Union Demands VDT Safety

VDT operators at Surrey Memorial Hospital turned off their machines March 21st in a precedent-setting action to force acceptance of guidelines for 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. Harri Sharma of the University of Waterloo were released to the public March 11th. 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-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.

"WCBS 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 re-assigned 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.
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 cutsbacks will help obscure the fact that the government has misspent 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 arbitraged 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 division 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.
Gavin Wins

It's Still On!

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

One representative, who was injured in three appeals during the last five years, has seen people waiting six to eight months before their appeals are heard. Nearly all HEU reps are hearing appeals more often than usual. Claimants are waiting up to ten months for their appeals to be heard.

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

A provincial government must see if it that WCB acts in a more responsive way to injured workers' needs," said Jack Gerow, Secretary-Superintendent for HEU. "We need new, tougher legislation to force WCB to carry out its mandate.

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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 Hlajgi and Julie Leong, wash floor operator, linen was being improperly marked, or not marked at all, and everything from scalps 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 members 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.

Action Centres

British Columbia's unemployed are beginning to organize. Nearly eight years of scourges 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 organized 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 out through the bureaucratic jungle that is the Unemployment Insurance Commission. Anyone who has ever had to deal with the UI 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 retraining programs -- a demand that has been voiced by working people since the days of the Great Depression in the 1930's.

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

<table>
<thead>
<tr>
<th>Centre</th>
<th>Address</th>
<th>Phone</th>
<th>Co-ordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBRIDGE RIVER</td>
<td>1705-15th Avenue, Kamloops, B.C.</td>
<td>372-7444</td>
<td>Keith Simmons</td>
</tr>
<tr>
<td>COURTEEN</td>
<td>Kamloops Suite 20, Kamloops, B.C.</td>
<td>672-5588</td>
<td>Rita Julien</td>
</tr>
<tr>
<td>NELSON/ARRIER</td>
<td>1217 Bay Ave, Nelson, B.C.</td>
<td>369-8770</td>
<td>Scott Goodard</td>
</tr>
<tr>
<td>CASTLEGAR</td>
<td>1215 3rd Street, Castlegar, B.C.</td>
<td>365-2103</td>
<td>Scott Goodard</td>
</tr>
<tr>
<td>NEW WESTMINSTER &amp; DISTRICT 1</td>
<td>1171 5th Ave, New Westminster, B.C.</td>
<td>525-9628</td>
<td>Ralph McPhillam</td>
</tr>
<tr>
<td>LABOUR COUNCIL</td>
<td>1455 Ellis Street, Kelowna, B.C.</td>
<td>763-4755</td>
<td>Memyn Van Steijn</td>
</tr>
<tr>
<td>P. O. BOX 447</td>
<td>4724-4 Joyce Avenue, Powell River, B.C.</td>
<td>485-9185</td>
<td>Andrea Reigh</td>
</tr>
<tr>
<td>PRINCE RUPERT</td>
<td>446 Red Road, Prince Rupert, B.C.</td>
<td>992-9021</td>
<td>Cliff Spark &amp; Darrel Bruce</td>
</tr>
</tbody>
</table>
**WCB: A Snail's Pace on Eto**

**Question:** What is the Workers' Compensation Board of B.C. doing about Ethylene Oxide (EIO) 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. EIO 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 EIO 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, but 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 was 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 EIO.

In addition to the "carcinogenic, mutagenic and reproductive hazards" of EIO, 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 Company, which manufactures EIO, published a report showing higher incidents of leukemia among rats exposed to EIO 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 EIO in the work environment, previously considered safe, may present some risk."

In both Canada and the United States, health and safety officials are urging drastic reductions in acceptable levels of EIO 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 EIO exposure levels to protect workers. In his ruling, the judge said, "...the vast majority of scientific evidence ... plainly shows that workers are subjected to a grave health hazard when exposed to EIO 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 EIO 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 rate 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 provincial, WCB made "recommendations" that would reduce the dangers.

A safety breakdown of ten WCB inspection findings with EIO 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 EIO 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 EIO levels, and will not accept a WCB test that says "safety 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 the hospital 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 now become the major stumbling blocks to achieving that goal.

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**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 license should not be 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 $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 which recommended 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 1769 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 Fisherman's Hall, 133 East Cordova, the Centre offers counselling and education to unemployed anyone — unionized or not — who has problems with unemployment insurance, welfare, poor or unsafe working conditions, or other situations brought on by the current economic recession.

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**The Hospital Guardian, Spring Quarter, 1983/9**

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**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

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**nix, 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 30 cents an hour, while the top rate was $1.30 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.

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**The Hospital Guardian, Spring Quarter, 1983/9**
Six New Executive Members

PULLING TOGETHER

Carole Campbell

Carole Campbell works as a dietary aide at the Aberdeen Unit, Jean de Duca 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 her “feeling her way” on the Provincial Executive. She wants to try to incorporate some of the things she is learning on the Provincial 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 in the membership at her Unit.

People at Jean de Duca are concerned about a new agreement — 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.

Eileen Hennebery

Eileen Hennebery 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 Hennebery 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 Hennebery 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.

Cathy Chadsay

Cathy Chadsay is an LPN at 100 Mile & District Hospital. She works as a casual employee, and has done so for the past 7 years. Sister Chadsay 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 Chadsay 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 Chadsay. "A lot of information is given at coffee break, lunch hour or sometimes people just 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.

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-

Julia Amendt

Julia Amendt works at Surrey Memorial Hospital as an Accounting Clerk IV. She has been a member of the Union for 19 years, and is an active one since 1976.

"We were for Provincial Execu-

tive because we 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.

Phyllis Shiplack

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 16 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.

The Hospital Guardian, Spring Quarter, 1983/4
The fabric of International Women's Day is woven from many differently textured threads. The first glimmer of the day appeared on March 8, 1909, when thousands of New York garment workers marched through the streets, protesting intolerable working conditions. The women, filled with a sense of righteousness, walked out in a struggle for better wages and working conditions. The women were brutally beaten by police. More than fifty years later, on March 8, 1960, women in the New York neighborhood left their sewing machines to again demand a shorter working day and better conditions, an end to child labor and the right to vote. This event formed one act in the 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 May 8th, 1910, in Geneva, Switzerland, Zetkin, a German Communist leader, proposed the idea to the Second International through the Congress of Socialist Women, meeting in Prague. The growing tradition was soon strengthened by additional strikes. In 1912, twenty thousand, mostly female textile workers in Lawrence, Massachusetts, hit the brakes over a pay cut of thirty cents a week, the cost of five loaves of bread. The women picketed 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 women won a sliding scale of increases, which amounted to an equal pay settlement, beginning with the lowest paid female workers. This was the first time the lowest paid workers, who had previously earned nine cents an hour. In resulting New England strikes over a quarter of a million workers had joined the movement. 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 conscious response to the call of a tiny International Ladies' Garment Workers Union local, seeking support for three of its striking shops: Lesserson's, Rubin 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 due to 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 chained to the sewing machines, needles, thread and electricity they used. Management cut 25 percent profits on these essential items. They were deducted pay if late or "sloppy" over 45 minutes of the clothing or fabric was spoiled. There were tremendous wage inequities 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. Workers picketers observed union rules such as: "Don't get excited and shout when you are talking; don't put your hand on the striker so you can't get away; don't touch his sleeve or button; this may be construed as technical assault; don't stand in front of the shop, walk up and down the block." Emotions had disguises by "the notorious Dominos" at one shop to assault strikers. One organizer, Clara Lemlich, was beaten again and again and had 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 contract 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 mistreating her for a working girl Mary Brier's subsequent press testimony won substantial support for the strikers. On November 23, 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 worker, stood out. 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 go and then the company might tremennder it of you afterwards and do well by you. But then I told them how much does it make which one is first and which one is last. It was just staying whispered 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, the one after the other, no one before. So we all stood up and walked out together.

**Strike Pledge**
The union soon had to rent emer-
gency halls to hold all the meetings. 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 garments 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 elo-
quent Yiddish: "They were not there for business, they were seething with discontent and hatred of their bondsmen. They were so close to whippings for sympathy for the Pelosi workers, and so close as it was ready, awe, anxious for the charge into the camp of the cum-
mon oppressor." She then put the motion for the general strike and was unanimously endorsed.

Then the meeting, with right hands upraised, repeated the fol-
lowing oath: "If I turn traitor to the cause I now pledge, may this arm wither from the arm I now raise."

Women's demands included a closed shop, union recognition, an end to subcontracting, and a fifty-two hour week with a limit of two hours daily overtime, and an end to paying for matronage and electricity.

The women struck for thirteen weeks picketing through the winter, in their thin clothing. Over six thousand 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 site of the General Strike to keep striking and find new living quarters. The main 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 collectively. The strikers broke important new ground for the suffrage movement as a force for women's voting rights. A united front of support included the American Federation of Labor, socialists, "Millionaire Women", who appeared on the picket line in mink coats and drove strikers to "exclusive clubs for raising dinners in their charfueured limousines, and Socialist Party wom-
ens. They provided organizational backbone, fundraising skills and social contacts. Activi-
ties included volunteer picketing, legal services, raising ball money, prov-
testing police action, organizing stores, building support rallies and marches, general fund raising and assistance in settling disputes.

While the women were on the industrial lines, the settlements did not. The union allowed individualshop stewards to negotiate the wages in the various industries. Negotiating the ranks of the strikers and leaking out new terms to small and larger shops. These had formed an employers’ association. The union leadership accepted a compromise settlement that included neither a closing of the stores nor any of the 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 WFTU, women to help the strikers. The women workers themselves took up the strike leadership. Former wealthy women supporters at-tacked the strikers as showing marked disorderly socialist ten-
dencies: "There is nothing construc-
tive about socialism. It just makes these ignorant foreigners discontented.

After the December 27th rejec-
tion of further support, the strikers began to return to work, shop by shop, according to company demands. Despite this setback the strike continued and the women workers. It had shown the possibilities and importance of public support and the increased unity amongst ethnic workers who were asked to hold their own under fire. Women strikers would later be instrumental in forming an "equal voice" move-
ment 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 Britain, consciously used this day since the 1930s to demand the right to vote, equal pay, birth control, welfare increases, an end to war preparations, boycotts of goods produced by and dental services for children, educa-
tion, equal pay, and the more recent demands of the women's movement, such as abortion rights, equal pay, and the end to anormous.

It is celebrated by most women of the world, and all that we celebrate March 8th every year.
**Union Activist Retires**

Jack Brydle began working at the Cancer Control Agency of B.C. on October 1, 1961, becoming one of our members. We were born, now over 30 years later, Jack Brydle is assuming a new position as "plumbers" 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 1963, the CCABC Unit was formed in 1974, he served on the Unit Executive, Vice-Chairperson, Chairperson and shop steward. As it wasn’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 celebration, Jack confessed that he and his wife, Gwynn will be avid travelers. That now that he is retired, they will be able to travel at a leisurely pace,rei, horticulture, and less expensive.

The Guardian would like to take this opportunity on behalf of the Hospital Employees’ Union, to extend our best wishes to Jack and Gwynn. We have been the benefactors of nearly 10 years of active union membership by Jack, and for that it is we who are honoured.

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**Medicare Menace**

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

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

AMI has just signed a 12-year, $250,000 contract with Hawkesbury and District General Hospital in Hawkesbury, Ontario. The corporation is offering consulting services to the hospital.

AMI’s spokesperon was quoted to have said that their firm will operate the facilities of the hospital and “more efficiently,” by firing all but 20% of the hospital’s staff and charging additional fees for some of the hospital services.

This is the first time an American consulting firm has been contracted to run a Canadian hospital. Jack Gerow, HCI’s 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 the province’s non-profit, 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 in Canada.

“None should profit from the sick and injured,” he said. Gerow emphasized that any profit from health care reduces the amount available to promote 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.

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**Management regrets that it is impossible to meet with the Union today...**

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**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 high ceilings, white, waxed floors, and a sparsely furnished admitting area. To your left and around a long, curved hallway is the Respiratory Therapists’ lounge. 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 reorganized and amalgamated under one manager. Barry is not convinced that 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 Union between the Hospital Employees’ Union and the B.C. Society of Respiratory Technologists regarding classification 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 fore-runner in negotiations with the Health Labour Relations Association.

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**Bouzne’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 commonplace 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 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 “Bouzne’s Bear,” a ventilator configured with switches, knobs, lights, alarms, buttons, “SIMV, CPAP, SIGH VOLUME, SIGH PRESSURE” — 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 to make sure that she leaves Royal Columbian with a good sense of what a Respiratory Technologist is involved in. Mike Milks, a member of HEU, is a full-time worker who works with students on their 3rd year of training. Leanda Kinaschok 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,” says Leanda.

“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 interested in the structure of the industry in B.C. and, Barry says, “Most of the large demand for respiratory technologists in B.C. hospitals, is usually the same demand in large hospitals, 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 R.R.T.s in B.C. and the rest of Canada. He photocopies all of them, and suddenly they are surrounded by paper. They collide and spill for a moment, talking about music (he likes reggae, country-western, classical) and sports (his game).

On the way out, they bump into the Director of the Department. He asks Barry if the article he 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 “don’t 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

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 small, incredibly poor country. Only a major disaster — like the 1972 earthquake — or revolution — like the victory of the Sandinistas 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 dictatorship who ruled the country for decades, stealing everything in sight and pocketing his profits in 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 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 that was enough, and they 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 intolerable reality, and many died more probably 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.宋傲泽's 1983 book, Creativity in the Holy Land: A Study of the Jewish People, was a best-seller.

Somoza was gone, but the bitterness lingerers. 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, TB, 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 them- selves and the future. In the countryside we met 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 sheets 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 who were powerless to help her because of 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 nationwide 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 heroes too. Hundreds of 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 to 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 Somo- oza, is not friendly to the new government. It is hard for the hos- pitals 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 he new Nicaraguan must spend so much of its scarce wealth on defense. Nicaraguans told us that time and time again that they would prefer to spend their wealth on eradicating diseases, building hos- pitals, building schools — but they cannot. The CIA directed rebels in Honduras are too close, too dangerous, a threat to every step forward.

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 CPWP Perspective)

The Hospital Guardian, Spring Quarter, 1983/79
VIDE TERMINALS and Radiation

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

"Just because you don't sense hazards doesn't mean that it isn't there." That's the warning to video display terminal (VDT) operators from the prominent radiation scientist Dr. Rosalie Bertell. A member of the C. Medical Association environmental health committee, Dr. Bertell has spent fifteen years examining the biological effects of radiation. Adhering to a public health specialist with the Blood Fund, Social Services Board 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 consigned to history in 10 years. But until then, workers should not be serving as guinea pigs for the current VDT technology which emits radiation at levels only researchers consider harmful. The VDT's lack of adequate protection for workers should demand through their unions the complete and regular testing of all machines, and thorough shielding of all VDTs while in operation.

More than a year 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. Every VDT operator and all video display 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. These are all indicators of the effects of radiation on the body. 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 ultraviolet radiation in the form of X-rays (the kind we associate with medicine) and the action of the phosphor in the display tube produces both visible light and invisible ultraviolet (UV-lyke 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 industrial 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 inversely related, for 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 which 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 causes the phosphors on the inner surface of the screen to emit photons which are detected by the computer and displayed on the screen.

In the course of these actions, 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.

Radiation 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 from atoms and is called ionizing radiation. When ionization happens in living tissue, it produces effects such as cancer, sterilization, cataracts of the eye, abnormalities and miscarriages. Lower frequencies of radiation, such as ELF, microwaves and radio frequencies, infrared and ultra-violet, lack sufficient energy levels to create ionization. These forms of non-ionizing radiation still have been shown to possess enough energy to alter the behavior of cells, producing cancer and genetic defects.

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, "hard" X-rays is of short wavelength and higher energy. It can penetrate tissue more easily than the "soft" X-rays of lower wavelength, called "soft."

The amount of damage done to a living object by X-rays passing through it is expressed in rads, which stands for "roentgen equivalent of 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 rem per year. But the limit for radiation workers is 5 rem per year. Workers who may be exposed to unusually high and possibly hazardous levels of radiation, from a malfunctioning, inadequately-dosed or poorly-maintained video display terminal, are not receiving the same degree of protection as an ordinary television viewer. As well, the radiological standards for VDT operators are not adequately followed with television viewers, who are exposed to extremely high levels of soft X-rays very close to the screen for as long as eight full hours a day — hardly, then, X-rays of lower wavelength, most avid TV viewer.

For the hazard X-rays pose to humans, the recommended government standard does not provide adequate protection as many people have been exposed in the light of some scientific research. In 1968, a British health researcher concluded that children whose mothers had undergone X-rays of only 1 to 3 rads 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 higher 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.

This is the first quarter issue of the Guardian. The paper will now be published twice 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 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 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 Vernon Jubilee Unit to the 27th Annual HEU Convention, I would like to express my gratitude for the hospitality and kindness shown myself and my fellow delegates from outside the Lower Mainland.

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

The job might have been considerably easier had some of us it if 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 process making decisions that affect us all. But if non-smokers are not given at least some consideration of their (the smokers') right to work in an environment free of cigarette smoke, it may be difficult for me to continue smoking during work.

Tony Wildeman
Vernon Jubilee Unit

Concerned LPNs

When this letter comes to press, the outcome of the arbitration hearing between HEU 180 and Cowichan District Hospital regarding the recertification of Licensed Practical Nurses to Nursing Service Aides will have been decided. I am a member of the Licensed Practical Nurses in British Columbia.

Once the Union, our bargaining agent, was made aware of our situation, they were very strong in their support and guidance. Also the Licensed Practical Nurses Association has been aware of the deletion of LPN positions through attrition for a number of years and has endeavored to prevent this from happening without much success. Perhaps if there had been more nurse leadership, we might have been given more support. However, the case brought to light the situation and role of professional LPNs in our health care system.

Leslie Lungren
Concerned LPNs
Cowichan District Hospital

Business Puts $ Into QWL

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 our country. Please, let's have more news articles and unions involved in forming the 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, financed by the membership of HEU.

Whereas, this tabloid is supposed to furnish valuable information about the membership.

Be it resolved that the Provincial Executive or Committee ask management to stop putting non-union news, which is of moral or social issues (re: nuclear arms, education/ 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
Matso-Sumas-Abbotsford Unit

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 LQW rank and file are impressed with this example of labor-management cooperation.

No do they all share the glee of regional and local officials that the Local 664 grievance load has been reduced from 2,000 to 250. 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 statistically-backed through worker resistance.

Yet QWL, with its careful use of group decision-making, promises of a better future, continues to exert a definite attraction among rank and file workers, who will trade unionism for favors.

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.

Leveraged to the extent of their capabilities, by the new QWL programs, a union can increase its size and strength. As Glaser states, the "ownership" is purely psychological — management retains ultimate decision-making power.

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

Work Speed Up

QWL advocates insist heatedly that their programs are the keys to schemes for speedup, job combination or union busting. While they speak glowingly about improve- ment 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 stressful interpersonal 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 squelch on fellow workers and speed you up."

The Hospital Guardian, Spring Quarter, 1983/11

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Lions Gate Med Stenos

Last November Medical Stenos at Lion’s Gate Hospital were up-graded to the Clerk IV (R9) position, and then to the Clerk IV (R8) position. As soon as the reclassification, it forced the hospital to renegotiate 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.

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 Kozyniak, 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 Kozyniak 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.

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 had tried to renew.

On March 10th, the hospital brought four Nurse Aides into 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 55. “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.

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, “We demand that the government to force health care workers to accept substandard wage increases, and that we, and others like us, will not be victimized by the judgments 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.”