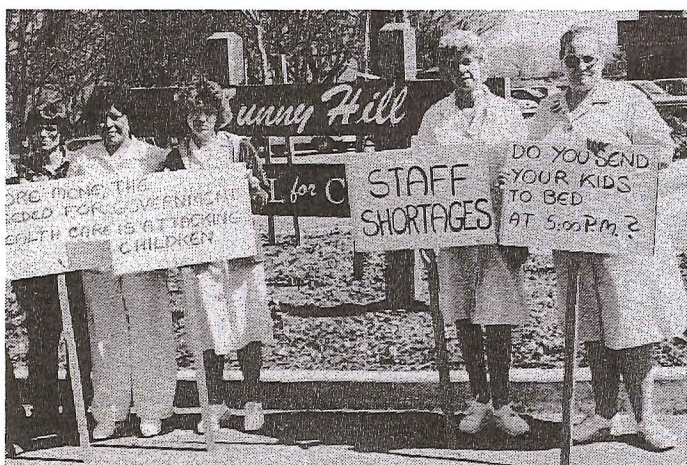


Socreds underfunding hospitals

Government To Blame For Massive Layoffs



Sunny Hill Unit members demonstrated April 15 during their lunch break at Sunny Hill Hospital in Vancouver to protest government cutbacks. Pictured here from left: Armanda Armas, Anna Hernandez, Linda Denney, Kay Jones and Isabel O'Brien.

Protest Held At Sunny Hill Hospital

HEU members and parents of children at the Sunny Hill Hospital for Children in Vancouver participated in a noon-hour demonstration April 15 to protest government spending restraints.

Union members at the 75-bed Vancouver hospital said the restraints are adversely affecting treatment for the handicapped patients.

Sunny Hill Unit Chairperson Isabel O'Brien said the demonstration was aimed at publicizing the impact of the restraints on the quality of health care.

"The staff cuts will mean that treatment of the children will be reduced to the point of being nothing more than custodial care," O'Brien told The Guardian.

Layoffs and reductions in hours have affected as many as 30 part-time and casual workers at the hospital, hurting morale and forcing cuts in programs, added O'Brien.

"Children living in Sunny Hill are losing the contact that we, that is the staff, give them. Many of the kids don't see much of their families, so often we become their family. The kids are being cheated by the cuts," she said.

Patients in the hospital usually range in age from infants to 18-year-olds.

Judy Fisher, mother of a 15-year-old boy who suffered serious brain damage in an accident 18 months ago, spoke highly of the job the staff at Sunny Hill does in helping children like her son.

"Children like my son require an awful lot of rehabilitation and stimulation. It's a 24-hour job and the family doesn't have the skills. Sunny Hill is an excellent facility and the staff are fantastic," said Fisher.

"I appreciate that we're in difficult financial times but these children can't speak for themselves and the greater their rehabilitation, the lesser burden they'll be on society in the future," she said.

She added that recreation and nursing staff have been reduced and the hospital's music therapy program cut out entirely so that children are sometimes left in hallways or watching television instead of getting attention and rehabilitation.

Layoff notice has been given to several HEU members and many positions are being eliminated because of a hiring freeze that has been imposed by the hospital management.

The threat of massive layoffs at hospitals around the province is the direct result of reactionary government priorities and complicity on the part of hospital administrations,

according to HEU Secretary Business Manager Jack Gerow. "The Social Credit government has underfunded hospitals to the point where they're now playing a deadly game of

Russian roulette with the sick and injured of B.C.," said Gerow.

"What makes the government manipulations even more insidious is the fact that they're trying to hide behind local hospital boards of trustees and letting them take the criticism, only part of which they justly deserve."

Gerow said that local administrators should stop acting like "Quislings" and stand up to the Minister of Health.

"They should act in a collective way and go on strike against implementing the Socreds' treacherous spending restraints. In short, the hospital administrators and boards of trustees should come down on the side of the patient and the worker — that's their job."

He said the announcement in April that 144 jobs covering approximately 250 workers at Lions Gate Hospital are in jeopardy (the majority of which are expected to be HEU members' jobs) should be a reminder to all of the effects of the government's Compensation Stabilization Program.

"We said before that there was a danger of losing one out of ten health care jobs because of this unbelievably insensitive government program and it looks as if our projections are woefully accurate," added Gerow.

"Lions Gate Hospital is not over budget, it's underfunded and the proposal that somebody made to cut dentecare to pay for medical care is so incredible, it is not worthy of any further comment. The loss of qualified health care workers and the effect that will have on health care is what we will draw attention to. The impact will be, at a minimum, dangerously long waiting lists."

Gerow said the deliberate underfunding from Victoria is "clearly a political tactic and will be fought on that basis by HEU."

He added that the layoffs are a province-wide epidemic that is occurring at most hospitals throughout B.C.

HEU Membership Rejects "Final" Offer

HEU members from around the province have overwhelmingly rejected the HLRA "final" classification and contract offer of March 12, 1982 and have voted to seek arbitration as a means of settling the dispute.

HEU met with HLRA April 29 to discuss the overwhelming mandate given HEU's bargaining committee to settle the contract dispute by arbitration.

"HEU members have seen through HLRA's "final" offer tactic which could have seen wage and benefit increases well below the rate of inflation," said HEU Secretary-Business Manager Jack Gerow.

"HEU will now insist on setting up an arbitration board as soon as possible to settle the Master Agreement," Gerow said.

HEU has nominated Gerow as its representative for a three-member arbitration panel.

Hearings On Cutbacks Underway

HEU is one of the sponsors of a Commission of Inquiry that is travelling throughout the province holding public hearings into the effects of the government's restraint program.

The commission will be visiting 11 communities between April 29 and May 20 to hear submissions from concerned local groups and citizens.

HEU is sponsoring the effort along with the B.C. Federation of Labour and the B.C. Teachers' Federation.

One of the commissioners on the inquiry panel is HEU President Gordon MacPherson.

HEU Directors Bill Rolfe and Ray McCready will make submissions to the commission with respect to how the restraint program has adversely affected the delivery of health care in the province.

The dates and locations of the Commission of Inquiry are: Kelowna, April 29; Kamloops, April 30; Cranbrook, May 4; Castlegar, May 5; Price George, May 11; Terrace, May 12; Prince Rupert, May 13; Victoria, May 17; Nanaimo, May 18; Abbotsford, May 19; Vancouver, May 20.

"And we will insist that the arbitration panel orders an immediate interim wage increase. The mood of our membership is one of total frustration, both with the hospitals and with the government," said Gerow.

Gerow added that the results of the vote held from March 29 to April 22, 1982 show that 96% rejected HLRA's "final" offer and, at the same time, 97% favored opting for arbitration.

According to the HEU/HLRA Master Agreement, presently in effect, HEU may opt for arbitration to settle any or all outstanding contract issues. If the parties cannot agree on an independent chairman, the matter is referred to provincial Labour Minister Jack Heinrich.

"HEU members have concluded that a strike at this time would only be a strike against themselves. If HLRA was trying to provoke our members into taking strike action, that certainly hasn't worked either," said Gerow.

If HEU members did strike, they would lose wages and the government would use that money to hide the underfunding of health care in the province," he added.

He emphasized that the government's wage control program killed free collective bargaining and Premier Bennett's words that collective bargaining should continue "in the normal manner" are nothing more than the words of a politician desperately looking for an election issue and a scapegoat.

Vote at UBC Finally Counted

HEU was the choice of the acute care, extended care and psychiatric care employees at the University of B.C. Health Sciences Center Hospital in Vancouver as the result of an LRB vote taken among the employees.

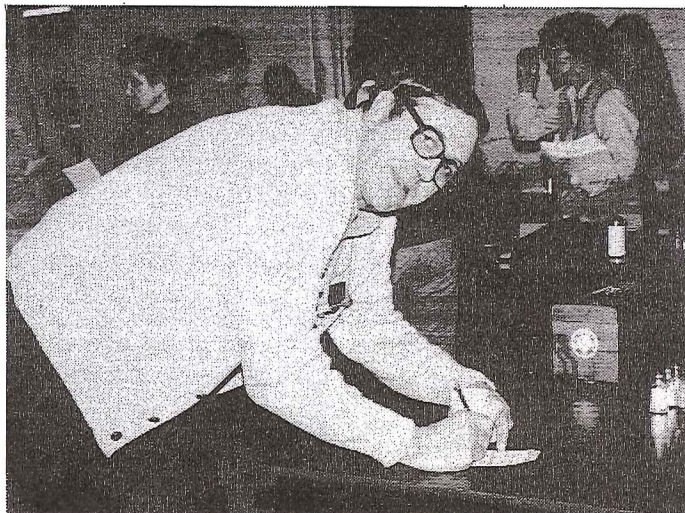
Employees at the Vancouver hospital have voted nearly 87 per cent in favour of joining HEU and cutting ties with the

Canadian Union of Public Employees (Local 116).

"We're elated. It's been a long time coming," said Jim Craig.

"We've long wanted to join HEU in the worst way. It's just that CUPE kept blocking our road. We're happy to be joining a B.C. union of health care workers," said Craig.

continued on page 4



Penticton Unit shop steward Oscar Dimler marks his ballot at a Unit meeting April 14. Oscar works in the Penticton Regional Hospital's laundry department.

"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

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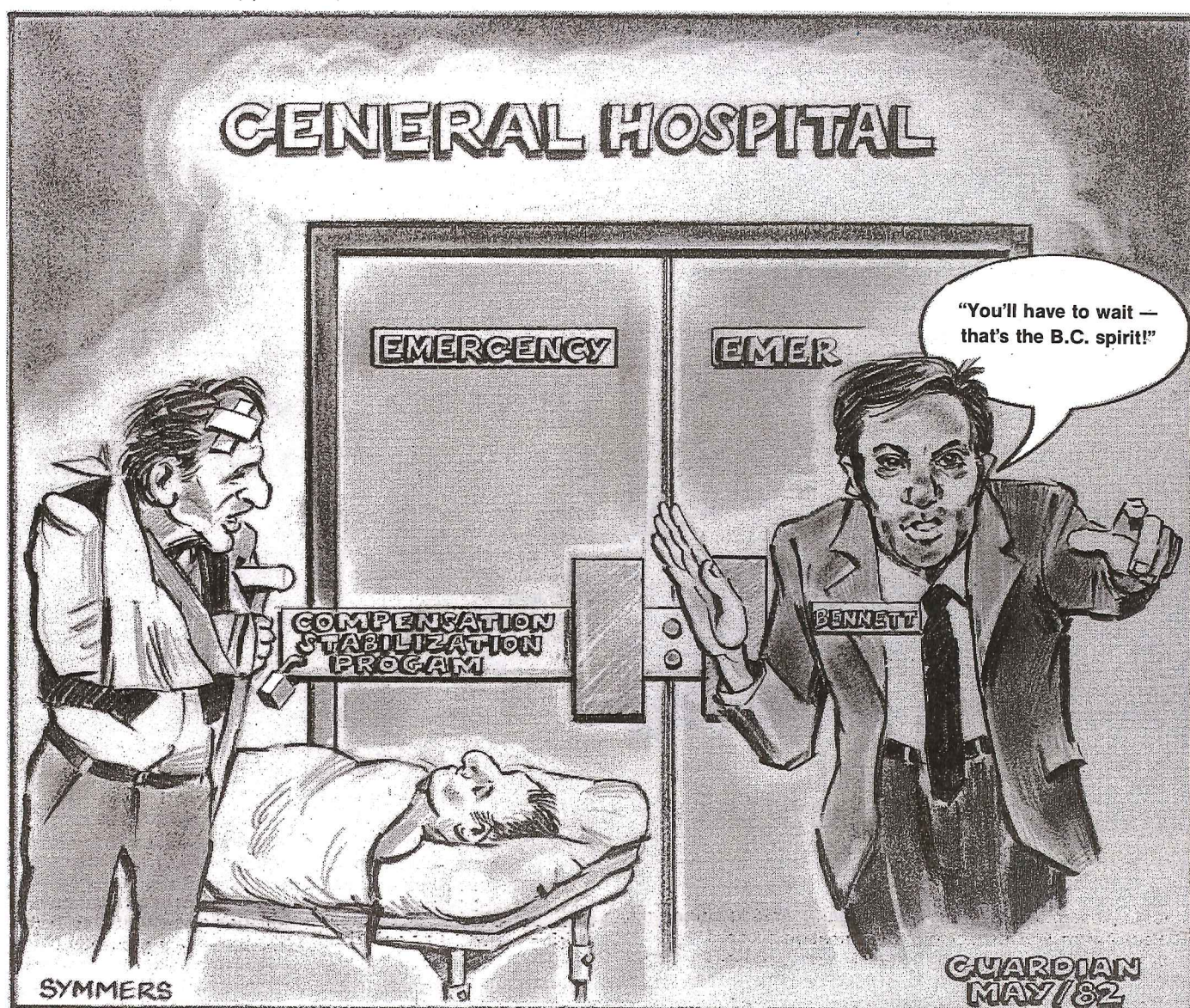
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Editorial Page



Repressive Restraint

Bill Bennett's Compensation Stabilization Program will go down in B.C. history books as one of the most reactionary and insensitive government schemes ever devised.

Massive layoffs at hospitals throughout the province are, or are in the process of, taking effect because of this program. Hospitals in the North, Okanagan, Kootenays, on Vancouver Island, in the Fraser Valley and in Greater Vancouver announced in April that layoffs would be occurring.

This calculated cutting of the health care system in B.C. is in itself unconscionable. HEU members, whose necessary jobs are a vital component of the health care system, are the first, it seems, on the government's firing line.

And there is the sick and injured in our province. Are they going to be turned away from our hospitals and health care facilities because of government callousness? Do B.C. Place and Northeast Coal take priority over the needs of B.C.'s sick and injured?

Bill Bennett is telling us yes to those questions when he and Minister of Health Jim Nielsen cruelly cut back the amount of funding to B.C. hospitals and health care facilities. With that Sacred spirit this government has its priorities upside down and out-of-touch with the true spirit of B.C.

HEU warned that layoffs would occur because of this ill-conceived government program and regrettably that is what is occurring.

Bennett and the Minister of Health Jim Nielsen are not the only villains however. The local administrators and boards of trustees must be fingered for not standing up to the government in a collective way and not doing the job they are supposed to do — that is, run the hospital in the best interests of B.C.'s sick and injured.



These five Pentiction Unit members gathered for this photograph recently in the laundry department at the Pentiction Regional Hospital. The members are: Marg Willock, Betty Papp, Gabriela Silva, Jewel Temple and Mary Kindel.

At Edith Cavell Hospital

Cockroaches Tell The Story

Pest control experts have been asked to make another visit to Edith Cavell Hospital in Vancouver after HEU sent a box of live cockroaches trapped on the premises to a provincial hospital inspector.

Jack Gerow, HEU Secretary-Business Manager, said in April that about 20 cockroaches were caught in residents' rooms by an HEU member working at the private long-term health care facility. The cockroaches were

then placed in a small box and sent, along with a complaining letter, to inspector of private hospitals Andrew Rose.

Gerow said HEU decided on a direct approach because no action had been taken on an earlier complaint about cockroaches at Edith Cavell.

"No one should have to live with cockroaches, especially in a hospital where cleanliness is essential for safe health care," he said. "You don't find cock-

roaches in places that are clean."

Gerow said the presence of cockroaches is a clear violation of the provincial government's standards for licensed private hospitals "and the inspector's actions, if any, have not eliminated [them]."

If the situation does not improve, Gerow said, the union may be forced to initiate legal action against Health Minister Jim Nielsen and Rose for not complying with their own laws that govern B.C. hospitals.

E.R. Peck Award Being Implemented

The implementation of the E.R. Peck Award with respect to clerical employees has now taken place at two hospitals.

The award has now been implemented at Royal Columbian and Grace hospitals and is expected to be implemented soon at the Lions Gate and Surrey Memorial hospitals.

HEU has assigned three staff members, Hans Brown, Steve Koerner and Jeannie Greatbatch, to deal with the implementing of the Peck Award.

Clerical committees have been established within HEU Units to provide information to

HEU staff members during the classification process.

HEU has negotiated a schedule for clerical classification with HLRA.

Negotiations for job matches will be held in Vancouver by HEU and HLRA in early May. Both parties then will visit hospitals to arrive at matches that cannot be negotiated in Vancouver.

The general purpose of matching is to achieve wage comparability with provincial government employees.

See schedule for classification of clerical workers on page 6.

No Offer On Equal Pay Demand

HLRA had made no real offer on HEU's Equal Pay for Work of Equal Value demand.

HEU wants a non-discriminatory base rate of pay based on the Cleaner rate with existing departmental differentials maintained.

But, government wage controls and hospital cut backs mean that HLRA has now joined with other employers to continue wage discrimination against women.

Alliance Campaign Enters Second Stage

The second stage of the alliance to save health care campaign commenced in late April with the distribution of the "Stop Eroding Health Care" buttons.

HEU, along with five other health care unions, is a participant of the alliance.

To date, HEU members should have received, filled out and returned the Alliance questionnaires that have been distributed to HEU Units.

Questionnaires and "Report Forms" were handed out in order to monitor the erosion of health care in B.C. hospitals and health care facilities.

The "Stop Eroding Health Care" buttons can be worn both on and off the job.

The "Report Forms" are for members to complete when they see specific incidents or on-going problems that result in sub-standard patient care or unsafe conditions for staff. The completed form should be returned to the shop steward or

Unit officer who will then forward it to the Provincial Office.

It should be a reminder to HEU members that their use of the "Stop" buttons and "Report Forms" will help HEU and the alliance fight government health care cutbacks.

The alliance is a joint venture of the Hospital Employees' Union, the B.C. Nurses Union, the Union of Registered Psychiatric Nurses of B.C., the International Union of Operating Engineers, Locals 882 and 882B, the Ambulance Employees' Union, CUPE Local 873, and the Health Sciences Association.

The alliance's main objectives are to fight for the preservation of health care standards by warning the public and all political parties of the dangers presented by the cutbacks and by questioning the political parties about their commitment to maintaining and improving health care.

Biennial Convention Unit Contributors

HEU's Thirteenth Biennial Convention, scheduled for September 27-30 in Richmond, is rapidly approaching.

The convention call is being sent out by double-registered mail in May from the provincial office.

A final decision regarding the 9th Wage Policy Conference Call will be made at a later date since it is not known at this time what the duration of the collective agreement presently being negotiated will be.

Under the HEU constitution and by-laws, the convention call has to be forwarded to all Units and groups at least 120 days prior to the convention.

Notice of a wage policy conference shall be forwarded to all Units and groups at least 90 days prior to such a conference, according to the HEU constitution and by-laws.

Fifteen (15) Units made a special contribution towards making the 1980 convention the success that it was.

Unit contributions included:

- Kootenay Lake, \$100;
- Mount St. Francis, \$100;
- Mount St. Francis, \$100;
- Louis Brier, 1700 cookies baked by Sister Maebelle Herczeg for the convention;
- St. Paul's, \$1,000;
- Shaughnessy, \$500;
- Vancouver General, \$500 as well as assisting in providing the Friday evening social event;
- Victoria General, \$500;
- Trail, \$300;
- Kelowna, \$400;
- Vernon, \$200;
- Surrey, \$300;
- Mission, assisted in providing the delegate pens;
- Nanaimo, \$200;



\$20,000 Bed 'Bounty'

[Editor's Note: The following appeared in the Vancouver Sun May 4.]

VICTORIA — B.C. hospitals are being offered a \$20,000-a-bed bounty under a government cost-cutting measure to convert acute-care beds to facilities for extended or long-term care patients, MLA Dennis Cocke charged Monday.

Cocke told the house the offer was made in an April 7 letter to hospital administrators from assistant deputy health minister Gary Cardiff.

The letter lists a "one-time bonus of \$20,000 per bed, which will be paid to hospitals which can convert their number of rated acute beds and convert them to either extended or long-term care beds . . ."

Cocke claimed hospital administrators are "outraged" with the proposal, which he said would reduce government costs from about \$250 a day for each acute-care bed to about \$50 or \$60 a day for every long-term care bed.

the province

Hospitals object to guidelines

By ROD MICKLEBURGH
Province Labor Reporter

The B.C. government's wage restraint program has seriously damaged the ability of hospitals to bargain realistically with their employees, the hospitals' chief negotiator charged Monday.

Health Labor Relations Association president Peter McAllister said the arbitrary establishment of wage guidelines between eight and 14 per cent may produce settlements higher than the hospitals can afford. And this could result in extensive layoffs and cutbacks in service.

"The more the government intervenes with legislation, the worse off we seem to be," said McAllister. "The wage levels are too high, relative to our ability to pay."

His remarks were prompted by the 24,000-member Hospital Employees Union's decision to settle its contract dispute with HLRA

Majority had made plans for a strike

by binding arbitration.

McAllister said he "violently disagrees" with arbitration because it allows a third party to set fiscal policy for the hospitals, but agreed the union has the right to opt for the process under its collective agreement.

The province's 118 public hospitals would have preferred to weather a strike, he said.

"Our members were willing to hold the line at the bargaining table, and if necessary, take a strike. A majority of the hospitals already had their strike contingency plans," said McAllister.

"But the effect of allowing latitude between eight and 14 per cent has been to force us into

arbitration. Has it disrupted collective bargaining? No question about it."

McAllister said the government should have restricted its restraint program to spending limits, without lumping in wage increases, at least for health care institutions.

"Spending restraints would have been sufficient. Then we would have had free collective bargaining, based on our ability to pay. That would have allowed us to take a more rational approach at the bargaining table."

The hospitals' "final offer" to the HEU provides a wage increase of 3.5 per cent, retroactive to Jan. 1, plus a 4.6-per-cent boost

for the final 12 months of a 15-month agreement.

McAllister agreed it was "a barebones, minimum offer," but said it is all the hospitals can afford, when their budget increases are being limited to between six and seven per cent and payroll costs take up about 80 per cent of total spending.

"Any increase within the guidelines of the wage restraint program is going to result in cutbacks and layoffs. I'm deadly serious about that," he said.

Despite its opposition to binding arbitration, HLRA will meet union representatives Tuesday to discuss formation of a three-member board.

"We're resigned to the fact the union has a right to seek arbitration, but we still think free collective bargaining works better when the strike and lockout weapon is available to both parties," said McAllister.



HEU's Overlander Unit recently donated \$350 to the Kamloops Child Development Centre. Shown here handing the cheque over to Centre director Gerry Elliott are: (from left) Fen Jensen, Bonnie Groff, Karen Godin, Noreen White and Doris Parenteau.

Kamloops News photo

At Malaspina Lodge

LRB Rejects Employer Complaint

The B.C. Labour Relations Board has rejected an unfair labour practice complaint made by the owners of the Malaspina Lodge that HEU has bargained in bad faith with respect to contract negotiations.

In a decision handed down March 19, the LRB ruled that HEU was not in breach of Section 6 of the B.C. Labour Code but rather was dealing in legitimate "hard bargaining."

"We therefore conclude that the Union was merely bargaining hard and was not in breach of either Section 6 of the Labour Code or Section 6 of the ESDA," stated the decision.

Section 6 of the Labour Code, in part states; "No trade-union or employer shall fail or refuse to bargain collectively in good faith in the Province and to make every reasonable effort to conclude a collective agreement..."

The LRB made it clear over and over again in the decision that HEU had acted in good

faith during negotiations with Sunshine Inn Ltd., the owners of Malaspina Lodge.

Malaspina Lodge is a long-term care facility in Nanaimo on Vancouver Island that houses 109 residents.

HEU has been firm from the outset of negotiations in March, 1981, that the terms of the Master Agreement would be the terms applying to the first collective agreement to be made at Malaspina Lodge.

After a series of meetings, HEU became dissatisfied with the progress of talks and applied for provincial mediator. Although some progress was reached, HEU became frustrated with the process and in October 1981, asked the mediator to report out after one meeting.

HEU has applied under Essential Services Disputes Act (ESDA) for an arbitration board to decide the terms of the collective agreement. The question of whether ESDA

applies to this employer is a matter before the LRB in another application.

The Board completely rejected the employer's argument that HEU had walked away from mediation at a time when the Malaspina owners said collective bargaining had taken on some meaning.

"The Union's justification for taking firm stance in collective bargaining was not a malicious one. This Union has been working towards conditions at 'parity' with the acute care hospitals, for long-term care facilities, for a number of years," said the LRB decision.

HEU justifies its hard stance in respect of the terms of its Master Agreement because health care in the province is part of an overall system. HEU has repeatedly maintained that the long-term care sector cannot be ultimately separated from the rest of the health care system.

HEU's position on implementation of the Master Agreement throughout the health care field is based on the premise that funding for these facilities is from the same source — the provincial government. Therefore equal terms and conditions of employment for all organized employers in that industry are appropriate.

The LRB concluded that HEU was not deliberately refusing to bargain.

"The Union... is entitled to take firm position on any clause or all clauses in the collective agreement provided it is willing to consider the other side's arguments and has the intention of concluding a collective agreement. It is a matter of agreement between the parties that the Union **did** intend to conclude a collective agreement."

Summerland Unit Officers

The Summerland Unit officers elected for 1982 are: Mary Grohs, Chairperson; Ron Ackles, Vice-Chairperson; Eva Austen, Secretary-Treasurer; Allie McKilligan, Trustee; Betty Clayton, Trustee; Doris Howe, Trustee; Harold Nicholson, Warden and Conductor.

Cutbacks No Solution, Says Nanaimo Member

By DAVID PATTERSON
Trustee, Nanaimo Unit

"Due to financial restraints caused by the Government of British Columbia, we are forced to reduce our staff. It causes us much disappointment at this time, but, we regret to inform you that your services are no longer financially useful to us. Therefore, until such time as there is a turn around in the economy, we are forced to lay you off."

Could this happen to you? It could and it is at Nanaimo Regional General Hospital. Though at the time of this writing no one has been laid off, the Union has been told it's coming. For now however, here are just a few restraints that face HEU members at Nanaimo Regional General Hospital:

1. Due to budgets, no relief coverage for sick time, and 50% coverage for vacation time.
2. Due to budgets, casual employees no longer have the opportunity to be rolled ahead to part time.
3. At the time of this writing there are 5 Graduate Nurse Positions available, but absolutely no Postings for Practical Nurses, Dietary, Housekeeping, or for that matter any Posting in which an HEU member may apply. (seven positions have been vacated, but because of attrition, they have not been posted).
4. There is no longer a Male Float Pool, due to budget restraints. The Male Practicals have all been put on staff positions, but I should say, if a patient dies or needs a catheter, they, (Male Practicals), are pulled from their floor to go assist. If the floor is busy, then a replacement is sent to help that floor. (This is depending if the extra help is available). If the floor is not really all that busy, then the floor is one Practical short for however long the Male Practical is away.

These are just a few of the restraints we are already suffering, could it get worse? According to the administration of NRGH in a meeting with Unit Chairperson, Rhon L'Heureux and Vice Chairperson, Dave Tague, it was reported that administration felt, they are going to be \$750,000 dollars under budget for the new fiscal year. If this is so, the administration said, they will be forced to cut back. When asked, "is there going to be a cut in services?" Administration answered, "No!" (If you cut jobs though, how can you not cut any services?)

The administration told the Union that through attrition less people would be laid off.

How many employees would these lay offs affect? The administration was not sure. In my own opinion, if you take a cleaners yearly rate of \$18,000, and divide it into \$750,000, then you come out with 41.6 jobs. Union officials here at this unit do not feel this amount of jobs will be affected.

In an interview with Rhon L'Heureux, Chairperson of the Nanaimo Unit, I asked the following questions;

As Chairperson, what do you think of the administration news of restraints and cut-backs? "I was upset in hearing of them, and the level of Patient care, and the continuity of patient care will feel the affects of cut-backs. Secondly, the HEU members will be expected to cope."

With our contract being negotiated, do you think this is just a scare tactic of the administration? "No, if it was just a scare tactic, the (Administration) wouldn't be bothering with attrition. Nor, would management have deleted the Male Float Pool.

What will the Union's stand be if they cut back? "The government of British Columbia has so-called deemed it necessary for budgeting restraints, at the cost of patient care and hospital workers."

We have gone from Sept. 1981, with no coverage for sick time, and 50% coverage of vacation time due to this administration being \$60,000 below the 1981 budget needed. What do you suppose they will cover if they lay off 41 people? "First, I'm not aware of the amount of people being laid off. We won't know the exact number, or which departments will be affected till the next NRGH Board meeting, scheduled April 22."

Do you feel that other Unions at NRGH are feeling the restraints as strongly as HEU members are feeling them? "At the moment, all the jobs attritioned appear to be in the HEU sector."

As Chairperson of this unit, what would you like to tell all members of your unit who will be laid off? "We will do whatever the contract deems legal. There are contractual rights, i.e. bumping, recall, etc. And there is a joint task force with the Director of Personnel and the Employees Assistance Program, on a confidential basis, for those affected by the lay offs, who may be in dire straits."

In conclusion of this article I would like to say this. It is apparent that the economy is in rough shape, and some type of action is needed to correct it. But, in my own view, the situation that we have now, i.e. banks getting rich from high interest rates, government getting rich off of high taxes, HEU members having to suffer through restraints, and the public having to have to suffer through a deterioration of the health care system, is not the way.

Already B.C. has a very high unemployment situation, and with cut-backs in the health care system the rate in unemployment will jump even higher. If we continue to allow the government in which we elect to raise rates, right and left and at the same time offer less and less service, we won't curb inflation, we will escalate it.

Vote At UBC continued from page 1

HEU Secretary - Business Manager Jack Gerow said the health care workers at UBC chose to join HEU because they preferred belonging to a union of hospital workers.

"Also, the benefits in our Master Agreement are superior to CUPE's," said Gerow.

The vote was a clear sign, he said, that the UBC workers wanted a "trade union home that represented workers in health care."

"It happens that CUPE isn't a

health care union in B.C. while we have 185 health care certifications across the province. The UBC health care workers wanted to be in a union that specialized in that jurisdiction," Gerow said.

The voting occurred last November but the vote count was held up while the B.C. Labour Relations Board decided there was no foundation to CUPE's technical challenges. The LRB ruled in April that the count be completed.

B.C. Medical Association To "Look Into" CU&C

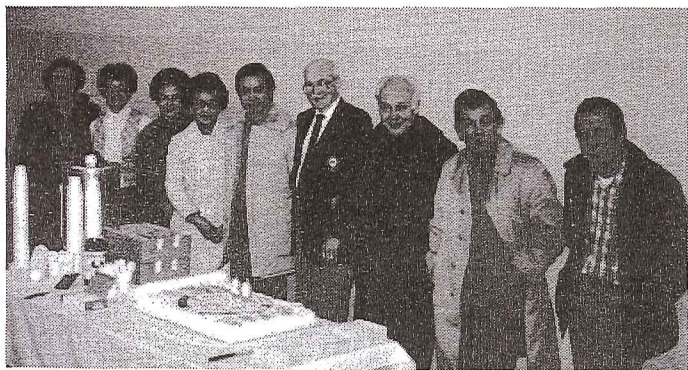
[Editor's Note: The article below appeared in a recent issue of The B.C. Medical Association News publication. The CU&C is a non-profit organization that strives to provide medical and dental coverage to B.C. residents at the lowest possible price. CU&C has taken a strong public stand against all attacks on Medicare including the BCMA's unsuccessful attempt to "double bill" patients. HEU Secretary-Business Manager Jack Gerow was recently re-elected Vice-President on the CU&C Board of Directors.]

"Several Delegates to the Board have expressed concern, both their own and from members they represent, about the actions and activities of the CU&C organization. This quasi-political group which provides "extended benefits" to its clients has been charged by BCMA members with interfering with medical practice. Most of the complaints appear to be related to the completion of forms and other advocacy procedures on behalf of our patients. These have, it is reported, been requested in an arbitrary, and, at times high-handed way.

More recently it has been brought to the Board's attention that CU&C was restricting provision of some of its services to requests or prescriptions originating from only certain physicians. The case in point was that of a Glucosan blood-glucose measuring instrument. A request for this device would, it was reported, only be honored if it originated from an internist. The Board felt that it was not the prerogative of a private paying agency to determine who was qualified to prescribe such items.

The CU&C was outspoken in its opposition to the doctors during last year's negotiations, and is on record as being interested in exploring alternative methods of providing health care through the use of salaried physicians in clinics and by other means.

The Executive Committee of the BCMA has been given the task of looking into the functions and activities of the CU&C, particularly as they affect physicians. Any experiences and information that the membership can contribute to the study would be welcomed. Such material should be forwarded to Dr. Rigby as soon as possible."



The Victoria General Unit invited HEU President Gordon MacPherson (standing behind the cake on the table) to join the members at their monthly Unit meeting. The occasion was to celebrate the Unit's 20th birthday, the members shown with MacPherson in the photo were employed at the hospital prior to 1962.



These four Victoria General Unit executive members recently posed with Union President Gordon MacPherson at a Unit meeting. Shown here with MacPherson are: (from left) Sandy Fleet, Donna Lowe, Dolores Bell and Vivian Kirk.

VDT Operator Ordered Reinstated

[Editor's Note: The following Canadian Press wire service story appeared in April in The Vancouver Sun. If you use a VDT in your job and if you are concerned about a health risk including risk to a fetus you should discuss this with your shop steward or a Unit officer.]

A B.C. Telephone Co. employee who quit her job rather than work at a video display terminal (VDT) during her pregnancy, has been ordered reinstated with full back wages by a private arbitrator.

Joe Weiler criticized management and union representatives for their handling of the case, and ruled the company had forced Chris Mitu to resign last August by refusing to transfer her to another position where VDTs were not used.

VDTs are computer terminals with TV-like screens on which words are typed and information received.

Mitu, a temporary employee in the company's information listings department, sought a transfer on the advice of her doctor who feared that possible

radiation emitted by her VDT would harm the fetus.

Although there is no evidence directly linking birth defects to VDT use, some physicians have advised pregnant women to avoid working on the terminals.

Born with Defects

In August, 1980, four VDT users in the same department at the Toronto Star Newspaper gave birth to babies with defects.

Weiler concluded that when B.C. Tel officials told Mitu she couldn't be transferred because she was still a temporary worker, she had no choice but to resign.

"The option of waiting until she became a regular employee and then requesting a transfer would, in her doctor's opinion, be exposing her fetus to a serious health risk," he said.

Although there have been several recent decisions in Ontario on the matter, Weiler's ruling is believed to be the first in B.C. on the right of pregnant women to refuse to work on VDTs.

Some Important Facts

The Dangers of Asbestos

Dangers of Asbestos:

Inhalation of small asbestos fibers over a period of time can result in asbestosis, a breathing disease which usually kills within fifteen years of onset of symptoms; lung cancer; and mesothelioma (cancer of the chest lining) which is always fatal. Mesothelioma can occur after very little exposure to crocidolite asbestos (the most dangerous of four asbestos types).

Uses of Asbestos:

Asbestos has been used for fireproofing, insulating, wrapping around water pipes, compressing into floor tiles, and lining furnaces and air ducts. Heating and insulation workers, electricians and clothing ironers, are commonly exposed. Asbestos that was incorporated into walls, floors, siding, and insulation decades ago is still there.

Asbestos in B.C. hospitals has been found in ceiling insulation, boiler rooms, penthouses, incinerator rooms, laundry ceilings, hot water tanks, ceilings of patient wings, and insulation of structural elements.

Appearance of Asbestos:

The appearance of asbestos insulation differs greatly from one application to another, invariably it has the appearance of California stucco, the colour may be varying shades of white, grey or blue, if in its natural form, or any colour may have been used in decorating or sealing. The presence of asbestos in insulation material cannot be determined via physical examination. A laboratory analysis must be performed to confirm the presence of asbestos.

Inspection Reports from Sixteen Hospitals:

HEU has copies of WCB asbestos inspection reports from sixteen hospitals. Of the sixteen:

1. One hospital, Shaughnessy, has the most dangerous type of asbestos, crocidolite.

Five hospitals have the second most dangerous type of asbestos, amosite.

Four hospitals have chrysotile asbestos.

Six hospitals have asbestos insulation, but the type is not specified.

2. Air borne concentrations were measured and did not exceed so-called "permissible limits" in any of the sixteen

facilities at the time of measurement.

3. Section 12.01 (a) of WCB Regulations requires that "the substance, nature of its harmful characteristics, and precautions required for the safety of workers are clearly identified by signs or other similar means..."

One inspection report mentioned that the hospital was in violation of the regulation. None of the other reports mentioned whether or not asbestos was labeled. However, it would be safe to assume that it was not labeled since in all sixteen cases the WCB had to do an analysis to confirm asbestos presence.

4. Of the sixteen reports, five referred to current or past situations where workers could have exceeded maximum exposure levels because of improper work procedures.

Unanswered Questions:

1. How many other hospitals have asbestos insulation? (HEU has written to the Ministry of Health asking for this information.)

2. How many other places within the sixteen hospitals have asbestos insulation?

3. Are all places where asbestos insulation exists marked as section 12 requires so that workers are aware of the need for precautions?

4. Are maintenance workers alerted regarding appearance of asbestos, likely places it is used, and proper work procedures?

5. Are hospital budgets being expanded to either eliminate asbestos or ensure that patients and workers are not exposed?

What HEU Members Need to Know:

1. The hazards of asbestos.

2. The appearance of asbestos.

3. That they can demand WCB testing of material which may be asbestos.

4. That all asbestos should be labeled in accordance with Section 12.

5. That they can refuse to work with material that might be asbestos until (a) it is confirmed that it is not asbestos, and (b) they are instructed in proper work procedures and supplied with proper equipment according to Section 35.

6. That they should always be on the lookout for asbestos if they are moving pipes, instal-

ling sprinklers or air conditioners, or doing anything which disrupts insulation material.

7. That, as one WCB inspector wrote, "properties of the glue may break down over time and allow asbestos to fall. This would create problems and cause over exposure."

8. That they should be extremely careful around crocidolite asbestos which can cause mesothelioma after very little exposure.

Packaged Water Gaffe

There will no longer be packaged water available for patients at Royal Columbian Hospital in New Westminster as of April 1.

Some misguided management brainwave has been found to be not the great "cost-saver" it was intended to be and therefore the hospital has gone back to the old system — i.e. having hospital staff pour the water into pitchers.

"A saving of approximately \$30,000 is projected for the 1982-83 fiscal year" is the way it was put in a March memo from the director of nursing at the hospital as a result of the move away from packaged water.

The hospital could have saved itself another \$30,000 in 1981-82 by just continuing with the same efficient way the HEU members did the job previously

Elsa Eles Retires

Elsa Eles recently retired from active service at Vernon Jubilee Hospital.

Elsa was an HEU member in the hospital's dietary department for over 20 years.

She received an engraved silver tray as well as other gifts at a farewell reception earlier this year at the hospital that was attended by about 25 co-workers.

Elsa, who first started work at the Vernon hospital on November 13, 1961, presently has no specific plans on how she'll spend her retirement years.

Did you know . . .

"Bumping"

"It is agreed that in instances where a job is eliminated, either by automation or change in method of operation, employees affected shall have the right to transfer to a job in line with seniority provided such transfer does not effect a promotion and provided, further, the employee possesses the ability to perform the duties of the new job. Employees affected by such rearrangement of jobs shall similarly transfer to jobs in line with seniority and ability.

A transfer under this section shall not be deemed to effect a promotion unless it results in an increase in the pay rate of the transferring employee in excess of 3% of his/her existing pay rate."

— Article III, Section 3 (Page 10)



HEU members at Vernon Jubilee Hospital (from left) Evelyn Davis, Elsie Watzke, Albert Sonntag and Shirley Breen are shown here preparing a meal at the Okanagan hospital. Evelyn, Elsie, Albert and Shirley became local celebrities (at least around the hospital) for a day when this photograph appeared in the Vernon Daily News earlier this year.

Schedule For Classification of Clerical Workers

DATE	LOCATION OF CLASSIFICATION NEGOTIATIONS	HOSPITALS TO BE CLASSIFIED		
May 17	Nanaimo Regional Hospital, Nanaimo	Nanaimo Regional		Queen Charlotte Bella Coola
May 18	Nanaimo Regional Hospital, Nanaimo	Bevan Lodge Chemainus Cumberland Ladysmith Port Alice Port McNeil Tofino Powell River Campbell River Port Hardy Olive Devaud Royal Jubilee	June 2	Trail Regional Hospital, Trail
				Arrow Lakes Boundary Castlegar Kootenay Lake Mater Misericordiae Mount St. Francis Kaslo
May 19	Royal Jubilee Hospital, Victoria		June 4	Cranbrook & District Hospital, Cranbrook
May 20	Royal Jubilee Hospital, Victoria	Gorge Road Juan de Fuca Mt. St. Mary Cowichan Saanich Capital Region		Cranbrook Creston Fernie Golden Kimberley Sparwood Windermere
		Kelowna Regional	June 4	To be established
May 26	Kelowna General Hospital, Kelowna		June 8 & 9	Shaughnessy Hospital, Vancouver
May 27	Kelowna General Hospital, Kelowna	Armstrong Enderby Oliver Penticton Regional Retirement Service Penticton Summerland Vernon	June 15	Chilliwack General Hospital, Chilliwack
			June 16	Chilliwack General Hospital, Chilliwack
				Hope Langley Maple Ridge M.S.A. General Menno Mission Burnaby General
May 28	Royal Inland Hospital, Kamloops	Royal Inland Ashcroft Clearwater Lillooet 100 Mile House Overlander Ponderosa Princeton Revelstoke St. Bartholomew's (Lytton) Shuswap Lake (Salmon Arm) Prince George Regional	June 16	Burnaby General Hospital, Burnaby
			June 17	To be established
			June 21	Cancer Control Agency Vancouver
			June 22	Arthritis Society, Vancouver
			June 23	St. Paul's Hospital, Vancouver
June 1	Prince George Regional Hospital, Prince George		June 29	Richmond General Hospital, Richmond
June 1	Trail Regional Hospital, Trail	Trail		Richmond Delta Peace Arch
June 2	Prince George Regional Hospital, Prince George	G. R. Baker Bulkley Valley Burns Lake Cariboo Memorial Chetwynd Dawson Creek Fort Nelson Fort St. John Kitimat Mackenzie Mills Memorial Pouce Coupe Prince Rupert	June 29	Mount St. Joseph Hospital, Vancouver
			June 30	Holy Family Hospital, Vancouver
				Mount St. Joseph Red Cross Holy Family St. Vincent's St. Mary's, N.W. Queen's Park
			July 12-16	Vancouver General Hospital, Vancouver
				Vancouver General

All of the above negotiation sessions will be with H.L.R.A. and their respective Management Committees from the health care facilities involved.
In each negotiation, the Union Committee will include representation from H.E.U. Clerical Committees at the health care facilities to be classified. Your H.E.U. Servicing Representative will make arrangements for your Clerical Committee to be represented at these sessions.

Employee “Deception” Classification Bulletin

On April 13, 1982 HLRA issued another Employee “Deception” Bulletin. This one was on Classification. Printed below is HLRA’s Bulletin together with HEU’s facts on each point.

HLRA BULLETIN	HEU FACTS
<p>Re: HLRA/HEU Master Collective Agreement Final Report</p> <p>On March 12, 1982 HLRA tabled a final offer with your Union Bargaining Committee. One part of that offer was the completed matches on all unclassified positions.</p>	<p>HLRA's offer was not complete. Many positions were missing! About 25% of clerical positions, for example, were not accounted for. All of the clerical jobs at Vancouver General were missing. Does this mean these people are not entitled to any classification adjustment?</p> <p>Also, when HLRA matched jobs, they went by job descriptions, not actual work performed. As a result, HLRA under rated and under valued the work of many HEU workers.</p>
<p>Throughout negotiations, your Union Bargaining Committee stated to HLRA that they would not sign a new Collective Agreement until all broadbanding of unclassified jobs was completed. The proposal tabled by HLRA would have resolved virtually all of the matches and would have allowed for the payment of retroactive monies to January 1, 1980 in those cases where the new pay rates were higher.</p>	<p>HLRA's proposal might have resolved things for themselves, but what about the HEU members who were matched at lower rated classifications, and what about HEU members missed entirely? HLRA is trying to set member against member with this statement. HEU refused to fall for their ploy.</p>
<p>Also, HLRA agreed to waive the right to recover any over-payment of wages if the new rate was lower, provided all employees were placed on the appropriate broadbanded scale. This proposal meant that no employee would have to pay back any monies as a result of broadbanding, even though HLRA has a binding arbitration award that states it can recover such overpayments.</p>	<p>While it looks good on the surface, HLRA has selfish motives for this proposal. HLRA was willing to give up the right to recovery because they would save more money over a longer period if HEU accepted their inappropriate matches. For example, the senior Renal Technician at Trail Hospital has been matched by HLRA at \$1.26 per hour less than he is presently getting. HEU cannot accept this under valuing of members' capabilities by HLRA.</p>
<p>The only response we've had from your Union Bargaining Committee is that they reject the entire offer. They have not given us their matches on any items except clerical and stores positions. Without agreement, we can not pay out retroactive monies or implement new rates of pay.</p>	<p>Of course the Bargaining Committee has rejected the offer. It would be irresponsible to accept it in light of the above facts. HEU has not proposed further matches because HLRA has stated that it has issued a final position on broadbanding and that "there is no reason to continue with meetings for the purpose of implementing the Peck Award and for the purpose of reviewing other broadbanding issues."</p>
<p>Our goal is to resolve the broadening issues as quickly as possible.</p>	<p>HEU's goal is to get a fair deal for HEU members. HLRA's proposal may be quick, but it is not fair.</p>

HEU Members At Penticton Regional Hospital



Marg Wood is a housekeeping aide.



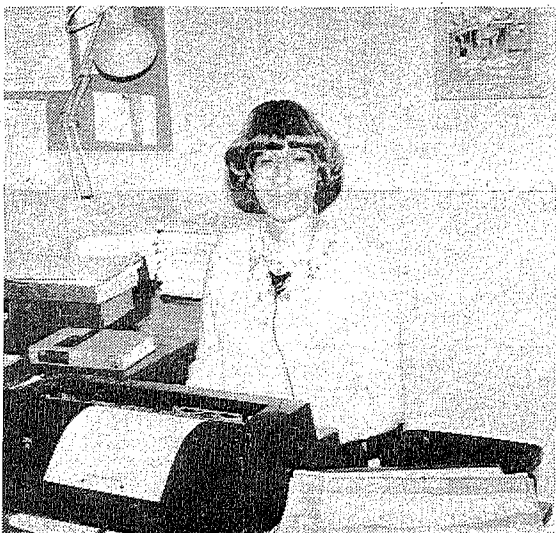
Ann Perk works in the laundry department.



Sylvia Kruger is a CSD aide.



Hazel Keller is a switchboard operator.



Elizabeth Anderson is a medical steno.



Danny Johnson is a CSD orderly.



Dianne Edwards works in the housekeeping department.



Vera Inkster is the Unit's Secretary-Treasurer.



Kathy Kochie works as OR porter.
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At Penticton General Hospital

Jeff Works In The Stores Department

Jeff Pickford, a stores employee at Penticton Regional Hospital, followed a long trail of former Prairie residents to British Columbia and just like most of the others fell in love with Canada's westernmost province.

"I didn't know anything about Penticton when I came in the spring of 1973. I had just completed my training in Saskatoon to become an orderly and was subsequently accepted to work at the hospital here, so out I came, and I sure liked what I saw here in B.C.," Pickford told The Guardian in an April interview.

Growing up in the south

Saskatchewan rural village of White Bear, he learned quite a bit about farming before coming out west.

"My parents grew wheat and cattle mostly and it was hard work, as I recall, for us kids. It was fun, mind you, but there was little of the modern equipment that there is now on the farms."

"The winters were hard in Saskatchewan but I still get back there twice a year during my holidays. I go for the seeding and harvest seasons to help my parents out. My brothers and sister have moved from the farm like me and since there's no one left on the farm to

help anymore, we go back twice a year to help out."

Although Canada is the second largest country in the world, in terms of area, it can be nothing more than a big community. Jeff played hockey as a youngster in remote White Bear and yet one of the young boys he played against was none other than a kid named Dave Williams.

"He wasn't called Tiger then but was just as rough as he is now with the Canucks. He was mean with his stick but he could skate and play hockey too. Another guy I played against was Dave Schultz, formerly with the Philadelphia Flyers. There was another mean one," recalls Jeff.

"Tiger was from near Val Marie and Schultz from a place called Rosetown. When you think about it, it is a small world. Who would have thought these guys I played hockey with would end up playing in the National Hockey League."

Although Jeff occasionally misses life on the Prairies, he is very happy in Penticton.

"My wife, Noreen, and I like to take the kids fishing in the mountain lakes or on the Okanagan Lake. Between that, raising the boys and looking after the house, we keep ourselves pretty busy."

Pickford keeps pretty busy at the hospital too. As the stores employee, he is responsible for the receiving, shipping and stocking of supplies to the floors of the hospital.

"I handle mostly medical and surgical items like scalpels, needles and syringes. I'm the only one working in stores so I'm generally fairly busy."

Every two weeks or so, Pickford is also responsible for some in-house printing at the Penticton hospital. "We have an old Gestetner and stencil cutter that is used to print the blood pressure, physio, x-ray and other forms for hospital use."

Jeff started in stores two years ago prior to working eight years as a nursing orderly.

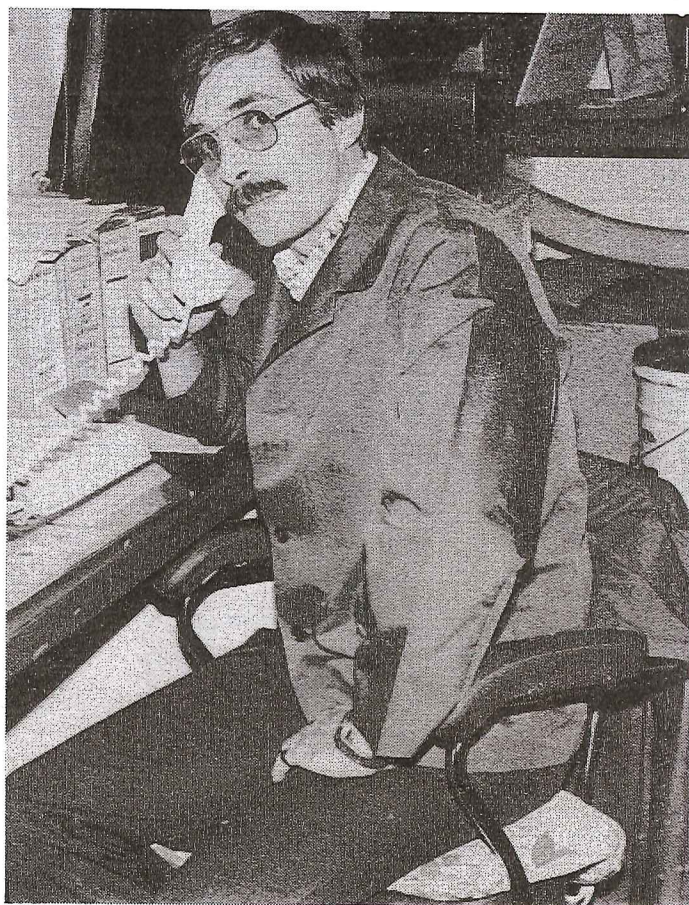
In 1976, Pickford decided he wanted to know more about the contract he was working under and subsequently he began to get involved in the Union.

"I found I had an interest in Union affairs and I got elected a Trustee in 1976. Two years later I was elected Vice-Chairperson and I've been in that position ever since."

"Sometimes it is a difficult job representing the members, like during this classification hassle for instance. That has gone on too long and the members are getting impatient. Naturally, this impatience usually comes out against the elected Unit persons and that's when my job gets tough," says Pickford.

Dennis Jeffery, second Vice-President on HEU's Provincial Executive and Chairperson of the Penticton Unit, told The Guardian that Pickford has won the respect of Unit members over his years on the Unit executive.

"Jeff's work on the Unit executive has not gone unnoticed. He has shown himself to be a sincere, conscientious person and the members have responded to him. I think he is capable of bigger things within the Union. It's up to him, really," said Jeffery.



Jeff Pickford, a stores employee at Penticton's Regional Hospital, has been Vice-Chairperson of the Penticton Unit for over four years. Jeff is an avid hockey player in his spare time and locked horns with "Tiger" Williams of the Vancouver Canucks and other players now in the National Hockey League when he was a youth on the rinks in Saskatchewan.

The Government Memo On Ethylene Oxide

Editor's Note: The following is the memo written to hospital administrators in January from the Health Protection Branch of Health and Welfare Canada. If your employer is not providing for good working practices, see your shop steward or a Unit officer.

TO: Hospital Administrators

Attention: Central Supply

SUBJECT: Use of Ethylene Oxide as a Sterilizing Agent

Ethylene oxide (ETO) is a widely used sterilant for articles which may be damaged by steam or dry heat. This gas has been used with caution because of its toxic, flammable and explosive properties. Recent reports on the mutagenic and/or carcinogenic effects of ETO in animals suggest that levels of ETO in the work environment, previously considered safe, may represent some risk.

Information available at the present time is insufficient to define revised maximum permissible concentrations specific for occupational exposure but, because of its mutagenic and carcinogenic potential, exposure should be minimized by the elimination of all unnecessary and improper uses of ETO. When it is necessary to use ETO as a sterilizing agent, the following good working practices are recommended:

1. The sterilizer should be located in an area under negative pressure with respect to adjoining rooms and which has at least ten air changes per hour.
2. The exhaust from the sterilizer room should lead to a catalytic converter or to an outside vent not located near any air intake.
3. All vent lines must be sealed at the joints and made of materials impervious to ETO.
4. Exhausts should be provided at locations likely to have higher concentrations such as the sterilizer door, the safety valve, tank connections and aerators.
5. Discharge lines leading to the sewer system should be designed to ensure that ETO will not be released into any occupied area.
6. If users can smell ETO at any stage, the ventilation and containment are inadequate and should be checked; several commercial systems are available.
7. Persons working with the sterilizer should wear protective clothing and gloves made of materials such as canvas coated with poly-vinyl chloride.
8. Sterilizers with an air purge cycle are preferred; for sterilizers without this feature, the operator, after a sterilizing cycle, should open the sterilizer door and leave the room for at least fifteen minutes before re-entering for unloading the chamber.
9. Carts containing freshly sterilized articles should be pulled rather than pushed.
10. Hospital staff utilizing ETO for sterilization should receive adequate training in the use of hazardous chemicals in the workplace.
11. Workplace monitoring should be carried out to accurately assess worker exposure to ETO.



Penticton Unit members Ann Peach (left) and Lorraine Evans share a private joke prior to voting April 14 at a Unit meeting. HEU members around the province have overwhelmingly voted in favour of seeking arbitration.

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HEU Will Obtain Job Descriptions

HEU is making every effort to get the classification of all unclassified HEU members going again as quickly as possible.

Because of HLRA's lack of cooperation in providing job descriptions for the purposes of classification, HEU will itself obtain missing descriptions.

HEU will rely on its own sources to get the needed job descriptions in the interests of expediting the process.

On March 12, 1982 HLRA tabled its "final" position on all outstanding classification matches.

The Peck Consent Award regarding dietary job matches covers 589 classifications in 112 institutions. The table below summarizes the degree of red-circling resulting from the Award.

	Number of Matched	Classi- fications Red-Circled	% Red-Circled
Cooks	284	10	3.5%
Food Service Supervisors ..	47	20	42.5%
Other Dietary Workers	258	8	3.1%
Total	589	38	6.5%



HEU Director of Membership Services Ray McCready (left) and Kelowna Unit chairperson Helen Burnell addressed the Commission of Inquiry in Kelowna in April. The commission, of which HEU is a co-sponsor, is travelling throughout B.C. seeking input from citizens and groups about Ben-net's restraint program.

Marion Perry photo