# HEU bargaining begins

The Hospital Employees Union will head to the bargaining table Feb. 14 to advance its proposals for a fair collective agreement for hospital workers.

Despite government threats of wage controls, HEU is determined to advance the union's case for pay equity, an adequate wage increase and improvements in working and caring conditions.

The bargaining committee will back up its position with a province-wide campaign to tell the public about the vital role of hospital workers.

The theme is Hospital Workers: the Heart of Health Care.

HEU will begin bargaining with HLRA Feb. 14 and expects to start talks with CCERA and Pricare soon after.

Special bargaining coverage in this issue of the *Guardian* includes:

- Six Steps to Fairness — HEU's demands, their justification and why the government can afford to meet them, starting page 8.
- Wage controls — HEU's response to Bill Vander Zalm's call for curbs on public sector wages. Page 3.


# Guardian

VOL. 9 NO. 1 THE VOICE OF THE HOSPITAL EMPLOYEES UNION FEBRUARY 1991

**MAINTAINING THE LIFELINE: HEU members Linda McLean (left) and Gloria Kelly ensure that the Canadian Red Cross' transportation system functions smoothly to bring blood from clinics to the Red Cross headquarters in Vancouver. They also ship blood products back to hospitals. The Canadian Red Cross has been advised by the Department of National Defense that it may be required to ship blood to Canadian forces in the Persian Gulf.**
GLEN ERIKSON PHOTO.

## Health workers at centre stage

New York hospital workers tell their story with drama and song.

PAGE 5

## Rebuilding a family

An HEU member tells how her dysfunctional family has been reunited and started healing after 37 years.

PAGE 11

## Pride in our work

Hospital workers are the heart of health care — that's the message HEU members will be giving patients and the public in the coming weeks.

# HEU ready for challenges of bargaining, B.C. election

## COMMENT

*By* CARMELA ALLEVATO

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And this time there must be pay equity for HEU members. The work our members do has traditionally been viewed as "women's work" and because of that, it has always been undervalued and underpaid. That injustice has to be redressed.

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# letters

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Senator Mitchell pointed out that international and U.S. government officials such as Secretary Baker and Secretary Cheney agree the international blockade is working. This is the first time in human history that international consensus has successfully imposed such a blockade. Any rational person can understand that a war with Iraq will primarily destroy the lives of innocent Iraqi and other civilians, and is likely to reap an unimaginable harvest of hatred and violence throughout the region in the future.

Under the circumstances, I am at a loss to understand our government's lock-step compliance with U.S. government policy. I call on Prime Minister Mulroney to reconsider the rush towards war. We should support the maintenance of U.N. sanctions as a more rational and humane alternative.

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In fact, nearly all of the glowing accounts of a three-country trade deal refer to using cheap Mexican labour.

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Vancouver General Hospital is making cutbacks in order to address a $5 million budget overrun.

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Are those who make the decisions about where to cut back oblivious to the medical consequences? Our ward, plastic surgery, is losing 10 of its 26 beds and eight of its 22 nurses, and faces possible closure in the spring. Surely this reflects the administration's misapprehension of what plastic surgery is.

Contrary to popular belief, cosmetic surgery makes up a very small percentage of the caseload. Instead, there are many trauma patients and people with cancer. The need to maintain a specialized plastic surgery unit is genuine.

I am not suggesting that another ward be cut back instead of plastic surgery. Rather, it is an issue of how much money is spent on health care and what portion is allocated for day-to-day operations.

**J.V. MILLER,**
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*Vancouver General Hospital*

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# What we're up to

*People and events around the HEU. If you have news for us — a retirement, an election, a rally, a vote or whatever — please, let us know.*

### Pioneer Workers Are Working, Not Watching

When management at Salmon Arm's Pioneer Lodge announced lay-offs of nursing aides which would reduce bedside patient care by up to 30 percent, HEU members were angry. Anger turned to outrage when the employer suggested in an interview that the savings would be spent to increase supervision of remaining care-aides to ensure no one fell asleep on the job.

Local members filed a grievance agains the lay-offs and took their concerns to the public and to their patients with an advertisement in the local paper. "Evidently management feels patient care can be improved by increasing the number of people watching those who do the work," the ad said.

On the job, HEU members sported buttons reading "We're Working, Not Watching," to remind patients of the direct personal attention they will miss if the new supervisors are appointed. Local members are determined to fight the lay-offs.

**SUPPORT FOR LPNs: New Westminster labour council members including president Joe LeClair (second from left) turned out to support St. Mary's Hospital LPNs in December when they protested lay-offs. Susan Ramsay, centre, is chair of the St. Mary's LPN committee.**

### May Bennett Workers Brace For Strike

HEU members at May Bennett long-term care facility in Kelowna are bracing for strike action if that proves necessary to win a first collective agreement. Workers have been in a legal strike position since December but are hoping management will come to its senses and settle the contract.

Meanwhile, union and management representatives are deadlocked over essential service levels which will be in force in the event of job action. Registered nurses at the facility have joined BCNU and also are seeking a first agreement.

Negotiations in mid-December with the assistance of mediator Vince Ready failed to move management from its position. HEU is seeking parity with the HEU/HLRA long-term care agreement. The union bargaining committee includes Cam Tetlock, Sandy Wilcox, Rena Kunth and Debbie Gillis.

### St. Mary's LPNs Slam Lay-offs

HEU's LPN committee at St. Mary's Hospital in New Westminster organized a protest rally Dec. 10 outside the hospital to condemn LPN lay-offs. The brief rally, which drew support from the New Westminster and District Labour Council as well as the IWA, was addressed by HEU president Bill Macdonald and Chris Allnutt, assistant secretary-business manager.

### HEU Posts Call For Job Applications

HEU has again invited union members to send in applications for positions with HEU. HEU employs about 65 workers, many of them out of the industry, in positions ranging from servicing reps, researchers and secretaries to building and maintenance persons and other jobs. Temporary employment and relief positions are available from time to time. Applications are welcome. Details are

*cont. on page 4*

### Guardian Now Mailed To HEU Members

That Business Reply Card stapled into your paper above this story is a sign of changing times at HEU.

With this issue, *The Guardian* is being mailed to more than 30,000 HEU members province-wide. Limited distribution will continue at workplaces, but from now on, members should receive their paper promptly and regularly at their front door.

(At press time, employers at about 40 facilities with HEU certifications had not provided lists of addresses. They will be added as lists are made available.)

The HEU mailing list is compiled from lists provided by employers under the terms of the Master Collective Agreement. In some cases they are several months out of date.

That's where the Business Reply Card comes in. If you've moved and no *Guardian* arrived at your home, you can use a friend's card to tell us where you live.

If you got the *Guardian*, but there was an error on the address label, send us the correction. (Please try to write the information down rather than taping on your label — it could foul up postal equipment.)

You can save the union some money by turning your card over to a member of your local executive or a shop steward for forwarding to the Provincial Office in local mail.

The next few issues will feature special coverage of our upcoming bargaining with health care employers. Let us know your views — write to our letters column, tell us what's happening in your local or send us some story ideas. We're looking forward to hearing from you.

# HEU to pursue demands despite Socred controls

The threat of a new round of wage controls will not deflect HEU from bargaining for pay equity and an adequate wage increase, says union secretary-business manager Carmela Allevato.

Premier Bill Vander Zalm promised to limit public sector wage increases in a wide-ranging address to the province Jan. 29. His remarks were overshadowed, however, by further revelations in a subsequent interview session on the Fantasy Gardens controversy.

"It's a sad comment on the state of this government," Allevato said, "that we have the premier admitting on province-wide television that he was absorbed in his personal real estate affairs at a time when hospital wards were closing because of funding cuts.

"His speech simply didn't address the widespread public concern about the fate of our health care system.

"Our members are determined to redress the long-standing discrimination against them," she said. "The Social Credit government has promised to bargain pay equity and we expect them to deliver."

Contract talks with HLRA begin Feb. 14 and negotiations for CCERA and Pricare contracts are to start soon after.

Vander Zalm's threat of wage controls amounts to a further attack on public sector workers, Allevato said, who are predominantly women. "We've lost ground because of the Socred Compensation Stabilization Program, Bill 19 and Social Credit's continued cuts to health care.

"We had hoped the Premier would at least announce the allocation of the $20 million needed to avert further bed closures around the province. He ignored the plight of those on waiting lists and has threatened a new attack on the heart of the health care system."

Allevato said HEU will be bargaining seriously and expects hospital employers to do the same, "but if the Premier attempts to turn our talks into a political issue, we're prepared to meet him in that arena."

Allevato pointed out that not only have hospital workers' wages consistently trailed inflation for the past decade, but B.C. hospital workers have become the most efficient in Canada, producing the lowest health care cost per patient in the country.

# HLRA pay equity plan 'unacceptable,' says HEU

Pay equity proposals for hospital workers tabled Jan. 22 by the Health Labour Relations Association could delay the achievement of equity indefinitely and are "unacceptable in their current form," says HEU.

"HLRA admits that its pay system promotes systemic discrimination against women," said union secretary-business manager Carmela Allevato, "but its proposals for a remedy could delay any improvements indefinitely. We're prepared to continue discussions but see little reason for optimism."

HEU has offered HLRA a simple strategy to achieve pay equity which includes an across-the-board wage increase, raising of the lowest pay grades, elimination of pay increments and special equity adjustments where necessary.

By contrast, HLRA is insisting on a long, bureaucratic system of job evaluation. A technical committee would be created which would perform a job evaluation system for the entire industry.

It would report to a steering committee, which would have to agree on the cost of the adjustments before government could be approached for the money. Any improvements could take years to flow through.

Even more disturbing is HLRA's rejection of HEU's position that hospital workers are generally undervalued because most of them are women. HLRA wishes to keep the evaluation system within the health care system, where HEU believes all wages are depressed.

"We have advanced proposals that would eliminate a costly, bureaucratic procedure and give money to the neediest workers right now," Allevato said.

"Finance minister Mel Couvelier has stated publicly that money must be found for pay equity because the issue is fairness. The time for action is now."

HEU received details of HLRA's pay equity proposals in a special meeting between HLRA and HEU's bargaining committee. Pay equity talks will be part of the main negotiations for a new Master Collective Agreement for HEU members, which begin formally Feb. 14 in Vancouver.

More talks have been scheduled on pay equity in the meantime. HEU also is seeking a date for talks on pay equity with CCERA and Pricare, as well as dates for full formal negotiations with both sets of employers.

# What we're up to

*cont. from page 3*

available in a circular sent to locals in January.

### Langley Hospital Finances Under Forensic Audit

HEU members at Langley Memorial Hospital learned in January that their facility is the subject of a forensic audit, an intensive probe designed to detect wrong-doing in the handling of finances. The hospital has been shaken by budget crises which forced some reduction in services.

Hospital vice-president of finance Patrick Rife resigned late last year.

Hospital administrators do not know if charges will be laid in connection with the investigation.

### HEU Urges $20 Million To Stop Cutbacks

A hospital budget crisis forcing services cutbacks and layoffs across B.C. prompted a call last month for emergency government funding by the Hospital Employees' Union.

In a highly-publicized report, the union asked the health ministry to immediately release a $20 million health care funding supplement to meet hospital operating deficits in B.C.

Less than a week later, the B.C. Health Association agreed B.C. hospitals need more money. The association, which represents all the general and extended-care hospitals in the province, released a report confirming HEU findings that hospitals in the province face a total deficit of $15 to 20 million. The association released a public statement describing widespread health care service cutbacks across the province.

A $20 million health care supplement, roughly one per cent of hospital operating expenditures, would stop the loss of health care services until a review of the health care funding formula can be undertaken, said union secretary-business manager Carmela Allevato.

**HERE COME HAMS: HEU's Kelowna local donated Christmas hams in December to the local Emergency Women's Shelter and to the Food Bank. Handing over the hams are (left to right) trustee Donna Brayshaw, food bank represenatives Burton Knitt and local chairperson Ken Prokopetz.**

### Dania Home Workers Ratify First Contract

HEU members employed at the Dania Home in Burnaby have signed their first collective agreement since joining the union last July.

The collective agreement covering some 52 union members including several registered nurses was ratified by both the union and the employer Dec. 21.

The contract brings Dania Home union members under the Continuing Care Employee Relations Association (CCERA) Standard Collective Agreement and gives them substantial improvements in conditions.

### HEU Sends Rep To Pro-Canada Network

Working with the Pro-Canada Network has helped Maurice Smith of HEU's provincial executive cope with the discouraging Canadian involvement in the Persion Gulf war.

"It helps you realize that there's still a movement trying to fight for peace and justice," said Smith, shortly after returning from the network's mid-January national assembly in Ottawa. Some 67 representatives from every region in Canada participated in the Ottawa meeting.

Smith, chairperson of the Burnaby Hospital local and provincial executive member-at-large, represented the HEU and the Vancouver chapter of the Coalition Against Free Trade at the Ottawa meeting. He works in stores at Burnaby General.

Smith said the Pro-Canada Network is convinced that the Canadian involvement in the Persian Gulf war is linked to the Conservative government's interest in participating in free trade talks with the United States and Mexico.

"It is clear that Brian Mulroney is prepared to sacrifice Canadian lives as well as jobs and social programs to fulfil his free trade ambitions," announced a Pro-Canada Network news release at the conclusion of the assembly.

**JUST A TRIM: Byron Loveck didn't dare watch as magician Barry made ready to lop off his finger at the annual children's party at Sunnybank Centre in Oliver. The Sunnybank HEU local paid for the magician's services at the Christmas party.**

**STANDING FOR PEACE: NDP MP Svend Robinson and HEU secretary-business manager Carmela Allevato were among speakers who addressed more than 5,000 peace demonstrators in Vancouver Jan. 12 before the expiry of the United Nations deadline for Iraq's withdrawal from Kuwait.**

# HEU joins movement for peace in the Gulf

Thousands of British Columbians rallied in downtown Vancouver and around the province Jan. 12 to urge a peaceful settlement to the impending war in the Persian Gulf.

That rally was followed by more demonstrations Jan. 15, the day the war began, and a huge peace march Jan. 26 which snaked through downtown Vancouver.

HEU members and representatives participated in each of the events, along with other peace, religious and labour organizations.

"The labour movement has always urged peaceful solutions to international conflicts," HEU secretary-business manager Carmela Allevato told Vancouver's Jan. 13 rally. "Workers always are called upon to pay the price of war, both with their lives and with damaged economies, foregone social improvements and tremendous destruction."

HEU opposition to the war flows from long-standing convention policy urging peaceful resolution of international conflict. The HEU contingent to the B.C. Federation of Labour convention in November, which included more than 170 representatives of locals from around the province, reviewed the specifics of the conflict in the Gulf and agreed to support economic sanctions as the best means to compel Iraqi compliance with United Nations regulations.

HEU joined with a broad coalition of organizations, including the B.C. Federation of Labour and the B.C. Teachers Federation, in an open letter Jan. 14 to Prime Minister Brian Mulroney urging a peaceful resolution to the conflict.

"War in the Middle East is about oil and economic power," the letter said, "not freedom. We condemn Iraq's invasion but deadlines and massive military response will not bring a peaceful resolution. War will bring only a bloodbath and environmental disaster."

The letter urged more time for sanctions to work, withdrawal of Canadian troops and a return of Canada to its peacemaker role.

On Jan. 15, Canadian Labour Congress president Shirley Carr called on the government to return Canada to "its role of sanctions-monitoring and enforcement. We agree that Canadian forces should remain in the Gulf for this purpose. Iraq must be forced to abandon its policy of aggression and brutal occupation of its neighbour.

"But the CLC does not believe that the situation calls for Canadians to be involved in military conflict with Iraq. Canada should make no commitment to involve itself in battle except in a situation of self-defence."

# Union member urges bone marrow registration

Last July, HEU member Craig Caldwell checked himself into the emergency ward at Burnaby General, his own workplace, with a high fever. Doctors reviewing his symptoms at first suspected kidney problems, but blood tests told a different and potentially devastating story — leukemia.

Six months later, just a week before Christmas, Caldwell received more news that changed his life. His bone marrow had been matched with that of another Canadian registered in the international bone marrow registry.

Between those two fateful days, Craig Caldwell learned a great deal about himself, about the importance of friends and about the health care system.

He's convinced he can beat leukemia and he's anxious to encourage others, particularly in the health industry, to register as potential bone marrow donors.

"If you're a blood donor you can just as easily take the test for bone marrow and put it in the registry," Caldwell says. "It's a very important registry, because they may need to check 120,000 potential donors to find a match."

**CONFRONTING LEUKEMIA: HEU Burnaby General member Craig Caldwell, seen here at last fall's union convention, wants other health workers to add their names to the Bone Marrow Registry.**

Because of the difficulty of matching a recipient to a donor, lives can be saved if the registry is increased. The limiting factor, Caldwell fears, may be lack of funding to hire the skilled technicians needed to do the tissue matching.

Much of the existing funding for the Canadian Red Cross' Bone Marrow Registry comes from a foundation established by RCMP officers in memory of a colleague who died of leukemia.

Bone marrow transplants are a costly but proven treatment for leukemia, but only about 25 percent of leukemia victims are transplanted, according to Dr. Linda Vickers, who is treating Caldwell.

Vickers, too, would like to see more people registering, particularly from ethnic groups of Asian and African origin. Because the match is based on genetic markers, a common racial background between donor and recipient is an asset. A native Indian recipient, for example, is likely to need a native Indian donor.

The Canadian Red Cross hopes to increase the number registered n this country to 100,000 this year from its current level of only 16,700, says Sheena Wilkie, of the Bone Marrow Transplant Unit. Of that total, 9,000 are in B.C., so other provinces have a long way to go.

Wilkie, whose unit works out Vancouver's St. Vincent's Hospital, says more money for the registry would always be welcome, but the existing staff can handle the current volume of donors. The problem lies in extending the registry elsewhere in the country. Regular blood donors are a target group for recruitment.

Because the registry is international, Canadian leukemia victims have millions of potential donors who could provide a transplant.

Caldwell says the call he received from Vickers before Christmas announcing a donor had been found was one of the happiest days of his life.

Some time in February, he will begin radiation treatment and receive his transplant. As soon as possible, he would like to return to his job in stores at Burnaby General.

Because of his illness and because his work exposes him to potentially infectious biomedical waste, he has been living on his disability benefits. Throughout this period, fellow workers and family have sustained him.

"It's taken me a lot of learning to manage and to let the little things go by," Caldwell says. "There's some worry, but I have an extremely supportive family and friends. When I said I was going to beat this, they never doubted it."

Caldwell wants to thank those who provided such vital support in the past six months. More importantly, he'd like them and others to take an additional step which could safe a life by becoming bone marrow donors themselves.



## LOOK BACK

# A warning to Zalm in events of '72?

WITH BILL Vander Zalm musing about a new round of pre-election public sector wage controls, designed to save his political skin, it's useful to look back almost 20 years to the first time a Social Credit government imposed a wage settlement on hospital workers by decree.

On April 20, 1972, something Premier W.A.C. Bennett called the B.C. Mediation Commission imposed wage hikes of 6.25 percent in each year of a new two-year contract for members of the Hospital Employees Union and the Registered Nurses' Association of B.C.

The decree stopped negotiations with the B.C. Hospitals' Association dead in their tracks, not that it mattered much because throughout three months at the bargaining table, the employers sat on their hands, refusing to table a wage offer.

The BCHA had reason to be confident the Socreds would bail them out of their responsibility for collective bargaining. In late 1971, Bennett's government had ordered a wage ceiling of 6.5 percent on all public sector contract settlements, designating the Mediation Commission to keep settlements in line.

The union had begun negotiations seeking a 25 percent wage hike over two years, with a minimum monthly wage rate of $500 by Jan. 1, 1972.

HEU also wanted four weeks holiday after one year with one more week for each additional five years service, and a 20-cent shift differential. The interference by government meant workers were denied any progress on reduced hours of work, maternity leave, education leave and on-call differential.

At the time, union research indicated 80 percent of HEU members were making less than the provincial average wage of $143.04 a week or $572.16 a month.

Most outrageous, the Mediation Commission rejected any move toward standardizing wages for the same job in different hospitals. "There is to be no more of this so-called Job Standardization," wrote the commission, suspending a process that had been under way for three years.

The imposition of this contract generated renewed support among hospital workers for the Committee in Defense of Collective Bargaining, a body composed of representatives of the B.C. Federation of Labour and the major public sector unions in the province.

Throughout the early months of 1972, members of the HEU jammed rallies to protest government wage controls and to back their bargaining committee with strike votes.

**FIGHTING CONTROLS: HEU members mobilized to help defeat Wacky Bennett's Socreds.**

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION 180

Vol. IX — VANCOUVER, B.C., APRIL, 1972 — No. 2

SHOULD MAKE B.C.H.A. HAPPY

GOVERNMENT DOES HATCHET JOB ON HOSPITAL WORKERS

The Provincial Government and its Agents, the B.C. Mediation Commission and the Employee Relations Council of the B.C. Hospitals' Association, have conspired to use the full weight of legislative privilege to deny the modest bargaining goals of the men and women who staff our Hospitals.

On April 20th, 1972, the B.C. Mediation Commission handed down its Award for both the H.E.U. and the Registered Nurses' Association of B.C.

In the case of the H.E.U., the Award was for a 6¼% general wage increase in 1972, with a further 6¼% general wage increase in 1973. In both years, there is to be a minimum increase of $30.00 monthly. Only two other improvements were awarded, those being three weeks' vacation after one year's service, and an improvement in the Shift Differential from 10c per hour to 15c per hour (effective January 1st, 1972).

The Mediation Commission in its decision stated "There is to be no more of this so-called Job Standardization," and rejected the Union's proposals for wage standardization of Clerical, Dietary and Stores classifications. The Commission also refused to incorporate into its Award some tentative areas of agreement that would provide improvements in the area of Compassionate Leave and Uniforms.

In justifying the 6¼% general wage

(Continued on Page 12)

**CASTING BALLOTS: HEU Kamloops local members prepare for strike vote.**

After the imposition of the contract, many HEU members turned their energies to defeating the Socred government in the election that followed in the fall of 1972.

If Bill Vander Zalm is thinking a campaign to beat up on public sector workers is a key to his re-election hopes, he might look back at the fate of W.A.C. Bennett in 1972.

## AFTER THE SHIFT

# Is it the end for B.C.'s only musical morgue?

### Harmonica brightens days of HEU veteran who's ready to retire

**GOOD VIBRATOS: Karl Kucera settles into a tune with one of the six harmonicas he keeps nearby in the St. Paul's Hospital morgue.**

What's that sound coming from behind the big, solid door to the morgue at Vancouver's St. Paul's Hospital? There's no doubt about it — those are the cheerful strains of a harmonica, belting out dance music.

In a morgue? Absolutely, says pathology attendant Karl Kucera. "I have the only musical morgue in B.C. You'll hear classical music, you'll hear harmonica. This is my living room."

The ebullient Kucera warmly welcomes guests to his spotless domain. Amid the stainless steel sinks, autopsy tables and racks of specimen bottles he has managed to maintain an infectious good humour seldom associated with the essential but often macabre tasks of the last stop in the health care system.

"You'd like to hear a tune? How about something by Lehar?" Kucera turns to his desk, selects one of six harmonicas and fills the room with music.

For Kucera, music has been both a private passion and a source of inspiration. At the age of five, his mother gave him his first harmonica and "I got hooked. I always like something that sounds like an accordion or an organ."

Not only did Kucera teach himself the instrument, he became an accomplished musician. Hours of practice made him in demand at parties or around the campfire. One year he even performed in the Kitsilano Showboat.

Kucera, who immigrated to Canada in 1957 from Austria, began his hospital career in housekeeping. In 1971, he managed to begin work in the morgue, relieving on a temporary basis. During the next 30 years, he became an expert at his job.

Now the long-time HEU member is ready to retire. "It's time to say goodbye," he says with a smile. For all these years, he has been fascinated by the miracle of the human body, a fascination which made a difficult job much easier.

In recent years, however, he has been saddened by the growing number of AIDs victims, a disease which he first encountered once or twice a year but now confronts at least weekly.

Kucera again picks up his harmonica to restore his spirits with music. On May 13, he will play in the morgue for the last time.

Is this the end for B.C.'s only musical morgue? "I don't know what the next guy will do," Kucera says with a laugh. "When I'm done here, I'll be playing down at the corner of Granville and Georgia."

## ON THE JOB

# Transcription work is tough, never-ending

### Conditions often poor for these vital workers

**LISTENING HARD: Speed and accuracy are critical skills for medical transcriptionists like Karin Peter, at Shaughnessy Hospital.**

Medical transcriptionists put up with a lot in return for a relatively independent work routine, says Shaughnessy Hospital transcriptionist Karin Peter.

Peter says the job attracts people who have an aptitude for languages and who enjoy reading. "It's a good job if you like to put your nose into something and just plough ahead."

Peter, who has an English degree from Simon Fraser University, says transcriptionists are often over-qualified for their job.

But Peter, one of 12 full-time transcriptionists in a cramped third floor Shaughnessy Hospital office, says few new people are entering the field because of poor wages and working conditions.

Through conversations with casual transcriptionists who work in a variety of hospitals and her own previous experience at St. Paul's Hospital, Peter has learned that poor working conditions are the rule, not the exception, for transcriptionists.

Peter has not been touched personally by the health hazards associated with video display terminal (VDT) work. "Maybe I'm a bit careless as far as that's concerned," she says. "I take a wait and see attitude." Other transcriptionists raise VDT health issues but often are too preoccupied with heat and cramped quarters to give much time to VDT fears.

Peter, who has six years experience and a 10-month transcriptionist training program to her credit, earns $13.92 an hour. "I view the job as a trade. We must understand medical terminology, be skilled at word processing and work with records vital to patient care." Yet, Peter earns only half of what her brother-in-law — a draftsman — brings home.

A transcriptionist is expected to do 90 dictation units in a day, says Peter, adding that a unit equals one minute of tape. Dense dictation, featuring a fast-talking reporter, and poor pronunciation are the challenges of the job.

Although the workload fluctuates dramatically, there have never been too many transcriptionists for the work. Almost without exception the hospital has to bring in a casual worker.

Peter says transcriptionists, clerks and supervisors at Shaughnessy work well together.

# editor's note-book

By CHRIS GAINOR

COULD YOU tell us the reason why so many Licensed Practical Nurses have been laid off by B.C. hospitals?"

This question has been asked many times by members of the B.C. Royal Commission on Health Care and Costs in the last few months.

The commission has been impressed by testimony from HEU members and others about the toll on patient care exacted by layoffs of HEU Nursing Team members.

Several theories have been advanced, including one that LPNs "priced themselves out of the market" when wage increases in the 1970s brought LPNs closer than usual to wages for Registered Nurses for a short period of time.

The facts prove that theory wrong. The wide wage gap between RNs and LPNs narrowed only for a short time, and few LPNs were laid off during that brief period. So why has the Nursing Team been so badly damaged in the past decade?

## Who's behind the attacks on LPNs' role in team nursing?

In my view, the answer begins with a problem Dr. Gabor Mate of Vancouver raised in his insightful address to last year's HEU Nursing Team meeting in Richmond: The hierarchy of power in health care.

Doctors stand at the top of the patient care hierarchy. Below them are RNs, and below RNs are the HEU members of the Nursing Team.

Shifting uncomfortably inside that hierarchy are the RNs, who want to change this unfortunate status quo to raise the status of nurses. RNs are working on this problem in two ways.

First, many RNs are becoming militant trade unionists, and they are now backing up their demands for better pay and working conditions on the picket line.

But other RNs are taking a different approach, and this is where HEU Nursing Team members are suffering. These RNs in management positions think that the best way to advance themselves and nursing in general is to make RNs get more credentials and to organize nursing closer to the image of the medical profession.

So while the Registered Nurses Association of B.C. denies that it is against the use of LPNs, orderlies and aides, nursing managers in hospitals, many of whom are prominent in the RNABC, are busy laying off LPNs, orderlies and aides even though there is a shortage of RNs.

These attacks on LPNs, Orderlies and Aides are opposed by many RNs. During last year's Joint Study on the Nursing Team, many members of the B.C. Nurses' Union testified in support of saving the jobs of their HEU sisters and brothers.

HEU has made great progress in the past year in its effort to save the Nursing Team. But this work goes on, and part of that effort involves working together with the BCNU, the Health Sciences Association and doctors to transform the hierarchy in health care into a true partnership of caregivers.

# Labour

## IRC decision on steel lockout outrages labour movement

A recent decision by the Industrial Relations Council, which upheld a lockout that cost 360 B.C. steelworkers their jobs, effectively legalizes union-busting, says the union involved.

The IRC, which has been the subject of a boycott by the B.C. Federation of Labour since it was created by the Vander Zalm government, ruled that Western Canada Steel was just involved in "hard bargaining" when it locked workers out in July 1988, just days before it closed its plant for good. As a result, the workers were denied $1.8 million in severance pay.

The workers, members of the Canadian Association of Industrial, Mechanical and Allied Workers, charged the company with illegal lockout, failure to bargain in good faith and unfair labour practices.

The union charged that the company aided a decertification bid, incited picket line violence and withheld a contract offer that would have been accepted. Testifying for the union was a former company manager whose evidence supported CAIMAW's charges.

But his evidence was largely ignored. The IRC dismissed all charges. Even though management conceded giving a employee list to two workers planning a raid, the IRC said this was an "isolated event" and declined to find an unfair labour practice.

CAIMAW lawyer Leo McGrady said later the decision will "legalize conduct which certainly many people in the labour movement would have thought illegal under our law."

A CAIMAW officer told reporters that "this decision puts every union's certification in B.C. at risk."

The IRC even rejected the charge of inciting violence, even though union charges were supported both by the former manager and by a television reporter.



## BCNU tables contract demands

The BCNU's bargaining committee went to the bargaining table with the Health Labour Relations Association Feb. 5 with a demand for pay increases of 10 percent in 1991 and 15 percent in 1992.

To protect its members from the inflations expected from the Goods and Services Tax, BCNU also will seek a cost of living allowance (COLA) in 1992 which will be paid if prices keep rising.

The union also is seeking reduced hours of work with a demand to cut the work week to 35 hours while retaining the 7.5-hour working day.

As part of its Pay Equity proposals, the BCNU wants the number of increment steps reduced by one, arguing that "the top step is the correct wage for the work performed."

A special bargaining bulletin to BCNU members working under the HLRA Master Collective Agreement says the union also will push for contract language to improve job classification of nurses.

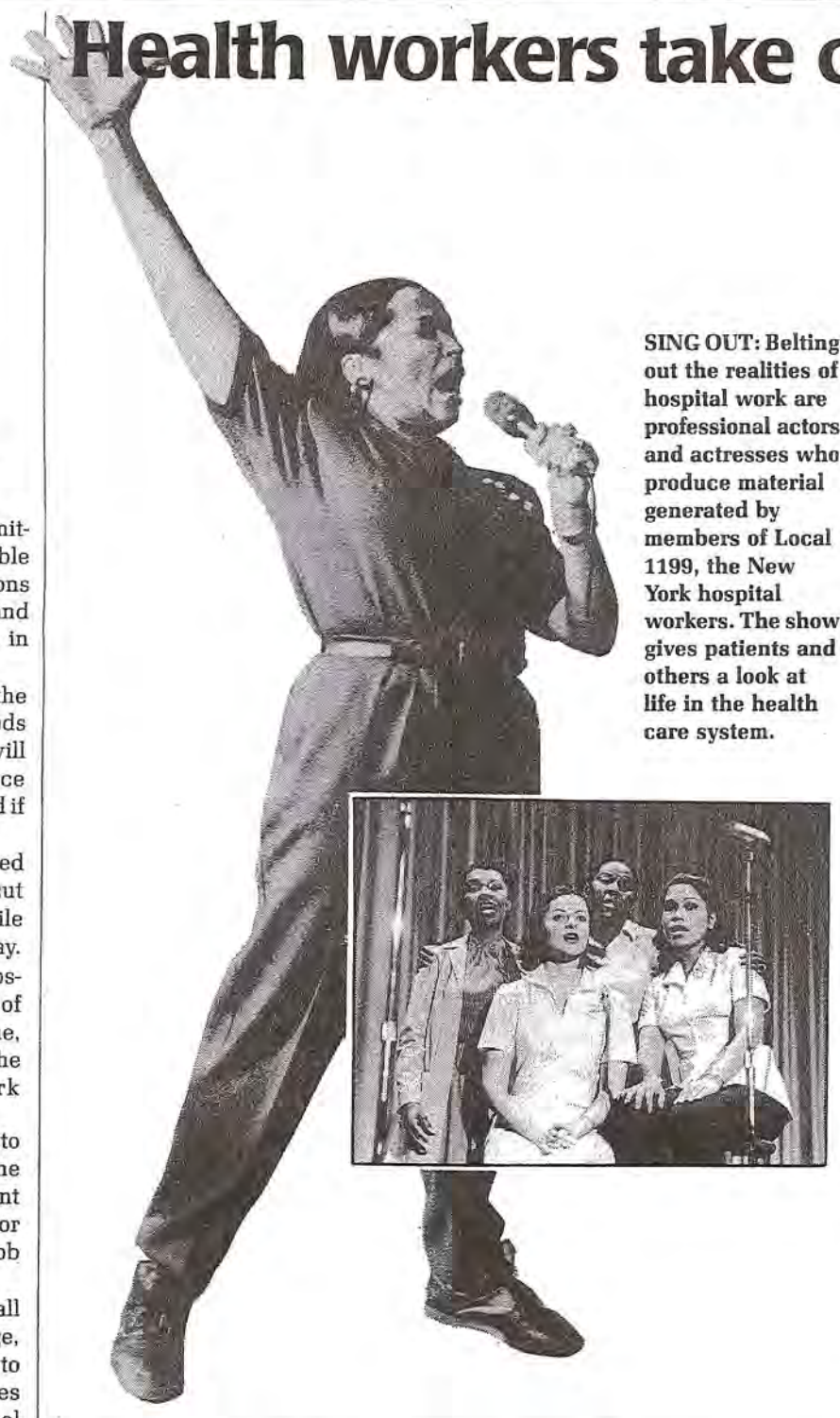
Other contract proposals will call for reduction in the retirement age, improvements in premiums paid to nurses "required to work at times that are disruptive to their personal and family life" and improvements to seniority, lay-off and tech change language.

The bulletin says a number of other demands will be presented

Meanwhile, BCNU representatives have met with the B.C. Federation of Labour to discuss co-ordination of picketing in the event of job action in the coming negotiations.

HEU had asked the federation to convene a meeting of the BCNU, HEU and HSA to discuss picket policy. The federation has met with BCNU and discussions will continue during February.

## Health workers take centre stage



**SING OUT: Belting out the realities of hospital work are professional actors and actresses who produce material generated by members of Local 1199, the New York hospital workers. The show gives patients and others a look at life in the health care system.**

The hard times and hard work of hospital employees are taking centre stage in New York hospitals with a new union-sponsored musical review called Take Care.

Sponsored by Local 1199 of the Retail, Wholesale and Department Store Union, which represents 40,000 hospital workers in the New York City area alone, the show is touring hospital auditoriums, cafeterias and many other locations.

"The day's just beginning," says an emergency room worker in one skit. "You look at the waiting room and it's just full of hard cases. So you think it's a bad month, something you'll get over. Then the **real** emergencies start and the patients keep coming and the sickness is there and you start to realize it's never going to end."

At the end of the free 45-minute show, which includes songs and theatre about burnout, safety concerns and many other issues, both hospital workers and patients leave with a new appreciation of their work.

As Juan Gonzalez, a New York columnist, says, "the workers file back to their jobs with eyes twinkling and heads a little higher, knowing that someone understands what it's like taking care of one of the most drug-infested and disease-ravaged cities in the Western World."

New York is tough, but every one of the skits in the Take Care revue would ring true in most B.C. hospitals as well. Produced by Moe Foner with a cast of professional actors and musicians, the show not only boosted the morale of hospital workers but also sharpened the general public's appreciation of their work.

## Unions battle new crisis in Philippines

Organized workers in the Philippines are appealing for international support as they confront government repression, a worsening economic crisis and vigilante attacks on their picket lines.

Eight labour organizations launched a national four-day general strike last October in an effort to compel the Aquino government to raise the daily minimum wage by $1.50 to the equivalent of about $5.

In many industries in the Philippines, workers must strike even to achieve this wage, which is well below the poverty line. With food and fuel prices on the rise, the demand won wide support, including from senior Roman Catholic Church leaders.

But the government met the strike, which involved more than 300,000 workers in the Manila region alone, with arrests and forcible dispersal of picket lines.

The government reserved special measures for the militant Kilusang Mayo Uno federation, one of the country's largest. KMU leader Crispin Beltran was charged with sedition and government officials threatened to ban KMU entirely.

KMU has appealed to its allies in the international labour movement to protest the repression and has filed a complaint against the government with the International Organization in Geneva.

THE HEU'S BARGAINING DEMANDS

# 6 Steps to Fairness

The following are the six key areas identified by the HEU's bargaining committee for action in the coming round of collective bargaining. They reflect the priorities established by the 12th Wage Policy Conference. The union's goal is to achieve a single contract for HLRA, CCERA and Pricare facilities:

## 1 PAY EQUITY

Pay equity provisions must provide adequate redress to all members of the bargaining unit on the basis that the wages of all health care workers are depressed because traditionally health care has been considered "women's work" and consequently has been undervalued.

HEU will insist on fair treatment of health care workers through the establishment of non-discriminatory base rates, elimination of increment steps, across the board increases, group adjustments of pay rates and employer-funded child care.

## 2 AN ADEQUATE WAGE INCREASE

The union is seeking an across-the-board wage increase of $3 an hour in each year of a two-year agreement. HEU will press for protection against inflation with a Cost of Living Allowance (COLA) clause and GST protection. The wage package proposal includes demands for improved premiums on week-ends, when on-call and other wage rate protection.

## 3 WORKING AND CARING CONDITIONS

HEU is calling for reduction in the work-week to 35 hours from 37.5, a condition won twice before and twice taken away by legislation. The bargaining committee will insist on protection of working and caring conditions through restoration of the nursing team. Other demands will seek mandatory replacement of staff, overtime rates when working understaffed and fixed staff/patient ratios. The union's demands in this area reflect the insistence of many locals for improved occupational health and safety language, improved retirement and severance conditions, protection from all forms of harassment, equal opportunity for aboriginal peoples and ethnic minorities and improved training.

## 4 UNION RIGHTS

HEU is seeking faster and fairer grievance procedures, improved education and educational leave provisions and clauses to ensure that the union has the ability to defend the collective agreement and to communicate with members.

## 5 IMPROVED BENEFITS

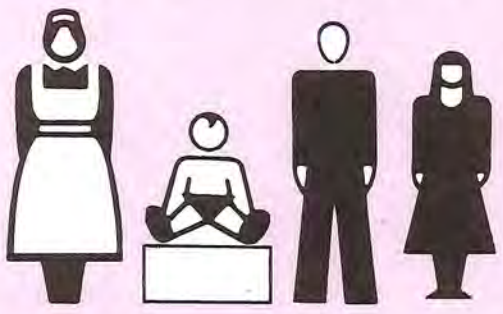
HEU is calling for extension of benefits to casuals, improvements in the Long Term Disability Plan, expanded Extended Health Plan coverage and changes to Special Leave and Sick Leave provisions of the contract.

## 6 JOB SECURITY

The new collective agreement should contain improved language on privatization. It should end confracting out and tighten scheduling and overtime provisions. The union will not accept any concessions.

**SPEAKING OUT FOR HOSPITAL WORKERS: Alberta Dorval, a housekeeping aide at Fort St. John Hospital and an HEU member for 20 years, is featured in a province-wide HEU television advertising campaign beginning this month as HEU heads to the bargaining table. Two advertisements have been prepared to highlight the role of HEU members in the health care system and the difficult working and caring conditions they must endure, as well as the diversity of skills and ability they require. It's all part of HEU's campaign for a decent contract, highlighted by our slogan — Hospital Workers: the Heart of Health Care!**

## Under the line



**$2,327**

This is what a family of four in Vancouver must earn each month to be at the poverty line.

**$2,194**

This is the average monthly wage of HEU members, despite union-negotiated increases during the past 10 years.

Source: Statistics Canada, HEU Research Department

WHY HEU'S DEMANDS ARE JUSTIFIED

# The case for a better contract

IT is hardly news to B.C. health care workers that they work hard. Indeed, there are strong arguments that show that B.C. health care workers are the most productive in Canada.

Consider these figures: In terms of expense per patient day, B.C. hospitals in 1988/89 were the lowest in Canada at $292.39. This compares to the Canadian average cost per patient day of $351.76.

B.C. is also at the bottom of the heap in terms of staffing hours per patient day at approximately 12. This compares to the Canadian average of 15 staffing hours per patient day.

B.C. health care workers deliver the necessary care to patients in less time and at less cost than anywhere else in Canada.

B.C. hospitals are bargains in other ways, too. Only two provinces spend less per capita than B.C. on hospitals. Only three provinces have a lower average length of stay in hospital.

These and other figures from Statistics Canada back up the simple point that HEU members and their sisters and brothers in BCNU and HSA are the most productive hospital workers in Canada.

So when a Socred politician says that our health costs are out of control or that B.C. health care workers get enough, the burden of evidence shows that they are wrong.

Some people will point out that B.C. hospital workers are well paid. Due in part to pay equity in that province, Ontario hospital workers are the best paid in Canada.

HEU has worked hard to improve the wages, benefits and working conditions of all HEU members. But the opposition is powerful.

In the 1970s, the federal Anti-Inflation Program attacked HEU wages. In the 1980s, it was the provincial Compensation Stabilization Program. And now Bill Vander Zalm is talking again about wage controls.

Since 1976, the Consumer Price Index for Vancouver, which is the measure for inflation, has risen by 150.5 per cent, while HEU wages have risen by only 136 per cent. That means that HEU wages don't buy as much as they did in 1976.

The times when HEU wages fell behind inflation relate closely to the two wage control programs. And now HEU members, like other Canadians, are paying the Tories' unfair GST on most purchases, further eroding their buying power.

While wages in HEU vary according to work done, average HEU wages are not very high. Employers have strongly defended their wage practises against the onslaughts of unions such as HEU.

But because the overwhelming majority of health care providers are women, wages for health care workers are very low. HEU wants to redress this problem through healthy wage increases and through measures related to pay equity.

> HEU members are the most efficient and productive in Canada, but our wages failed to keep pace with inflation

But the reality today is that average hospital wage rates put many members close or below the poverty line.

HEU members working full-time at an average HLRA wage will fall close to the poverty line if they are the sole breadwinners in families of three. Those with families of four or larger fall solidly below the urban poverty line.

And the poverty line, which varies according to family size and whether one lives in an urban or rural setting, has often been criticized as being too low, leaving many poor people living above the official poverty line.

So it is clear that HEU members deserve more than they are getting.

The wage restraint programs and spending cutbacks that have caused HEU members to work harder while seeing their purchasing power shrink have been urged on the government by big business and its friends in the Social Credit and Conservative governments.

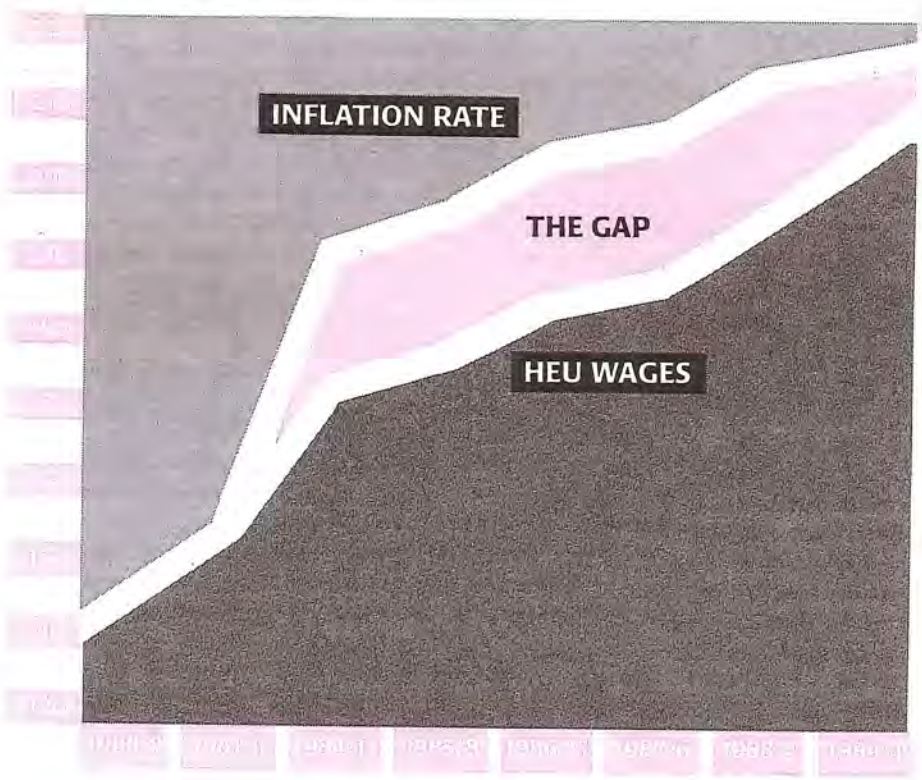
While these well-heeled executives have urged wage restraints on workers, they have seen their pay rise at a rate 25 per cent higher than that of workers between 1980 and 1988, according to Labour Canada and Statistics Canada.

John Crow, the governor of the Bank of Canada, who never misses a chance to urge wage controls, has seen his salary double between 1986 and 1990, when it hit $243,000.

And what about all those hospital administrators and middle managers that they love to hire?

In the battle to justify the need for wage and benefit increases, HEU members are well armed.

## Falling behind



WHERE WILL THE MONEY COME FROM?

# Why the government can afford to meet HEU's demands

**HEAVY SPENDING: Victoria has found millions of dollars for capital expenditures like the $100 million VGH expansion while it closes beds and lays off staff in existing facilities. The money is there, but the priorities are wrong.**

THE HEU's bargaining demands are just, they are well-deserved and, perhaps most important, the government can afford them.

Socreds love to talk about the concept of ability to pay. It was a major feature of the their restraint policy and the Compensation Stabilization Program, which kept wages down during the 1980s.

B.C. Finance Minister Mel Couvelier warned in his 1990 budget speech that the government would "review dispute resolution mechanisms to ensure that the larger public interest, as well as the taxpayers' ability to pay, is appropriately recognized" in public sector bargaining.

Evidently such a review was undertaken before 6,000 B.C. doctors were offered a three-year, $450 million wage and pension package. The $150 million annual cost of that deal would more than cover all HEU demands for its 30,000 members in 1991 bargaining.

So what is ability to pay? The concept is about as easy to define as what constitutes good art. You have an opinion, but everyone you know has a different idea.

Bill Vander Zalm, Mel Couvelier and their friends on Howe Street have one idea of ability to pay. They say government is near the limits of its ability to pay for public services.

The Hospital Employees' Union and others in the public sector have a different idea.

To analyze the B.C. government's ability to pay, let's look at both the revenue and spending sides of the balance sheet.

The provincial taxes that are taken out of your paycheque account for less than a quarter of the B.C. government's total income, and the provincial sales tax accounts for only 14 percent.

The government has many sources of revenue, including corporate and other taxes, payments for natural resources such as timber, minerals, oil and gas, transfer payments from the federal government, income from government enterprises such as B.C. Hydro and the Liquor Distribution Branch, fees and licenses, lotteries, lotteries and medicare premiums.

In other words, Mel Couvelier can increase government revenue without increasing your taxes.

Among the thing he can do is more aggressively fight the federal government's attempts to reduce its payments for medicare, education and welfare. Until last year, the Socreds did not object to federal cutbacks.

Corporation taxes could be increased, and so can payments for B.C.'s valuable resources. At present, B.C. has one of the lowest tax structures for corporations in Canada.

As well as revenue sources, the government likes to boast how it has $1.6 billion in a Budget Stabilization or B.S. Fund and more than $400 million in a fund from the proceeds of privatization.

Mel Couvelier's hands are not tied on the spending side, either.

Many HEU members are reminded every day when they go to work of government spending priorities. In many facilities, members walk past new hospital wings under construction, complete with a colourful sign boasting of the government's generosity, and then go inside to find closed beds, worn out equipment to work with, and more work to do.

Government spending is a matter of priorities. In the 1980s, the Socreds repeatedly cried "poverty" while they poured money into megaprojects like Northeast coal, which was an economic mistake, Expo 86, which ran a huge deficit, and the Coquihalla Highway, with its massive cost overruns.

Over the past three years, spending increases for the ministry of health have avaraged 9.9 per cent, more than one and a half percent behind the annual increase in provincial spending and for the ministry of highways.

Education spending, by comparison has increased by an average of 16.7 percent over the last three years.

When you hear politicians talk about ability to pay, be skeptical.

REUNITED AT LAST: HEU member Jane Knowles (right) had not seen her sister Margie Tracy (centre front) for 37 years when they were reunited last fall. The story of how she and her sisters came back together after decades of separation is proof that people can overcome the pain of a dysfunctional family. Reunited for this picture were (left to right) Margie's boyfriend Karl, Jackie Irvine (Jane's sister from Ontario), Stan Chin, Mary Chin (Jane's twin sister), Tom Knowles and Jane Knowles.

# Restoring a family

## An HEU member tells how her family was able to bring itself back together 37 years after its members were dispersed.

• *Jane Knowles had been waiting nearly a lifetime for the news that came by telephone while she was attending the HEU's 17th Biennial Convention. After 37 years of separation and a long and difficult search, she was to be reunited with a sister she hadn't seen since childhood. Knowles, a care-aide at Little Mountain Place and secretary-treasurer of HEU's local there, is one of five children separated by unfortunate circumstance at an early age. Following is her story.*

**By JANE KNOWLES**

My name is Jane Knowles, and I recently met a birth sister I hadn't seen in 37 years. There were five siblings in our family. We were all separated due to a dysfunctional family.

I would like to tell HEU members my story because so many of us may feel we can't overcome the pain of growing in a dysfunctional family. This came home to me as I sat in our convention and listened to the debate on Employee Assistance Programs and heard one fellow member tell us very emotionally about coming from a dysfunctional family and the pain she went through.

I want to tell HEU members you can overcome the pain of growing up in a dysfunctional family — or even without a family. I thought of my own story, that maybe some other members have the same problem and might, if they heard my story, have the nerve or the guts to find a lost relative.

My sisters, my brother and I were all taken at a very young age to an orphanage in London, Ont., where we all lived. One by one, we were taken to foster homes. My twin sister Mary and I were always put together — thank God! Jackie, our older sister, was the first to go, then Mary and me, then Margie, and finally Richard, our only brother.

Being only babies at the time, Margie and Richard were adopted out very soon to different homes and that is the last we saw of them. Jackie ended up going home to live with our mother, Vera, when she was 11 or 12. (Vera, of St. Thomas, Ont., died three years ago).

In those days, a foster family would take a child, or children, during the school term and then ship them back to the orphanage for the summer months. So, needless to say, Mary and I lived in many foster homes.

When we were about eight we went to live with the Barclays, a family of five boys, for about eight years. It would be a few years before we found our mom, and sister Jackie.

Due to our sister Jackie's persistence and her refusal to believe we were adopted (which she was told), she found us when we were about 17 years old. So now there were three of us! We just had to find Margie and Richard to make our family complete.

In 1974, shortly after Mary and I moved to Vancouver to start a new life, I met Tom. We were married in December, 1975.

Knowing that Margie and Richard had been adopted, but never forgetting them, we gave up hope of ever seeing them again.

Over a year ago, Jackie decided to register to find Margie. A few months later, she called from Ontario and told us that Margie had registered to find us, too. Her adopted parents had told her about us, but very little. So we were now on our way to finding her.

To find a lost relative, you must register with the Ministry of Social Services to start proceedings. At that point, we had registered only to find Margie, because our reunion with our mother and our sister had been a painful time, with a lot of jealousy and anger.

Jackie was envious of the support my sister and I had been able to give each other. For our part, there was anger that Jackie and Mom hadn't looked for us earlier and a long period of adjustment. We decided to try to bring our family back together one at a time.

There was a lot of red tape to go through, and we felt very frustrated. In a situation like this, you each have to have a counsellor to help you cope. I didn't want the counsellor, I wanted my sister!

We were told through the counsellor that she was fine and that she just needed time but we still didn't know where she was, or anything about her.

On day, Jackie called and said, with tears, that she finally knew what province she was in. What a surprise — she lived in British Columbia!

After many letters passed back and forth through our counsellors, Margie called. After that first phone call, things moved a little faster.

Tom and I were at the 17th Biennial Convention for the HEU when I found out she was coming to Vancouver to meet us on Nov. 8. I wanted to jump up to the podium and yell out to all the delegates that I was finally going to meet my birth sister after 37 years, but I controlled myself.

The day arrived and I couldn't sit still. Jackie called to say she hoped our reunion would be wonderful and to give Margie her love. She was very sorry she was going to miss being with us, but that she would be thinking of us all day.

Then the time was here — Margie called, and said she and Karl (her boyfriend) were in Vancouver and would be over soon.

Finally, the doorbell rang and there she was — my sister! She was coming in the house and, as I looked over her shoulder, I could see a person with a suitcase. There was Jackie walking down the stairs behind her. Everyone knew (including our husbands) that she was coming, except Mary and me.

So now the four of us were together for the first time in many, many years. We just hugged and kissed. There were no tears! We just didn't ever want to let go of each other, ever again! We had over 10 wonderful days together, with lots of talking and questions.

Just knowing where she lives, and knowing that I can call her anytime I want now, makes me feel very content. It was the best Christmas we all have ever had, even though we couldn't get together because of our jobs.

Maybe in a year, I'll have another happy ending. We have just registered to find our brother, Richard. Then our family would be complete.

**VICTORIA SUBMISSION: Members of HEU's Victoria General local found themselves testifying before Ken Fyke, president of the Greater Victoria Hospital Society, when they appeared before the Royal Commission on Health Care and Costs. Presenting one brief were (left to right) Marty Terpenning, Elaine Benson, Jim Munro, David Lowther and Diane Uyttersprot.**

# HEU Island locals testify before Royal Commission

**By CHRIS GAINOR**

The B.C. Royal Commission on Health Care and Costs heard from HEU locals on matters ranging from administrative growth to the environment at January hearings on Vancouver Island.

David Ridley of the Victoria General local delivered a brief calling for an independent study reviewing the impact of the amalgamation of Victoria hospitals into the Greater Victoria Hospital Society.

The brief, which along with another submission from the Victoria General local, was delivered in front of a Commission panel which included GVHS President Ken Fyke, who disqualified himself from discussing the HEU submission.

"I don't want to get into a debate," Fyke told Ridley. "We will debate in another forum."

But the next day, when David Lowther, secretary-treasurer of the Victoria General local, criticized the growth in the number of management positions at GVHS, Fyke asked for supporting information and Lowther challenged him to release information on management staff levels.

Said Lowther: "I imagine that one day we may attain parity — one manager for one health care worker."

The Royal Jubilee brief warned that the 1984 amalgamation that formed GVHS has led to a deterioration of communications in the facilities.

"People only work effectively when they feel appreciated and know that they are making a useful contribution to the system," Ridley said, adding that GVHS managers cannot easily foster better relations with hospital workers because of the rigid GVHS structure.

The Victoria General brief, which was presented by Lowther, Marty Terpenning, Jim Munro and Diane Uyttersprot, tackled the questions of Team Nursing, disposable medical supplies, the use of ethylene oxide in sterilizers, and long term care and labour relations at GVHS.

Ethylene oxide is a very dangerous gas that is used in sterilizers, and it is mixed with inert gases to render it less dangerous, Lowther and Munro said these gases attack the ozone layer. When the growing use of disposable supplies is also considered, hospitals are becoming major polluters.

At earlier hearings, Halle McMullen and Dora Mould of the Comox local told the Commission in Courtenay that increased workload, staff shortages, and a higher turnover of patients are leading to more stress, burnout and back and shoulder injuries among hospital workers.

McMullen also raised Nursing Team Issues, as did Elaine Benson, a Licensed Practical Nurse at Royal Jubilee who made a special appearance before the Commission along with Uyttersprot, an LPN at the Fairfield Health Centre.

Benson pointed out that patients are sicker than in the past. "This may require a higher percentage of RNs, but it also requires more hands-on bedside nursing — bedside nursing that is best provided by LPNs."

At hearings in the Lower Mainland, HEU Assistant Secretary-Business Manager Chris Allnutt spoke about Team Nursing issues and told Commissioners that they should call for a freeze on layoffs of LPNs, aides and orderlies and for incentives to restore the Nursing Team in hospitals where HEU nursing jobs have been lost.

"If you make a general recommendation, nothing will change, given the current power structure," he said.

Allnutt also appealed for strong opposition from the Commission to efforts by the federal and provincial governments to weaken the Canada Health Act and funding of medical services.

Bill C-69, which is before the Senate, would reduce federal spending on medicare, and B.C. Finance Minister Mel Couvelier has proposed that the federal government leave the medicare field, opening the door to user fees and further health care cutbacks, he warned.

Fred Muzin and Rey Umlas of the St. Paul's local told the Commission about how the increasing numbers of managers at St. Paul's has led to cutbacks in patient care and to deteriorating labour relations.

# Words on Working

## Hand to Mouth

Old man at a stroke you toppled
back into infancy
your speech once more the baby mush
of coos and gurgles
Half of you now slumps
useless in the chair
and you cannot be made again
to see it as yours
I who have words can pronounce no miracles
though something your blue eyes find
in my face is wondrous
Your good hand moves to touch it
as I kneel as if for blessing
or forgiveness in this forgotten ward
where you wait for some deliverance
or the promised resurrection of the flesh
Never have I been stroked
with such love before
Your worshipful fingers
trace out the whiskered lip
is if preparing to offer up
your gummed-soggy biscuit
in poverty row communion
hand to mouth

**By Glen Downie**

## The Hand

Withered hand
I hold in mine
parchment skin
so fine
the veins stand out
and ripple
as the fingers find
and clutch
my palm

her eyes
once bright and blue
are vacant now
and She
does not remember
why, we move her so.

I long to tell her
it's OK
that we will not hurt,
or let her fall
but, even as I say
the words
I know —
they do not help.

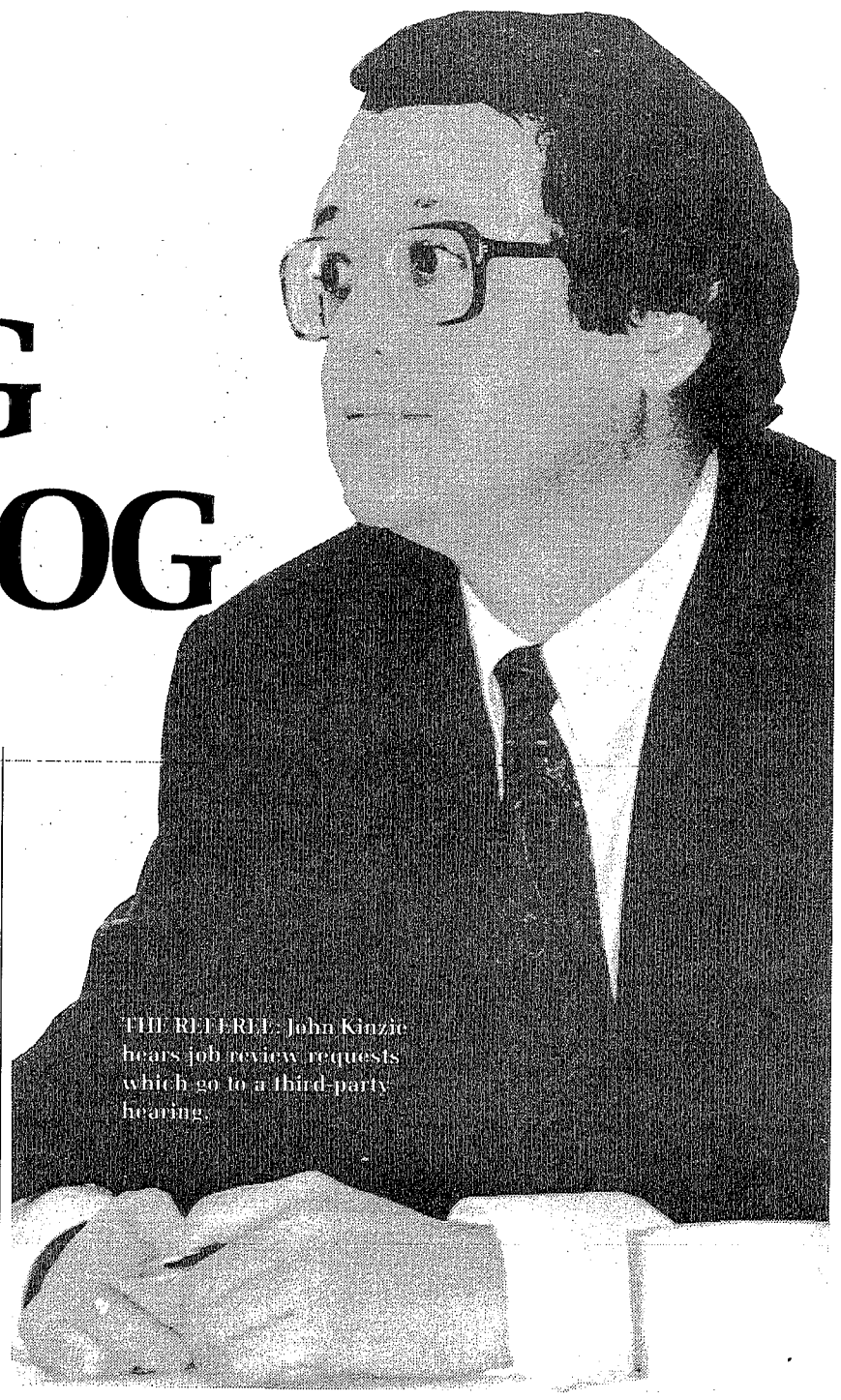
and so . . .
I hold her hand
that hand
it grasps for mine,
that withered,
aged hand

**By Lola M. Miller**

• *Lola Miller is a Radiological Technologist who works with the elderly at Langley Memorial Hospital. Glen Downie has worked for a number of years in the health care field. The Guardian welcomes submissions of poetry or fiction. Health care or labour themes are welcome but not essential.*

HEU is resolving scores of job reclassification requests, but only pay equity changes can bring justice to health industry pay rates

# ATTACKING THE BACKLOG



THE REFEREE. John Kinzie hears job review requests which go to a third-party hearing.

The HEU's intensive effort to whittle down the backlog of job reclassification requests is paying dividends, but as fast as the cases are resolved, new ones are coming in.

"The reality is that all our members are underpaid," says union secretary-business manager Carmela Allevato. "They are underpaid in large part because they are women. We can't address this problem solely with lengthy, bureaucratic hearings.

*New claims arrive as fast as old ones are resolved*

"The employers are going to have to face facts and provide substantial immediate improvements through pay equity bargaining."

The stakes are high and thousands of members are involved.

HEU members at Langley Memorial Hospital are anxiously awaiting a decision from classification referee John Kinzie on their demand for a upgrading of Lab Assistant 2 positions.

HEU members believe they should be upgraded from their current PC3 classification (top rate is $2,146) to a PC15 position (top rate $2,629).

"We believe this claim would apply to all lab assistants in the province," says Conni Kilfoil, the HEU staff representative who develops and presents most of the union's classification cases.

"These workers are drawing blood samples, processing lab specimens for testing, performing electrocardiograms, monitoring blood sugar levels and many other tasks. If they are upgraded, hundreds of lab assistants will be affected."

Because of the money involved, hospital employers fight these cases hard. The Langley hearing took two full days and the union introduced more than 40 exhibits, including photographs, letters and submissions.

Kinzie toured the facility, observed demonstrations of the work performed by six HEU witnesses and watched the operation of various pieces of technical equipment.

Early in 1990, when the union assigned Kilfoil to undertake a special project to eliminate the backlog of job review requests, there were more than 280 cases outstanding. Some involved a few workers, others had implications for hundreds.

One year later, more than 70 full classification hearings and three arbitrations later, the number of claims outstanding since January 1990 has been reduced to about 100. (Because various locals may submit duplicate requests, some hearings will resolve a number of claims.)

But during that period new requests kept coming, Kilfoil says, and still are pouring in at the rate of 15 to 20 a month. Of these, about 10 a month cannot be resolved at the first stage and must be put down for third-party hearings.

Union resources dedicated to the backlog include the appointment of a full-time classification assistant. A week-long course at the union's summer school trained about 20 HEU activists in classification and a second week-long course trained a number of local members. Special seminars have been held for staff representatives and Provincial Executive members.

HEU has also called on the Health Labour Relations Association to agree to the appointment of more referees. Because Kinzie is the sole referee so far, cases can only be resolved as fast as he can hear them.

HEU member frustration was obvious during last fall's Wage and Policy Conference, which received 57 proposals for bargaining demands related to classification.

These demands ranged all the way from specific requests for upgrading to calls for extension of the entire Master Agreement system to CCERA and Pricare agreements. (These demands have all been consolidated in the package the bargaining committee will place before HLRA in February.)

"HEU members are telling managers their work is undervalued," Allevato says. "After 10 years of job review and classification, they're not satisfied. They're not prepared to wait another five years for hearings which may bring justice, but often do not."

For this reason, HEU has warned HLRA that it will not support a Pay Equity program which relies exclusively on job evaluation. Such a system would simply mean "justice will be delayed," Allevato says. "As we know, justice delayed usually is justice denied."

## Classification rulings touch many jobs

With HEU's classification work in high gear, decisions both for and against HEU members arrive at Provincial Office on a regular basis. Recent rulings by classification referee John Kinzie include:

- a ruling early in November, 1990, that medical records technicians at Shaughnessy Hospital were properly qualified. Kinzie rejected lengthy union submissions outlining the technicians' work. HEU argued the workers should be classified at the R24 pay rate.
- a decision that an Electrocardiogram Technician 1 was entitled to more than the ECG Tech 1 benchmark rate because she performed Holter scanning, the interpretation and analysis of ECG data. (The new, higher rate will be determined at a later meeting.)
- a ruling in October, 1990, that medical transcriptionists at B.C. Cancer Control Agency should not be upgraded despite jobs which require careful work organization, review of patient charges and familiarity with complex terminology.
- a decision that Chilliwack Hospital stationary engineers should not be upgraded to a Maintenance Worker 5 level because they performed the relevant work on an infrequent basis.
- a series of rulings regarding jobs at Nanaimo Hospital. In this decision, in which both sides agreed to use referee Bob McCartney on a temporary basis, the finding ruled against the union's argument that HEU members at Nursing Assistant 1 should be upgraded to the Nursing Assistant 2 level, despite their workload, stress level and other concerns.
- a ruling, also at Nanaimo, which upheld the union's argument that a worker classified as at Maintenance Worker 5 should really be at the carpenter level of TD3.
- a ruling, also at Nanaimo, which agreed with HEU's argument that a pathology attendant should be upgraded, because of the nature of the duties performed, to the equivalent of PC21 from PC15 (from Pathology Attendant 1 to Pathology Attendant 3).

# Coffee Break

### You Don't Have To Be Smart To Be Mulroney

The story goes that when Brian Mulroney visited George Bush last summer, he asked the U.S. president how he manages to stay so popular. Bush replied that he surrounds himself with brilliant staff, who make him look good.

Bush called vice-president Dan Quayle over, just as an example. He asked Dan, "if your mother had a child who was not your brother or your sister, who would it be?"

Dan answered quickly, "That would be me, of course!" George said, "See what I mean?"

Brian was very impressed.

On his return to Ottawa, Brian called Joe Clark into his office. He asked his senior minister, "If your mother had a child who was not your brother or your sister, who would it be?"

Joe thought for a while, then replied: "Brian, can I refer this matter to my brilliant staff, then get back to you with a reply?"

Joe left Brian's office, but ran into John Crosbie in the hallway. He asked John the cunning question. Street-smart John replied without hesitation, "That would be me, of course!"

Jubilant, Joe returned to Brian's office. "The answer to the question that I referred to my staff has been answered," exclaimed Joe.

"It would be John Crosbie!"

Brian frowned. "I'm sorry, Joe. You're wrong. It would be Dan Quayle."

DEBRA ROONEY GRAPHIC

### All Locked Up And Nowhere To Go

A Toronto man awaiting a court appearance on armed robbery escaped through an unlocked door, stole a car and drove . . . home. Police were there waiting for him. As one officer said, "Why not go home in a stolen car? If you've got to go home, that is the way to do it. One of those white-collar, intellectual crimes."

### He Was Lucky He Wasn't Kilt

When Linda Ashley drove away after colliding with a bagpiper dressed in full regalia, she was charged with failing to remain at the scene of the accident. She said she had no recollection of the accident and thought her windshield had been broken by someone throwing a bottle.

The piper suffered two broken legs, a broken arm and elbow and nerve damage. Police charged Ashley after recovering wool fibres from her car's grill which matched the piper's kilt.

Incredibly, Ashley was acquitted.

### Wrong Solution To NSF Cheques

Police in Kelowna made short work on one bank robber. He wrote his hold-up note on the back of a deposit slip that carried his own account number.

### All Muscle Between Ears

A St. Catharines, Ont., man up for sentencing on a charge of assaulting his wife dramatically increased his chances of a heavy sentence by wearing a T-shirt that proclaimed "Macho Man." The judge was not impressed.

### Also Paid More To Waste Time

Business executives waste one hour and 12 minutes a day (or about two months a year) attending unnecessary meetings, according to a survey by Accountemps, a temporary-personnel service. There was no estimate of the time spent in necessary meetings, nor of the average wage paid during the time wasted.

### A Lot Off The Top

Sweden waited one day longer than Canada to bring in a general "value added" or services tax, but when the increase came, it was a whopper – 25 percent more for haircuts, beauty care, concert tickets and similar services.

But Sweden also cut income taxes to 50 percent from 72 percent for high income earners. Normal wage earners also will have reductions. (In Canada, the toughest place to be rich is Manitoba, where combined provincial and federal tax rates are 50.4 percent).

Swedish business representatives say the tax is good because it will make people work harder.

### Lifestyles Of The Rich And Arrogant

Why do rich people think they have a special right to lecture the poor on how to live?

Tom Monaghan owns Dominos Pizza and the Detroit Tigers baseball team. He recently spoke to a group of businessmen about, believe it or not, *The Thrill of Poverty.*

"To me, one of the most exciting things in the world is being poor," Monaghan exclaimed. "Survival is such an exciting challenge." He urged poor people to stop buying potato chips and ice cream and instead buy 100 pounds of powdered milk – "like they feed the calves" – and a bushel of oats from their local Farm Bureau.

Easy to say when you've got $500 million, Tom. Maybe the poor could save even more by not buying any of your pizzas.

### Doctors Make It Look Easy

Roger Kapp, 54, former general legal counsel for American Home Products, the company that makes Preparation H and other products, has been charged with pretending to be a doctor and illegally ordering enemas for hospital patients. He was arrested after police tapped the home telephone of a woman looking for medical help. Calls were traced to Kapp's phone extension at the company. His lawyer told the judge, "The conduct in question arises from a medical problem."

COMPILED FROM CALL, CDN. LAWYER

# Quebec health unions slam new user fees, health tax

User fees and taxation of health benefits that are part of a sweeping reorganization of Quebec's health care system have been sharply criticized by that province's largest health union.

The reforms announced in December by Quebec Health and Social Services Minister Marc-Yvan Cote followed more than five years of study by the government and by a commission similar to the B.C. Royal Commission on Health Care and Costs.

A $5 fee will be imposed on patients who visit emergency rooms when their condition is not deemed to be an emergency. This fee is ostensibly to encourage patients to go to community clinics rather than emergency rooms.

As well, the cost of services such as eye care, dental work, prostheses and medication for seniors will be taxed back from all users except those on fixed incomes.

Leaders of the Confederation of National Trade Unions (CNTU), which represents about 100,000 workers in the health and social services sector, promised to fight for changes when the reforms come before the Quebec National Assembly.

The CNTU was strongly disappointed by the lack of attention paid in the reform package to the needs of health care workers.

"We had hoped for reforms based on one global policy for health. Instead of that, the minister, Marc-Yvan Cote, gave us a patchwork list of changes, including some we had called for, and others which we are highly critical of," said CNTU vice-president Celine Lamontagne.

While the CNTU praised measures such as opening up hospital board meetings to the public and recognizing community clinics and community groups, it expressed concerns about regionalization proposals and the possibility of privatization of health services.

The CNTU notes in its response to the reform package that the user fee and tax on services were called for by the Quebec Employers' Council and will most strongly affect people such as senior citizens, mothers giving birth, and victims of workplace accidents.

The Quebec version of the CareCard will be replaced by a card with a photograph and a memory bank which will allow the government to keep closer track of citizens.

Many of the Quebec reforms are similar to recommendations from Royal Commissions in other provinces and proposals being put before the B.C. Royal Commission.

The Quebec reforms include a code of ethics for health workers, a "negative" measure which the CNTU said will put health workers under suspicion. The CNTU wants the code to be replaced by a charter of rights for patients.

The CNTU noted that the government plans to take on powers allowing it to attack clauses of the collective agreement such as those affecting seniority and mobility of personnel.

"Workers and their unions are the forgotten people of these reforms," according to Sylvio Robinson, the president of the Federation des affaires sociales, the affiliate of the CNTU which represents most health workers.

"For them there will be only one gimmick: the prize for excellence. For upgrading of skills, there are general intentions but nothing concrete. No place for discussion, and nothing that would let one believe that workers are important in the system."

# B.C. doctors vote on pay deal, receive new tax-funded pension

After many months of often stormy negotiations, B.C.'s 6,000 doctors are voting on a new pay package which will cost the province more than $150 million a year.

Doctors began voting in mid-January on the offer and the results are expected in early February. The deal includes fee increases of four percent in 1990 and 3.75 percent in 1991 and 1992 as well as a $10 million a year contribution for liability insurance and $10 million for computer billing systems.

The B.C. Medical Association insists the contract offer is not tied to the controversial $25-million-a-year government-financed physicians benefit plan, which will be set up in 1992.

Under the terms of that plan, the Social Credit government will contribute $25 million a year starting to a fund giving doctors a monthly retirement income.

The government's decision to offer doctors the first ever entirely employer financed pension plan received a mixed reaction from B.C. union leaders.

The B. C. Federation of Labour, B.C. Government Employees' Union and B.C. Teachers' Federation welcomed the offer as an important benefit breakthrough.

However, the province's largest health care unions were skeptical of the government's performance. The Hospital Employees' Union suggested the $25-million annual contribution toward a doctors' pension fund was poorly timed in view of the current health care funding crisis.

The B.C. Nurses Union was outraged that a government unwilling to find money for direct health care services for patients is able to find money for a doctors pension fund. BCNU president Debra McPherson notes that nurses "basically retire into poverty."

The New Democratic Party was also harshly critical of the pension fund. NDP finance critic Glen Clark said the proposed pension plan reflects the "appalling" priorities of the Social Credit government.

## PUZZLE

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| V | A | N | D | E | R | Z | A | L | M | C | D | E | R | V |

Find the following words hidden in the maze above. The words may be written in any direction and most of them are likely to turn up in HEU Bargaining Bulletins in coming weeks.

Health
Labour
Demands
Strike
BCNU
Vote
CCERA
Hospital
Poll
Pay Equity
HEU
HSA
LPN
Palliative
GST
Mediate
Tax
Privatize
Unity
NDP
Contract
Takeaways
HLRA
CSD
Picket
Offer
B.C. Fed
Pill
Ratify
Essential Services
COLA
EAP
Safety
HIV
Aide
No Concessions
Parity
Nursing Team
Vander Zalm
BCMA
Pricare
ICU
Mediate
Raise

## CALENDAR

*The Guardian welcomes insertions for Calendar. Mail to 2006 West 10th Ave., Vancouver or phone 734-3431. HEU notices will get priority in the space available.*

### FEBRUARY

**4-5** 4-5 MONDAY AND TUESDAY First Lower Mainland HEU Table Officers conference, Maritime Labour Centre, 111 Victoria Drive, Vancouver.

**11-12** MONDAY AND TUESDAY Second Lower Mainland HEU Table Officers conference, Maritime Labour Centre, 111 Victoria Drive, Vancouver.

**14, 20-22** HEU and HLRA bargaining for new Master Collective Agreement.

**18-19** MONDAY AND TUESDAY, Third Lower Mainland HEU Table Officers Conference, Maritime Labour Centre, 111 Victoria Drive, Vancouver.

**22-24** FRIDAY TO SUNDAY The State of the Strait Conference, A Public Inquiry into the Health of Georgia Strait, Coast Bastion Inn, Nanaimo. Panel discussions and workshops with a wide range of native, environmental and labour representatives "working to reverse the tide of environmental destruction in Georgia Strait." More information from SGSA, Box 122 Gabriola Island, V0R 1X0, Tel: 247-8670.

**25-26** MONDAY AND TUESDAY, Okanagan HEU Table Officers Conference in Kelowna.

**27-28** THURSDAY AND FRIDAY, HEU Provincial Executive meeting, tentatively scheduled for Kelowna. (Note: No March meeting has been scheduled because that period will be required for HLRA bargaining.)

### MARCH

**6-8** HEU and HLRA bargaining for new Master Collective Agreement.

**11-12** MONDAY AND TUESDAY Vancouver Island HEU Table Officers conference in Victoria.

**13-15** HEU and HLRA bargaining for new Master Collective Agreement.

**20-27** HEU and HLRA bargaining for new Master Collective Agreement.

### APRIL

**3-5** HLRA bargaining for Master Collective Agreement.

**24-26** WEDNESDAY TO FRIDAY, HEU Provincial Executive meeting in Vancouver.

**27** SATURDAY Walk for Peace. Contact your local committee for details.

### MAY

**1-5** Mayworks Festival celebrating Working People and the Arts, Vancouver.

**26-28** WEDNESDAY TO FRIDAY, HEU Provincial Executive meeting in Vancouver.

### JUNE

**26-28** WEDNESDAY TO FRIDAY, HEU Provincial Executive meeting in Vancouver.


ON VIDEO!

Now available from
the Hospital Employees' Union

# Pay Equity
## *The Time is Now!*

**Barb Byers, president of the Saskatchewan Federation of Labour.**

Pay equity will be a major issue in the coming round of health care collective bargaining. In a keynote address to the 17th Biennial Convention of the HEU, Barb Byers, president of the Saskatchewan Federation of Labour, made a compelling case for pay equity, particularly in the health care field.

This 29-minute VHS tape is a useful education tool.

●

▶ **HEU – Flight for Democracy**
The union's battle against Bill 19, Social Credits repressive labour legislation. **15 minutes.**

▶ **HEU – Working for Better Health Care**
The union's battle submission to the Royal Commission on Health Care and Costs — a summary of where we stand on the crisis in health care. **9.48 minutes.**

▶ **HEU 11th Biennial Convention**
Originally produced as a film, this **26-minute** review of the 1978 convention gives us a sense of our union's roots.

▶ **On the Move for Victory – 1199**
In 1989, beleaguered New York city hospital workers ended a period of division in their union and mobilized to shatter their employers' united front. This **20-minute** tape, which features appearances by Jesse Jackson and Local 1199 president Dennis Rivera, is an inspiration and a guide to action. Highly recommended.

**For more information:**

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**Vancouver, B.C. V6J 4P5**
**Telephone: 734-3431**

# Guardian

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## HEU bargaining report

Hospital workers: the heart of health care. HEU makes the case for pay equity, wage increases and other improvements in contract talks

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## Health care at centre stage

Hospital workers in New York are teaching others about life in the health care system through theatre and music

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## Rebuilding a broken family

An HEU member tells how she and her family have been reunited after almost four decades of separation.

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## We're in the mail!

If you're an HEU member, you should have received this paper at your home. If your address is wrong or if you haven't received the paper and you would like to, use the card between pages 2 and 3 to let us know.

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Hospital workers: the heart of health care! That's the message HEU is sending British Columbians as we head to the bargaining table this spring. During bargaining, HEU members will be wearing Heart of Health Care buttons to highlight our vital role working and caring for the people of B.C.