Smoke cleared at Nanaimo

With "peace talks" underway, let's August that a solution may problems of Nanaimo Regional General Hospital.

The latest incident, a four-day sit-in that began Aug. 14, was responsible for a special 12-member committee to deal with a situation that has its representative Bill Muir, and other HEU officials found them.

Publicly, most of the attention had been focussed on the overwork of an employee who had refused to sit-in that followed the suspension of a housekeeping employee, and a decision by fellow employees to continue their action even though the Labour Relations Board had issued an interim cease and desist order.

For the most part, reports failed to make a connection with another sit-in at the same hospital in October, 1977, or to note that the Hospital Employees' Union had been hand-pushed to head off other potential sit-ins.

The last two incidents were the only major industrial relations problems at the hospital since 1977.

The link is undeniable where HEU is concerned; the disturbances have rumbled around one particular man and the manner in which he has exercised his supervisory powers.

Employees of the department in which he is posted have long complained that he has made working conditions unbearable. The list of complaints is long and varied.

Matters came to a head in August with the suspension of an employee who had refused to work on garbage detail. In most cases of this type, there was more than simple refusal. The argument of HEU members was that he was given the irregular assignment after he had complained about the supervisor's directives.

They question the timing and the fact that the employee in question was not familiar with garbage work.

The sit-in began with about 35 and grew to around 50 employees to include up to some 140 employees from each department as housekeeping, laundry, dietary, maintenance and stores.

Assistant Executive Director John Nikituk said in a public press report afterward that there had been no serious problems during the four days, although, "per capita admissions had to be suspended.

The emphasis was on the fact that the administrative staff had worked long and hard. But so had the Patient Nurse's Orders, Nurses and Nurse Aides who belong to HEU.

HEU nursing members, instructed by the unit to keep working, were required to do so with every bit as disturbed by the hospital's deteriorating industrial relations, but convinced that the sit-in by the others would get the point across without interfering with medical care.

"They knew that the argument was with the administration, not with the patients," said Pete Endres, staff representative from HEU's Victoria office.

Endres, senior Victoria staff representative Bill Muir, and other HEU officials found them.

Meanwhile, the Nanaimo unit members voted to remain off the job. As one HEU member said, they had suffered for too long and were determined to stay out until there was promise of change.

The upshot was a high-level meeting at the site of battle the next day — Friday. It brought together representatives of the HEU, hospital administration, Health Labour Relations Association, and the LRB.

By that night there was a return-to-work agreement that included a promise of no punishment for the employees involved.

To avoid the establishment of the 12-member committee to look for a proper resolution to the lingering problem. The LRB would maintain a watch and step into the picture again if the other methods proved futile.

Half of the members on the committee are from HEU. The other six include administration, the hospital's board of trustees and the LRB.

While it was too early to gauge the chance of success after the committee's initial meeting, HEU representatives did see one possible reason for optimism: they came away from the meeting with the feeling the union's voice would get a good hearing from the hospital's trustees on the committee.

It was not something the union's members expected after the frequent changes of members of the committee.

"After all, we have been fighting this thing for a long time and we have got nowhere with the administration," Adolfo Woods, HEU president at Nanaimo, said.

Insomnia at Mothers' Bedside

Her devotion spelled trouble

At Mothers' bedside

Purchasing an open airline ticket, she flew to Hong Kong to be at her mother's bedside.

Two days before her vacation was to end the employee phoned her supervisor to seek more time because of her mother's continuing illness. She requested an unpaid leave of absence as an extension to her vacation.

According to Larson's report, the supervisor told her this couldn't be approved and that she was expected back at work March 29.

The employee didn't return until April 10 and was dismissed by a letter dated the same day. The reason given was abandonment.

The employee concerned was no fly-by-night worker. Hired originally as a casual employee, she had been in the regular part-time category for eight years.

In recounting the March 26 phone call for purposes of Larson's investigation, the supervisor said the employee told her she had documentation proving that her mother was ill and that her presence was needed. The supervisor said, however, that the employee did not explain the condition of her mother.

The employee's story was this:

The doctor asked her to remain another week to 10 days. Her mother was 78 and thought to be terminally ill. The employee was the only relative able to be at her bedside.

Although her mother had a maid, the employee said the doctor had asked her to stay because she would be able to "take better care" of the ailing woman than would the maid.

She would have risked job loss to do so, she said, because of her fear that her mother might die.

The mother didn't die. Her condition was improving when the employee left Hong Kong, although she was being fed intravenously.

Language in the collective agreement stipulates that an acceptable reason for absence is necessary if a job is not to be considered abandoned.

Larson said he advised the parties in this case that in his view the employee's reason for absence was acceptable.

He considered the employee's "an entirely credible witness," noting that she presented a medical certificate confirming that she had been assisting in the treatment of her mother.

"In the result, this matter was settled," Larson said in his report.

Terms of that agreement were that the employee was to be re-instated in her regular shift May 13 without back pay. She was to be assigned a place and work that would have been given her had she never been away in the first place.

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Joe Gluck stifies an early morning yawn and drops his line in the salt chuck.
The fish may co-operate. They may not. Doesn't really matter much. It's a day of easy living.
Mabel Mudpack lingers over a late breakfast with her relatives in Alberta.
No need to worry about catching the plane home for some time. The four-day work week ahead doesn't start till Tuesday. Right now it's time to enjoy the third day of another long weekend.

That's what it really means to Joe and Mabel and millions of other Canadians.


Not Joe. Not Mabel. They've got union cards, all right. But you know how it is these days. Common thing. Just like having a fingernail. Seems like it's always been there. But it's not something you spend your time thinking about — especially on that last big weekend of the summer.

Now that the H-O-L-I-D-A-Y is behind us, perhaps it would be good for Joe Gluck and Mabel Mudpack and all the others to glance briefly into the mirrors of time. They would see what once was. And in so doing, they would have a better appreciation of what now is.

They would see the sweat shops and the brutal working hours and the starvation pay.
They would see child labour and anti-union goon squads and despair.

They would see insecurity and fear and people poverty-stricken because of the sickness of the family breadwinner.

They would be treated to the pathetic sight of men begging for enough to get by on, begging for the continuation of their employment, begging forgiveness for such deadly sins as being 10 minutes late, or absent through sickness.

And then there would be the other reflections.

They would see men and women risking life and limb to bring some degree of fair play to the work place. They would see them beaten and arrested and spilt upon and scorned, maimed, segregated, falsely accused.

There is one thing, though, that they wouldn't see — defeat.
Instead, there would be the image of men and women picking themselves up and returning to battle . . . defying ruthless employers and their henchmen . . . crawling under fences to organize the unorganized when it was illegal to do so.

They would see the early Knights of Labour stage the first Labour Day Parade in New York City in 1882. As early as it was, it would signal what was to come.

They would see the gradual refinement of industrial relations, the improvement of conditions and wages, the acceptance of the fact that workers had a right to be treated with dignity and respect. And they would observe that such standards showed up, not because of any sudden outpouring of human kindness on the part of the employer, but due to the strength the workers had found in themselves and in each other — the ability of the union to come to the rescue of the mistreated, to push into place a system of free collective bargaining.

They would see the modern contracts with the job security and the hard-earned social gains — the built-in protection of fringe benefits, health and welfare plans, pensions to erase the fears of old age.

And Joe Gluck and Mabel Mudpack would be able to pause and consider the fact they had been paid for Labour Day and all those other holidays when they didn't work. More importantly, they would know why.

They would have reason to silently thank all those faceless, nameless men and women of the past who had fought the good fight so that following generations of workers could enjoy equality and freedom — so that Joe and Mabel could afford fishing rods and plane tickets and that thing called peace of mind.

It is not a debt that they must repay, although they should be willing to help safeguard that which has been won for them. This calls for nothing more than being good union members.

And perhaps one other little thing; giving thought next time to what that parade of 1882 stood for. Then perhaps they will look at H-O-L-I-D-A-Y and think of . . .


The progress of a union over the years may be measured in various ways.

But how about square feet?

It's this way:

In the fall of 1976 the Hospital Employees' Union established its present headquarters at 536 West Broadway in Vancouver, intending only to occupy about 2,500 square feet on the ground floor.

The idea was to lease out the second floor, but the union's growth rate precluded this.

Today the 5,000 square feet of both floors just isn't enough.

Staff representatives have been doubling up for some time and even the board room had to be converted to office space.

All of which means that after 11 years HEU headquarters is preparing for a shift to a new home with some 11,100 square feet of office space at 2289 West 12th Avenue — (corner of West 12th and Vila.)

The possession date is Oct. 1 but renovations and general upgrading will probably delay the move until late December. If all goes well, it might be timed as a Christmas present of sorts.

A union with growing pains ready to move.
At long last, a medical clinic joins the family

You’ve come a long way!

This flip show biz term seemed by late August to have more than slightly inappropriate meaning for the Hospital Employees Union and employees of the Nelson Medical Associates Clinic.

At long last, after an uphill battle which at times seemed hopeless, a first collective agreement had been all but signed, sealed and delivered.

Unanimous ratification by some 22 employees Aug. 22 of terms of the first contract was being looked upon as a significant breakthrough for labour in the field of health.

Medical clinics run by private bodies had managed to remain free from union recognition.

The case of the clinic at Nelson has taken some strange and frustrating turns.

Oddly enough, the first union plant at work was in the very union’s biggest union — the International Union of Bricklayers in North America — which found itself in a place to represent the employees of the Nelson clinic.

But representing them in name only, at least as far as it went, in spite of concerted efforts by the IWA to lift the clinic staff out of the depths of insecurity.

The union moved through all the stages of negative bargaining right up to mediation. It got nowhere.

There seemed to be only one avenue left.

Under the new-looking Labour Code produced by the former NDP government, there is a provision for imposing a first agreement in cases of bad faith bargaining. The IWA made application for this, but wasn’t successful.

Later, the IWA and HEU held discussions concerning the possible transfer of jurisdiction. This led to a representation vote and early in 1978 HEU became the new bargaining agent for the clinic employees.

For a while it looked like the IWA story all over again. HEU served notice of its desire to negotiate an agreement but made no headway.

Mediation failed to open the door.

At this point HEU felt it had one card to play that hadn’t been available to the IWA — the Essential Services Disputes Act. But an attempt to gain binding arbitration under terms of the Act was opposed by the employer.

The employer’s argument that the clinic, because of its nature, was not part of the essential services sector was supported by the LRB.

Where to go from here?

There seemed only one answer if possible, another try at negotiations.

That was the route taken and this time there was, at last signs of progress. HEU and the employer made a joint application for appointment of an industrial inquiry commission.

B. Peck was named commissioner. The hearings he called last April led to agreement in all areas but that of union securities. Peck made recommendations of his own because that and the union decided to recognize and accept the first agreement. The employees did accept it.

At this writing, all that remained was employer ratification.

In anticipation of the final signing, HEU Secretary-Business Manager John Miller said there appeared to be “an air of co-operation”.

The agreement covering employees of a medical clinic was, he said, “the first of its kind for the union.”

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ARBIEFACT

Noric House victory could set precedent

Another milestone has been reached in the difficult struggle to bring union security to employees of long-term care homes.

It involves Noric House at Vernon and the Labour Relations Board’s ruling that it can be dealt with under terms of the Essential Services Disputes Act.

The hospital Employees Union considers it a significant victory, not just for Noric House, but for arbitrated agreements under provisions of the Act.

The Noric House victory comes at a time when HEU is busily engaged in negotiations and organizing in the long-term care field.

In many cases the real fight has come after clearing the hurdle of certification.

In the case of Noric House, attempts to negotiate a first collective agreement proved fruitless. Mediation was no more successful.

HEU’s decision to seek an arbitrated settlement under terms of the essential services legislation was opposed by the employer.

The issue went to the LRB and in August there was a ruling that Noric House had met the requirements for just such arbitration.

A major determining factor is this: if the majority of beds in such a facility are for intermediate care or of more critical classification, the terms of the Act should apply.

Employees of Noric House have voted to gain their difficult initial agreement by arbitration. Approximately 15 issues remained to be dealt with. The rest had already been resolved.

Elsewhere, negotiations concerning other long-term care homes remained at various stages. There were indications that more arbitrated settlements would be sought. And like Noric House, the move would be by mutual consent.

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Not happy to be Glad

The United Steelworkers of America thinks it may have its breakthrough in the Glad Glass saga.

The union has launched a national boycott of Glad glass, wrap and other Union Carbid products like Eveready batteries and Prestone anti-freeze to support 250 members caught in a strike that has lasted about 10 months at Union Carbid’s Beachamrow, Que., plant.

The demands are for better safety. The corporation, one of Canada’s largest with sales last year of almost $8 billion, wants to cut back on the number of employees required for each of its big furnaces.

Five were already tied by one furnace explosion.

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HOSPITAL WOES

Staff cuts, poverty face East Coasters

They’re playing our song in New Brunswick these days.

At the same time, they’re telling an economic horror story in Newfoundland.

That would have to be the conclusion of any HEU member tuning in on the plight of the hospital worker and health care delivery on the Eastern Frontier.

Separate issues in The Leader, a roundup of current news items published by the Canadian Union of Public Employees, picture the average hospital employee in Newfound land well below the poverty line and warn of the peril resulting from cutbacks in New Brunswick.

An item from St. John’s Nfld. in late July disclosed that CUPE hospital workers were struggling on an average yearly wage of $9,300. The campaign to let the public know just how bad things were.

Referring to the situation as economic slavery, CUPE notes that the $9,300 is almost $4,000 below the earnings of the average Newfoundland and Labrador employee under the acceptable poverty line.

The last contract expired June 30.

In B.C., the lowest paying nursing category for HEU members after 12 months is $11,907 a year. A housekeeping aide gets $11,649 — practical nurses and orderlies, $14,519.

The all-too-familiar New Brunswick story had CUPE hospital workers meeting in Montovery early in August to plan strategy for fighting cutbacks.

As in B.C., staff cuts were being described as a serious threat to patient care.

According to CUPE, cutbacks were being felt at 36 hospitals in the province represents some 5,500 members.

The item referred to newspaper reports of doctors blaming the death of one patient at Montovery City Hospital on the situation. The hospital, says CUPE, lacks the staff to lay off 46 staff members and eliminates the entire mental health day care program.

Remember the old song about the masher who broke his leg while chasing the nurse? Love Is a Many Splintered Thing.

Patients: Doctor, there are too many women in my life. What can I do?

Doctor: Take two aspirins and go to bed, and go to bed, and go to bed.
**AT CAMPBELL RIVER**

Straight shooting May won their respect

May, 2nd left, with Bill Black, left, Lynne Smith and Bill Muir.

Maurice Pelletier: his green thumb will be missed at hospital.

DURING PROTEST

The Chief had time for union pickets

The Toronto Committee for Solidarity with Democratic Chile has urged that trade unionists and other Canadians refrain from purchasing products imported from Chile as a means of cutting down the aid to the right-wing military junta.

There will be the stories he told about others and the stories told about him... memories of the prayer leader, the prime minister of Canada, the leader of the opposition... memories of triumph and defeat, accomplishment and controversy... memories of a finely honed wit.

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From the Labour Relations

Board on the eligibility of H.E.

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HEU's appointment of Garow

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the health care field.

On 200 HEU pickets gathered

at Vancouver International Air-

port, George Diefenbaker

paused between planes to hear

what they had to say.

He didn’t promise anything.

He was no longer prime minis-

ter. But he did what some other

politicians wouldn’t do, he listened.

Decision awaited on eligibility

A decision is expected soon from the Labour Relations Board on the eligibility of HEU Secretary-Business Manager J.J. Dorlow to sit on an arbitration board dealing with the all-migrant workers in a wage comparability formula.

HEU's appointment of Garow was challenged last May 7 in what the union described as one of a succession of delaying tactics by the Health Labour Relations Association.

The formula sought would bring the wages of some HEU workers in line with those of B.C. Government Employees' Union members employed in the health care field.

Provisions for this were contained in the Hospital Association Award, establishing a three-year collective agreement in 1979.

The first step called for negotiations on the matter, the second for arbitration if necessary.

Negotiations proved futile and HEU wouldn't agree on the choice of an arbitrator.

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Americans examine a serious problem

"I hope you saved something for a rainy day because it's going to pour."

Two separate proposals for national health insurance are being submitted to Congress — one by the Carter Administration and one by Senator Edward Kennedy. Carter describes his bill as a "step-by-step approach." It covers only some of the expenses of some groups of people. Kennedy's bill is far more comprehensive. It would cover most of the routine and major medical care expenses of most people in the country.

The Carter bill provides 

"(Reprint from Victoria Colonist)"

Registered nurses at Gorge Road Hospital have presented their own national organization and the hospital industry with a surprise package of proposals for membership in the Hospital Employees' Unions. The move is seen as one of significance. Similar pressure in the 22,000-member HEU has been brought to bear in Gorge Road by registered nurses in several other hospitals, and some were saying privately Monday that the Gorge Road group might simply be paving the way for a general shift.

Whatever the case, Vancouver officers of the Registered Nurses Association of B.C. were verted on Tuesday by special meetings with the Gorge Road nurses in an apparent effort to reverse the tide.

But a representative of the registered nurses at Gorge Road, Wayne Hulse, said there was little likelihood of this. She said about 70 per cent of the hospital's registered nurses were affiliated with the HEU. The RNABC cards last Friday, the day after the hearing, raised the question on the special meeting on the question.

If the registered nurses at Gorge Road had become affiliated with the RNABC, the impact of the move could have been quite significant.

"The stereotypic picture of the registered nurse was one of someone interested in the professional standards of the RNABC, but somewhat cool to the industrial unionism of the HEU."

But times and conditions are changing, according to some of the nurses instrumental in the Gorge Road drive.

"You give them three main reasons for their decision: general dissatisfaction with the work and income, the possibility of bargaining with their union, and the superiority of the nurses' union with which they have organized."

"Their (HEU) contract is much better than ours," said one nurse at Gorge Road hospital, who asked not to be named.

"Our contract is a little better, but we are not as well covered as the registered nurses in the RNABC, but we are just as well covered."

"They have a little bit more on the income side, but we are not as well covered."}

"I hope you saved something for a rainy day because it's going to pour."

"The nurses in Gorge Road are looking forward to the possibility of negotiating better wages and benefits with their union."
Behavior a key factor

An employee whose conduct is questionable during his probationary period cannot really expect the same job security as a more senior employee in the same predicament. This is the picture that emerges from a painstaking 18-page report by Industry Troubleshooter Dalton L. Larson on a Vancouver General Hospital incident. Involved was the dismissal of an employee following complaints about drinking. The man was in the early stages of his 30th probationary period after being hired early this year.

Relying on the language of the collective agreement, HEU had based its case on the contention that the management had proved just and reasonable cause for termination. But such questions aren’t that simply answered, according to Larson’s report, a document growing out of public and closed hearings, interviews, research and the weight of past cases.

In the Vancouver General case, there was evidence that the probationary employee had appeared under the influence of alcohol and was unsteady on one occasion, and that a fellow employee had detected the odor of alcohol on his breath at other times.

Larson’s probe also turned up a questionable record of past employment and a driving record that included some drinking offenses. The record of past jobs including some discharges, was of course, furnished by the employee.

In contrast, however, was something that Larson clearly and tersely said touch to the case: “The management had proved nothing because of his high standards of work. Just a week before the drinking incident, his supervisor had recommended him in glowing terms for regular employment. A fellow worker said the man was one of the best workers he had ever known.”

Add to this the decision of a VGH doctor that the employee was not intoxicated on the job “from a clinical point of view.”

The man was treated by the doctor in the emergency after accidentally cutting his head on a door. The doctor resisted pressure to send him home, claiming it wasn’t his place to make managerial decisions. This type of evidence, however, wasn’t enough in Larson’s view to offset the dismissal.

Taking all such factors under consideration, he concluded that the “just and reasonable cause” language contained in the collective agreement “must be interpreted as being something less than the standard applicable to seniority-rated employees.”

“In addition, the union has the burden of proof in such cases,” he wrote. “With that in mind I can only conclude that the grievor was placed in an impasse.”

Larson’s conclusion is that the employee discharged under circumstances where the employer could properly conclude that the grievor might have an alcohol problem which would not make him a suitable performer.

“The fact that he may not have been actually impaired by alcohol is not determinative.”

At this point there is the important distinction concern- ing senior employees: “It might be otherwise were he not a probationer,” says Larson. “There was no proof that he was a hazard to himself or his fellow employees or that his work performance had been impaired.”

He recommended that the union drop the grievance and not proceed to arbitration. “The union has taken his advice.”

Comox Lake a first

The board faced two arguments that it found interesting: the union urged it to apply the provisions of the F crimes and the F crime award — the gradual movement of private hospital compensation toward conformity with union rates in the public hospitals. The initial effect of the F crimes and the F crime award was the raising of the private hospital rates to about 90 per cent of those in the public health care field.

The position taken by Comox Lake Hospital was that wage increases for the registered and graduate nurses would be made with other members of the same unit and not with registered and gradu- ate nurses in public hospitals.

While it said it found merit in both the occupational and bar- gaining purposes, the board was swayed by internal evidence supporting “equal pay for equal work.”

The fate of the job evaluation program still hangs in the balance. Gerow, the union’s Secretary-Business Manager, said earlier that the plan tabled last December in setting the new rates, the board noted that registered nurses in public hospitals are paid slightly more than those at Comox Lake have been paid eight hours while working seven. The extra half hour is a paid lunch break during which time the nurses are on call for emergencies.

After an approving compromise between the public boards, the board came up with the same rates for registr- ated and graduate nurses at Comox Lake — $6.72 an hour from Nov. 1, 1978, to July 1 this year, and $7.40 from then until March, 1980.

While these figures represent approximately 80 per cent of the hospital registered nurses rate, the effect of the paid lunch break on non-registered, graduate nurses coupled with the paid lunch break formula creates a daily rate that is higher than that paid to grads in public hospitals.

UNION'S DECISION UPHOLD

Suspension of operations by the Joint Committee on Job Evaluation has been upheld by arbitrator Hugh Lader.

The suspension, invoked by Hospital Employees’ Union nominee J. D. Gerow, was opposed by the BC Labour Relations Association.

The job evaluation program has been a long-time goal of the union to end wage discrimination in the hospital industry. But when the committee report was tabled last Dec. 20 it was judged inadequate by HEU.

With a standoff by HEU and HLRA on implementation, Gerow moved for suspension at the committee’s April 23 meeting. Committee chairman Hugh Wilkinson, wanting unanimity on such an important question, referred the suspended Gerow’s motion.

That set the stage for the HEU challenge.

Turning to arbitration to determine if the committee acted properly, HLRA argued in part that the decision was tantamount to abandonment of all that had been accomplished. It said that such a decision was beyond the committee’s jurisdiction.

However, Lader noted the problem that had been faced by the committee in reaching a statement between the major parties, HEU and HLRA, that placed the committee in a difficult position.

In a 22-page decision, he concluded that HLRA’s argument lacked any sight of the differences between the obligations of the parties and the obligation of the Joint Committee. It is the parties’ obligations to continue efforts to implement the Job Evaluation Program, for which purpose the Joint Committee was set up.

The committee’s obligation, Lader said, was to resolve questions put to it under terms of the collective agreement. There was no evidence it had failed to do so.

His final thrust dealt with HLRA’s argument that the committee should have fixed a date for implementation of the program and not suspend the operation indefinitely to await some sign of agreement between the parties.

“In its report of Dec. 20, 1978, the Joint Committee pledged for direction and advice from the parties concerning important matters,” wrote Lader. “That advice and direction was not forthcoming.

“In those circumstances it seems to me to be quite appropriate for the Joint Committee to say to the parties it will not fix a date for implementation of the Job Evaluation Program until the circumstances are such that there is a climate which would indicate that implementation would have a reasonable chance of success.

“In my view it is my view that the resolution of the Joint Committee on Job Evaluation at its meeting in April, 1975, as set out above, was not the subject of the authority of the committee.”

While the committee remains in limbo, the work load and clinical operations have ground to a halt and the office used by the committee is barely used.

The bitterness of the dispute could be measured by HLRA’s unsuccessful effort to prevent HEU from removing some of the committee’s funds for personal use (per earlier agreement) for storage purposes.

The union’s decision is upheld by the committee “does not bring order to chaos,” nor did it end male-female wage discrimination.

“Does not establish wage justice,” he said.

"Thoughtful my eye, he knows I'm allergic to flowers"
Pioneer's grandson likes people

It's a comment without frills—just five words.

But with it, Garry Allan Carlson answers two important questions.

Why has he chosen to spend his life in hospital work? And why has he become so actively involved in his union?

"I'm awful fond of people," says Carlson, who at 34 is chairperson of the HEU's Gorge Road Hospital Unit in Victoria, a member of the Provincial Executive. There seems little doubt that his attitude today was influenced by an intimate family background and his boyhood days in a small prairie town.

The great grandson of Saskatchewan homesteaders who came from Norway by way of the Dakotas, Carlson did his growing up about 86 kilometres north of Yorkton, as the crow flies. If any self-respecting crow is making the trip today, it will find itself in a town called Sturgis.

"As a kid, I remember our main entertainment was going to hear Tommy Douglas speak in the town hall," Carlson recalls with a certain fondness. The province not only produced federal and provincial political leaders of the stature of Douglas, but—as Carlson is fond of pointing out—sent a lot of creative people out into the world. The winters were long and hard and a kid had a lot of time to develop a private consulting firm.

"We have called for a more open public review of health care funding," said Gerow. "But even now, with the type of review we do have going on, there should be a moratorium on these discussions." Gerow added.

The fortunes of individual hospitals would seem to depend on their location—strictly from a political point of view, Gerow said.

"Hospitals like Royal Columbia shouldn't be punished," he added, noting that it is sitting in the riding represented by MLA Dennis Cocke, former NDP health minister.

On the other hand, the Langley hospital in the current health minister's riding is suffering the same economic pains, according to Gerow.

Don't let those tiny ghosts get spooked on Halloween

If you're the parent of someone young enough for tricking and treating, there's something you should be thinking of at this time of year.

The streets will be haunted by more than pint-sized ghosts on Hallowe'en. There will be traffic hazards and food hazards, some unfamiliar to people, and even unsafe costumes. The Canada Safety Council has distributed a well thought-out list of safety tips it thinks you may want to discuss with the young pirates, spacemen or ghosts in your house in the next few days.

- Wear light coloured, flame resistant costumes with retro-reflective striping so that you are seen by motorists.

- Clothing should be short enough to eliminate a tripping hazard.

- Face masks should not obstruct vision—makeup is preferable.

- Make your calls along one side of the street, then along the other. Do not cross-catch. Cross the street at intersections or crosswalks.

- Carry a flashlight to see better and be better seen.

- Travel in groups of four or five. Young children should be accompanied by an adult.

- Set a curfew and boundaries within familiar neighbourhoods.

- Do not enter the house or apartment of a stranger.

- Do not eat any gifts until they can be inspected by an adult at home.

- Help keep Hallowe'en 1979 a happy occasion for everyone.

A Lesson to be Learned by Both

Experienced union officials say there was a lesson for both sides in a Labour Relations Board ruling in a long-running, short-lived sit-in at King George Highway Hospital.

An LRB panel has made it clear to the employer there is no room for a hand-hacked treatment of certain employees simply because they are elected unit officers.

At the same time, there was a message for HEU members at large: they should be aware that they can face a penalty for illegal job action.

The panel upheld the one-day suspensions imposed on 19 employees, finding that the hospital was not in violation of the collective agreement in handing out such penalties.

However, it ruled the five-day suspensions for three unit officers were not justified. It ordered the suspensions reduced to one day, along with back pay for the other four days.

The panel concluded there was no reason for extra discipline because there was no evidence that the three officers were more responsible than any of the others in instigating the stoppage.

The ruling came this summer in connection with an incident dating back to August, 1978.

The sit-in, lasting about an hour, involved the employer's refusal to assign a lighter workload to a pregnant employee. However, employees say the complaint was just the latest of a series involving working conditions.
It's been a long fight. And it's far from over. But the union's assault on wage discrimination in the health care industry is gradual-
ly paying off.

Batches of pay rate adjust-
ments—approved by arbitrator John Sherlock—have been rolling in at a steady clip. And considering the fact that the wheels of wage justice were set in motion long ago, the awards involve considerable money.

An individual example of what delay can mean is an award that gives a food services worker at White Rock's Peace Arch Hospital another $254 a month. Its retroactive to 1976 means a total cost to the hospital of more than $9,000 a year for this one worker.

The advice of HEU to the various hospitals has been to abandon the resistance to the change and avoid even bigger retroactive side in the future.

Ray McCredy, HEU's Director of Membership Services, says the costly situation has developed because the hospi-
tals have been getting "bad advice" from the Health Labour Relations Association.

With HLRA representing the hospitals on a collective basis, the trend has been to fight the awards and the economic im-
 pact they represent.

At this writing, the Labour Relations Board has not brought down a decision on HLRA's challenge of the signifi-
cant Sherlock awards at Surrey Memorial Hospital.

The case involves four tradesmen and reclassification that carries with it pay adjust-
ments and retroactive paytotal-
ling in the neighborhood of $25,000.

The four were reclassified as maintenance tradesman in 1972 as a result of pay rate adjust-
ment requests. However, for in 1978, the union requested that two of the men be reclassi-
fied as electricians, one as a painter and another as a welder.

Several months later, in March, 1977, the employer agreed to consider one man an electrician, but recommended that the other three remain tradesmen.

Sherlock was satisfied from evidence before him that all four were qualified for the reclassification. In July he ordered the reclassifications and necessary pay adjust-
ments.

In application for review of the decision, HLRA contends that Sherlock erred in reclassi-
fying the three of the employees and in ordering retroactive pay.

The argument was that trade- reclassification to trades are specifically govern-
ment by the Apprentice-
ship and Training Development Act. It was claimed by HLRA that the hospitals put in the position of illegally employing tradesmen not qualified under terms of the act.

The argument against retro-
activity dating back to 1978 as that a special committee was to have made such determination during the period of the pre-
vious contract.

However, the union's request for the change dated back to 1976. McCredy, who was assigned to the overall pay rate adjust-
ment program last April follow-

ing years of working on job evaluation, says the union has simply been living up to con-
tract commitments.

"We've done our part," he says, "but now they're com-
plaining about the costs.

"That's not our fault. If they'd cleared this up earlier the people in the house would have been more than included.

The major movements now are toward adjustments that would mean fairly substantial boosts for some 500 house-
keeping aides and a similar number of nurses aides.

The next stage would be to bring about a proper rate for some 300 clerical employees, described by McCredy as "grossly underpaid."

The nurses aides were left behind when the union made its first real breakthrough against discrimination in 1973. At that time, through a special agree-
ment with the government, the wages of practical nurses were raised to meet those of order-
lies. The nurses aides weren't included.

Because of opposition and delays, there are some 300 categories that have been sit-
tering awaiting adjustments since 1974, McCredy says.

Some of the present situa-
tions are looked upon by him as "ridiculous.

Some examples of what he means:

- Clerks, 3 and 4 all earn the same, he says, so as to exceed the pay level of the cleaner.

- Pot washers earn as much as Number One cooks.

- Beyond this, there's the case of the chief cook earning $1,057 a month and his male cleaner, $1,130.

"How do you justify some-
thing like that?" he asks.

The cooks in question are women, the cleaners, men.

**Hope unit pays tribute to two outstanding men**

It's a matter of months now since a particular pair of deaths entered the record books at Hope hospital. The memory has faded, since both deaths in-
volved men loved and respected by members of the HEU Hope Unit.

The unit has donated $100 to the Fraser Canyon Hospital Memorial Fund, $50 in the memory of each man.

Here, in its own words, is the usual tribute to the two.

Dr. R. D. Morrison, known as Doc to all of us, passed away on March 10, 1979. A very sad day for our community and for his keep. Dr. Robert had been held in such high regard at Fraser Canyon Hos-
pital.

Dr. Bob came to Hope years before our hospital was built and was an enthusiastic and unting woman in having the hospital constructed. Though he died in all the hardships faced, nothing was too much trouble. A friend and doctor to many, night and day, keenly interested in the elderly, and cared for by many. His acts of kindness and outstanding personality will live on in our hearts.

Aged ninety years old, the passing of Rex H. Smith on April 21, 1979, left us all saddened to the core. Rex was the past 12 years has been a familiar happy face and staff, making tickets and ordering errands. A cheery smile and a kindly word for everyone. Rex will live in memory for us all.

Termed a real gentleman and loved by many.