

The Hospital

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Hospital
Employees'
Union Local
180

BULLETIN

To save jobs and health care

HEU Sues Gov't

BULLETIN

At Guardian press time, HEU was preparing to launch legal action against the provincial government and Richmond General Hospital in the Union's continuing fight to restore health care to safe levels and to protect HEU members' jobs.

HEU plans to file a motion in B.C. Supreme Court Sept. 20 asking the court to find Richmond General in contempt for closing hospital beds without the necessary written approval of the Minister of Health.

HEU will be asking that the hospital be fined for contempt of court and in addition that the beds be put back into service, all laid off employees be recalled and compensation be given to the laid off employees for lost wages and benefits (with interest).

The Union will also file a petition under the Judicial Review Procedure Act against the Minister of Health for an order that his approval of the bed closures, under Section 41 of the Hospital Act, was illegal.

HEU's arguments will be based on the premise that the minister failed to follow the rules of natural justice and failed to act fairly in deciding to grant his approval.

Furthermore, it is the Union's contention that the minister has acted contrary to the new Canadian Charter of Rights. That new law requires him to give "fundamental justice" to a person whose job is at stake and to members of the community who depend on Richmond General Hospital for their "life, liberty and security."

HEU will also file an action Sept. 20 against Royal

Columbian Hospital for proceeding with bed closures and lay-offs that have resulted from budget cuts that have been characterized by the Head of the Hospital Crises Committee as "arbitrary."

In that case as well HEU will seek an order that the hospital has violated the Hospital Act in closing beds and laying off its employees without the necessary approvals under the act.

On June 30th of this year, HEU obtained an injunction in the B.C. Supreme Court restraining Richmond General from decreasing beds ordinarily maintained, without first obtaining the written approval of the Minister of Health.

On July 9th, the hospital received a letter from the minister giving it authority under Section 41 of the Hospital Act to "implement program re-alignments". HEU contends the hospital is still in violation of the act because authorizing "re-alignment" is not authorizing a "decrease" in beds.

After the actions against Richmond General and Royal Columbian are filed, HEU may file similar court actions against other hospitals.

"HEU's decision to proceed through the courts reflects the Union's steady determination to fight the provincial government and hospital administrations at every turn in order to restore quality health care and to save HEU members from the unemployment and welfare lines," said HEU Secretary-Business Manager Jack Gerow.

During Master Agreement arbitration

HLRA New Offer — Zero Per Cent Wage Increase

HLRA has taken a drastically new position at the bargaining table during the Master Agreement arbitration and offered HEU no wage increase for 1982 and 1983.

HEU members will be incensed to learn that HLRA has withdrawn its previous Aug. 1, 1982 8 per cent wage increase offer (with no retroactivity) for 1982. "It's long gone," said one member of HEU's Provincial Bargaining Committee.

The new zero (0) per cent HLRA offer was presented during arbitration hearings held August 25-27 in Victoria before arbitration board chairman Don Munroe.

The offer shows contempt for

the plight of HEU members who are now facing excessive workloads at hospitals and health care facilities due to government cutbacks.

HEU and HLRA are scheduled to complete their cases before the arbitration board by late September.

A final decision on the 1982 issues of percentage wage increases, red-circling and recovery of overpayments is not expected before early November.

HEU is arguing for a 20 per cent wage increase effective Jan. 1, 1982.

HEU does not endorse the government's wage restraint

plan (the Compensation Stabilization Program). HEU has gone on record as calling the CSP one of the most reactionary and insensitive government schemes ever devised.

After the arbitration board makes its award, a further delay is expected when the award stands the test of CSP Commissioner Ed Peck.

No hearing dates have been

set for the 1983 and January-March 1984 portions of the collective agreement. Attention to that aspect of the collective agreement will be given after the 1982 issues are resolved.

Report On The Larson Decisions

Because of the cutbacks in health care spending by the provincial government, and the subsequent unprecedented number of layoffs, a number of disputes have arisen between HEU and HLRA relating to the layoff, bumping and recall of hospital employees.

These disputes have been referred to Industry Troubleshooter Dalton Larson who has been granted binding powers equivalent to an Arbitration Board.

In a Memorandum of Agreement signed late in July, the parties agreed that any decisions made by Larson would be binding upon both HEU and HLRA as well as all hospital employers covered by the Master Agreement.

A summary of the Larson decisions that were available at Guardian press time appear on page 3.

Convention Delegates Face Pressing Issues

A number of serious and pressing concerns to HEU's 25,000-strong membership will be raised and discussed by over 400 delegates attending the Union's Thirteenth Biennial Convention Sept. 27-30.

This month's convention will be conducted against a backdrop of massive layoffs in the health care industry as well as employer attempts to take advantage of hospital employees because of government financial negligence.

The 51 constitutional amendment proposals from HEU Units are wide-ranging and include one from the Kamloops Unit to increase HEU's defence fund to \$2 million.

Other Unit constitutional amendment proposals cover such varied and diverse topics as an increase of members on the Provincial Executive, communication during Master Agreement bargaining, reducing the number of delegates to HEU conventions and monies spent from the Political Education Fund.

Constitutional amendment proposals from the Provincial Executive include an increase in the monthly membership dues to 1.25 per cent of gross salary (with a minimum of \$5 per month), elimination of the convention registration fee,

Cont'd on pg. 8

Workloads Now "Oppressive"

Grim Future For Health Care

The financial mismanagement and lack of social consciences demonstrated by Health Minister Jim Nielsen and Premier Bill Bennett has now placed the state of health care in B.C. in a precarious state.

The very future of a decent health system in B.C. today hangs by the thinnest of threads. In fact, what is holding up the health care system, despite cruel and insensitive cuts in government spending, is the dedication of health care workers.

HEU members daily face excessive workloads because of the cutbacks in government

funding and although these oppressive workloads are being met today, it is unknown how long HEU members can be expected to carry government mismanagement on their backs.

Late in July, Bennett and Nielsen held out a promise that health care was not going to be affected by government restraint. In the July/August Guardian, HEU stated it was not jumping to conclusions on the basis of Bennett's promise of increased health care expenditures.

The Vancouver Sun displayed a similar skepticism August 22 when, in an editorial,

the newspaper commented on the government's dismal performance in health care.

"Nor are we yet convinced that the \$60 million 'saved' by (doctors') fee rollbacks and chopping denticare would be spent in the hospitals. There is no way whatsoever that the public will be able to tell if it is. What is happening is that the government is trying to make up for its poor management of the health system and its economic forecasting mistakes."

We thought the day might would come to its senses but it

Con't on pg. 4

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

The Hospital Guardian

Official Magazine of the
HOSPITAL EMPLOYEES' UNION LOCAL 180

Editor: Nuccio Spitale

The Hospital Guardian is published by the Provincial Executive of the Hospital Employees' Union, Local 180, under the direction of an Editorial Committee whose members are:

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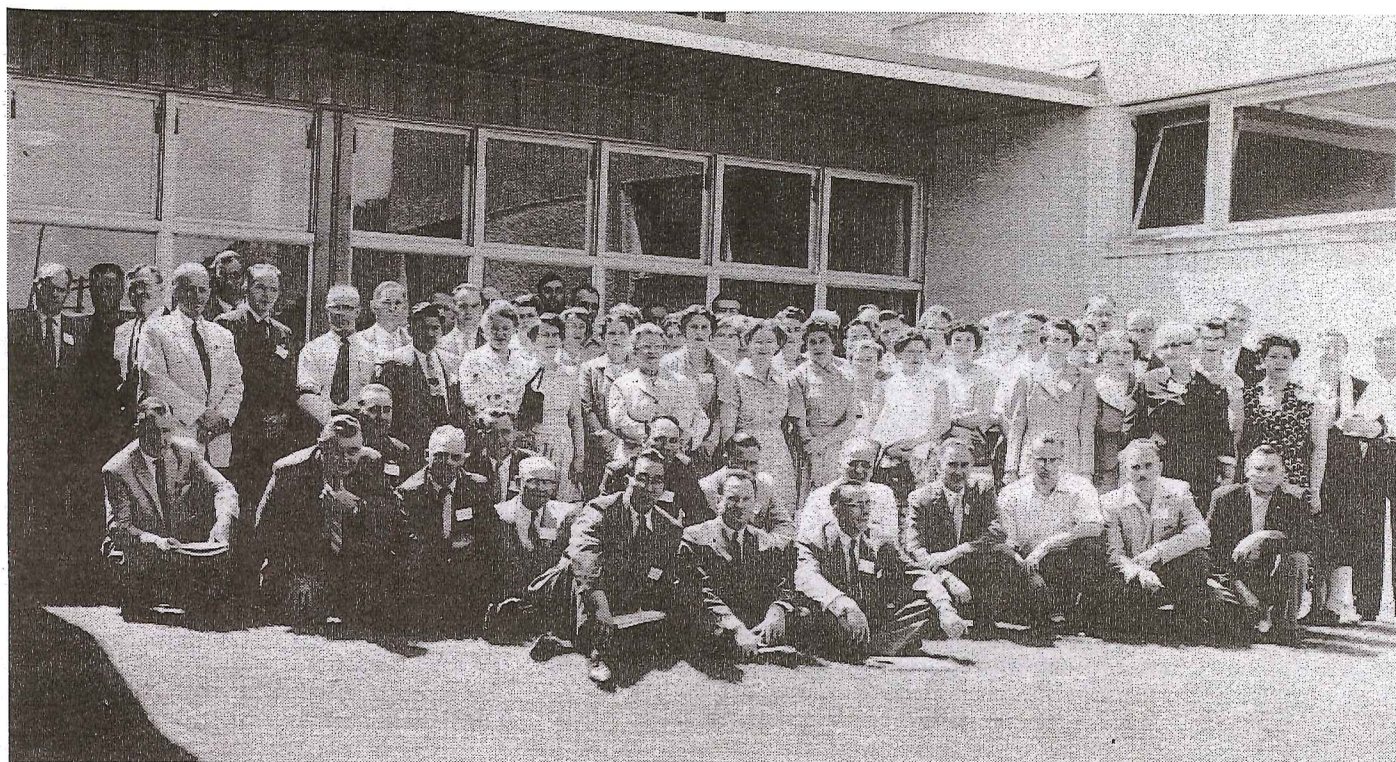
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Editorial Page

Biennial Convention '58



The following persons (pictured above) were delegates to HEU's First Biennial Convention June 5-8, 1958 in Penticton. Abbotsford: Thelma Newham; Burnaby: V. Brier, "Tony" Burrell; Chilliwack: Mrs. A. M. Short, Mrs. M. Anderson; Cobble Hill: Geo. M. Wall; Cranbrook: C. D. MacKay, Mrs. B. Molander; Creston: Mrs. G. Sloan; Duncan: C. A. Collins, R. H. Paddle; Fernie: Mrs. J. Letcher; Haney: W. W. Lake; Kamloops: Mrs. C. McInnes, Nora Bing, Jean Schneider; Kelowna: W. J. Fletcher, R. L. Socquet, Mrs. I. William; Kimberley: Mrs. M. Dietrich; Ladysmith: Mrs. Pat Maki; Langley: H. L. Moore; Mission: Mrs. B. Durham; Nakusp: Marolyn Ellison; Nanaimo: A. V. Carlson, Mrs. J. Lessard; Nelson: H. R. Cole, J. Fox; New Westminster: J. A. Fleming, W. D. Black, C. Davis, Mrs. J. Piper, J. Darby; North Vancouver: G. Larson, Miss A. H. Deeming, Mabel Deardon; Oliver: Mrs. J. Goodnough; Penticton: W. J. McKinnon, Phyllis Battiste; Port Alberni: L. E. Woodthorpe; Powell River: J. Gallagher, L. G. Hawk; Prince George: Mrs. Purdue, Mrs. Coggins; Quesnel: Mrs. A. Rawlings; Trail-Rossland: Mrs. I. Ashe, Roy Underwood; Vancouver: A. Paterson, J. S. Spracklin, P. Forsha, H. Carden, J. T. Ballard, E. R. Thomas, R. Alain, G. H. Duff, Jean Robertson, H. J. Clark, Dominic Scarfo, Mrs. V. Blatchford, J. Lawson; Vernon: A. Tetz, W. Halina; White Rock: K. Harris; Secretary-Business Manager: W. M. Black.

Biennial Convention '82

Over 400 HEU members from every corner of the province will take part as delegates to HEU's upcoming Thirteenth Biennial Convention in the democratic process that is the Hospital Employees' Union.

The task they have before them is a formidable and challenging one. The delegates' mandate will be to chart the future course of HEU and to do so in such a way as to advance HEU's longstanding tradition of democratic membership participation.

The delegates will be vested with all the sovereign powers of the union for the four days that the convention is in session from September 27 to October 30.

With these powers, the delegates will make the essential policy decisions that will guide HEU over the perilous roads that lie ahead. One of the most perilous roads that HEU travels today is the one of confrontation with the provincial government which is bent on dismantling the health care system and destroying the economic security of health care workers.

For HEU there must be no turning back. HEU must continue its course of defending the rights of B.C.'s sick and injured and, at the same time, secure, maintain and advance the interests of the membership.

There are a number of landmines awaiting HEU members, most of them planted by the provincial government. But it is not just the provincial government that is the enemy of health care.

Too many B.C. hospital administrators and boards of trustees are all too willing to be Socred "hatchet men".

HEU is meeting the challenge by taking the provincial government to court (page 1 story) in order to reinstate the thousands of health care workers who have been laid off because of unconscionable financial cutbacks in health care.

It is a certainty that those at the Convention will have all this mind when the Convention is in session.

Delegates to Convention '82, just like the delegates (pictured above) at HEU's first Biennial Convention in 1958, will continue HEU's strong tradition of seeking and achieving highly-principled goals for health care workers.

HEU's history of achievement will serve as a reminder to all HEU delegates when they gather in Richmond September 27-30.

HEU's unwavering spirit of achievement has succeeded in not only improving the quality of health care delivered at B.C. hospitals and health care facilities but also in guaranteeing decent compensation for the work being performed by HEU members.

After the convention is over September 30, the delegates decisions will be the voice of the 25,000-member Hospital Employees' Union.



Florence Nightingale Unit members (from left) Maria Yee, Louise Brown and Mary Betker listen intently during a special Unit meeting Sept. 8.

Members Vote To Lift Pickets

Florence Nightingale Unit members have voted unanimously to lift a picket line at Surrey Lodge (formerly Florence Nightingale Hospital) as a gesture of good faith after negotiations with the new owner of the facility commenced Sept. 8.

At a meeting Sept. 8 attended by Secretary-Business Manager Jack Gerow, President Gordie MacPherson and Financial Secretary Maurice Smith, the Unit members in attendance accepted the recommendation of their bargaining committee to lift the picket line because of the prospect of meaningful negotiations in future sessions with Surrey Lodge representatives.

At Guardian press time, collective bargaining dates were scheduled in mid-September between HEU and Surrey Lodge.

The two sides however are far apart as the opening position of the owner included wages and benefits far inferior to the prevailing standard in the health care industry.

The Unit members indicated at the meeting they were not prepared to accept anything less than the prevailing standard of wages and benefits HEU has negotiated with other health care employers.

The dispute has the same overtones of HEU's fight with the owners of Windermere Central Park Lodge in Vancouver in 1981. In that dispute, HEU was successful in negotiating a collective agreement that met health care industry's standards after a four-month strike that included the participation

and support of the provincial Union membership.

HEU Director Sharon Yandle, who was instrumental in steering collective bargaining toward a successful conclusion at Windermere, is also spearheading the bargaining committee on behalf of Florence Nightingale Unit members. Other members of the bargaining committee are Unit Chairperson Maureen McKee, Secretary-Treasurer Yvonne Krasey and HEU staff representative Gay Burdison.

Florence Nightingale Unit members at the meeting Sept. 8 were told that they had the full support of the Provincial Executive in their dispute and in the event of a breakdown in negotiations that support would include the entire provincial Union membership.

HEU members at the Surrey health care facility were given their termination notices in February when a change in ownership was made.

The facility has been closed since July and in the meantime, renovation to the building and the grounds of Surrey Lodge, the new name of the facility, have been commenced.

"I'm very happy and secure in the knowledge that HEU is behind us 100 per cent," Unit member Louise Brown said at the meeting.

"We are not going to settle this collective agreement until we get the prevailing standard — it's as simple as that. We've fought since 1974 to get Union recognition at Florence Nightingale and now we'll fight just as hard for the health care industry standard of wages and benefits," said Brown.

Paid Maternity At Crofton Manor

HEU has negotiated a paid maternity leave provision, for HEU members at Crofton Manor in Vancouver.

The paid maternity leave is 18 weeks long and the employee receives the difference between her Unemployment Insurance benefits and 93 per cent of her normal weekly earnings. She will receive 93 per cent of her normal weekly earnings for 3 weeks and a top-up on her Unemployment Insurance benefits for 15 weeks. The current practice under other HEU collective agreements is for employees to receive 18 weeks maternity leave, including 15 weeks Unemployment Insurance benefits at 66.2/3 per cent of current salary.

The paid maternity leave at Crofton Manor amounts to about 40 days paid leave which the employee would not otherwise have received.

All pregnant employees who have completed six (6) months continuous employment prior to the maternity leave, and are eligible for Unemployment Insurance benefits, will be paid the maternity leave allowance

six (6) months after returning to work.

In addition HEU also negotiated extended leaves of absence of six months, to be taken after the paid maternity leave. The six-month leave can be used by either parent for the care of a newborn child and these leaves are to be considered unpaid leaves of absence. This clause represents a significant breakthrough since it is the first to provide for either parent to stay home to care for a child.

The paid maternity leave provision was included in a collective agreement recently negotiated at Crofton Manor.

Although Crofton Manor has had some difficulty in the past with ownership, there is a new proposal that would redevelop Crofton Manor to include personal, intermediate and extended care facilities, as well as the current senior citizens residence. It is hoped that the addition of this non-profit facility will enable Crofton Manor to continue operation.

There are currently 27 HEU members working at Crofton Manor.

To Recall To Any Vacancy

Laid-off Employees Not Entitled

On the question of "What is the Employer's obligation under Article VI, Section 8 (4) of the Master Agreement?", Larson decided that employers have no obligation to recall laid off employees to do temporary work which has a fixed or determinable termination date.

By that he includes work that would be ordinarily done by casual employees i.e., relief work of a duration less than one month.

Therefore Larson decided that the words "work of an on-going nature" limits the obligation of the employers to recall employees to such work which both parties agreed was defined as "work without an anticipated termination date."

HEU took the position that laid off employees were entitled to be recalled to any vacancy whether of a casual, temporary or on-going nature.

Larson added that an employee who refuses to return to work is **NOT** automatically terminated within 7 days of a notice of recall. The employee is not obliged to take that work any more than any bargaining unit member is obliged to bid on

vacant jobs under Article VI, Section 13.

"Only where an employee agreed to a recall and then fails to report for work within 7 days will such an employee be deemed to have abandoned his/her employment," said Larson.

Furthermore, Larson decided

that the employer's obligation "to recall the most senior employees first is not absolute."

He said that the employer is only obliged to make every attempt to contact the most senior employees and if unable to do so is entitled to go to the next most senior employee on the seniority list.

31 Days To Exercise Bumping Rights

HEU members will have 31 calendar days with pay to exercise bumping rights.

Larson said in this decision that the HEU/HLRA Master Agreement does not specifically deal with the amount of time that an employee, who have been served displacement notice, has to exercise bumping rights.

The decision made a distinction between laid off and "displaced" employees. Laid off employees are those, according to Larson, who have no bumping rights or choose not to exercise them and therefore are entitled to whatever notice is prescribed under the agreement in accordance with their seniority.

"Displaced" employees are not "necessarily" entitled to notice under Article VI, Section 8 (2) because "those notice provisions apply only to employees who are laid off."

Larson said that a senior employee is not laid off when his/her job is eliminated but rather "displaced" since "their employment continues (by exercising bumping rights) although their job may not."

HEU took the position that an employee is entitled to whatever notice period is provided by Article VI, Section 8 (2) of the Master Agreement. The Union

reasoned that a previous arbitration board chaired by Charles Stewart (November 1979) held that an employee had 28 days within which to exercise bumping rights in circumstances when the Master Agreement gave employees the right to 28 days notice of an impending layoff.

HEU argued that since those provisions have now been changed entitling employees to a range of notice from 31 calendar days to 6 months (page 24 of Master Agreement), therefore the bumping period should be extended accordingly.

Larson ruled that senior employees who are displaced as a result of the elimination of their jobs shall be entitled to exercise their bumping rights over a period of 31 calendar days from the date of Notice of Displacement. Similarly, employees who are bumped by a senior employee shall also have 31 calendar days within which to exercise their bumping rights.

He also said that displaced employees have a choice to exercise bumping rights or choose to be laid off. If the employees choice is to be laid off, then the employer is obligated to give them layoff notice under Article VI, Section 8 (2).

Following Matters Decided

The following matters have been decided by HEU and HLRA as part of the series of questions referred to Dalton Larson:

- Lay-offs are determined by hospital-wide seniority, as is indicated under the collective agreement, and this is **not** achieved on a departmental basis;
- During periods of lay-off, job vacancies created by incumbents terminating, new jobs, temporary jobs arising from leaves of absence, maternity leave or vacation periods are required to be posted in the normal manner;
- Employees served with lay-off notice can use their seniority rights to apply for posted vacancies but such employees do not have preferential rights to posted vacancies over employees who are not affected by lay-offs;
- The Employer is not required to notify laid-off regular employees of intermittent casual employment;
- If because of the Restraint Program the hospital eliminates a job and then at a later date reinstates the job, the former incumbent is not automatically reassigned to his/her former position; however the hospital is required to post all jobs;
- The hospital cannot utilize "students" (such as student Practical Nurses and Dietetic Interns and Radiology Student Interns) in the place of regular employees during period of lay-off.

Notice of Layoff While on Leave

Notice of layoff to employees if they are on Workers Compensation, paid or unpaid leave of absence or maternity leave cannot take effect prior to the expiration of such status.

The service of a notice of layoff during a vacation period is restricted by the Employment Standards Act. Under such act, the service of layoff notice during an employee's vacation is prohibited.

HEU took the position that employee benefits cannot be granted concurrently and that once an employee is on an excused leave of absence, he/she cannot be laid off or served a notice of layoff. The HEU reasoning was that the purpose of layoff prescribed by Article VI, Section 8 (2) is to give time

to permit the employee to deal with the dislocation of a layoff. The Union argued that if an employee is on one of the subject forms of leave, he/she may be in no position to meet that purpose.

Larson added in this decision that the notice of layoff applies only to employees who have no bumping rights. For employees with bumping rights who are on leave, they are entitled to return to their previous positions before the employer can serve them with a Notice of Displacement. Once served with that notice, they then have a right to bump.

HEU members are reminded here of the distinction Larson made between "displaced" and "laid off" employees. (See 'bumping rights' decision on this page.)

Clerical Classification

The classification of unresolved clerical jobs is scheduled to resume Sept. 17.

In other classification news, Vancouver General Hospital will be classified in October instead of September as originally planned. The postponement was due to HLRA's inability to proceed in September with the VGH classification.

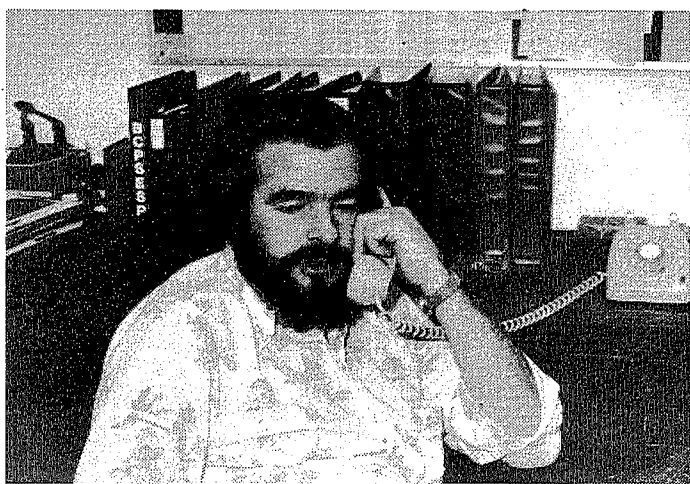
Hearing Dates Set On Outstanding Issues

Pursuant to the Master Agreement interim arbitration award, Dalton Larson was named as mediator/arbitrator with respect to several outstanding contract issues.

Hearing dates with Larson have now been set October 12-15 in Vancouver and North Vancouver for resolution of the following issues:

- employee status;
- temporary promotion or transfer;
- job postings and applications.

If it becomes necessary to move from mediation into arbitration, it will be as a three-member board with Larson as Chairman.



John Hurren

... new Prince George rep

HEU Staff Appointments

HEU is pleased to announce the appointments of John Hurren and Ken Strange as staff representatives in charge of regional offices.

Brother Strange, a former staff representative of the United Steel Workers of America in Kamloops and Trail, will work out of HEU's new Kootenay Regional Office in Nelson.

Strange worked for the Steelworkers Union for eight years and prior to that was employed for 13 years at the Cominco

smelter in Trail. He commenced his duties August 9.

Brother Hurren took over his duties at HEU's Prince George Regional Office July 19.

Hurren worked for the B.C. Government Employees' Union for seven years in a number of positions including (from 1978) that of Assistant Director of Collective Bargaining and Arbitration.

Prior to that he served for 7 years as a elected officer in the BCGEU including a stint on that union's Provincial Executive.

"Small Town" Act Won't Fool Unions

HEU doesn't think Premier Bill Bennett was kidding anyone with that recent "I come from a small town" act when referring to the B.C. Government Employees' Union contract dispute.

Bennett had this to say about the dispute, as reported in The Vancouver Province September 3: "I come from a small town where we care about each other, where neighbours help neighbours and when times are tough, you help each other. (BCGEU General Secretary) John Fryer brings a whole bag of tricks from Britain on how to deal with industrial relations that I just am not equipped to deal with. The government, which is the people, is in tough financial straits. In fact, we're short of money and now is the time for everyone to co-operate."

That sort of charlatan Aca-

demy Award performance might go over on a Grade three class in Kelowna, but does the premier think the people of the province will buy that? Of course not.

What the people of B.C. would believe is a public statement admitting that he and the Social Credit cabinet colleagues have mismanaged the provincial economy to the point where they are now pleading poverty and further admitting that that is not an excuse to use public sector employees as a scapegoat. Maybe that would be a start in the right direction.

And if he really wanted to convince the citizens of B.C. of his sincerity he would say: "We've bumbled the job. I think it best if we resign right here and now for the good of everyone in the province."

Now, **that** might convince us.

Ethylene Oxide (ETO) "potential carcinogen"

HEU urges all HEU members who work with or near ethylene oxide (ETO) to be aware of its potential dangers.

The Union also urges HEU members to ensure that management complies in all aspects with procedures outlined in a January 1982 memo from Health and Welfare Canada to hospital administrators.

Highlights of the memo were reported in the March and April issues of The Guardian. Copies of the memo as well as other important information regarding ETO were mailed to Unit Secretary-Treasurers August 19.

The Canada Safety Council has now issued a hazard warning about ETO saying it should be regarded as a "potential occupational carcinogen."

Health officials in California are concerned that 12,000 hospital workers in that U.S. state

may develop cancer because of exposure to ETO, according to a report released over the summer.

The state hazard evaluation system and information service issued a warning in July that the chemical may cause cancer even at levels far below current legal limits.

The report stated that ETO was known to have caused cancer in laboratory animals. Other studies have shown chromosome changes associated with genetic mutations and cancer growths occurred in people exposed to concentrations as low as 10 parts per million parts of air.

Health and Welfare Canada officials said earlier this year they were "thinking about" reducing the maximum exposure level from 50 parts per million to one part per million.

LTC Negotiations Continuing

Negotiations are continuing between HEU and HLRA with respect to the renewal of 16 collective agreements affecting certain Long Term Care facilities covered by the Long Term Care Standard Agreement.

HEU and HLRA met in August based on HEU's contention that the negotiations become an integral part of the Master Agreement Arbitration under a panel chaired by Don Munroe.

It is the goal and objection of HEU to integrate these negotiations given their historical acceptance of a pattern agreement negotiated by the parties and given what HEU understands to be the Employers' membership with HLRA on the same basis as other LTC facilities which are presently covered under the Master Agreement.

The 16 facilities are: FINNISH MANOR, Burnaby; YUCALTA LODGE, Chilliwack; PARK-HOLM LODGE, Chilliwack; GLACIER VIEW LODGE, Comox; SWAN VALLEY LODGE, Creston; DURAND MANOR, Golden; MOUNTAIN VIEW LODGE, Lillooet; FIR PARK VILLAGE, Port Alberni; RIDGEWOOD LODGE, Princeton; MOBERLY PARK MANOR, Revelstoke; FINNISH CANADIAN REST HOME, Vancouver; SHAUGHNESSY MANOR, Vancouver; OMENICA LODGE, Vanderhoof; ROSE MANOR, Victoria; COQUIHALLA COMMUNITY CARE SERVICES, Merritt; HALCYON COMMUNITY HOME, Nakusp.

Altamont Supplemental Award

An arbitration board has handed down a supplemental award to settle the terms of a renewal agreement between HEU and Altamont Private Hospital in West Vancouver.

In a majority decision, the board awarded casual employees the right to pension benefits.

"In our view, casuals should be included in the pension plan ... it seems to us that the Inglewood precedent is a persuasive one," stated the award.

The reference to "Inglewood" was to a collective agreement between HEU and Inglewood Private Hospital in West Vancouver.

The board also stated that employer contributions will remain in the fund upon employee termination. The board accepted the Union position that "would require that Employer contributions remain in the fund notwithstanding termination by the employee, and withdrawal of employee contributions, and regardless of vesting."

"The money is that of the Plan which is a group plan established and to be administered for the benefit of all employees," stated the June 17th award.

Employee contributions higher than 3 per cent will be matched by the employer and employer contributions forfeited by employees upon termination will remain in the fund, according to the award.

The board rejected an employer presentation that any pension plan be contingent upon the Ministry of Health providing funding for the plan.



Holy Family Unit Secretary-Treasurer Jean Elsasser displayed her "Stop Eroding Health Care" buttons on her bikini while getting signatures at Kitsilano Beach in Vancouver from citizens who oppose health care cuts. Jean, a medical stenographer at Holy Family Hospital in Vancouver, gathered over 400 names on her petition.

Health Care In Decline Say Survey Respondents

The results of a survey released in August by the Alliance to Save Health Care paints an alarming picture of the province's health care system.

And what is doubly frightening is the fact that this poll of health care workers was done prior to the health care cutbacks in May and June.

The 49,000 health care workers in B.C. were asked what the state of health care is in and these are among the chilling answers that were given:

- over half of the respondents said staffing was inadequate;
- 22.3 percent stated staffing decreased over the previous year;
- nearly half said they did not have enough time "to complete all job duties safely and satisfactorily";
- over 50 percent said workloads increased over the past year;
- 55 percent said in-service education was inadequate or non-existent;
- over two-thirds said short-staffing caused them to do things by themselves they should have help doing;
- one-quarter said there was inadequate maintenance of machinery and equipment;
- nearly one-third described cleanliness as inadequate.

Health Minister Jim Nielsen was sent a copy of the survey results on August 20 but as of early September at Guardian press time he had not bothered to respond to an Alliance request for an immediate meeting to discuss the problems.

No Commitment From Government

Cont'd from pg. 1

come when the government now appears otherwise. Did Bennett and Nielsen not read the interim report of the Public Commission on Social and Community Service Cutbacks? The horror stories that the commission heard resulting from cuts in health care spending were enough to bring tears to

even the most hardened souls.

Even if the government now resorted to gimmickry and announced increased spending in health (during or just prior to the next election campaign), voters will recognize it for what it is — cheap electioneering and no real commitment to the public's need for a reliable and well-funded health care system.

"Patients Day" Demonstrates Government Underfunding

A so-called "Patients Day" held August 15 at Sunny Hill Hospital For Children, organized by the hospital's management to raise funds, demonstrates the serious underfunding that exists at the Vancouver hospital.

Many HEU members have been laid off this year at Sunny Hill because of provincial government cutbacks and this has resulted in a deterioration in the standard of health care given the handicapped and disabled children at the hospital.

In May, HEU blocked an attempt by the hospital to hire inexperienced students to work for the summer on the grounds

that the students should not be performing the work of the qualified, laid-off HEU members. HEU took the firm position that the laid-off HEU members, who are experienced in health care, should be recalled before untrained students were hired.

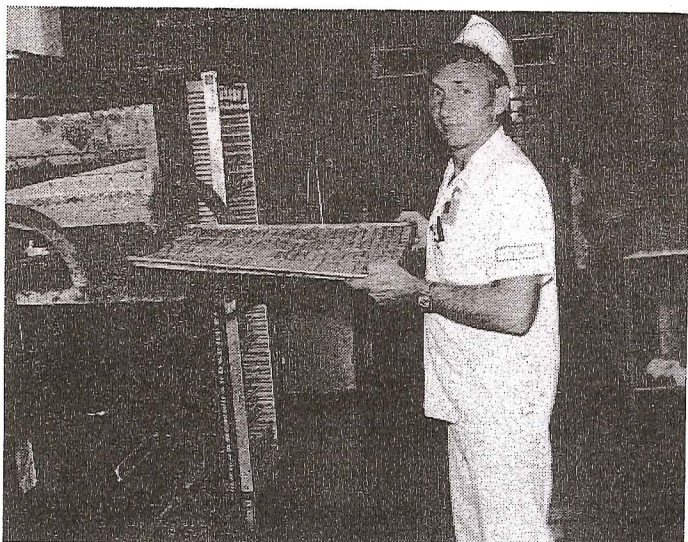
Unit Chairperson Isabel O'Brien told The Guardian that the event held August 15 was a "clear sign the hospital is desperate for funds."

"Shouldn't the hospital be given the money to pay for the people who are trained to do the job of looking after the patients' needs, in this case the laid-off HEU members?"

Members recognize Union effort

HEU Successful In Overall Dietary Classification

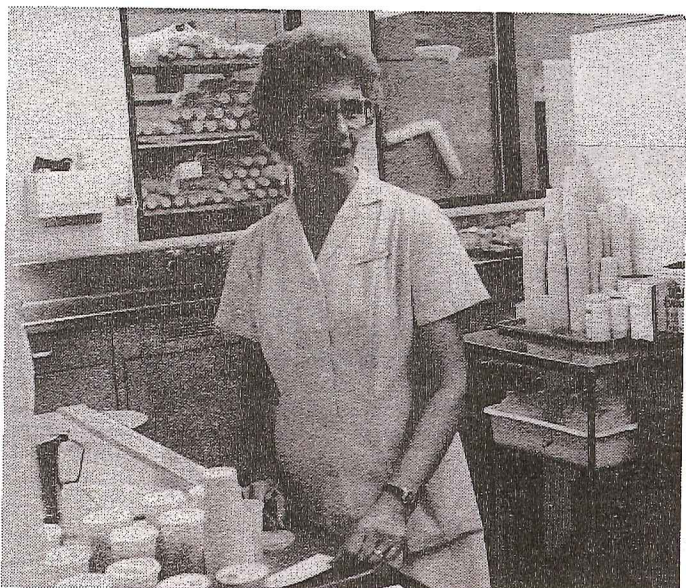
The Peck Consent Award regarding dietary job matches, signed in March by HEU, HLRA and Arbitration Board Chairman Ed Peck, covered 589 classifications in 112 institutions. Of those 589 classifications, **only 38 (6.5 per cent)** were red-circled. The Guardian interviewed several HEU members who were classified this year for their comments about dietary classification.



**Herb Scholz, Charge Cook
Vancouver General Hospital**

"Classification was a tough fight for the Union. HEU did the best it could but HLRA kept trying to under-value the jobs. I can understand the food service supervisors feeling like they do about being red-circled and I don't blame them for being upset about it but the Union did all it could for them.

"And those damn (government) cutbacks. First we finally get through classification to get a decent wage and now I find out my job is being deleted in October. You fight to get something and then the employer chops you down again."



**Ellie Cavanaugh, Dietary Aide
Lions Gate Hospital**

"It's too bad it took so long to get settled but I'm glad it's over for dietary employees. I'll tell you one thing, it's much easier to work when you know you've been properly classified and getting a decent wage. The Union did a great job as far as I'm concerned."



**Mary Voith, Dietary Aide
Royal Columbian Hospital**

"I was happy with what the Union did for the members on classification. Not everybody got what they deserved but certainly the majority did and that's as much as you could ask for under the circumstances."

Problems HEU Had To Face

In classifying dietary positions, HEU faced some problems because of the fact that the provincial government clearly undervalues and underpays certain employees.

HEU's mandate from the Hope Arbitration Award was to match as nearly as possible to government job specifications.

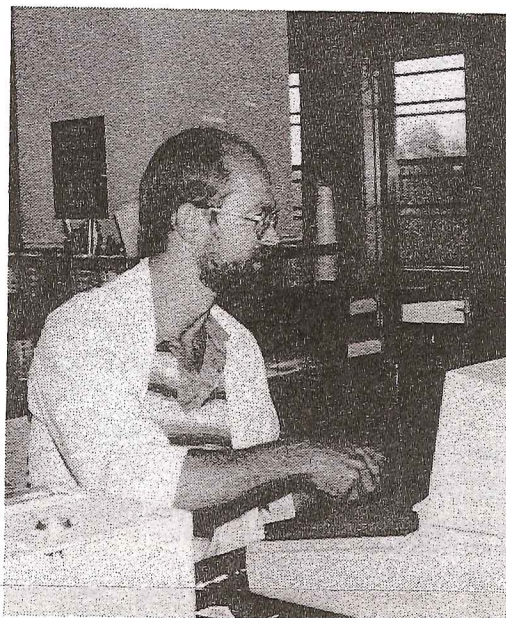
In the case of food service

supervisors, for example, the jobs seemed to fall within the Food Service Worker's specification with a rate that paid \$1,500 per month.

HEU persuaded HLRA through negotiations to agree to a Cook 3 rate of \$1,666 per month (August 1, 1981) as a floor rate.

HEU recognizes that the results of this process are unsatisfactory to all employees who were red-circled but the Union was tied, through the Hope Award, to both the satisfactory and unsatisfactory aspects of the government pay structure.

It will be the task of future collective bargaining to remedy any inequities in the pay structure imposed by both the Hope and the Peck Arbitration Awards.



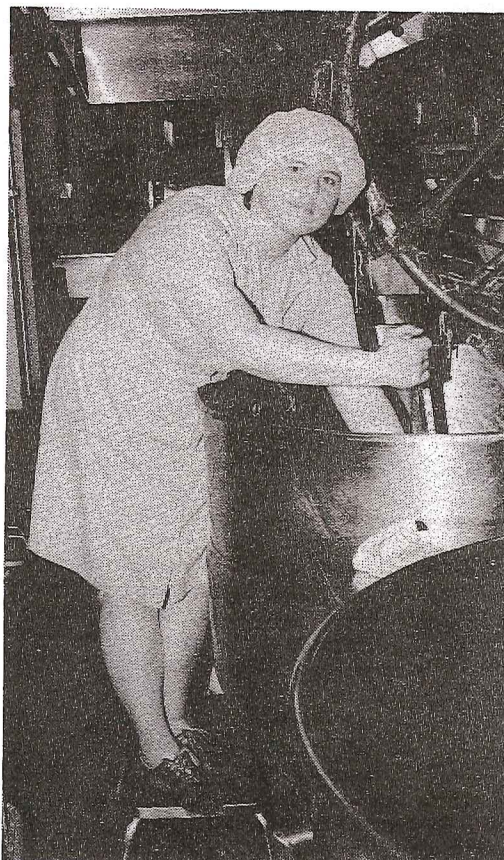
**Peter James, Food Service Supervisor
Vancouver General Hospital**

"I know HEU did the best it could to get us supervisors classified fairly in the face of a hostile employer attempts to red-circle our positions. It was tough on us because the red-circling that did take place happened at a time when staff is being reduced. So it punishes food service supervisors doubly because not only are our salaries being reduced but our work load is increasing."



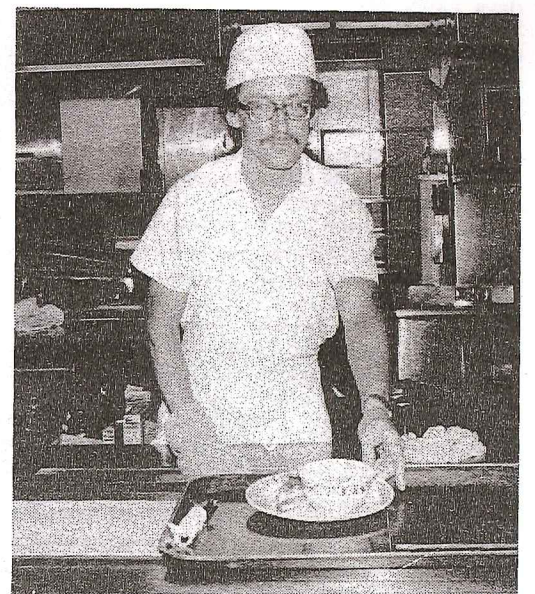
**Ramona Brady, Relief Cashier
St. Paul's Hospital**

"Naturally, I'm happy with classification. It took a long time but it was worth it considering the upgrading most people got. I'm definitely appreciative of the Union's effort in getting the jobs upgraded but I do feel for those who's positions were not."



**Terry Miller, Head Cook
Royal Columbian Hospital**

"I have no complaints about classification. What bothers me now is that with all these layoffs, there is incredibly more work to do in the kitchen. Are we being punished by the hospital and government for getting a raise, or what?"



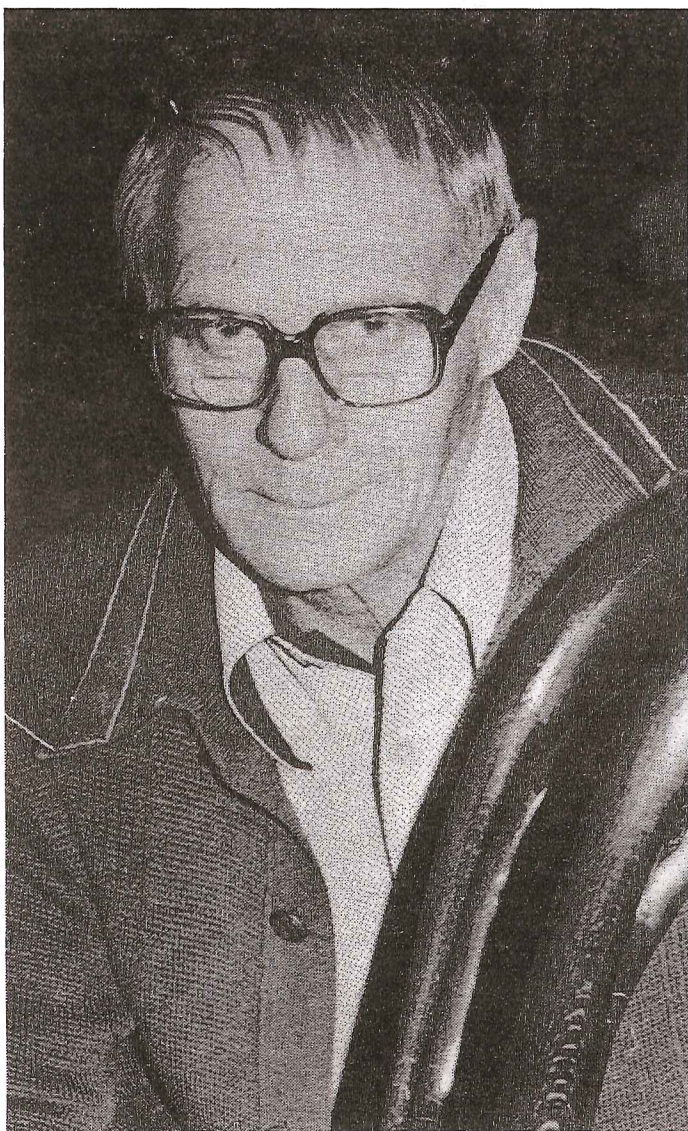
**Dave Elphick, Cook
Lions Gate Hospital**

"I am very happy with classification although there are some who didn't get a very good deal. I feel a lot better about my job now that I've been properly classified and I think HEU should be given credit for doing the very best it could for Union members under classification."

You must be registered in order to vote in any provincial election. Look under "Elections" in the provincial government listings of the telephone book for voter registration information.

The Way We Were

This Guardian feature highlights the reminiscences of a retired HEU member when the profiled member worked in a B.C. hospital or health care facility.



Former Vernon Unit member Albert Tetz, a long-time member of the HEU Provincial Executive, attended many HEU conventions over the years and in an interview with the Guardian described the conventions as "very democratic."

Albert Tetz
Vernon Jubilee Hospital, 1948-1976

"I went to work at the Vernon Hospital after World War II in 1948. I was in the medical corps during the war and was discharged for health reasons. I grew up on the prairies and after the war I was advised to take a job at the hospital, so I took it.

"The pay was \$130 a month and the conditions, in a word, were bad. I was not union-oriented due to having grown up on a farm but after seeing some of the things I saw at the hospital in those early days, I soon became union-oriented.

"I remember one incident where several nurses wrote a letter to the local newspaper complaining about the firing of a matron. The day after the letter was published, they were all fired — just like that. Because of these types of conditions, when someone approached me with the idea of getting organized, I felt it was something that had to be done. It was a bit unnerving at first but once we got our first contract — I still have a copy of that contract at home — we have never looked back.

"The hospital was just asking for a union to be formed by treating the employees like it did. Once the contract was signed and the grievance procedure was in place, things improved right away.

"The employees at the Vernon hospital today as well as back then owe a lot to Bill (W. M.) Black. We were originally with the Canadian Congress of Labour but Bill convinced us to join HEU Local 180 and we were one of the first hospitals to join, after Vancouver and Nelson I think.

"The national conventions I used to attend when HEU was affiliated with CUPE were a lot less democratically run than the way HEU conventions have been run since the split in 1970. You had the feeling that things were cooked and dried beforehand at those conventions whereas at the HEU conventions, there was a more spontaneous, democratic spirit on the convention floor.

"If the rank-and-file members would only realize how important these conventions are to them. The membership, through the elected delegates, can actually direct the course of the Union. I remember the convention where we decided to break away from CUPE over the per capita increase. That is a perfect example of how democracy within a union can work.

"I retired in 1976 after 28 years, 19 years as an orderly and 9 in Central Supply. What disturbs me today is the overload of management at the hospitals, like there is at Vernon. The government complains about the cost of running hospitals but they never seem to look at the unnecessary frills and overstaffing at the management level. They always try to take it out on the little people.

"We are paying the taxes for the high-priced help and that has to stop sooner or later. Especially today with the pressures on working people. If the props like Unemployment Insurance and social assistance ever run out, it'll be drastic.

"I like the retired life here in Vernon with my wife Olga. We have a half-acre with some fruit trees that keeps us busy. We also like travelling and have put 92,000 miles — not kilometres — in just five years on our van. We've also put 73,000 kilometres on our Honda Civic in two years, so we've been active."

The Hospital Guardian, September, 1982/6

Premier and gov't to blame

Members Talk About Bumping

Because of the unprecedented amount of lay-offs that have occurred and are continuing to occur in the B.C. health care system, an extensive amount of bumping has taken place at nearly every hospital and health care facility in the province.

Many HEU members in fact may be utilizing their bumping rights for the first time and as a result feel a degree of uncertainty even after they eventually bump into the job they choose.

This uncertainty in bumping a fellow HEU member has in itself some psychological side-effects and more discomfort is caused when the HEU member bumps a so-called "popular" employee to another job or department.

HEU members who feel this uncertainty should keep in mind that the right to bump is based upon an employee's accumulated seniority with the present employer. The use of length of service to determine employment rights is a widely and almost universally accepted industrial practice.

Seniority provisions in a contract aim to provide maximum security, reward, preference to those who have rendered the longest service.

HEU members must remember that seniority provisions protect employees from employer favouritism and discrimination. Therefore, if seniority were eliminated, an employer would be free to pick and choose whoever he/she wanted in a certain job and that system would lead to numerous injustices.

Although the system of bumping creates a degree of discomfort, it is necessary to ensure that senior employees are rewarded for their years of service.

HEU members who have no bumping rights because of limited seniority should not get angry at those HEU members who exercise their bumping rights but rather at Premier Bill Bennett and his government for unconscionably underfunding B.C.'s health care system. With proper funding of hospitals and health care facilities as well as

curbing hospital administrator frills, there would have been no need for the massive numbers of lay-offs that have occurred this year.

The Guardian recently visited four large Greater Vancouver hospitals to talk to HEU members about bumping. The HEU members requested anonymity in order that they may talk "off the record."

An HEU member with 12 years seniority at Lions Gate Hospital had this to say:

"There's no question that a person feels uncomfortable about bumping someone else out of a job. How else could you feel, considering the circumstances. However when you sit down and think calmly about it, exercising your bumping rights is the only way of protecting seniority provisions and preventing chaos at the hospital."

An HEU member at Royal Columbian Hospital with 21 years of service:

"Nobody likes to do it but it (bumping) is something that has to be done. What bothers me is why there have to be so many lay-offs in the first place. What is Bennett doing with our tax money anyway? All this bumping is taking place because of him and now we've got some HEU members walking around here feeling guilty about bumping. There's nothing to feel guilty about but there is something to be angry about and that's government incompetence and negligence!"

An HEU member at Vancouver General with 8 years experience:

"There's been a wave of bumping in my department already and naturally enough there was a lot of resentment at first, usually though from people who don't understand why bumping rights must be exercised. Seniority rights are important because it makes sure the boss doesn't get his own personal favourites into the best jobs."

An HEU member with 2 years seniority at Vancouver General had this to say:

"When I was first bumped I thought it was unfair but when I stopped to think about it, it

made sense to me. If I had worked here 20 or 25 years like some of the others, I'd want to see that my seniority amounted to something."

An HEU member with 15 years seniority at St. Paul's Hospital offered these comments:

"Naturally some employees feel bad about bumping others out of their jobs. I'll bet in the smaller hospitals it's even worse because everyone knows each other better. Nonetheless, a person's seniority has to be taken into account — it's the only fair, objective method of deciding who should work. But what burns me up is that Bill Bennett and his government, who are the cause of all this, are sitting pretty back in Victoria watching us go through this because of their financial cutbacks to hospitals."

Disgraceful Classification 'Episode'

HEU has learned of one disgraceful chapter in the classification story at a hospital where an administrator is trying to single-handedly re-classify an already classified employee.

In this particular case, the administrator put up no argument when the HEU member was classified to a higher rate. However at a later date, the administrator decided to, in effect, demote the employee by terminating her job and posting a lower classified position for her to apply for.

In fact this person had the temerity to tell the employee that the HEU member in question was being overpaid.

"I'm just wondering how many other administrators are doing the same thing to other classified Union members. What was the sense of going through two years of classification if employers can undo it all by themselves," said the HEU member, who requested anonymity.

HEU filed a grievance at the hospital over the matter.

Public Commission interim report

Cutbacks Causing Hardships

Health care cutbacks have caused hardships that are "immediately and frighteningly visible", according to an interim report released in July by the Public Commission on Social and Community Service Cutbacks.

"People from every level of the community were disturbed by the rapid deterioration of health care...All witnesses speaking on this issue stated over and over again that they considered health care to be a right, not a privilege — a right that should be accessible to all regardless of ability to pay," stated the report.

The interim report represents a summary of the information presented to the Commission during its recent tour of the province. Between April 29th and May 21st, the Commission held hearings in 11 cities in B.C.

The work of the Commission was funded by HEU, the B.C. Federation of Labour and the B.C. Teachers' Federation.

The Commission heard from 200 groups in over 90 hours of hearings during its tour, including a number of presentations from HEU.

The formation of the public commission was prompted by the announcement February 18 by Premier Bill Bennett that he was going to introduce a program of public sector budget and wage controls.

The mandate given the four-person body therefore included an examination of the delivery of health services, and the delivery of the recent program of spending restraints announced by Premier Bennett.

After hearing the testimony the conclusion arrived at was that "the restraint program as it is being implemented seems to be of no benefit whatsoever to the people of B.C."

"Overwhelmingly the evidence shows that cutbacks to social and community services are causing suffering, hardship, and in some cases, death; and that services are being cutback at a time of financial hardship and uncertainty when they are most needed," stated the interim report.

"It (health care) is seen to be an essential service that people felt should be properly paid for with public money."

On the subject of health care,

testimony came from patients, relatives of patients, hospital trustees, hospital employees, professionals, citizens outside the health care system as well as, of course, that testimony presented on behalf of HEU by Union Directors Bill Rolfe and Ray McCready.

The report recorded that the staff from long-term care facilities came to the hearings to speak on behalf of their patients. "It was clear to the Commission that concern for the patients over-rode any concern for wages or job security."

In the area of health care funding, which the report stated would be dealt with in the final report, two points were noted: —hospitals have been built that cannot be staffed; there are fewer beds available for children now than there were before Children's Hospital was completed; —Federal health transfers are expected to grow about 15.1 per cent in 1982-83 while at the same time hospital budgets in B.C. are being held to less than 8 per cent.

An HEU goal to end discrimination

Equal Pay For Work Of Equal Value

HEU members now know "equal pay for work of equal value" is one of the issues that is to be arbitrated for the 1983 portion of the Master Agreement, as was outlined in the July 12 interim arbitration award.

The issue of equal pay for work of equal value is a very important one to HEU because of the discrimination that now exists against female health care workers.

HEU is seeking a non-discriminatory base rate of pay based on the cleaner rate (\$1,620 per month as of August 1, 1982) with existing departmental differentials maintained.

However government wage cutbacks and employer resistance to equal pay for work of equal value has, to date, continued wage discrimination against women.

HEU went on record earlier this year to continue its fight to negotiate equal pay for work of equal value in spite of wage controls. Equal pay for work of equal value is strongly backed by the Union's vast majority — women who earn less than the base rate given male HEU members in B.C. health care facilities.

Equal pay for work of equal value is a phrase used to describe the goal of raising minimum rates of pay for women to equal the minimum rates of pay for men where the job factors of skill, effort and responsibility are substantially the same.

Equal pay for work of equal value is not the same as equal pay for equal work.

Both aim to end wage discrimination against women. But, they each refer to a different kind of discrimination.

Back in 1973, HEU argued that LPN's and Orderlies did

substantially the same work and should, therefore, have the same rate of pay. After a long battle, the Union won. LPN's wages were raised to equal the orderly rate. That is equal pay for equal work.

But, many women work at jobs that men do not generally do. This includes clerks, food service workers, and nurse aides, among others. Equal pay for equal work does not apply here because the work is not the same.

But, discrimination remains. In most industries, the lowest paid women's job pays less than the lowest paid men's job. For example, in the hospital, the lowest paid women's job (Clerk I) pays about \$1,187 per month while the lowest paid men's job pays about \$1,620 per month.

The cleaner is, historically, the lowest paid predominantly male job. HEU's logic is simple — if men in the industry do not work for under \$1,620 per month, there is no reason that women should.

When discussing equal pay for work of equal value, the question of how you measure value always crops up. The Canadian Human Rights Commission says you design a job evaluation system which measures the skill, effort, responsibility, and working conditions required for each job. HEU has tended to stay clear of the method for a number of reasons. Job evaluation has a tendency to reduce men's wages. It is an expensive, complex, time consuming procedure. It pits worker against worker, and in the hospital industry, where the vast majority of workers are women, comparing under valued women's jobs to other under valued women's jobs, would not eliminate wage discrimination.

HEU is concentrating on eliminating the basic wage discrimination against women in hospitals by focusing on the very simple question: if men in hospitals are not expected to work for under \$1,620, why should women?

If the E. R. Peck Tribunal had the jurisdiction to break tradition, to end discrimination and to compensate clerical employees for the obvious value of their skills, efforts and responsibilities, then and only then would the tribunal have issued an award that would be "final" as far as HEU is concerned.

As long as clerical workers and other women workers labour under wages that are discriminatory and do not recognize equality, HEU will continue its fight to win equal pay for work of equal value.

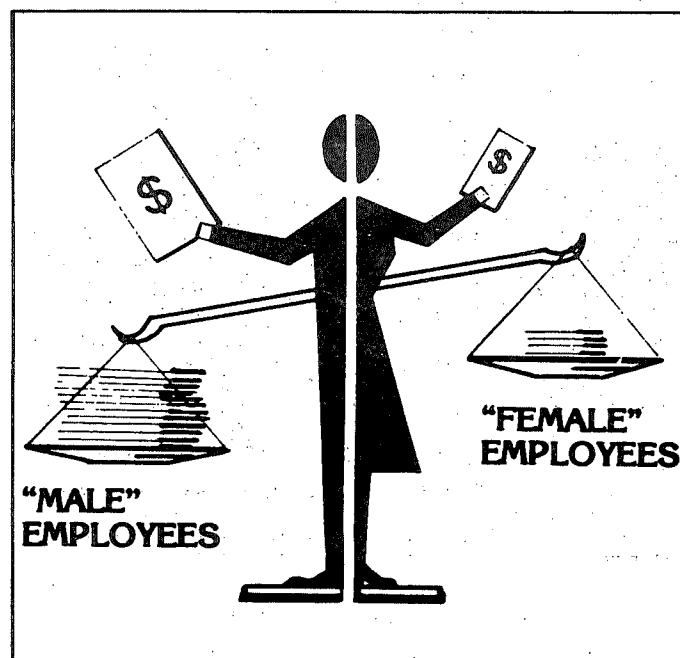
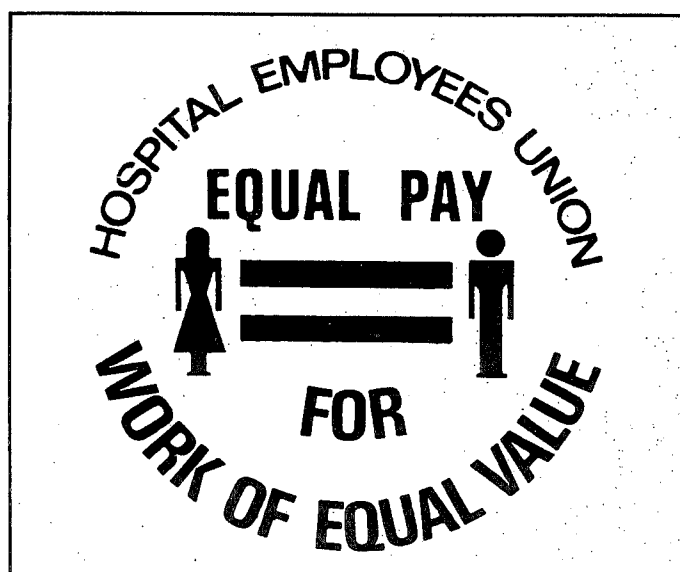
If there was every any doubt about the need for HEU's equal pay for work of equal value campaign that doubt has been shattered by the Peck Award.

Premier Bill Bennett publicly supported the equal pay for work of equal value concept at a gathering of the Social Credit Women's Auxiliary in November last year when he said equal pay must "become a cornerstone" of Social Credit policy.

Bennett said in an interview with The Province newspaper that he supported equal pay for work of equal value ie. that women should be entitled to the same wages as men even though their jobs may be different.

"It is a fact, and not a pleasant fact, that women today for equal work do not receive equal pay," said Bennett.

We take it the premier wasn't just trying to win political points when he said that but instead is now committed to the equal pay for work of equal value concept.



HEU's Provincial Executive established an equal pay for

work of equal value committee in November 1980. That committee met regularly right up to HEU's Eighth Provincial Wage Policy Conference in October of 1981.

The committee made a number of recommendations to HEU's Provincial Executive during that time, including the following:

- that women achieve equal job access in the industry;
- rejection of the human rights code as an avenue in seeking to change discriminatory wage rates being paid to women;
- amending the Essential Services Disputes Act so that arbitrators appointed under the Act are mandated to settle equal pay issues;
- adoption of 'across-the-board' rather than percentage increases;
- avoid job evaluation since it tends to bring male wages down rather than bring female wages up;
- rejection of the increment method as a means to increase wages since it means a delay of a number of years before the worker reaches the final increment step. The delay is unfair if the worker is properly qualified to receive the highest step well before the total period of time required to reach the final rate has elapsed.

The committee's mandate was to develop and implement an awareness and bargaining program that would strive to eliminate the male/female wage rate discrimination that presently exists in the health care field.



At Richmond General Hospital

May Works As An Accounting Clerk

This feature appears regularly in The Guardian and is designed to profile an HEU member, in most cases a rank-and-file Union member. The article focuses on the member's job and the duties that member performs while at work. The monthly feature also deals, in part, with the HEU member's personal views on a number of varying subjects. The purpose of the Guardian profile is to give recognition of the work performed by HEU members and the members who perform the work.

May Smail, an accounting clerk at Richmond General Hospital for the past 14 years, is glad to see the frustration over classification has subsided among Richmond Unit members.

"I remember the anger was tremendous when the last contract was settled and we found out we (clerical employees) were not classified. It took a little while for most people to understand what was going on with classification but in the end everybody did," Smail told The Guardian during an August interview.

"Actually, some members have been angry since 1974 when there was talk of job evaluation. So the memories of the clerical employees, especially old-timers like myself, go back a long way."

"In retrospect I can see why it was more difficult to do clerical classification solely because of the vast number of different positions in the government service we were going to be compared to. After all the heat and anger, I think the Union did a very solid job on our behalf."

Smail said that although the atmosphere is much more subdued now at Richmond General on the classification issue, government cutbacks are creating a new and potentially even more explosive morale problem amongst employees.

"There is much more stress now than there has ever been because of the cutbacks. They're spreading more work around fewer employees, and that type of situation always leads to morale problems."

What May describes as happening at Richmond General Hospital is typical of what The Guardian has discovered is occurring at hospitals and health care facilities all around the province — decline in employee morale because of severe understaffing.

"The government keeps harping about restraint but they should not cut back in health care. It is an area of government funding which everybody, with any common sense, agrees should never be tampered with. I hope the government comes to its senses and pumps in the money required to keep the system operating at full capacity," said Smail.

May nearly never made it to Canada after getting homesick at a London airport while waiting to catch a plane to join her husband, who was already in Vancouver.

"The plane was delayed for a couple of days for some reason and I was getting so homesick I just about turned around and went back to Scotland."

Born in Thornliebank, now a Glasgow suburb, May and her husband chose Vancouver on a tip from her seaman brother. "He said he had travelled around the world and the city he would choose to live in was Vancouver, so we took his word for it."

May actually has been an

HEU member for 22 years, having worked 8 years as a clerk at Vancouver General Hospital before moving on to Richmond. She was first elected to the Richmond Unit executive in 1973 after a dispute with management over her vacation scheduling.

"Actually, I had gone to a few meetings prior to that and never thought of getting involved with HEU until I got the run-around over when I could take my holidays one year. I learned more about the contract and this inspired me to want to learn even more, so I eventually ended up on the executive."

As Chairperson of the Unit, she feels the HEU members who are medical stenographers received unfair treatment by the E. R. Peck Award. "I think it was terribly unfair that with all the training in medical terminology

they have to have, that they were red-circled. I hope it is rectified sometime in the future."

As an in-patient accounts clerk, Smail is responsible for looking after patient accounts. This includes comfort money on behalf of families for residents in the extended care unit of the hospital.

May also has a host of other duties including making up all the bills for the patients who don't settle their accounts upon discharge at the hospital. She must make up those bills and mail them out to the patients, some of them going outside of Canada.

Another of her responsibilities is the daily census, that is the coming and going of patients. May must also keep track of monthly statistical



May Smail, an HEU member for the past 22 years, is an accounting clerk at Richmond General Hospital. May told The Guardian her views on clerical classification during an interview in August.

reports for patients and the number of days those patients stayed at the hospital.

"There are a number of other

things I do as well like long-stay reports. My job keeps me more than busy, there's no doubt about that."

LETTERS

Says Nanaimo Unit member

Quality Health Care "Essential"

Dear Sir,

This entire government-controlled facade is outrageous to say the least.

Our premier blatantly lied to us concerning health care restraints. He pompously presented a new budget recently with a statement that we, the citizens of British Columbia, would not have to suffer an increase in sales tax. Instead he institutes a "restraint budget" that clearly affects every individual in B.C.

Health care restraints are resulting in a chain reaction of events. One that I find most serious is the staffing shortages and lay-offs in all areas of health care. Not a single health care employee can confidently say that this has not resulted in a lower standard of quality nursing care, nor can one say that the safety factor is not involved for both patients and staff.

These factors coupled with past budget limitations, and now budget cuts (not restraints as our Government would like us to believe) will continue to result in inadequate and unsafe health services.

Do not we as individuals have a right to voice our opinions on these matters? Quality health care is essential to every individual, no matter what the cost. Would not every individual, given a choice, prefer to pay an increase in say sales tax to cover health care in its entirety?

I am only scratching the surface of this irresponsible government decision. I have not mentioned the personal anxieties and strains caused to health care employees as a result of these atrocious cutbacks.

Is burn-out a necessity to maintain health care? If you are fortunate enough not to be in the unemployment line with these restraints, your job may still be in jeopardy. Seniority ensures a "bumping" process

as we all know. What is this doing to people who have worked closely together over the years?

Survival is a key word here, and when it comes to survival, everyone feels the effects. Some of us may again work together in the future under very strained conditions caused by these processes.

What will it take to correct this irresponsible decision of our government?

Speak up to defend the rights of all involved. We are the public, perhaps just employees, perhaps the future patients requiring quality health care.

HEU Nanaimo Unit member
(Name withheld by request)

Survey Results Tell "Alarming Picture"

[Editor's Note: The following letter was sent to Health Minister Jim Nielsen August 20th. To date, there has been no response from Nielsen.]

Dear Mr. Nielsen:

Enclosed you will find a copy of the results of the survey undertaken by the Alliance to Save Health Care in April, 1982. The survey polled members of the six unions comprising the Alliance, all of whom work in health care institutions and have first-hand knowledge of problems in health care.

The results paint an alarming and distressing picture of the province's health care system. Over half of the respondents said staffing is inadequate, and that there is not enough staff to work safely and satisfactorily. Nearly half indicated inadequate on-the-job education, a quarter said there is inadequate maintenance and one-third said cleanliness is a problem.

This picture becomes more alarming, considering it predates the impact of this year's fiscal restraints. In health care, even small deviations from the optimum can be dangerous.

Clearly, these figures validate the Alliance's position, that funding in health care is inadequate, and that recent fiscal restraints have made a bad situation worse, if not intolerable.

We request an immediate meeting to discuss this serious situation, and the steps the Ministry will take to remedy it.

Yours,

Mike MacCarron
President, Ambulance Employees' Union
CUPE Local 873
Nora Paton
CEO, B.C. Nurses' Union
Jack Gerow
Secretary-Business Manager
Hospital Employees' Union
Jack Campbell
Executive Director
Health Sciences Association
William Kadey
Business Manager, International Union of
Operating Engineers, Locals 882 and 882B
Dwight Wenham
Director of Labour Relations, Union of
Registered Psychiatric Nurses of B.C.

Labour Studies Programme

Capilano College's Labour Studies Programme is again offering a number of useful courses for its fall session that HEU members may be interested in.

The following are among the courses being offered:

- occupational health and safety;
- history of the labour movement in B.C.;
- women's leadership skills;
- communications and the trade unionist;
- reproductive hazards in the workplace;
- video display terminal health and safety;
- the challenge of technological change.

For further information, contact Betty Merrill or Ed Lavelle by telephone at 986-1911 (local 430) or by writing them at Capilano College, 2055 Purcell Way, North Vancouver, V7J 3H5.

Biennial Convention

Cont'd from pg. 1

increased representation to the Provincial Bargaining Committee, and bonus monies to striking HEU members.

Copies of the proposed amendments to the constitution have been forwarded to all Units and Groups for their consideration and instruction to convention delegates.

A list of proposed resolutions will be forwarded to convention delegates 10 days prior to the convention (Sept. 17).

An extensive report on the convention proceedings will be included in the October Guardian.