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 caused 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 cities 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, shop steward 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 president 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.

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 on more specific issues in the future, and a way to preserve the ecosystem and jobs.

The accord was signed during the provincial election.

For IWA Local 1-80 president Bill Routley, the discussions weren't aimed at current conflicts but rather 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-ball" tendering practices 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.

Oct-Dec 1991 • GUARDIAN
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.

They seek to firm support from HEU’s Surrey local, as well as members of ISA and BCGN, the job action will be put on hold as long as Surrey local members see fit 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 Westminster’s 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 $300,000 a year with no decline in quality. What they didn’t say was that the change would force 28 lay-offs at 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 to the normally closed-door Surrey Memorial Hospital board meeting. (Five Surrey executive members were handed letters of resignation.)

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

“... facts 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 poised to go 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-bider offers low quality, low wages

By STEPHEN HOWARD

Cutthroat non-union laundry firms like ACT One Health Care Systems, which Surrey may soon award its laundry contract, are aggressively pursuing hospital laundry contracts.

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

The Bartch’s mini-empire includes Victoria’s Bestway 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 and Jansport, shares the same washers and dryers with hospital laundry.

But in a squalid 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 lawsuit 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 laundry, 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 86 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 practice charges before the Industrial Relations Council because of its hardball tactics finding union organizing efforts. It also faces a number of Employment Standards Branch complaints, which means it stands accused of violating the base-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;
- insanitary 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 veterans’ home 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 Sacred government’s privatization push at government-run care facilities in the 1980s opened the door to 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

GUARDIAN • October/December 1991
An HEU legal victory widens human rights

By BRAD TEETER

Last 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 Stoves 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 petitioners 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 coverage 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 had gained 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, as though the resulting publicity appears to have at least temporarily set back personal relationships with both his own family and the family of his late lover, he is satisfied he did the right thing.

The actions of LPN Tim Knodel will have a national impact

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 older 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 teacher's 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, hailed 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.

Denis 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 mutual assurance carriers including the CU&HEC 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.'"

October/December 1991 • GUARDIAN
HEU's Working and Care Conditions Committee demands are designed to improve the health and safety of HEU members who have worked in hospital settings. HEU is pressing for better working conditions and workplace safety measures, particularly for those working in high-risk areas like emergency rooms. HEU's bargaining proposals include increased staffing, reduced workloads, and improved working conditions for all HEU members.

HEU members are paying for care and understaffing with their health. The proposals seek to address these issues, ensuring that HEU members have access to the care they need and a safe workplace. The results of the bargaining process will be discussed in detail in the next edition of the newsletter.
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.

Who's hurting and why: Workers’ Compensation Board

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

Unsafe 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 amazes 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’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.

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 closed hospitals 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**

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Sources: 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

**CLERICAL INJURIES 1980/1990**

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October/December 1991 • GUARDIAN
Refusing to surrender

HEU's tiny May Bennett local outlasts a union-bashing 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 Aliavato 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 Aliavato.

"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 snarled 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 boldly 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 support workers.

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.

SOME FOUR AND ONE-Half MONTHS LATER, an overwhelming majority of society members called a halt to the closure plan at the May Bennett Home.

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 the end of the phone network had recruited sufficient numbers to force the board 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 workers. 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 Jesseme, Okanagan regional representative Dolly Ferguson and director Gay Burdison. (Helen Burnell and Maureen Shipard also played an important role.) The long-time advocate is that for the cause for the 100-year-old mother-in-law, Minnie Tyrrell, receives from the care giver at May Bennett.

In the end, Claridge is unimpressed, he's unimpressed, he's impossible to work for quality care without defunding the caregivers. It's a home, no facility. And it's a home because of the people who work there."
THE ROYAL COMMISSION ON HEALTH CARE

“A great system but…”

BY CHRIS GAINOR
B.C.’s Royal Commission on Health Care and Community Health Care System needs 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 Saxon, landed on the desk of the new NDP government in Victoria a week after it took office. Health minister Elizabeth Call promptly announced that she is setting up a consultaive 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 11,000 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.

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 CALL
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.”

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 enshrines 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 incentive 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.
"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.

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

Because the commission believes that the wages of hospital workers have stagnated 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.

Allatoe 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 employees.

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."

CONTROLLING 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 Herwood 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. Native concerns, multicultural matters, mental health, AIDS, immigration, children, and dying with dignity are also covered by the 409-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 report's 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 farm workers, who have been exempted from Workers' Compensation regulations.

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.

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.

THE COMMISSION SAID:

1. No interim report despite repeated bed closures, layoffs and funding cuts.
2. No return to block funding, but a reap 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.
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.
MEDICARE ALERT!

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

Canada’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 rights 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-
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 cuts, 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 question 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 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-service 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 Ottawa's financial support of the provincial health care systems.

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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 wanted 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?

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- 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.

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.

Among those with questions were (left to right) Ronnie Nilson, Castlegrove local, David Ridley, Royal Jubilee, Barb Wilkinson, Penticton local, Jean Whiting, Royal Jubilee.

Hospital budgets have risen faster than inflation.

October/December 1991 • GUARDIAN
CUPE elects two women to top union positions

WINNIPEG - Judy Darcy, a 44-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 goal must be to mobilize to protect public services.

"There isn't a community where we don't have CUPE members," Darcy said. "If those members can all become advocates for quality public service, we can make a real difference in the workplace." Elected secretary-treasurer to replace Darcy was Geraldine McGarvie, president of CUPE's Maritime region.

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

The convention included a warm tribute to outgoing president Bill Rose, who announced his decision to step down early 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, CUPE 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 foreign expenditures and increase social spending. That was the message of 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 of HEU spokesperson Carmola Allaire.

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

(Because of a job-related schedule, Darcey's speech made it impossible for her to attend in person, the brief was presented by HEU vice-chair Peter Colomer.)

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 $7.6 billion spent annually to support Canadian military operations against the defiant War- time Pact was a waste, HEU called for a complete withdrawal of Canadian forces from Europe and real cuts in military expenditures that should be reconstituted to badly needed social programs.

Voting in this country, the first of 19 cross-Canada stops for the inquiry, will end in October. During the tour, HEU will hold three public forums in each city, in addition to the national forum. One of the forums will be held in Winnipeg on Oct. 27. The final report will be prepared by early 1992.
Books to clarify the health care muddle

By GEOFF MEGGS

There are few better cures for a mind ruled than a good book and few issues more complex than the debate over Canada's health care system.

The lack of recent books, three of them by women, on well-organized arrivals in local bookstores and libraries. Each gives an insight into the problems besetting our health care and social services systems.

The key has been a scoundrel health care debates – it's rumoured to be a favorite of Premier Mike Harris. In 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 Koivunen, produced a bestseller with this investigation of waste and mismanagement in medicare. It's easy and fun to read, and packed with information.

Many HUM members will agree with Rachlis' analysis, but many will be disturbed by his proposed solutions, which include sharp cuts 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 Wise Cures: The Crisis in Canadian Writing (McClelland and Stewart), journalist Sarah Jane Groves 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 Vischak: Homestead in Beautiful B.C. (New Star), Baxter is a community organizer who herself has been homeless many times.

No stranger to poverty, she is outraged by a society that claims to offer medical care to all, but is uninterested 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 Vischak is not a cheerful book, but it's compelling work well worth reading.

How do we get into such a mess? That sad story is told by journalist Linda McQuaig in The Quick and the Dead: Brian Munro, 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 "lighten 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 13 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 Turnfus is a treasure house. If you can only afford one book, perhaps this should be it.

Provincial Executive names newers

Diane Koenen was awarded the $1,000 Edvard Jones-Adolphine Fargen Barbyn Award by H.E. Provost Executive and Surrey local.

The barony is one of several usually to HUM members and their families to pursue higher education.

Wendy Fleet will receive the $1,000 war offered by the Lyon's Gate local.

A $500 bursary sponsored by the Provincial Executive was presented to Anne Marie Hummell.

Other winners of $500 bursaries (awarded by the bursary committee) included: Colin D'Iyves, Royal Jubilee, Carmen Wroh, Prince George; Charles Foblet, Ginger Goodhue Bursary sponsored by the Provincial Executive; Dan Sandberg, a nurse aide who joined HUM in 1974. Dunnes retired in July after serving meritoriously as chairperson, secretary, trustee and conductor of the local. She plans to remain active in community services in Surrey and writes that "there is a price to pay for justice and this union has paid the price for a long time. A change is overdue and her conviction should reflect this．"
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?

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

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.

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

Season's Greetings
from the
Hospital Employees' Union

Small Change by Wendy Lewington-Coulter
A 53" by 58" quilt about women’s labour and love work in the paid labour force traditionally performed by women is undervalued, undervalued and directly related to the unpaid labour done by women in their own homes. Photo by Brenda Hemming.