

Union Demands VDT Safety



VDT operators at Surrey Memorial Hospital turned off their machines March 21st in a precedent setting action to force acceptable guidelines for the use of video display terminals. The outcome of the health and safety work stoppage could affect 50,000 VDT operators in British Columbia.

The action came after the hospital refused to implement the recommendations of a report, released March 11th, which found levels of radiation to be extremely high in some areas.

In addition, the hospital has been preventing an arbitrated settlement of a grievance filed last July by VDT operators. The grievance was filed by Surrey Unit members after it was discovered a "miscarriage/birth defect cluster" existed at the hospital. The cluster consisted of three miscarriages and three abnormal births out of a total of seven pregnancies among operators in the business office.

The Union alleged that members are being required to work in hazardous conditions. The grievance was denied by management and referred to arbitration by the Union. To this day, the hospital has refused to name its nominee to the arbitration board, so the Union has applied to the Labour Relations Board to intervene and appoint an arbitrator.

Sharma Report

The Union warned of a possible work stoppage after the findings of a study conducted by Dr. Hari Sharma of the University of Waterloo were released to the public March 11. In his report, Dr. Sharma summarized the results of numerous tests of the VDTs, interviews with operators, and air testing in the vicinity of the machines.

Dr. Sharma found that stenographers who work in the Medical Records Office at Surrey Memorial who operate VDTs with low radiation emission levels reported no adverse side effects. But, operators in the business office, where radiation readings were extremely high, complained frequently of headaches, backaches, sore eyes and listlessness. And it was among operators in the business office that the alarming number of miscarriages and abnormal births occurred.

Dr. Sharma also found magnetic fields emanating from the terminals at more than twice the acceptable levels. Scientists consider magnetic fields to be a potential health hazard because of possible interference with the nervous system.

"The evidence linking VDTs with health problems, including adverse effects on pregnant women, is overwhelming," said Jack Gerow, HEU Secretary-Business Manager. "It is inconceivable that the hospital is prepared to stand idly by while our members are risking their health, and the health of their children."

In a strongly worded telegram to Health Minister Jim Nielsen, Gerow demanded that the provincial government update its health and safety legislation.

"VDTs have been used in B.C. since 1978," he said, "yet there still is no legislation governing their use and implementation despite the litany of horror stories about the effects."

Dr. Sharma's report confirms the Union's suspicions that members are being forced to work in a potentially hazardous work environment.

The study found that one brand of VDTs at Surrey Memorial was emitting fields of pulsed radiation

of 15,000 volts per metre. Dr. Sharma said this was the highest known reading from any VDT in North America.

Researchers now believe that pulsed radiation, which can penetrate the body's cells in a steady stream of small "pin pricks", is more dangerous than non-pulsed radiation.

Prior to releasing his report, Dr. Sharma also received questionnaires from VDT operators at seven other B.C. hospitals. He met with operators at Nanaimo to get additional details concerning health problems. (Burnaby General and Lion's Gate hospitals refused to allow Dr. Sharma access to operators.) He found that complaints similar to those at Surrey Memorial were frequent.

Even more shocking was the discovery that, of 14 pregnancies among operators of this brand of VDT, 10 resulted in miscarriages. The normal rate of miscarriages is 16 out of every 100 pregnancies in the general population.

Recommendations

Dr. Sharma made six recommendations in his report. These included shielding of VDTs and the installation of a conducting anti-glare screen; reduction of lighting levels and provision of table lamps in each work station; installation of portable screens; adjustable chairs; and the eventual replacement of those terminals presently in use.

Dr. Sharma also stressed the importance of allowing pregnant operators the right to be reassigned to other kinds of work without loss of pay, seniority and benefits. And, he said all VDT operators should be provided with hourly rest breaks.

Who's Responsible?

The Union is demanding appropriate legislation and increased funds to allow hospitals to replace those VDTs found to be potentially hazardous. Gerow said the Ministry of Health has a special obligation to intervene in this dispute.

"Nielsen's threat of a zero budget increase is responsible for the Surrey Hospital board's refusal to introduce the necessary safety measures," he said. "Nielsen's policy of starving hospitals for funds is posing a direct threat to the safety of VDT operators at Surrey and elsewhere."

Gerow added that it is doubtful whether Premier Bill Bennett or the Health Minister would be so casual if their wives or daughters were pregnant and working on the machines.

"We need legislation regulating the use and implementation of these machines — and we need it now!" he demanded.

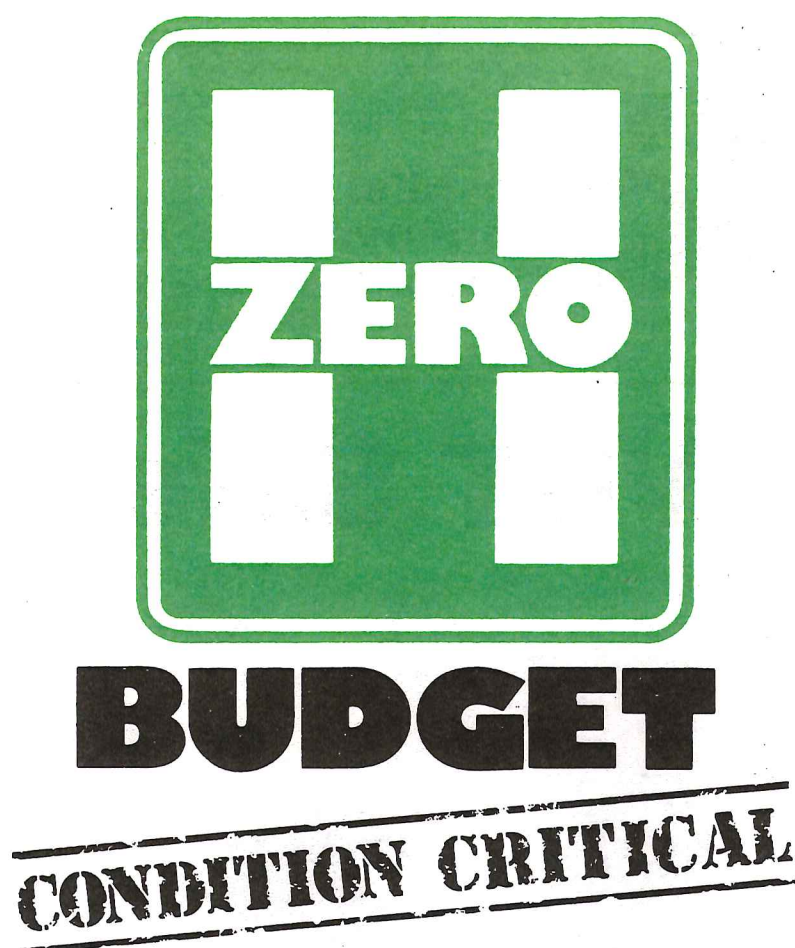
In the meantime, Surrey Memorial has asked the Workers Compensation Board to inspect the video display terminals.

"WCB is not qualified to test very low frequency radiation, which was found to be emitted at extremely high levels. Nor is it capable of determining whether or not this kind and level of radiation is harmful," said Gerow.

The Union was able to pressure Surrey Memorial to agree to shield the VDTs and to make some adjustments in lighting.

However, the legal rights of VDT operators to be reassigned to other kinds of work if they fear adverse side effects is not yet guaranteed.

The Union plans to keep up the pressure on both the Surrey hospital and the provincial government until the dispute is satisfactorily resolved.



Editorial

There is no phrase the trade union movement knows to be truer than the one which says "IN UNITY THERE IS STRENGTH."

And unity is going to be a key word for trade unionists this year. The provincial government's attacks on health care funding, and collective bargaining rights are undertaken to achieve very definite goals.

Victoria hopes the cutbacks will help obscure the fact that the government has mispent millions of tax dollars. Money that should be earmarked for health is being used instead to help prop up cushy resorts at Whistler Mtn., pay off "unauthorized expenditures" for northeast coal, and buy slick TV ads extolling the virtues of Social Credit.

Squeezing health helps balance the books. And, this year Health Minister Jim Nielsen has threatened an actual freeze in funding for the industry.

The Compensation Stabilization Program allows the government to control the process of contract settlements without looking like a complete dictator. Under the guise of "review" the government hopes to appear impartial.

The Social Credit government is in trouble and it knows it. One tactic of any employer faced with this situation is to keep everyone else at each other's throats. If it cannot set member against member, it will set union against union.

If that fails, it will create tension between public and private sector unions.

And if **that** fails, it will resort to attacking hospital workers and threatening a "zero" budget increase for an already underfunded sector of the economy.

But these tactics are designed to succeed against a backdrop of disunity and demoralization. Indeed, the government hopes to **create** this backdrop by threatening union members with layoffs and interfering with arbitrated wage increases and benefits.

The erosion of health care and the attack on collective bargaining rights is coming from one place. This fact cannot be disguised.

Union members are angry, and they know who is responsible for the heavy workloads and threats to job security.

And our members know that a provincial election is in the spring air.

We have the unity in the union to fight back against attempts to sow dissension within our ranks. That kind of unity can be translated into votes at the ballot box, too.

Our members have been putting up with pressure long enough. Hospital workers are helping — not hindering — the maintenance of the province's resources. A healthy population is essential to a healthy economy. And simple logic would suggest far greater revenues are needed to stimulate the health care industry.

Knowing what HEU members know, they are in the best position, when a provincial election is called, to cast 25,000 ballots where they will do the most good.

The Hospital Guardian, Spring Quarter, 1983/2

Health Care Petition —Watch for it!

The B.C. government will soon be receiving a province-wide petition demanding an end to health care cutbacks and an increase in funding for the industry.

The petition is being sponsored by HEU, and members will be aiming for 100,000 signatures by May 1st.

The petition will be sent to Health Minister Jim Nielsen, demanding his government reopen closed beds, rehire laid off staff and restore funding for the health industry.

Furthermore, the petition will call upon Nielsen to justify his intention, announced recently in the media, of a zero percent increase for 1983 hospital budgets.

"It's time the Minister understood that British Columbians are not prepared to stand idly by and watch their health care system destroyed by callous and arbitrary cutbacks," said Jack Gerow, Secretary-Business Manager of the Union.

Gerow denounced Nielsen's intention to hold hospital budgets to their 1982 level. In a telegram sent to the Minister on March 14, Gerow said, "Clearly, freezing hospital budgets would put the health and the lives of British Columbians at greater risk than ever."

Brother Gerow said he believes the goal of 100,000 signatures can easily be met if each Union member is committed to obtaining just five signatures from health care workers and patients, as well as the community at large.

"We'd like to see our members out in the shopping malls and on busy street corners encouraging people to protest the funding squeeze," said Brother Gerow.

He also noted that 100,000 signatures cannot easily be ignored by the government since it represents a sizeable voting constituency. And each person who signs becomes more aware of the effects health care cutbacks are having.

"British Columbians from every walk of life are opposed to the cutbacks, so it's important that they be represented in the petition."

The B.C. government is starving health care services of funds. More than 1,300 hospital beds have been closed, and over 2,200 full-time jobs have been lost. Countless services for the sick, elderly and the young have been reduced or eliminated.

If the health care budget is frozen the situation will get even worse.

"We need to send a strong message to Victoria that British Columbians believe good health care should be a priority second to none," said Gerow. Petitions will be available from the Secretary-Treasurer in your Unit by the end of March. Watch your *Guardian* newsletters for further updates.

IT'S TIME TO SPEAK UP!



The Hospital Guardian is published by the Provincial Executive of the Hospital Employees' Union, Local 180, under the direction of an Editorial Committee whose members are: **GORDON MacPHERSON, JACK GEROW, MAURICE SMITH, BILL MacDONALD, CLARKE GARDNER.**

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Gavin Wins

After five years of battling with the Workers Compensation Board, Isabel Gavin, with the full support of the Union, has won almost \$38,000 in benefits. But it wasn't easy — and the fight isn't over.

In 1978, Sister Gavin injured her shoulder at Burnaby General Hospital, where she worked as a Unit Clerk. She was moving an addressograph, a large, clumsy and heavy piece of equipment, when she tore the rotator cuff in her shoulder. Her doctor diagnosed the injury as a strained muscle.

Since she was unable to work, Isabel filed a claim with the Workers' Compensation Board for benefits. She was referred to a WCB doctor, who concluded there was something wrong with her shoulder, but could not determine exactly what. Her benefits began to arrive.

One month later, in August 1979, WCB sent her to another doctor, who claimed that nothing was wrong. Her benefits were suspended in September.

But, still she was unable to work. Under the advice of her own doctor, Isabel applied for a 30-day leave of absence from Burnaby General, which was granted. At the end of this period, her shoulder was not healed, and WCB had still not approved her claim for continued benefits.

She applied to the hospital for a second leave, but the hospital turned her down. Isabel had to apply for sick benefits under the Unemployment Insurance Commission. The UIC doctor she was referred to told her she'd "be lucky to be back at work by July 1979," and she began receiving maximum UI benefits.

In 1981, Isabel moved to Kamloops, where she visited a Dr. Paulsen. He diagnosed her shoulder problem as a "torn rotator cuff" — and in March 1982 she went into surgery to correct the injury she had received in 1978.

But, the WCB kept insisting "nothing was wrong" with Isabel. With the support of the Union, and of the Injured and Disabled Workers' Association, she continued to fight for what was legally and justifiably her right to benefits.

During 1979 and 1980, Isabel was interviewed on radio, T.V. and in newspapers about her struggle with WCB. Her support came from many different sources. But, still WCB remained unmoved.

Over a period of five years, Isabel had seen twelve doctors. Eleven of them agreed that she was unfit to return to work. WCB decided to accept the opinion of the lone

doctor who said she was perfectly alright.

While waiting for WCB to recognize her right to compensation benefits, Isabel and her family lost thousands of dollars in wages, and, since they were unable to keep up payments on a mortgaged home, they lost that, too.

Isabel knew she was right. And Owen Adams, HEU rep in Kelowna, knew that Isabel was not being treated fairly. The Union helped Isabel through five appeals at the Workers' Compensation Board, and most of these took place during a time when her shoulder was giving her a great deal of trouble and, after March 1982, while she was recovering from surgery for six months.

Now, Isabel is ecstatic that her claim has finally been won.

"When Owen Adams phoned and said 'we've won!' — I just couldn't believe it. We'd gone through so many appeals — and five years!"

The extraordinary effort on the part of Owen Adams had a lot to do with the victory. Together with Isabel, and with the full backing of the Union, Brother Adams would simply not give up.

The ruling from WCB on Isabel's claim, however, is a strange one, indeed. They have agreed that she was "totally disabled" for the period 1980 to 1982. But, for the years 1978, when the injury occurred, and 1979, they maintain that she was fit to work.

Burnaby General Hospital has agreed to pay 25 percent of her benefits for the two years which remain in dispute if WCB rules in her favour.

"We're fighting for 100 percent," says Isabel, adding that it could well take another five years.

"It looks pretty good right now. But, if I have to start the whole process over again, I will."

Isabel is glad she's had the support of the Union behind her every step of the way.

"The Union's been terrific, it really has," she says.

Her advice to workers facing their own battles with WCB for benefits is: "Don't be intimidated. When you're injured, you're injured. They try and grind you down. But you just have to hang in there."

Isabel is a skilled and competent hospital worker who would like to work again in the health care industry. Presently she is working part time as a constituency representative for a Member of Parliament. And preparing for the next round with the Workers' Compensation Board.

WCB Claims Up

The experience of Union Reps indicates that the number of injured or ill members getting short-changed by WCB is increasing.

One representative, who handled only three appeals during the last five years, now has eight people waiting six to eight months for their appeals to be heard.

Nearly all HEU reps are handling more WCB appeals than usual. Claimants are waiting up to ten months before being heard. During

the wait, it is not unusual for a claimant to become frustrated and suggest abandoning the appeal altogether.

"The provincial government must see to it that WCB acts in a more responsive way to injured workers' needs," said Jack Gerow, Secretary-Business Manager for HEU.

"We need new, tougher legislation to force WCB to carry out its mandate," he said. "Our members should be encouraged to write their MLAs, letting them know they fully support such legislation."

It's Still On!



Canadians Served American Buns

The consumer boycott of McDonald's is still on. The boycott was requested by the Bakery Confectionary and Tobacco workers after McDonald's announced a decision to purchase hamburger buns from the U.S.

McDonald's is a huge multinational company which earns large profits in Canada. Underneath their golden arches is the boast "Over 40 billion served." But Canadians are being served poorly with this export of Canadian jobs.

Support Canadian jobs, support the boycott!



NTA Hazard

Health Warning on Soaps

The United Steelworkers of America and the International Federation of Chemical, Energy and General Workers have called for a worldwide boycott of Proctor & Gamble soap products.

Proctor & Gamble uses NTA, a known cancer-causing agent, in their detergents. The two unions are urging that you protect yourselves and your families — boycott Tide, Oxydol, Joy, Bold, Cheer and Camay.

VDTs — North American Clusters

1. Sears, Roebuck and Co. in Dallas, Texas: A majority, or 8 out of 12 pregnancies among VDT operators, resulted in adverse outcomes — seven miscarriages and a premature infant death, over a period of one year.

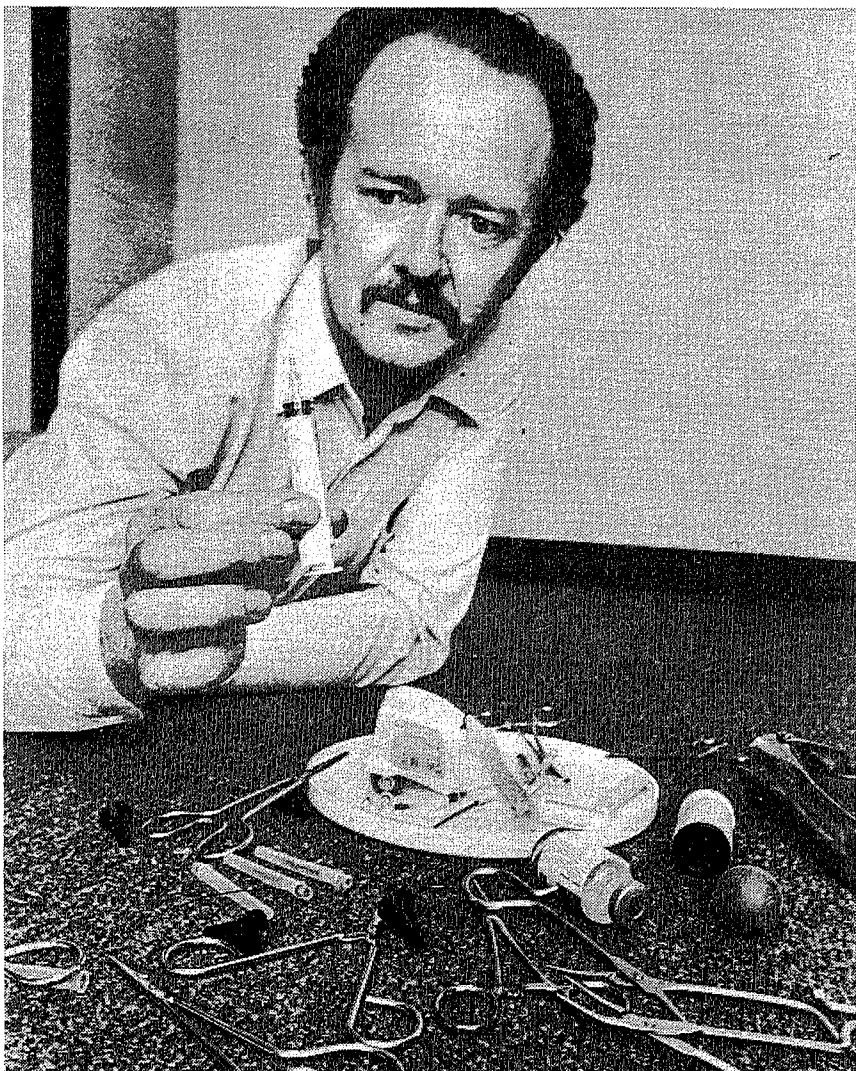
2. At the Defense Logistics Agency office near Atlanta, Georgia, between October 1979 and October 1980 there were seven miscarriages and three cases of birth defects out of 15 pregnancies. Two other pregnancies during this period failed to come to term. All women who were pregnant worked on VDTs, although periods varied from a few minutes a week to full-time. An internal study found no cause for the cluster and called it "an unusual statistical event," and the Centre for Disease Control, asked to investigate, "basically agreed" with the report.

3. A Communications Workers of America (CWA) Local 9103 in Renton, Washington, reported that all three pregnancies among VDT operators employed by Pacific Northwest Bell had adverse outcomes, with the birth of a mongoloid child, an infant with an open spine and a stillbirth. Carl Rude of the CWA Local 9103 said chances of a thorough study are "very slim."

4. The American Express Company office in Great Neck, New York, with 15 VDTs scattered throughout the building, reported that four women miscarried in a six day period in late June. Between April and July 1981, a total of six women had miscarried. No causal links were identified in either of two investigations by independent agencies, although the company refused to release the study reports.

5. At the Toronto Star, four cases of birth defects among seven pregnant operators between May, 1979 and May, 1980 included a child with a club foot and a child born with a cleft palate, possibly explained by the family medical history, but the births of a third infant with an underdeveloped eye, and a fourth child with heart abnormalities, cannot be explained by any previous medical history. In Ontario, birth defects occur in only three percent of live births.

6. Air Canada workers represented by the Canadian Air Line Employees' Association (CALEA) reported that seven out of 13 pregnant workers at Dorval Airport, using VDTs at the check-in counter, suffered miscarriages. CALEA's Jane Armstrong said both federal Health and Welfare and Labour Canada refused the union's request to conduct radiation testing. Explained Frank Stevens, Air Canada's manager of airport services: "We are convinced as a company and as a country that there is no radiation problem."



RCH Unit chairperson Bill Hassalar holds hypodermic needle — one of many items found in laundry.

Right to Refuse

When the work environment is a hazard to the health of the people who must work in it, the B.C. Labour Code (Section 83) says you have the right to stop working.

And that is exactly what laundry workers at the Royal Columbian Hospital in New Westminster did on February 1st. After months of complaining to management that laundry was becoming dangerous to handle, and an equally long period when nothing was done about it, HEU members decided to take positive action.

According to shop steward Judy Hlaji and Julie Leong, wash floor operator, linen was being improperly marked, or not marked at all, and everything from scalpels to hypodermic needles were finding their way into the laundry room. In addition, contaminated laundry was not being properly sorted, which many people feared could lead to serious outbreaks of hepatitis, tetanus or other infectious diseases.

Ms. Leong reported one incident where a laundry bag was delivered with a small, yellow tag reading "herpes." All such laundry should be double bagged in red plastic bags and clearly identified.

The working environment was not in keeping with the Health and Safety Regulations of the Workers Compensation Board. HEU mem-

bers could no longer function safely in that work environment, therefore they had no choice but to cease work.

The sitdown began at 10:30 a.m. on February 1st, with between 35 and 40 HEU members participating. The hospital threatened disciplinary action, but the laundry workers, citing Section 83 of the B.C. Labour Code, did not return to work.

The next day there was an informal hearing before the Labour Relations Board in Vancouver, resulting in an agreement between Royal Columbian and HEU. The hospital agreed to the formation of a Union Health and Safety Committee and in-service training for laundry workers. All laundry bags must now be designated by colour, according to the department they have come from. The hospital will supply protective clothing, and regular spot checks shall be conducted by an Infection Control Officer.

Under the leadership of the Unit Executive and HEU rep, Steve Polak, laundry workers won an important victory. The changes they demanded will be implemented, and the hospital will take no disciplinary action against any laundry worker as a result of the health and safety work stoppage.

TWENTY DOLLARS A DAY

Canada's health care system took a rabbit punch the other day. The province of Alberta will permit hospital boards to charge up to \$20 a day for a hospital bed. Studies in Saskatchewan, where users fees were abandoned, showed that extra-billing like this discouraged the old, the poor, and the down-and-out from seeking proper care.

In addition, Alberta's action breaks a federal-provincial agreement requiring equal access to hospital care. If Alberta gets away with this practice, health officials fear, other provinces will soon follow suit.

Under the plan individual hospital boards may or may not choose to add the extra fees, thus encouraging first and second class hospitals, some for the rich, some for the poor.

The federal government is seriously considering cutting off federal transfer payments to Alberta in retaliation.

Action Centres

British Columbia's unemployed are beginning to organize. After nearly eight years of excuses by all levels of government — not to mention advice to tighten our belts and predictions of "recovery" — the unemployed have given notice that they are fed up.

The fact that the jobless are organizing is good news. Their focus is on political action to force governments to implement the changes they see as necessary. Everyone is threatened by unemployment. Those who have jobs are told they're lucky to be working; those that don't are pushed further and further away from the workforce and from acquiring the new skills needed to get jobs in the future. The organized unemployed are now bringing the discussion onto their own ground: people have a **right** to jobs, that is the bottom line.

B.C. is seeing the end of the "hidden unemployed." District labour councils have begun setting up committees to organize and assist those who are now out of work.

The labour council committees have a comprehensive program including education, research, advocacy training and drop-in centres. Originally set up a year ago, these committees are now taking on volunteers to help with the workload. Much of their focus is on helping the unemployed cut through the bureaucratic jungle that is the Unemployment Insurance Commission. Anyone who has ever had to deal with the UIC will know that delay is the name of the game.

The first major action in the Lower Mainland was a demonstration organized by the Unemployed Action Centre, a committee of the Vancouver and District Labour Council.

Nearly 400 people demonstrated on February 7th outside the UIC Regional office on West Georgia Street, demanding extended Unemployment Insurance benefits and the rehiring of laid off UIC staff. A small delegation entered the UIC offices to present a list of complaints from unemployed workers drawing benefits.

UIC officials responded by pointing the finger east to Ottawa, where the rules are made. The implication was that if the unemployed want changes, they will have to think about the appropriate political actions required to bring them about.

A rally is planned for early April in front of the Parliament Buildings in Victoria. Marchers will leave Nanaimo on the 4th of April, walking to Victoria to join other delegations of unemployed working people on Saturday, April 9th.

Another rally is being organized for April 9th at Oppenheimer Park in Vancouver.

The unemployed will be demanding jobs and re-training programs — a demand that has been voiced by working people since the days of the Great Depression in the 1930s.

HEU members who are unemployed for whatever reason, and unable to find work, should contact the Unemployed Action Centres in your area (see below). If you know of people who are out of work, urge them to GET INVOLVED.

UNEMPLOYMENT ACTION CENTRES

Centre	Address	Phone	Co-ordinator
CAMPBELL RIVER	1105-16th Avenue Campbell River	287-8552	John
COURTENAY	P.O. Box 3676 Courtenay		Phil Frost
KAMLOOPS	#3-375-4th Avenue Kamloops	372-7444	Keith Simmons
BARRIER	Box 846 Barrier	672-5588	Rita Julien
NELSON/TRAIL	1571 Bay Avenue Trail	368-8778	Scott Goddard
CASTLEGAR	1215-3rd Street Castlegar	365-2104	Scott Goddard
NELSON	101 Baker St. (IWA) Nelson	352-3651	Dennis Bannert
NEW WESTMINSTER & DISTRICT	1111-6th Avenue New Westminster	525-9628	Ralph McMillan
LABOUR COUNCIL	1435 Ellis Street Kelowna	763-4755	Mervyn Van Steinburg
KELOWNA	4794-F Joyce Avenue Powell River	485-9166	Aneta Reagh
POWELL RIVER	Box 465 Prince Rupert	627-8776	Russ Steele
PRINCE RUPERT	466 Reid Street Quesnel	992-3021 992-6733	Cliff Spark & Doreen
QUESNEL	Box 3090 Salmon Arm	832-9198	Reg Walters
SHUSWAP/COLUMBIA	P.O. Box 4267 Williams Lake	392-8240	Greg (Trapper) Craig
SOUTH CARIBOO	#309-598 Main Street Penticton	492-HELP	June Wilson
SOUTH OKANAGAN	4721 Lazelle Avenue 2nd Floor Terrace V8G 1T3	635-4631	Bill Goodacre
KITIMAT/TERRACE	Box 282 Port Alberni	724-3554	Dave Crosby
PORT ALBERNI	138 East Cordova St. Vancouver	688-9001 688-9083	Kim Zander
VANCOUVER	2750 Quadra Street Victoria	384-6022	Rod Thomson
VICTORIA	#202-105-9th Ave., S. Cranbrook	426-6513	Steve Borho
CRANBROOK	495 G Dunsmuir Street Commonwealth Centre Nanaimo	753-1313	Dyved Freethy
NANAIMO	351 Brae Road Duncan	748-6255	Dan Clements
DUNCAN	Box 106 Shawnigan Lake	743-5242	Dan Clements
COBBLE HILL	G.D. Honeymoon Bay Box 98 Ladysmith	749-3322 245-8633	Dan Clements Dan Clements
LAKE COWICHAN			
LADYSMITH			

WCB: A Snail's Pace on EtO

Question: What is the Workers' Compensation Board of B.C. doing about Ethylene Oxide (EtO) leaks from hospital gas sterilizers which measure below 50 parts per million?

Answer: Nothing.

HEU is demanding that the Workers' Compensation Board act immediately to change the definition of "safe" exposure levels to ethylene oxide gas. EtO is a highly toxic chemical used to sterilize material that cannot be steam or dry cleaned.

On April 13, 1982, the Union sent a letter to WCB proposing changes to the regulations governing EtO exposure levels. Six months later, WCB replied, stating that the problem would be reviewed "in the next two years."

The Union's proposal was supposed to be forwarded by WCB to its Regulatory Advisory Committee. It never reached its destination. WCB cited "staff shortages" as the reason.

"The attitude of the Workers' Compensation Board is inexcusable," said Brother Jack Gerow, Secretary-Business Manager of the Union. "Acceptable exposure levels should be set at one part per million and employers should be required to **eliminate** all detectable traces of this gas."

Brother Gerow said the Union will be writing to Health Minister Jim Nielsen to prompt action from

the provincial government on this potentially dangerous situation.

"Since WCB has chosen to deal with this problem at a snail's pace, we will have to involve the Health Ministry which is responsible for hospitals in this province," said Gerow.

Employers Cautioned

Last April the Canada Safety Council issued a Hazard Warning to all hospital administrators on the use of EtO.

In addition to the "carcinogenic, mutagenic and reproductive hazards" of EtO, the Council listed other side effects: acute skin, respiratory and eye irritation; skin sensitization; nausea, vomiting and diarrhea; and nervous system complications.

Workers suffering adverse effects were exposed to levels **below** B.C.'s current "acceptable" concentration of 50 parts per million (ppm).

In September 1981, Dow Chemical Co., which manufactures EtO, published a report showing higher incidents of leukemia among rats exposed to EtO levels of 10, 33 and 100 ppm.

Four months later, Health and Welfare Canada issued a Medical Devices Alert to hospitals, warning that "levels of EtO in the work environment, previously considered safe, may present some risk."

In both Canada and the United States, health and safety councils are urging drastic reductions in acceptable levels of EtO concentration. The Canada Safety Council is now recommending a maximum concentration of 5 ppm. The American Conference of Governmental Industrial Hygienists recommends a maximum of 1 ppm.

In a recent court case in the U.S., the Occupational Safety and Health Administration (OSHA) was ordered by the judge to issue an emergency temporary standard of EtO exposure levels to protect workers. In his ruling, the judge said, "...the vast majority of scientific evidence ... plainly show that workers are subjected to a grave health hazard when exposed to EtO at levels in compliance with the current standard" of 50 ppm.

The judge also expressed shock and dismay at OSHA's decision not to act sooner on the mounting evidence linking EtO exposure with miscarriages among hospital workers, and with cancer and genetic defects.

But, if the judge were presiding in British Columbia, he would be positively irate at the attitude of the Workers' Compensation Board.

The Union has found that gas sterilizers throughout B.C. **often** leak the cancer-causing fumes. Early this year, leaks of up to 90 ppm were found at Royal Columbian Hospital in New Westminster.

Instead of ordering immediate action from the hospital, WCB made "recommendations" that would reduce the dangers.

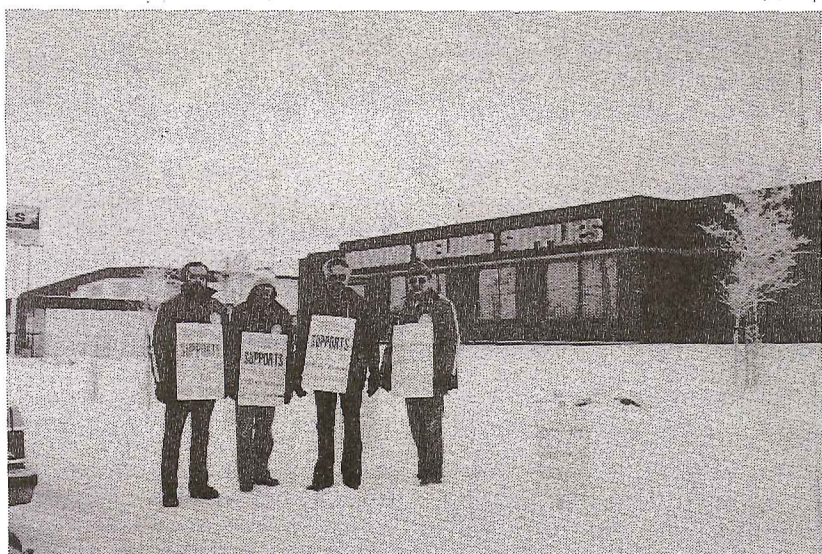
A safety breakdown of ten WCB inspection files dealing with EtO leaks showed 3 hospitals with concentrations above 50 ppm, and another 5 with between 12 and 49 ppm. In July 1976, Royal Columbian Hospital had a measurement of 3,300 ppm, and as recently as August 1982, Mount St. Joseph's Hospital measured 179 ppm.

In order to have up-to-date information on EtO concentration levels in all hospitals where HEU members work, the Union is demanding that the Workers' Compensation Board test all gas sterilizers in the presence of a Union Safety Committee representative.

Safety Committees will insist on getting the exact reading of EtO levels, and will not accept a WCB statement that says simply "Levels do not exceed the safety limit."

While the Union is demanding a maximum permissible level of one ppm, its position is that **all leaks should be eliminated**.

The WCB is sitting on its hands while many of our members are being exposed to a **known** cancer-causing gas. It is ironic that the organization set up to protect the health and safety of workers has become one of the major stumbling blocks to achieving that goal.



HEU members and staff on picket line.

IBEW Wins Parity

The four-member local of the International Brotherhood of Electrical Workers in Prince George went on strike last November against a giant multinational company, Liquid Carbonic. HEU fully supported the striking local, and our members were seen helping on the picket line on the cold, winter days of December.

Jack Gerow, Secretary-Business Manager of HEU, said one problem with the IBEW strike was that four people could not effectively shut down a plant.

"We extended our help to the Union because they needed some assistance on the picket line," he said.

HEU's support was welcomed by the striking IBEW members. At a meeting organized by the B.C. Federation of Labour, Andy Kozy-

niak, Unit Chairperson and a member of the Provincial Executive, and John Hurren, HEU rep in Prince George, committed any assistance our Union could give.

Liquid Carbonic is a subsidiary of Diamond Welding Supplies. The IBEW was on strike to gain wage parity with a Vancouver plant, an increase of up to 40 percent. The workers in Prince George were receiving a base rate in the shop of only \$5.35 an hour, while the top rate was \$10.38 an hour for truck drivers.

HEU members helped out on a picket line that was kept up for 8 hours a day (including Saturdays) in temperatures that sometimes reached -20°C. On December 13th, the IBEW was able to win its major demand of parity, and the strike was settled.

Job Mart Rip Off

Picketing of the Job Mart employment agency will continue while Vancouver city council follows through with its announced actions against the agency, stated the Vancouver and District Labour Council's unemployment committee March 21st.

"We welcome city council's decision last Tuesday to order Job Mart to show cause why their business licence shouldn't be suspended or revoked," said Kim Zander, co-ordinator of the labour council's Unemployment Action Centre.

"But the earliest city council could deal with Job Mart was at their March 29 meeting," Zander said. "In the meantime dozens of Vancouverites continued to be lured into paying Job Mart \$50 for access to job lists which basically duplicate job offerings listed for free at Manpower or for 25 cents from a newspaper.

"So we plan to continue with our information pickets," she said.

City council on March 22nd unanimously endorsed the recommendations of its standing committee on community services that Job Mart appear before council to explain why they shouldn't lose their licence to operate. Council's decision is based on Job Mart's apparent violation of the province's Employment Standards Act.

Job Mart currently charges job hunters a \$50 fee to look at lists of jobs available. Section 76 of the Employment Standards Act says no one looking for work may be charged a fee for information about available jobs.

City council further urged the B.C. Minister of Labour to "immediately initiate prosecution proceedings" against Job Mart. And the chairperson of the community services committee was instructed to contact area Canada Employment Centres to advise them of council's position about the employment agency.

Picketing of Job Mart's 1766 West Broadway office began March 2, conducted by volunteers from the Vancouver Unemployment Action Centre. Picketers carry B.C. Labour Ministry complaint forms, which let those who paid Job Mart's fee apply to get their money back under the provisions of the Employment Standards Act.

The Vancouver Unemployment Action Centre was set up in December by the unemployment committee of the Vancouver and District Labour Council. Operating out of the Fishermen's Hall, 138 East Cordova, the Centre offers counselling and other forms of aid to anyone — unionized or not — who has problems with unemployment insurance, welfare, poor or unsafe job conditions, or other situations brought on by the current economic recession.

Six New Executive Members

PULLING TOGETHER



Carole Campbell

Carole Campbell works as a dietary aide at the Aberdeen Unit, Juan de Fuca Hospitals in Victoria. She is now the Regional Vice-President for Vancouver Island, as well as an active member of her Unit.

Sister Campbell has been active in the Union since 1970, with a brief period in the mid-70s when she was not a member. She is a firm supporter of the Union, and feels it offers people a way to help each other.

"It's working for each other — people helping people. That's what the Union is," she says.

Right now, Sister Campbell says she's "feeling her way" on the Provincial Executive. She wants to try to incorporate some of the things she is learning on the Provincial Executive into the Unit level.

"Meetings (at the Provincial Executive) are more formal, more structured. I think it's more fair, because everyone gets a better chance to participate."

Since she was elected to the Provincial Executive, Sister Campbell says more people are asking questions, and there seems to be a greater interest among the membership at her Unit.

People at Juan de Fuca are concerned with unemployment — "and they're getting more concerned," says Carole. She hopes that as a member of the Executive she will be able to play a role in alleviating problems related to layoffs.



Cathy Chadsey

Cathy Chadsey is an LPN at 100 Mile & District Hospital. She works as a casual employee, and has done so for the past 7 years. Sister Chadsey has served on the Unit Executive since January 1978, and is now both a Trustee on the Provincial Executive, and the Secretary-Treasurer for her Unit.

Sister Chadsey wanted to run for Provincial Executive because, she says, "My time had come to branch out of our small local unit. I wanted to get out and meet other people, to see what their problems were and compare them."

She feels her role on the Executive will help members at the 100 Mile House Unit.

"I feel I'm bringing a lot of union

knowledge into our area, and people are more interested in what's going on."

Because the Unit is small — there are 36 HEU members — information is often passed along in a very informal way.

"We are a very social group," says Sister Chadsey. "A lot of information is given at coffee break, lunch hour or sometimes people come over to my house. We have 'informal' meetings."

She wants to be more active in the Union, but says she would not want to be on staff at this time — "I enjoy my nursing too much to do that right now," she says.



Eileen Henneberry

Eileen Henneberry works in Medical Records at Nanaimo General Hospital on Vancouver Island. She has been a member of the Union for 16 years, all at Nanaimo General. For 11 of those years she has served on the Unit Executive, most recently as Vice-Chairperson and Chief Shop Steward.

Sister Henneberry is interested in how the Union works and particularly how financial decisions are made. She feels her participation on the Provincial Executive will enable her to be more involved in union affairs.

She was elected as 5th Vice-President on the Provincial Executive, a position she will hold for two years. She is the first woman from Nanaimo to sit on this body in the Union.

"I wanted to see more women on the Provincial Executive," she says. "A lot of women, because they have families, feel they don't have time to devote to those activities. I felt I had time, since my family are grown now."

Sister Henneberry thinks more women on the Executive will set a good example for the younger members, and will encourage other women to run for office in the Union.



Mary LaPlante

For 11 years Mary LaPlante has worked at the Prince Rupert Regional Hospital. Since the hospital was organized in 1980, she has served as Chairperson on the Unit Executive, and at the last conven-

tion she was elected to the position of Regional Vice-President for the North.

Sister LaPlante decided to run for Provincial Executive because she saw it as a challenge.

"I wanted to be involved. I felt that Prince Rupert could offer a lot of information and input."

B.C.'s northern region covers a lot of territory. It is made up of a number of small towns and cities, spread over a large area.

"People in the north are so far apart from one another," says Sister LaPlante. "It's important to be in touch with members in the North."

She says the Union has a lot of support from the Unit membership. "Rupert is a very union town, and our members are very strong, very union-oriented."

Sister LaPlante was the first member from HEU to attend a labour council meeting in Prince Rupert.

"I was welcomed by all the members of the labour council. And it wasn't just me, it was *all* of us."

The labour council offered support to the members in the area, and Mary says that was great.

Mary LaPlante is one of 20 people making decisions for 25,000 members, and it is a responsibility she is very committed to.

"I put a lot into my Union," she says. "I'm deeply involved and committed."

"United in strength is a big plus. People understand that. We've got to stick together, stand behind one another."

Sister LaPlante feels it is important for members to be aware of everything that is going on, and plans to be vocal on the Executive and express these concerns felt by people in the north.



Phyllis Shiplack

Sister Shiplack is part of a strong trade union tradition. Her mother has always been active in unions, and is now a member of HEU at the Gorge Road Hospital.

"My mom is really proud of me," she says. "She always used to tell me about the union when I was young."

Her daughter used to work at Victoria General, and was also a member of the Union. "We talk about unions, and she really supports them, too," says Sister Shiplack.

She feels her role as an advocate for the Union is extremely important. "I'm a firm believer in getting to people on the job. We have to do education all the time — all day every day."

She sees the Union as a permanent part of the hospital — "I even tell administration that — 'we're not going away.'"

Phyllis would like to see more young people active in the Union, and encourages their participation

all the time. She also feels the Union needs its women members to be more active, and feels her role on the Provincial Executive will set a good example.

Sister Phyllis Shiplack works as a Nurse Aide in the Cancer Clinic at Royal Jubilee Hospital in Victoria. She was elected to 4th Vice-President on the Provincial Executive, and serves as Vice-Chairperson and Chief Steward of the Unit.

Sister Shiplack has been a member of the Union for 12 years, and has always been active. She decided to run for Provincial Executive because she wanted to have some input into decisions and policy-making of the Union. She sees her participation, too, as a learning experience, which can be used to help the members at both the Unit level, and the provincial level.



Julia Amendt

Julia Amendt works at Surrey Memorial Hospital as an Accounting Clerk IV. She has been a member of the Union for 9 years, and an active one since 1976.

"We were on strike in 1976," recalls Sister Amendt "and I didn't know why. I decided to find out."

Since then, she says, "something came up every few years" and she never looked back. She is now Vice-Chairperson on the Unit Executive. And it was that same curiosity that propelled her onto the Provincial Executive to serve as Regional Vice-President for the Lower Mainland.

"I wanted to see how the Provincial Executive worked, what went on," she says.

Sister Amendt feels she can have a lot of input into the Union at the provincial level. And she senses the collective strength of the membership expressed at Provincial Executive meetings.

"I don't know what I expected at first," she says. "After the education seminar, people expressed their concerns. I took those to the next Provincial Executive meeting. We discussed them and suggestions were made and there were solutions."

"You know when you go into a meeting problems will be discussed and you will come out with an answer."

Sister Amendt feels the membership is concerned more these days about their fellow workers. She thinks people are aware of attempts to bust the union.

"If they see someone being wronged, they want to do something about it," she says. "There is more pulling together, more people attending meetings and voicing opinions where they never did before."

"We've got a lot of *good* people in our union. Let's fight for that, young and old and women and men."

The Glory of the Day



The following is a speech by Sara Diamond delivered to a "Union Sisters" meeting on March 7th in Vancouver.

The fabric of International Women's Day is woven from many differently textured threads. The first glimmer of the day appeared on March 8, 1857 when thousands of New York garment workers marched through the streets, protesting intolerable working conditions: the filth, heat, dust-filled air, the starvation wages and twelve hour workday. The women were brutally beaten by police. More than fifty years later, on March 8th, 1908, women in the New York needletrade left their sewing machines to again demand a shorter working day and better conditions, an end to child labour and the right to vote. This event formed one action of many that consolidated into the 1909-1910 "Uprising of the Thirty Thousand" or "The Women's Movement Strike", a strike that by 1910 had become an historical reference point for International Women's Day.

Before this, in 1907, socialist women initiated the idea of a special day of protest for women, to be called International Working Women's Day. On March 8, 1910 Clara Zetkin, a German Communist leader proposed the day to the Second International through the Congress of Socialist Women, meeting in Copenhagen.

The growing tradition was soon strengthened by additional strikes. In 1912, twenty thousand, mostly female textile workers in Lawrence, Massachusetts hit the bricks over a pay cut of thirty cents a week, the cost of five loaves of bread. The women picketted in freezing weather with babies in their arms and placards reading "Bread and Roses". Their slogan was "better to starve fighting than to starve working". After a strike that was considered semi-insurrectional the workers won a sliding scale of increases, what amounted to an equal pay settlement, beginning with a twenty-five per cent increase for the lowest paid workers, who had previously earned nine cents an hour. In resulting New England strikes over a quarter of a million workers won wage increases. From this struggle was born the theme song of International Women's Day, *Bread and Roses*.

Let's return for a moment to one of the underpinnings of the International Women's Day tradition, the New York garment workers' strike of 1909 to 1910. The Uprising of the Thirty Thousand was a spontaneous response to the call of a tiny International Ladies' Garment Workers Union local, seeking support for three of its striking shops: Leisersons', Rosen Brothers and Triangle Shirtwaist. This was a time when no legal protection existed for unions and workers would strike a shop, reach an agreement and then lose their union shortly afterwards because of harassment.

Work in the industry was irregular and seasonal. The mostly women workers were spread in groups of five to 20 workers amongst hundreds of small shops. They toiled for 56 hours per week, with unpaid overtime. They were charged for the equipment, needles, thread and electricity they used. Management made 25 per cent profits on these essential items. They were docked pay if late and forced to pay for entire lengths of cloth if a corner was spoiled. There were tremendous wage inequalities between male and female workers and between workers of different races and cultures.

General Strike

The Local decided to broaden its existing three strikes into a general strike. At the most, they believed that they could mobilize two thousand workers. Before they struck, they concentrated on publicity for their effort. There had been concerted police and strike breaker harassment on the three existing picketlines. Women picketers observed union rules such as: "Don't get excited and shout when you are talking; don't put your hand on the person you are speaking to, don't touch his sleeve or button; this may be construed as technical assault, or, don't stand in front of the shop, walk up and down the block." Employers hired thugs led by "the notorious Dominic" at one shop to assault strikers. One organizer, Clara Lemlich, was

beaten again and again and had her ribs broken. At another company, bosses hired prostitutes and pimps to humiliate and beat strikers. When arrested, strikers were subjected to intensive sexual harassment by police.

Preparations for the general strike suddenly accelerated as the conflict burst into public view. A young society woman and member of the Women's Trade Union League, a feminist support group, was arrested while monitoring police violence on the picket line. The judge released her, apologizing for mistaking her for a working girl. Mary Brier's subsequent press testimony won substantial support for the strikers. On November 22, 1909, the union rented a hall and called on all shirtwaist makers to attend the meeting. Instead of the expected two thousand women, fifteen thousand young women walked off the job that morning and another ten thousand joined them at night. One woman described the walkout. The women in her shop sat at their machines: "Shall we wait like this? There is a general strike. Who will get up first? It would be better to be the last to get up, and then the company might remember it of you afterwards and do well by you. But then I told them, 'What difference does it make which one is first and which one is last? So we stayed whispering and not making up our minds up for two hours. Then I started to get up. And just at the same minute we all got up together in one second. No one after the other, no one before. So we all stood up and walked out together.'"

Strike Pledge

The union soon had to rent emergency halls to hold all the strikers. At the central meeting, women were addressed by Samuel Gompers, who had honoured them with his presence, Socialist lawyers, the Women's Trade Union League and other middle class supporters. After two hours of rhetoric, Clara Lemlich, a garment worker, stood up to speak. Some in the meeting, and one on the platform tried to deny her voice, but the meeting demanded that she speak. After all, she was a striker.

She outlined the following in eloquent Yiddish: "They had come there for business, they were seething with discontent and hatred of their bondage; they were pulsing with sympathy for their fellow workers, and that each was ready, aye, anxious for the charge into the camp of the common oppressor." She then put the motion for the general strike and was unanimously endorsed.

Then the meeting, with right hands upraised, repeated the following oath: "If I turn traitor to the cause I now pledge, may this arm wither from the arm I now raise." The women's demands included a closed shop, union recognition, an end to subcontracting, weekly pay, a fifty-two hour week with a limit of two hours daily overtime, and an end to paying for materials and electricity.

The women struck for thirteen weeks picketting through the winter, in their thin clothing. Over six hundred women were arrested and many were assaulted by strike-breakers. Their courage was unflagging. One sixteen year old woman was beaten black and blue by her brother and father who

wanted her to return to work. She came to the union office, resolved to keep striking and find new living quarters.

The most powerful aspect of this strike was the extensive solidarity that the strikers built. They proved that women were present in the labour force, and capable of working together under pressure. The strikers broke important new ground for the suffrage movement as well as for working women's rights. A united front of support included the Women's Trade Union League, American Federation of Labour, suffragettes, "Millionaire Women", who appeared on the picket line in mink coats and drove strikers to exclusive club fund-raising dinners in their chauffeured limosines, and Socialist Party women. They provided organizational backbone, fundraising skills and social connections. Activities included volunteer picketing, legal services, raising bail money, protesting police action, organizing shops, building support rallies and marches, general fund raising and assistance in actual arbitration between union and management.

While the strike took place along industrial lines, the settlements did not. The union allowed individual shops to sign agreements, weakening the ranks of the strikers and leaving women out against the larger shops. These had formed an employers' association. The union leadership accepted a compromise settlement that included neither a closed shop or union recognition, two of the key goals of the strike. The women workers, furious and betrayed, rejected the settlement. Middle class supporters began to fall away, leaving only Socialist Party and WTUL women to help the strikers. The workers themselves took over the organization and leadership of the strike. Former wealthy women supporters attacked the strikers as showing marked disorderly socialist tendencies: "There is nothing constructive about socialism. It just makes these ignorant foreigners discontented."

After the December 27th rejection vote and the weakening of support, the strikers began to return to work, shop by shop, accepting compromise agreements. Despite this setback the strike had opened new doors for women workers. It had shown the possibilities and importance of public support, the need for increased unity amongst ethnic workers and the ability of women to hold their own under fire. Women strikers would later be instrumental in forming an "equal voice" movement within their union, in the light of continued leadership compromise.

Since this early period there have been many other courageous struggles woven into the cloth of International Women's Day. In British Columbia women have used this day since the 1930's to demand unemployment benefits, birth control, welfare increases, an end to war preparations, boycotts of fascist goods, medical and dental services for children, education, equal pay, and the more recent demands of the women's movement, such as abortion rights, equal pay for work of equal value and an end to pornography.

It is in the spirit of our foremothers at home and around the world that we celebrate March 8th every year.

Union Activist Retires



Jeanne Norlin, CCABC Unit Chairperson, fastens the Union retirement pin on Jack Brydle's lapel at Dinner held in his honour.

Jack Brydle began working at the Cancer Control Agency of B.C. on October 1st 1951, before many of our members were born. Now, over 31 years later, Jack Brydle is assuming a new position — as "plant manager" at his home on West 19th in Vancouver.

Jack retired from his position as machinist/instrument maker in the Radiation Physics Department of CCABC. An active union member since the CCABC Unit was certified in 1974, he served on the Unit Executive as Trustee, Vice-Chairperson, Chairperson and shop steward. As if that weren't enough, Jack also chaired the Staff Gift Fund at CCABC and

was a member of the Agency's bowling league.

Friends at CCABC held a dinner in Jack's honour, and presented him with a silver Union retirement pin. During the ceremony Jack confessed that he and his wife Glynnis are avid travellers. Now that he is retired, they will be able to travel at a leisurely pace, horticultural activities permitting.

The Guardian would like to take this opportunity, on behalf of the Hospital Employees' Union, to extend our best wishes to Jack and Glynnis. We have been the benefactors of nearly ten years of active union membership by Jack, and for that it is we who are honoured.

Medicare Menace

Canadian resources have always been available to American exploitation — overly available, many would say. But there have always been limits, and health care was one of the areas which did not invite foreign control.

Now, however, Canadian sovereignty and community control are being threatened by lax government attitudes and a large multinational, U.S.-based company called American Medical International, Inc.

AMI has just signed a 12-year, \$300,000 contract with Hawkesbury and District General Hospital in Hawkesbury, Ontario. The corporation is offering consultation services to the hospital.

An AMI spokesperson was quoted as saying that his firm will run Hawkesbury General "more efficiently" — by first laying off staff and charging additional fees for some of the hospital's services.

This is the first time an American consulting firm has been contracted to run a Canadian hospital. Jack Gerow, HEU Secretary-Business Manager, said there are reports that AMI is working on similar deals in B.C.

Such deals, he said, "are yet another erosion of the basic principles of our medicare system." Gerow was referring to universality and non-profit administration of hospitals.

Last year AMI netted more than

\$78 million dollars in pure profit from operations in twelve countries.

"This is in reality a **reduction** of \$78 million dollars from health care services," said Gerow.

"No one should profit from the sick and injured," he said. Gerow emphasized that any profit from health care reduces the amount available to upgrade the quality and level of services.

This threat to the principles of Canada's medical care system must be challenged. Both federal and provincial governments should be supporting the public's demand for non-profit, community controlled health care institutions.



"Management regrets that it will be unable to meet with the Union today..."

Member Profile

Barry Singh, R.R.T.

The first thing that strikes you as you enter Royal Columbian Hospital in New Westminster is the spaciousness of the lobby: high ceilings, white, waxed floors, and a sparsely furnished admitting area. To your left and around a long, curved hallway is the Respiratory Technology laboratory. Through the orange door, sits Barry Singh, R.R.T.

Barry received his certificate as a Registered Respiratory Technologist from the University of Alberta Hospital in Edmonton in 1969. He has been at Royal Columbian for eleven years, continuing his education through correspondence from the University of Saskatchewan. He was head of his department until 1978, when hospital management re-organized and amalgamated under one manager. Barry is not convinced this was the best decision, because managers are usually not respiratory technologists themselves.

For four years, Brother Barry Singh has been active in the Union, serving on the Unit Executive in a variety of positions. In 1980, he acted as the liaison between the Hospital Employees' Union and the B.C. Society of Respiratory Technologists regarding reclassification of R.R.T. positions.

"I have a lot of respect for the Union," says Barry. "It has the ability to protect the membership, to fight for job security and wage benefits. That's important."

He sees the HEU as the forerunner in negotiations with the Health Labour Relations Associa-

tion. "HEU does most of the groundwork, since our contract comes up first. Other unions wait to see how our negotiations go before they begin planning their own strategies."

The HEU is made up of different people doing different jobs. And, Barry points out in a soft but firm voice, everyone "provides an equally important service to the patient. No group can function on its own, it is an integrated, interdependent kind of thing."

Bourne's Bear

"I do a lot of walking on this job," Barry says as he leads the interviewer through wide hallways, past Emergency labs, the now common beds in the hallway. He is going to show her the Intensive Care Unit where the ventilators are kept. The ventilator is one of his machines.

They enter a large room with several different kinds of machines lining the two walls. Barry's job is to ensure that these machines — and there are 12 different kinds — are working at all times. Every hour, he monitors the ventilator, checking that oxygen levels correspond with a doctor's instructions. He shows the interviewer the face of the "Bourne's Bear", a ventilator covered with switches, knobs, lights, alarms, buttons. "SIMV, CPAP, SIGH VOLUME, SIGH PRESS" — it looks and reads like a space computer.

As Barry demonstrates the use of this life-saving bit of equipment, he emphasizes that these machines must always be working properly.

"If the alarm was not working," he says, "and the patient was not getting oxygen for more than three minutes, that person could have irreparable brain damage."

Barry invites two co-workers to join them. He wants to make sure that she leaves Royal Columbian with a good idea of what a Respiratory Technologist is involved in. Mike Milks, a member of HEU, is a full-time instructor, working with students on their 3rd year of training. Leandra Kinaschuk is one of the few students who are members of HEU. (She works part time at the Children's Hospital as a Nurse Aide.)

"We 'interface' between the machine and the patient," Mike says. "All orders originate with the doctor, but we are responsible for making sure that the instructions are carried out properly." The R.R.T.s are also part of the Cardiac Arrest and the Cardiac Life Support Teams. They provide technical services.

Leandra says many graduating R.R.T.s are unhappy with the structure of the industry in B.C., and Barry readily agrees. There is a large demand for respiratory technologists in B.C. hospitals, but the fact that working conditions and wages are not keeping up, plus the way respiratory services are organized, are having an adverse impact.

"Many people either have gone or want to go to the United States or to other provinces," says Leandra, "because the system outside of B.C. is better organized."

An example of this is the home

care program. The B.C. Government does not fund and develop a home care respiratory program.

"Patients should be taught to use the equipment by qualified people going into their homes to train them, to maintain quality control of the machines and to troubleshoot for any problems that might arise," says Barry. The situation now allows private medical companies and suppliers to instruct the patient in the use of the ventilating equipment. "They are often not qualified. What's needed is a respiratory technologist to instruct and then follow up to make sure the patient is okay."

They leave the Intensive Care wing of the hospital and make their way to the staff medical library. Barry shows her a number of articles about RRT's in B.C. and the rest of Canada. He photocopies all of them, and suddenly they are surrounded by paper. They collate and staple for a few minutes, talking about music (he likes reggae, country-western, classical) and sports (cricket's his game).

On the way out, they bump into the manager of his department. He asks Barry if the article she is doing will be done from a 'union perspective.' She answers that "a union newspaper has a union perspective — so yes, it will have." The manager says 'I see' and 'nice to have met you' and they go their separate ways. Barry and the interviewer chuckle as he points her in the direction of her car, and goes back inside, to answer the beep of his pager.

Journey to Nicaragua



Kitchen workers at the Dermatological Centre in Managua.

Joan Wright, a member of the HEU Provincial Executive, and Jean Swanson, HEU research analyst, visited Nicaragua in February 1983. Their trip is reported below.

Nicaragua is a hot, muddy, incredibly poor country. Only a major disaster — like the 1972 earthquake — or revolution — like the victory of the Sandanistas over Somoza in 1979 puts this tiny Central American nation in the news. Nothing can be done about the weather, the people hope to be spared another earthquake, but they are trying to do what they can to make Nicaragua a better place to live and eager to show others their accomplishments.

We were among twenty-one Canadians who joined a tour sponsored by an Ontario group, Medical Aid to Nicaragua, and visited the country for three weeks in February. We met all kinds of people, many of them representatives of organizations that are taking the lead in struggling against the legacy of dictatorship, the desperate poverty, and the steep odds against progressive social change.

Legacy of Dictatorship

The Nicaraguans harbour a great deal of bitterness. Many North Americans have a vague recollection of Anastasio Somoza, the tinpot dictator who ruled the country for decades, stealing everything in sight and stuffing his profits into offshore bank accounts. In the 20th century, dictators in Central America have dominated the scene. We expect them to come and go, usually replaced by someone similar with slightly better connections in Washington.

The Nicaraguan people, by and large, see it qualitatively differently. Dictatorship was not a peculiar brand of social disease, but something one experienced close up, could see and feel everywhere from the undernourished children with distended bellies, to the cigarette burns on someone's wrist from some gentle persuasion by one of Somoza's thugs.

Somoza meant water that would never be pure. Open sewers that would spread disease. Mansions surrounded by high walls and barbed wire. For health care workers it was the hospital that never got built because the funds were siphoned off for some official's trips to Europe. It was a medical care system which made life past 50 a privilege of the wealthy, an infant mortality rate that made death more probable in the first year than life. It is the bitterness of the grieving husband, the homeless

boy, the widowed wife. It is the bitterness of knowing that things could change, things should change, but would not as long as Somoza held on.

The 1972 earthquake proved to be the catalyst that turned the bitterness into a directed anger and led to the collapse of the Somoza regime. Good hearted people from around the world donated millions of dollars of food, medical supplies, building material to help the tens of thousands left homeless by the disaster. Very little of it ever reached the victims. Somoza creamed it off for himself and the group that surrounded him. This act of theft, the theft of the world's generous assistance, was too much.

Somoza is gone, but the bitterness lingers. Nicaraguans are not likely to let their children and grandchildren ever forget the legacy of those days.

New Directions

It would be nice to say that once Somoza was gone everything changed, like magic. But Nicaragua is still a country where most people live in shacks with tin roofs and dirt floors. It is a country where children are crippled by parasites. Where malaria, dengue fever, T.B., are still the Angels of Death. It is a country where food is rationed, things don't always work, where there aren't enough hospitals, not enough doctors, not enough nurses, not enough medical equipment.

We heard the bitterness, we saw the poverty, but we felt the winds of change. We listened to what the people were saying about themselves and the future. In the countryside we met five families who live in a barn with their livestock, but the farm is a co-op and they have hope in better crops.

We saw hospitals without hot water boilers, without dryers, where the meals are cooked on a wood fireplace. We saw incubators that cannot be used because they lack parts. We saw a dying girl, surrounded by doctors made impotent by lack of surgical equipment. But the health care workers saw all these things as obstacles to be overcome. They point with pride — and hope — to the fact that five new hospitals are under construction, and 500 doctors are being trained (up from 50 in Somoza's time).

For the first time Nicaragua has a

national health system. It is based on three principles:

1. All Nicaraguans have a right to free health care;
2. Preventable diseases should be attacked first;
3. Health planning should be centralized, but delivery should be de-centralized.

This system is already more than words.

The government has launched nation-wide campaigns to immunize people against preventable diseases. Volunteers spread out through the countryside to inoculate people. The day we arrived hundreds of thousands of children received polio booster shots. Not a single person died from polio last year. Hope is fed by victories like these.

We met true heroines too. Thousands of volunteer brigadistas, elected by their communities, have taken a short government sponsored training course which enables them to return to their homes and work with the community to solve urgent health problems. Seventy per cent are women, and they are truly dedicated. To achieve the national goal of universal health care it is necessary to travel on foot

or by boat into the remotest parts of the country, to go back into rough country where some of Somoza's supporters are still hanging on.

Long memories and large hopes account for the extreme sensitivity of their place in the world. The U.S., which regretted the loss of Somoza, is not friendly to the new government. It is hard for the hospitals to get spare parts for their equipment — it is hard to get spare parts for anything in Nicaragua. International banks have closed their doors to most loans.

But the Nicaraguans are a resourceful people. Volunteers pick cotton or coffee beans on their days off. The foreign exchange earned from these products enables the government to buy the medicine and equipment the people need.

It is a source of bitterness that the new Nicaragua must spend so much of its scarce wealth on defense. Nicaraguans told us time and time again that they would prefer to spend their wealth on eradicating disease, building hospitals, building schools — but they cannot. The CIA directed rebels in Honduras are too close, too dangerous, a threat to every step forward.



Local Unit and National Executive members of Fetsalud — the Federation of Health Workers.

Bolivian Workers Victorious

The two-year struggle of Bolivian workers to topple the repressive military regime which took power by coup in July 1980, has resulted in victory.

The final victory was a direct result of the crippling effects of the two-week general strike which began in late September 1982 and ended only after the military had returned to the barracks and democracy was restored.

Bolivia's civilian President-elect Siles Zuazo, leader of the Democratic and Popular Unity Party (UDP) has returned to Bolivia from exile and was inaugurated president on October 10, 1982.

Mr. Siles Zuazo's first act as President was to replace the entire military command.

The military regime which has been toppled was one of the most repressive in the world. The first acts of the military, after the July 1980 coup, had been to occupy all union offices, arrest, torture and murder hundreds of union officials, and to seize and silence all union radio stations.

Anyone raising their voice against this repression risked imprisonment, torture and death.

Despite the repression, workers organized "underground" under the leadership of the Bolivia Workers Central (COB).

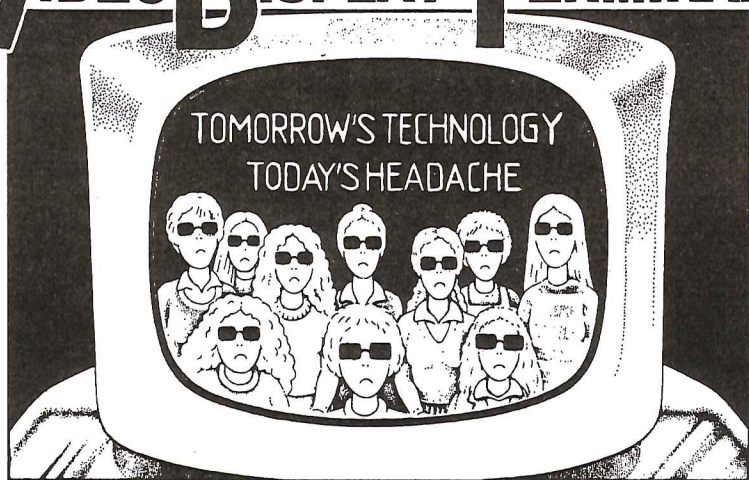
Now, after two years of struggle, trade unionists in Bolivia have played a central role in the restoration of democracy.

(Reprinted from CUPW Perspective)

The Hospital Guardian, Spring Quarter, 1983/9

VDTs and Radiation

VIDEO DISPLAY TERMINALS



WATCH THEM CAREFULLY!

This is the second article in a series on Video Display Terminals to appear in the Guardian.

"Just because you don't sense radiation doesn't mean it isn't there." That's the warning to video display terminal (VDT) operators from prominent radiation researcher Dr. Rosalie Bertell. A member of the B.C. Medical Association environmental health committee, Dr. Bertell has spent fifteen years of her life investigating the biological effects of radiation. Also a public health specialist with the Jesuit Centre for Social Faith and Justice in Toronto, Dr. Bertell is called upon to give many public speeches to workers concerned about their daily contact with video display terminals.

Dr. Bertell considers VDTs to be an early, primitive form of technology that will be obsolete and considered dangerous in 10 years. But until that time, workers should not be serving as guinea pigs for the current VDT technology which emits radiation at levels many researchers consider harmful, Dr. Bertell emphasizes. Workers should demand through their unions the complete and regular radiation testing of all machines, and thorough shielding of all VDTs to prevent any radiation emission.

More than a quarter of a million VDTs are in use in Canadian offices every day, and more than 100,000 workers, most of them women, spend all or part of their day around the machines. Headaches, muscular pain and visual problems are virtually a given factor for most VDT workers, and although these are serious problems, some of them may be alleviated through proper lighting and work station design (ergonomics).

Bio Effects

The threat of even more serious health hazards surfaced soon after the introduction of VDTs. Researchers found that VDTs could emit levels of radiation considered harmful by the most rigorous members of the scientific community. Workers continued to report health problems, which did not disappear among workers in ergonomically perfect offices. Even when lighting and all work station design features were ideal, workers reported serious health problems such as facial rashes, cataracts of the eye, changes to the menstrual cycle, decreased fertility in both men and women, miscarriages and the birth of babies with abnormalities.

Scientific research has supported evidence that biological effects, such as those widely-reported by VDT workers, can be expected with exposure to radiation, even at the very low levels usually found in tests of radiation emission from VDTs.

Before considering the tests of radiation emission which have been conducted, their reliability and their significance to human health, it may be useful to explain how a VDT works. What is the "electromagnetic radiation spectrum" scientific researchers refer to? What are the sections of the VDT that tests show can emit radiation? And what are the various forms of radiation that VDTs emit?

The video display terminal consists of a typewriter keyboard attached to a television screen, hooked up to a computer data bank. The principle of the VDT is the same as a television set. The image on the screen is provided by an electron beam generated from the cathode ray tube (CRT), which

In the course of creating these images on the screen, the VDT is emitting low levels of various kinds of radiation. The electron beam produces ionizing radiation in the form of X-rays (the kind we associate with medicine) and the activated screen phosphors produce both visible light and invisible ultraviolet light (UV-like rays from the sun or from a heat lamp). Such rays can cause burning, (as many a beachgoer has found), and even skin cancer with prolonged exposure, as seen in farmers and agricultural workers who habitually work outdoors.

Infrared (IR) light, of the kind we normally associate with heat treatment for sore muscles, is produced by various electrical components in the VDT. The electrical supply produces static electricity and radio waves known as extra low frequency (ELF), radio frequency (RF), and microwaves (MW).

Electro Magnet

Electromagnetic radiation is electrical energy travelling in the form of waves. The waves vary in frequency — the number of times they go up and down every second — and in wavelength — the distance from the peak of one wave to the peak of the next. Frequency and wavelength are related: The shorter the wavelength, the higher the frequency, and the longer the wavelength, the lower the frequency.

The "electromagnetic radiation spectrum" is the term used to describe radiation as it stretches along a spectrum from very long waves to very short waves, much like a rainbow. It is the only part of the spectrum that we can see, with gradations of colour from red to violet. The rest of the spectrum stretches on both sides of the visible rainbow. At one end of the spectrum are the long waves with

non-ionizing radiation still have been shown to possess enough energy to alter the behaviour of cells, producing cancer and genetic damage.

X-rays are the only form of ionizing radiation that is produced and emitted by a VDT. The X-rays originate in the vacuum tube of the VDT. A "hard" X-ray is of short wavelength and higher energy. It can penetrate tissue more easily than X-rays of longer wavelength, called "soft".

The amount of damage done to a living object by X-rays passing through it is expressed in rems, which stands for Roentgen (the name of a scientist) Equivalent Man. The closer a worker is to a source of X-rays, the greater is his or her exposure.

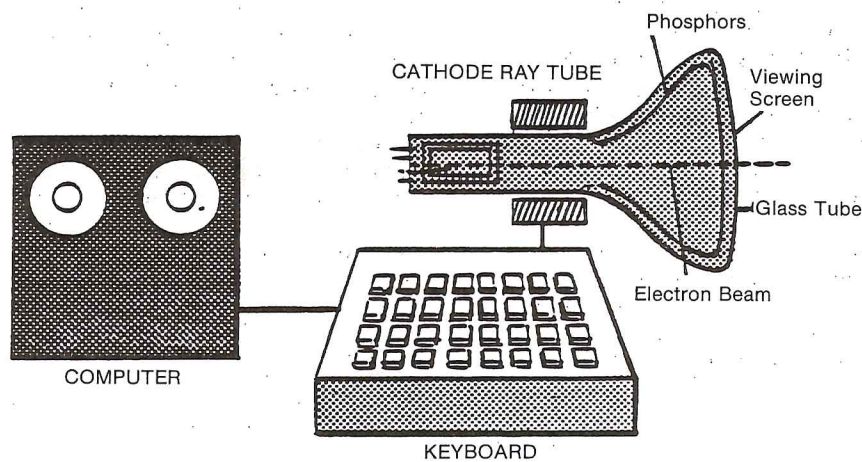
Comparing TV Viewers

The Canadian standard which limits X-ray exposure for the general public is 0.5 rems per year. But the limit for radiation workers is 5 rems per year. Workers who may be exposed to undetermined and, possibly hazardous levels of radiation, from a malfunctioning, inadequately-tested or poorly-maintained video display terminal, are accorded the same health protection as an ordinary television viewer. As well, the federal standard compares VDT operators inaccurately with television viewers, because the VDT worker sits very close to the screen for as long as eight full hours a day — hardly the schedule or position of even the most avid TV viewer.

As for the hazard X-rays pose to humans, the recommended government standard does not provide adequate protection when examined in the light of some scientific research. In 1958, a British researcher found that babies whose mothers had undergone X-rays of only 1 to 3 rems during pregnancy were twice as likely to develop cancer as those whose mothers had no X-rays.

And other studies show that lower levels of radiation may be as harmful, or more harmful, than higher levels. Work done by Canadian researcher Dr. Alice Petkau in 1972 and 1974 indicated that the risk of damage to a cell by radiation could actually increase, rather than decrease, as the radiation level was lowered. Low levels of X-rays, such as those associated with VDTs, could therefore be more damaging than high levels from which the government is seeking to protect workers.

The goal of the HEU in seeking to protect its members adequately from X-rays is therefore to insist on thorough testing and shielding of all video display terminals.



causes the phosphors on the inner surface of the screen to glow.

The CRT is a glass tube with an electron gun at one end and a layer of phosphors at the other. With the application of high electrical voltage, the electron gun fires electrons which interact with the phosphor-coated screen to create bright light, from which the individual characters on the screen are formed.

A "scanner" control sweeps the electron beam across the surface of the screen in a series of regularly-spaced horizontal lines. The beam responds to input signals from the typewriter or the computer producing a pattern of dots which make up each character.

low frequencies, and at the other end are short waves with high frequencies.

Radiating energy has varying characteristics depending on its wavelength and frequency. Radiation with very high frequencies and short wavelengths, such as X-rays, has enough energy to knock electrons off atoms and is called **ionizing radiation**. When ionization happens in living tissue, it produces effects such as cancer, sterilization, cataracts of the eye, abnormal births and miscarriages.

Lower frequencies of radiation, such as ELF, microwaves and radio frequencies, infrared and ultraviolet, lack sufficient energy levels to create ionization. These forms of

This is the first quarterly issue of the Guardian. The paper will now appear four times a year, with Newsletters published frequently each week.

The Summer quarterly issue will appear within the next three months. Watch for it!

More...

I wish to compliment the Guardian for its peace statement in the December issue. Peace is the most important issue of our time. It is particularly relevant to hospital workers.

If nuclear weapons were to hit Vancouver, many hospitals here would be destroyed. If not touched, they would be contaminated with radiation such that food, water and drugs etc. would be rendered useless. Also, there is no cure for radiation sickness. And survivors would be subject to other diseases such as cancer. Birth deformities, etc. would be at epidemic proportions. The nuclear arms race is without doubt a health issue, the most crucial health issue.

Billions of dollars, even in Canada, are being poured into armaments. That money could be used to develop our peace economy, for social, educational, and in particular health programs. War industry

No Smoking, Please

As a delegate from the Veron Jubilee Unit to the 13th Biennial HEU Constitution and By-Laws Convention held at the Richmond Inn in Richmond, B.C., I would like to express my gratitude for the hospitality, generosity and kindness shown myself and my fellow delegates from outside the Lower Mainland.

This having been my first experience as a voting delegate to an HEU convention, I was very surprised at the amount, scope and importance of the work that awaited us, and even more surprised that much of it was completed before the convention ended.

This job might have been considerably more easily handled by many of us if it had not been for those inconsiderate delegates who, by smoking during the working sessions, forced their used cigarette smoke on us whether we wanted it or not.

It was an honour to be chosen to attend the convention, and a privilege to participate in the democratic decision making processes of our union, but if non-smokers are not given at least **some** consideration at future conventions, I, and perhaps many more non-smoking active HEU members, may choose not to attend them. The potential loss to all of us greatly outweighs the momentary denial of a cigarette to a few of us. I challenge any smoking delegate to show me publicly, in the Guardian, that I am wrong.

— **Tony Wildeman**
Vernon Jubilee Unit

Concerned LPNs

When this letter comes to press, the outcome of the arbitration between HEU 180 and Cowichan District Hospital regarding reclassification of Licensed Practical Nurses to Nursing Service Aides will have set a precedent for all Licensed Practical Nurses in British Columbia.

Once the Union, our bargaining agent, was made aware of our situation and concern, they were very strong in their support and guidance. Also the Licensed Prac-

is no longer labour intensive. Peacetime industry has the capability to provide lots of jobs especially in the health field.

Shaughnessy Hospital was and still is to some degree a veterans' hospital. And every day when I go to work, I see the results of past wars. Their situations are not pleasant. That sort of suffering is nothing compared to what would happen in the event of a third world war. We in the health sector should have a deep understanding of what that means. Your articles are indeed timely.

— **Peter Marcus**

Congratulations on your excellent December issue. As the HEU is making approaches to join the Canadian Labour Congress, we must be prepared to confront not only the local issues of wages and working conditions but also the broader issues which affect all working people.

The article on disarmament is especially timely. Every dollar spent on the military is a dollar less for health and education services for the workers of this country.

Please, let's have more news about the struggles other unions are having in these hard times. We certainly are not getting labour's point of view in the commercial media.

Peter James
VGH Unit

Or Less...

Please include the following motion, passed by the membership of the MSA Unit, in the next edition of the *Guardian*.

"Whereas, the *Guardian* is the HEU's official newspaper, is financed by the membership of HEU;

"Whereas, this tabloid is supposed to furnish valuable information to the membership;

"Be it resolved, that the Provincial Executive or Committee responsible for the *Guardian* cease putting non-Union news, which is of moral or political issues (re: nuclear arms, education system, government treatment) in this paper, as it only divides Union members on these issues.

"Be it further resolved that there be more and complete details of contractual and convention issues, as this does affect every Union member."

J. Hall
Secretary-Treasurer
Matsqui-Sumas-Abbotsford Unit

Business Puts \$ Into QWL

Is Big Business finally coming around? For the last few years, union busting, take-away demands, discipline crackdowns, runaway shops, speed-up and the undignified defeat of progressive legislation have dominated the labor news.

Yet right smack in the middle of this fierce assault by employers on their workers, a number of major companies are promoting programs that promise to increase job satisfaction, involve employees in decision-making, and reduce friction between workers and management.

These programs are being eagerly endorsed by the media giants, especially the business press. Significantly, they are also being welcomed by some unions.

"Quality of Work Life" programs are cropping up like mushrooms after a spring rain. Kaiser Aluminum, Proctor and Gamble, Exxon, Honeywell, General Foods, TRW, Polaroid and Bell Telephone all have QWL programs.

General Motors, a pioneer in this management technique, has dozens of them, and plans to extend QWL throughout its auto plants. GE and Westinghouse have recently introduced QWL to some of their major factories. National Steel has bought an initial program. Hundreds of enterprises, ranging from large modern offices to garment and hand-tool shops, are experimenting with QWL.

The programs aren't cheap. Few QWL programs cost less than a few hundred thousand dollars to start up. GM has now spent literally millions of dollars on QWL. Invariably, consultants are brought in for at least a year to set things up. And the expenses never stop. All the numerous circle and other QWL meetings are held on company time.

The QWL concept originates in theories of behavioral psychology. It is based on the recognition that workers' knowledge about their job and fellow workers can be an extremely valuable asset to a company. QWL attempts to tap that knowledge — to allow a company to "unlock the creative potential of its people," in the words of one expert, Robert Guest.

Another QWL theorist, Edward Glaser, explains that this is done by fostering a "sense of 'part ownership'," and therefore "a stake in organizational success." As Glaser points out, the "ownership" is purely psychological — management retains ultimate decision-making power.

Work Speed Up

QWL advocates insist heatedly that their programs are not schemes for speedup, job combination or union busting. While they speak glowingly about improvement in profits and productivity, they usually refer to these as by-products of QWL. In theory, the focus is on greater efficiency and quality and on ending the adversarial relationship on the shop floor. It is also said that increased employee satisfaction resulting from the programs will lead to a

decline in accidents and absenteeism.

The strongest arguments against QWL in this country come from rank and file union members who have found themselves face to face with the new programs.

These activists can furnish stories about workers being induced to air their differences in front of management, about employees' suggestions which are used to damage fellow workers, about workers rating each other on report forms, about elimination of jobs, about quality circles that come to "replace" the grievance procedure. They have seen that companies with QWL programs often continue to harass and cheat workers despite all their promises.

One delegate from a Westinghouse plant in Connecticut said at a recent UE District 2 Council meeting: "[QWL] is a pick-your-brains program to squeal on fellow workers and speed you up."

Grievance Procedure Replaced

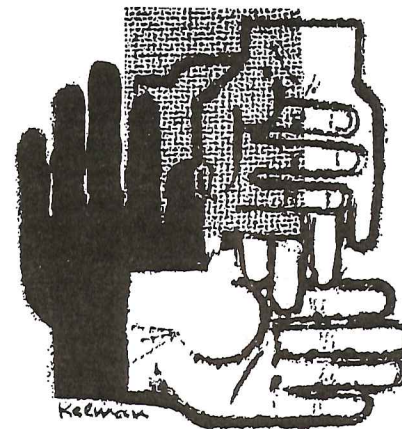
At the "model" QWL GM facility in Tarrytown, New York, workers were convinced to work large amounts of overtime, even though over 1,000 of their fellow union members were on layoff. Not all among the UAW rank and file are impressed with this example of labor-management cooperation.

Nor do they all share the glee of regional and local officials that the Local 664 grievance load has been cut "from 2,000 to 200 or so." There is, in fact, more than one way to reduce the number of grievances. Some worry that the union is no longer seen by workers as the means to solve their problems.

QWL advocates and opponents alike agree that a well-organized attempt by a union to defeat the new type of program has a pretty good chance of succeeding. Many QWL efforts have been untracked through worker resistance.

Yet QWL, with its careful use of group psychology and promises of a better future, continues to exert a definite attraction among rank and file workers and trade union officials alike. There are those who hope that an end is finally in sight to the constant friction and struggle on the job. The issue will be contested in the labor movement for some time to come.

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— TWU Transmitter



FRONTLINES

"News from around the Province"

Lions Gate Med Stenos

Last November Medical Stenos at Lion's Gate Hospital were up-graded to the Clerk IV (R9) position graded to the Clerk IV (R9) position. As soon as HLRA heard about the reclassification, it forced the hospital to renege on the agreement.

The Union filed a grievance as soon as the reclassifications were reversed. The matter was referred to arbitration, but the employer has failed to name a nominee to the Board. As a result of this inaction, arbitration to resolve the outstanding grievance cannot proceed.

The Union will be going to the Minister of Labour to force the hospital to name its nominee. This dispute has been up in the air for some time now, while the medical stenos at Lion's Gate have waited patiently to see the matter dealt with.

Cowichan Tries Again

Not one month after the Cowichan District Hospital and the Union reached an agreement on the almost 40 LPNs threatened with layoff management at the hospital has tried to renege.

On March 10th, the hospital brought four Nurse Aides in to be trained by LPNs — to do LPN work. Practical Nurses refused management's attempts to force them into training themselves out of a job.

Jack Gerow, HEU Secretary-Business Manager, said the LPNs at Cowichan have the full backing of the Union to continue the fight.

"We won one battle," said Brother Gerow, "but the war's still on."

Clear Language

The Union has filed a grievance against Royal Columbian Hospital because it refuses to pay severance allowances to those employees with 10 or more years of service who choose to retire at age 55.

The Master Agreement is very clear on this matter: anyone who has 10 or more years of service will get a severance allowance if he or she retires at age 65 "or other minima/maxima retiring ages pursuant to subsequent amendments to the Municipal Superannuation Act."

On May 17, 1980, the Act was changed to allow retirement at age 55. The hospital seems not to have understood this properly, so the Union has filed a grievance.

Surrey Memorial Unsafe, Unsound

The Union is demanding that Surrey Memorial Hospital act immediately to ensure its gas sterilizer is properly ventilated and placed in a separate room.

While the hospital persists in allowing unsafe work conditions to prevail, it is also contracting a private firm to monitor the maintenance program. The Union has filed a grievance since this is work HEU members should be doing.

As if that wasn't enough, Surrey Memorial has failed to comply with the health and safety clause in the Master Agreement. The Union and the employer were to meet March 9th to formalize the Health and Safety Committee, but the hospital had not named its nominees, and it cancelled the meeting. The Union has filed a grievance.

PG Protests Porn

Members of the Prince George Unit have sent a letter to their MLAs, Jack Heinrich and W. B. Strachan protesting the proliferation of pornography in their community.

In the letter Andy Kozniak, Unit Chairperson, quoted the entire resolution on pornography passed by the Union of B.C. Municipalities, which says that porn "causes violence and encourages unstable individuals to carry out acts of indecency and cruelty against other members of society, in particular women and children."

Brother Kozniak called on the two MLAs to exert "maximum pressure" on the Attorney-General to enforce controls and establish regulations to deal with the offensive material.

Lion's Gate Morality

Charge Aides at Lion's Gate Hospital in North Vancouver were, until recently, earning less than the people they were in charge of in the Housekeeping Department. But, the hospital decided to bring them up to the minimum wage within the department, stating it was "morally incorrect" to do otherwise.

The Union is demanding that the minimum be paid in all areas of the hospital pending classification. However, the hospital is refusing. This question has gone to arbitration, and hopefully the hospital will not have to torture its conscience much longer.

Cranbrook Solidarity

The Cranbrook Unit of HEU have protested the treatment of fellow union members at Edith Cavell Hospital in Vancouver.

In a strongly worded letter to their M.L.A., the Cranbrook Unit said, "Vehemently, we protest the attempts of the government to force health care workers to accept substandard wage increases, and hope that we, and others like us, will not also be victimized by the judgements of the C.S.P. Tribunal."

The letter was sent in support of the Edith Cavell Unit members whose recently negotiated wage settlement was rolled back by the Compensation Stabilization Program to less than half the original agreement between the Union and the hospital.

The Cranbrook Unit stated their unwavering support "for the Union in its efforts to obtain a fair wage settlement for the workers of the Edith Cavell Hospital." They pointed out that interim agreements between Union and management are not supposed to be reversible under the Compensation Stabilization Act.

Union Grieves Passing

Jim Wall, HEU member at Shaughnessy Hospital in Vancouver, died in January of this year, and his passing is a great loss for the Union.

G. K. Moreton, President of Shaughnessy Hospital, wrote a letter of condolence to Blair Thomas, Unit Chairperson.

"The Hospital and the Union," wrote Mr. Moreton, "have lost a man who was interested in the welfare of his fellow human beings and who worked hard to that end. I hope you will convey the condolences of the Administration to your membership."