



MICKY BEAGLE has blazed a trail for hundreds of women trade union activists following in her path. Born in New Westminster in 1906, Beagle was a worker, a mother, a union activist, an at-home caregiver, and a strong advocate for women's rights.

Beagle's organizing career took her to migrant work camps during the 1930s depression in California where she ended up on many a 'boss' blacklist, back to Vancouver saw mills, and then to the B.C. fishing industry.

Along that road, she faced significant challenges balancing her own career with her family's needs and caring for her Alzheimer's-ridden father.

The key to her success, Beagle believes was strong support from her father, and later her husband, both of whom shouldered their fair share of family work.

For Beagle, the fight for justice for workers was always linked to the struggle for women's rights.

Battles with the boss went side-by-side with pressing for real respect and equality in the union movement.

BALANCING IT ALL

Beagle's story is the first instalment of *Balancing it all*, a new *Guardian* column devoted to the contemporary challenges women face as union activists, within HEU and the labour movement.

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VOL. 11 NO. 6

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

NOVEMBER/DECEMBER 1993



THE QUALITY PILL

Is the TQM approach a wonder drug or snake oil? PAGE 7



BARGAINING BATTLES

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SPECIAL REPORT

Government health reforms promise to bring care 'closer to home.' But one side effect from this move will be more work for women.

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Challenges to mark HEU's 50th anniversary

WITH this last 1993 issue of *The Guardian*, I want to extend to all the members, activists, executive and staff of the Hospital Employees' Union and their families, season's greetings and best wishes for a successful 1994.

In 1994 we will be celebrating the 50th anniversary of the founding of the Hospital Employees' Union. There were good reasons why Locals 4 and 28 of the Civic Employees' Union, each representing the men and women of Vancouver General Hospital in separate organizations, came together in 1944 to form the Vancouver Hospital Employees' Federal Union, Local 180 of the Trades and Labour Congress (the precursor of the Canadian Labour Congress).

In 1993, we made good strides towards eliminating wage discrimination in our membership. But pay equity will not be achieved in health care until there is recognition that all HEU members have suffered wage discrimination because they are part



COMMENT

by CARMELA ALLEVATO

of a bargaining unit which is 85 per cent female. And it will truly be achieved when HEU members are paid according to the job they do and not on the basis of where they deliver health care.

In 1993 Canadians elected a new federal government. HEU members participated in the federal and municipal elections held last fall. In British Columbia the victory of so many Reform party candidates who ran on a platform to eliminate the federal deficit in three years is of tremendous concern to all who care about the kind of country we have. Fixation with reducing the deficit at any cost means thousands of Canadians who, like HEU members, work to provide services

that are paid for through taxes would be out of work and all the people who receive our services would have to pay for them out of their own pocket.

In the coming year HEU members will continue to be active in every community to protect health care services as the health councils and regional boards are established. We welcome the fact that the new minister of health Paul Ramsey is ensuring that health care providers are legitimate participants in the local planning committees for health care restructuring. Only with the full participation of health care workers can the move to closer to home be achieved in a manner that is progressive and democratic.

1994 will also be the 10th anniversary of HEU's return to the House of Labour, the Canadian Labour Congress. After an absence of 14 years, in October, 1984, HEU and the Canadian Union of Public Employees, which HEU helped to found in 1963, made an agreement that provides for HEU's reaffiliation to the CLC. That agreement expires in October 1994 and HEU is committed to working with CUPE and the CLC to finalize our affiliation so that we can continue to participate fully in all the structures of the organized trade union movement.

Guardian

"In humble dedication to all those who toil to live."

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The Hospital Guardian is published by the Guardian Publishing Society on behalf of the Provincial Executive of the Hospital Employees' Union, under the direction of an Editorial Committee whose members are: Fred Muzin, Carmela Allevato, Mary LaPlante, Ruby Hardwick, Tom Knowles, Maurice Smith, Colleen Fitzpatrick.

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Letters

The Guardian welcomes letters to the editor. Please be brief. Write to 2006 West 10th Ave., Vancouver V6J 4P5.

Bill says thanks

I am writing this note of appreciation in response to the expressions of goodwill I received from so many of you when I retired. The amount of letters and cards from locals and individuals makes it impossible for me to reply to all of you, but I want you to know I appreciate each and every one.

Being president of our special union was rewarding and enjoyable and I am honoured to have had your confidence for so long. I really did enjoy the job.

Again, thank you all.

BILL MACDONALD

May Bennett local aides Hawthorn Park's struggle

We, the May Bennett local, are sponsoring an evening in support of the Hawthorn Park local, with a wine and cheese Wed. Nov. 24 in Kelowna.

Hawthorn Park is a new local in Kelowna. This new local of HEU members was certified in March and has not achieved a first agreement. Bargaining with the employer is set to resume Nov. 29.

While the bargaining is not yet at an impasse, the local is trying to maintain morale and

support in the face of cut-backs. We believe that this special evening will be a much-needed boost for these brothers and sisters.

We are trying to raise enough funds to present these members with blue HEU jackets as a show of support. Please make whatever financial contribution your local can afford and please plan to attend.

RENA KUNTH,
May Bennett local

• Members of the May Bennett local staged a long, successful fight of their own to win a first contract in 1991.

Chetwynd local privileged to provide bursaries

We are a small local (approximately 32 members) and this year five of our members' children had applied for our usual bursary.

For about 10 years our local has made a bursary available for a graduating student and we have enjoyed presenting this.

This year we had five of our "own" apply. The local made enough money available to give each student a \$200 bur-

sary upon their acceptance to a college of their choice. The only other requirement was that they be enrolled for one month before the bursary was granted.

All applicants successfully met the requirements and our local was privileged to help these students come one step closer to their goal.

Giving a bursary from our own local is good, positive publicity for the HEU. We also encourage applications to our provincial bursary program.

JEAN POHL,
Chetwynd local



"I thought I'd introduce a little democracy to this department. Bring me your suggestions and I'll vote on them."

• Accompanying sister Pohl's letter were notes of thanks from recipients of the local's bursaries.

Member opposes HEU stance on gays, lesbians

I would like to write a short note to express my support for what Andrea Jones said in her letter which was published in the July/August issue of *The Guardian*.

I do not wish my union dues to be forwarded to fund the gay agenda.

BETTY GOERTZ,
HEU member,
100 Mile House



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.

There's power in the union

That was one of the practical lessons learned by HEU members attending recent shop steward seminars in Kelowna and Richmond.

In Kelowna, about 25 shop stewards joined a lunch time support picket Oct. 5 for International Association of Machinists members who were locked out by Maloney Steel in June. Coincidentally, a settlement to the dispute was reached the next day.

In Richmond, the presence of 150 HEU stewards was enough to force management of the hotel where they were meeting to evict a Rogers Cable crew that was trying to film a local Chamber of Commerce event.

Despite 1992 profits of more than \$1 billion, Rogers locked out its unionized installers and technicians in the summer in a bid to win concessions.

Also on the Rogers front, tough action by the St. Paul's local forced their bosses to remove a secret Rogers' relay centre from hospital facilities.

Local elections

A reminder that nomination and election of officers for all HEU locals takes place at the first regular meeting of 1994, usually in January.

Suggested guidelines for conducting the elections were to be adopted by locals at their regular meetings in November.



BACK ON THE JOB: HEU staff rep Heather Suggitt, at left on the campaign trail, wasn't successful in her bid for election to Parliament.

Education programs expanded to meet need

More than 500 union activists upgraded their skills to deal with problems in the workplace at a series of shop stewards training seminars held across the province between mid-September and early November.

The seminars included separate two-day sessions for advanced steward training and chief shop stewards.

In addition, 16 activists from new certifications received steward training in a special four-day program. It was the first time a training program has been offered to deal with the situation faced by new locals.

Based on direction from the 1992 union convention, the shop stewards seminars are part of the Provincial Executive's effort to expand education programs for members to build a better, stronger union.

These most recent moves have helped HEU develop one of the most comprehensive membership education programs of any union in B.C.

Suggitt not successful

She put up a tough fight, but HEU staff rep Heather Suggitt wasn't in the winners circle on federal election night, Oct. 25.

Suggitt, the NDP candidate in Kootenay-West Revelstoke, lost to the Reform candidate, sharing the same fate that befell most of the B.C. NDP hopefuls.

After a three week break that gave her a chance to put her feet up and rest at home, Suggitt's back on the job.

Despite the loss, Suggitt is glad to be back to work. "You can't let these things get you down," she said.

Cont'd on page 4



LEARNING NEW SKILLS: These union shop stewards were among the 517 stewards who attended union education programs this fall.



FIRST CONTRACT: HEU's Come Share local members went on strike Nov. 5 to win a fair deal from their employers who operate an adult day care.

Come Share fight for fairness part of New Directions struggle

The 14 members of the HEU local at the Come Share adult day care program in Surrey and White Rock went out on strike on Nov. 5 to win a first contract.

The Come Share Local was organized last April, but repeated attempts to get the employer to bargain seriously have so far failed.

Wages are \$3.50 an hour below the industry standard, and benefits do not include medical coverage, pensions, or dental coverage for dependents.

While HEU is demanding a new contract which meets the industry standard, the employer has cut staff at the facility and is seeking concessions.

"Facilities like Come Share are where health care services are being moved 'closer to home,'" HEU secretary-business manager Carmela Allevato said. "We believe

that the people who work in these facilities are entitled to the same pay and benefits as other health care workers."

The workers deliver adult day care services to clients out of a location in White Rock and an-

News

other in Newton. The White Rock location is on the same site as Evergreen Baptist Home, which is staffed by HEU members.

If Evergreen ran the service dispensed by Come Share, savings from the elimination of administrative overlap would be sufficient to pay full industry wages and benefits to the workers at Come Share, Allevato said.

Casuals' protest hits bosses on Shaughnessy secondment failures

HEU members at Royal Columbian Hospital have been handed letters of reprimand and, in some cases, one-day suspensions for a two-day job action Oct. 18 to protest the treatment of casual workers.

The job action resulted from the secondment — temporary placement — of Shaughnessy Hospital employees to Royal Columbian's dietary department in the wake of Shaughnessy's closure earlier in the month. (The discipline was grieved but the employer's actions were upheld by an arbitrator.)

The Royal Columbian situation was the sharpest conflict in a wave of controversies that swept through Lower Mainland facilities as Shaughnessy workers were seconded to new facilities.

"It should be clear that the protests were not aimed at the Shaughnessy workers," said HEU secretary-business manager Carmela Allevato, "but were intended to protest the failure of employers

to use all the tools of the Employment Security Agreement to avoid loss of work."

The union condemned the Shaughnessy transition team for its failure to plan the shutdown of the hospital in a way that would avoid this dislocation.

Union officials worked around the clock in special negotiations earlier in October in an effort to slow down the closure until new permanent placements could be found.

But the government's determination to shut Shaughnessy forced the Labour Adjustment Agency (LAA) to second Shaughnessy workers to other facilities while the hunt for permanent placements continued.

The result was some loss of employment for casuals in those facilities.

Allevato said HEU will continue working with LAA to help speed placement of Shaughnessy workers in permanent positions to minimize the impact on casuals.

What we're up to



NEW MEMBERS: Workers at Garden Manor, above, a 24-bed mental health group home in Kamloops, joined HEU in November, as did staff at the Logan Lake Health Centre, at right.



Cont'd from page 3

Victoria office on the move

To better serve the needs of HEU Vancouver Island members, the Victoria office has moved to bigger quarters at 415 Gorge Rd. East, Victoria, V8T 2W1.

The new phone number is 480-0533, and the new fax number is 480-0544.

More workers join HEU

The union continues to make headway organizing health care workers, winning four new certifications since Oct. 20, covering 75 workers. On that date, 46 employees of Carlsbad Private Hospital, a government-funded long-term care facility in Vancouver, voted to leave another union and go with HEU.

Then nine workers at Garden Manor, a 24-bed group home in Kamloops, signed up Nov. 2.

Soon after, four employees at the Logan Lake Health Centre, south of Kamloops, joined, as did 15 employees at two group homes operated by the Victoria Community Resource Society.

Welcome to all the new members.

Shaughnessy local's Christmas spirit lives on

Last year, members of the Shaughnessy local undertook a present drive to make Christmas a little brighter for the 160 children of miners

locked out at Royal Oak Mines in Yellowknife.

Despite the turmoil that local members have been through in the past 10 months, they're doing it again this year.

Local secretary-treasurer Rosemary Benes said she was awaiting a fax of the children's names, then Shaughnessy members would draw a name and purchase an appropriate gift in time to make that long sleigh ride north.

The presents will again be welcomed by the hard-pressed miners and their families.

There may be headway too, in resolving their 19-month struggle. The Canada Labour Relations Board recently ruled that Royal Oak was guilty of bad faith bargaining, and ordered the boss to make a contract offer, which workers voted to accept.

But in true form, the company said it would appeal the CLRB ruling in court.

Malaspina boss still can't deliver

HEU members at Malaspina Lodge took to the streets again Sept. 29, to press their boss to forward pension payments and union dues and to protest layoff notices.

The HEU local has had a running battle with their employer, who has fallen behind on union dues, pension contributions and benefit payments on a number of occasions.

Their action was successful, and the boss has forwarded current

dues and pension contributions owing.

Their boss, Susan Van Egmond, president of Cadillac Care Ltd. (no joke), said she just got too busy to make the payments on time.

Through the most recent battle, HEU discovered that a former Socred cabinet minister and Van Egmond protege, Robert Bonner, is listed in company documents as an employee in receipt of a benefit package.

Working life saluted with arts funding

Through a special joint program with Victoria, five B.C. unions have received funding for community arts projects that highlight the role of working people.

Projects approved by the B.C. Artists and Working Life program, co-sponsored by the B.C. Federation of Labour and the Ministry of Culture, include two plays, two murals, and music workshops for fishplant workers.

One of the plays, *Talker's Town*, is a mystery set in 1960 in Port Hammond, now part of Maple Ridge. It combines fiction and history and includes oral histories from IWA members who worked there in the world's largest cedar mills.

The five projects were selected from more than 300 submissions from B.C. unions, including HEU's proposal for a series of six workplace posters depicting issues of concern for health care workers.

Shaughnessy closure tarnishes health reform

Task force says move 'inconsistent' with Victoria's consultation pledge

HEU's position that the closure of Shaughnessy Hospital violated a central part of the government's New Directions health reforms was vindicated in the report of the Shaughnessy Site Task Force.

The report of the task force, which was headed by lawyer Paul Williamson and included HEU Vancouver Island regional vice-president Linda Hargreaves, said the decision to close Shaughnessy and the way the closure was carried out "were inconsistent" with the New Directions policy's promise of consultation with the public and caregivers.

This glaring omission to consult tarnishes New Directions, the task force said. The report added that the lack of public consultation was continuing at the Shaughnessy site.

The task force's report, released Nov. 5 and entitled *Finding the Way Home*, made 11 recommendations, including full reporting on the future placement of Shaughnessy services and workers, and on the future use of the Shaughnessy site.

Other recommendations also called for consultation with affected communities and caregivers before decisions are made in the future about acute care services, and while the decisions are being carried out.

Health minister Paul Ramsey promised to act on the report's recommendations. He said a report on the movement of Shaughnessy services and staff would be made

public, and that health care workers and community representatives will take part in planning redevelopment of the Shaughnessy site.

HEU secretary-business manager Carmela Allevato said the controversy over the closure has been reopened by the decision to move the adolescent psychiatric unit

Health minister Paul Ramsey promised to act on the recommendations

from Vancouver General Hospital to an abandoned Shaughnessy building in spite of stated concerns about the safety of the buildings.

HEU has criticized the government all along for deciding in secret to close Shaughnessy, and then ignoring the concerns of patients, caregivers and the community in carrying out that decision, Allevato said.

"This report vindicates our position. At the same time, we are pleased that the minister of health has promised to open up the process of redeveloping the Shaughnessy site, which answers a major concern raised by the task force," Allevato said.

"We believe that the closure of Shaughnessy should at least have been delayed," she added.

The task force was set up in July in response to concerns raised by HEU, other caregiver groups, and people in the community over the future of the services delivered by the hospital.

Hurdle cleared as ESA talks get back on track

Talks to incorporate the terms of the Employment Security Agreement (ESA) into the HEU/HLRA Master Collective Agreement are proceeding after employer stonewalling threatened to halt the negotiations.

The talks, which involve the Health Labour Relations Association and the three major health unions, are taking place to make what are called "consequential amendments" to the unions' master agreements.

The bargaining began in August but came close to breaking down in October when HLRA demanded contract language that would give employers the unilateral right to completely change 36-hour work week schedules.

As well, HLRA wanted to block

the establishment of labour-management committees which are included in the ESA.

But at a session in November, HLRA agreed to take the question of future work schedules to mediator/arbitrator Colin Taylor for resolution.

HLRA and the unions also reached agreement on the matter of the labour-management committees.

HEU is asking all locals to proceed with the establishment of these committees in facilities and at the regional and provincial levels to facilitate consultation while health care reform proceeds.

Locals are also being asked to ensure that union representatives on these committees are provided with paid time off.

Future work schedules sent to arbitration

BALANCING IT ALL

DURING a union organizing career that took her from New Westminster to migrant workers camps in California, then to Vancouver sawmills and finally to B.C.'s coastal salmon canneries, Mickey Beagle had plenty of challenges balancing her labour activism with her family's needs.

Although Beagle modestly insists "my life doesn't make much of story," she was a pioneer who helped blaze a trail for hundreds of women union activists who followed in her path.

During the 1930s she worked and organized in southern California, where she was among those to receive the first union charter from the Congress of Industrial Organizations for a woodworkers' union in the company town of Westwood.

That was just the beginning of Beagle's long organizing career, which later included drives for the International Woodworkers of America and the United Fishermen and Allied Workers' Union here in Canada. Beagle ultimately rose to the rank of vice-president in the UFAWU and served for many years as an organizer.

For Beagle, labour activism was always linked to the fight for women's rights. In 1967, she helped submit the UFAWU's brief to the Royal Commission on the Status of Women, the only brief submitted by a union in this province. Their submission made national news with its call for jobs, equal pay and adequate childcare.

During all this intense work, she also was able to raise two children.

Still vital and active at 87, Beagle believes the key to her success was strong moral support and practical assistance she had first from her

IN ACTION: As an organizer for the fishers' union in the 1960s, Mickey Beagle was part of the campaign to fight the unjust labour laws of W.A.C. Bennett.



THE FISHERMAN PHOTO

Beagle blazes trail for women activists

father and then from her husband Mervyn, a woodworker and firm believer in women's equality.

Both encouraged her activism and helped make it possible by their strong commitment to do their fair share of family work.

"I was fortunate to have a father who was not a male chauvinist," she recalled some years ago. "He believed that women should have full equality in every respect and strive to do whatever they wanted to do."

Although Beagle trained as a nurse, she never accepted the narrow career path society then left open to women.

It was in the salmon industry where Beagle made a particular contribution for the UFAWU, where her favourite grievances were the ones solved right on the job.

"We had a grievance over tallying

the production of the workers," she recalled, "an insidious method of causing divisions. We took the whole crew, about 100 women, to see the boss. When he asked if this was a strike, we said no, this is an enlarged grievance committee! We won that one."

In 1957, native and non-native women borrowed the tradesmen's tools at a mid-coast cannery to rip down the signs that designated washrooms as "native" and "white." After years of fruitless grievances, that direct action eliminated a vicious form of racism.

Alongside these battles with the boss were many equally difficult fights for real respect and equality with the union movement. It was only the action of women themselves that put equal pay on the UFAWU agenda, Beagle says, and

men in the membership and the union leadership "needed convincing" that women's demands required the union's full support.

Nonetheless, Beagle remains convinced that the union movement can play a crucial role in the fight for women's equality.

"It will take long years of struggle and education to bring women into full equality with the other half of the human race," she wrote in 1975. "We have made some significant improvements. Let's get on with it."

• *BALANCING IT ALL* is a new *Guardian* column devoted to the challenges women face as union activists, within HEU and the labour movement. Each issue, the column will look at how women juggle work in the labour force, at home, and in the union, how they succeed, and why sometimes they don't.

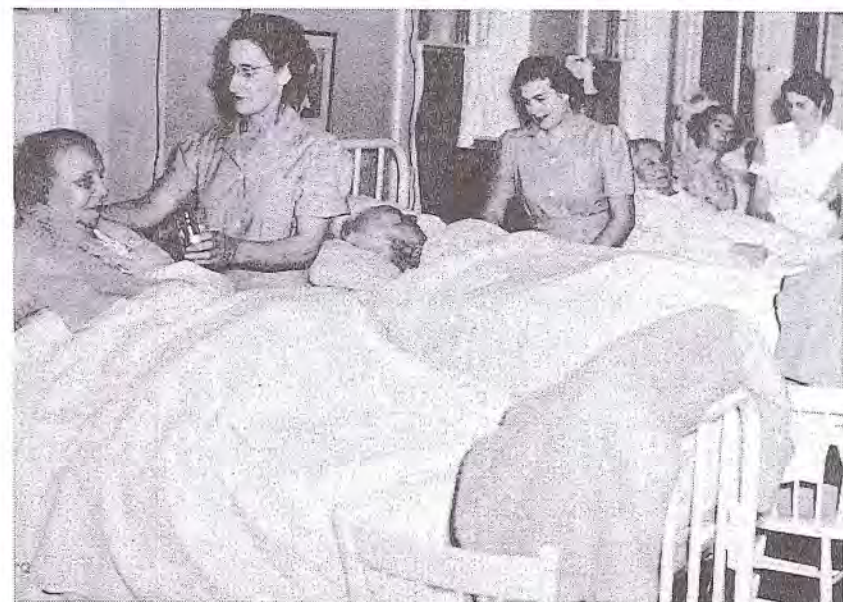
LOOK BACK

VANCOUVER SCHOOL BOARD (MEDIA SERVICES & TECHNOLOGY) PHOTOS



The origins of team nursing

During the Second World War registered nurses were in short supply, sparking a demand for practical nurses to provide for the comfort of patients. In 1948 the first formal training program for licensed practical nurses was established at Vancouver Technical High School and later moved to Vancouver Vocational Institute. Training took 12 months, with four months devoted to theory and laboratory work and eight months in clinical work in hospitals. Although the Practical Nurses Act was passed in the B.C. legislature in 1951, it was not proclaimed until Dec. 7, 1965. Florence Wilson was awarded License #1 in honour of her efforts to have the act proclaimed.



PRESIDENT'S DESK

On the road: HEU snapshots



By FRED MUZIN

OVER THE past two months I've been able to visit a number of locals and to meet many union members.

The province looks a lot different from outside the Vancouver region.

During a week in the Kootenays — Castlegar, Cranbrook, Trail, Nakusp, Nelson — you develop a heightened awareness of how isolated many of our activists feel from the Provincial Office and how much the close sense of community plays in everyday life.

Also, you learn fast that the Employment Security Agreement has different implications in facilities where full-time postings are infrequent and where there is little turnover of staff.

At a community meeting in Trail, the main topic was the economic impact that moving the regional referral centre to Castlegar would have. Health care facilities are major employers in these communities, and the contribution our members make to the local economy is a major factor, especially in times of recession.

In Nakusp, our activists personally know many board members and access to them is easier than in the urban centres. Smaller facilities often serve as the training ground for administrators and supervisors who may have formal education but little experience. It is important to impress on them that our union is 38,000-members strong and that we stand together.

On national Save Medicare Day, Oct. 14, I spent time with Nanaimo members. The Kiwanis Lodge local, although physically separate from the regional hospital, is part of the Nanaimo local. This creates unique servicing problems, especially since the employer tries to discourage stewards functioning at both sites. The situation highlights problems that the Provincial Executive will have to solve in considering mergers.

The employer is also heavily into team concept schemes and we have to provide the tools and education for our activists and members to deal with these programs while still providing traditional union advocacy.

In the Okanagan, our Princeton local, nestled in the valley east of Manning Park, brings another perspective. Smaller locals usually require a less formal organizational structure for the stewards and/or executive. Most people run into each other daily. However, this can limit the available breathing space and recharging time that activists require and extra effort must be taken to accommodate this.

Our members residing in major urban centres like Victoria have better access to educational programs offered by community colleges and the Canadian Labour Congress. There is a greater ability to network with other HEU locals and with other trade unionists.

These snapshots of HEU and the tremendous willingness of our activists to share their experiences will significantly contribute to us becoming a stronger union. We must never fail to be responsive to the changing needs of our members.

Overall, it's been a challenging year for HEU, BCNU and HSA.

Once again, the dedication and support of our activists has been solid.

As the holiday season approaches, take time to say thanks to these people who serve us every day of the year.

And don't forget that it's also time to care for the caregiver — all of you.

Have a safe and healthy holiday season and a wonderful New Year!

AFTER THE SHIFT



COMMUNITY ROLE:
HEU member and Clearwater volunteer firefighter Mike Leblanc takes his community responsibilities seriously.

Clearwater cook wears many hats

In small towns across B.C., communities survive because people pull together to make things better.

That's the case in Clearwater, population 2,500, where HEU member Mike Leblanc plays an active role in his community.

Leblanc is a cook II at the 10-bed Dr. Helmcken Memorial Hospital — the only facility between Kamloops and Jasper on the Yellowhead Highway.

When Leblanc's not working, he wears a number of different hats. He's a volunteer firefighter, a union activist, chairperson of the board of the local home support agency and a member of the New Directions Interim Planning Committee in his region.

As a volunteer firefighter, Leblanc is on call 24-hours a day, with practice sessions every Thursday night. Last year, a local motel burned to the ground, and three years ago he fought a house blaze in which three children died. "It was grim," he said about the search for bodies after the fire was extinguished.

Wearing another hat, Leblanc also helps bring security to people's lives. He's the chair of the

Clearwater Home Support Society, a community agency that through a novel program helps keep the town's senior citizens at home, rather than in long-term care facilities in Kamloops.

For years, community leaders have been fighting to supplement their seniors' apartment complex, called Evergreen Acres, with a multi-level care facility.

While they were lobbying, they got "creative," says Leblanc, because as Evergreen residents got older their need for services grew. The seniors living in the complex decided to collectively pool both their grocery money and the two hours a week of home support care they each received.

Together with a community fundraising drive to build a kitchen and eating area at the facility, the home support agency is able to provide staffing for a meal program and other services eight hours a day, seven days a week.

Now they have an alert program for residents, and have received a government grant to start up a broader meals on wheels program for the community.

A Kamloops native, Leblanc came north to work in the hospital 10 years ago when he was 19.

NDP defeat creates new challenges for Canada's left

By MARJORIE GRIFFIN COHEN



The NDP — the party that has traditionally championed the causes of progressive groups — is now a negligible force in Canada's Parliament. The NDP's election defeat doesn't signal a major shift to the right in the country, but we need to understand the party's failure nonetheless.

While the NDP has never formed a government in Ottawa, it was seen as the party that could be counted on to support social programs, a progressive tax system, full employment and anti-discrimination measures.

The Liberal majority that was elected on Oct. 25 has pledged to create jobs and maintain social programs. Whether those promises will be kept remains to be seen.

On the right, the Reform Party will be clamouring for deficit reduction, cuts to social programs, and privatization.

And none of the major parties elected to the House of Commons is willing to oppose free trade or the proposed North American Free Trade Agreement (NAFTA).

Progressive forces on the left are not dead in Canada, but their strengths and issues were not reflected in the election largely because the NDP no longer seemed a credible option.

Most damaging to the federal NDP has been its association with unpopular provincial NDP governments. Bob Rae's social contract provoked hostility from traditional supporters in Ontario. So did the treatment of environmentalists by the NDP government in B.C.

The NDP in power seems focussed on tempering the right's agenda to make it more palatable to their supporters, rather than offering something alternative and different.

So during the federal election there was a huge gap between what Audrey McLaughlin was offering and what NDP provincial governments are delivering.

Still, the very strength of women's groups, aboriginal peoples, racial minorities and trade unions indicates a desire for new directions in Canada. It will be difficult for these groups in Ottawa because their traditional political vehicle for change was almost wiped out.

But this is not insurmountable. These groups can continue to influence public thinking and to pressure all levels of government. The task for popular groups will be to build support in parliament either by revitalizing the NDP, or by beginning again. And if the progressive forces seem very strong and present a convincing case, maybe even the new Liberal majority government will listen.

• Marjorie Griffin Cohen is a university economist and analyst for the National Action Committee on the Status of Women.



TQM wonder drug or snake oil?

BY JOHN PRICE

Health bosses are pushing hard to make Total Quality Management the law in our workplaces. Behind the quality label is a sophisticated system to reorganize work in ways that pose serious threats to Medicare and health workers.



Philip Hassen, president of St. Joseph's Health Centre in London, Ont., and author of *Rx for Hospitals*, thinks he has the prescription that will help cure Canada's ailing health care system.

It's called TQM or Total Quality Management, and according to Hassen, TQM promises to maximize "human skills, creativity and resourcefulness, customer satisfaction, employee involvement, effective and efficient use of resources, continuous improvement of all processes large or small, and the consistent achievement of high standards of service and productivity."

Administrators across Canada are buying Hassen's prescription, which is often also called Continuous Quality Improvement, or CQI. Among the front runners:

- B.C. hospitals such as St. Paul's, Royal Columbian, Surrey Memorial, Greater Victoria Hospital Society, Langley and Penticton Regional as well as extended care facilities such as Juan de Fuca hospitals in Victoria are among the dozens of facilities that have established quality programs in the last year;
- Ontario's largest hospitals have implemented TQM/CQI programs and are plugged into a \$400,000 government-funded CQI network; and
- Manitoba's government has retained a U.S. TQM consultant. Her assignment: carve between \$45 and \$65 million from hospital costs for a rumoured \$6.5 million fee.

Some administrators and consultants want TQM/CQI to become the new benchmark for quality assurance programs in hospitals. They are lobbying hard to have the Canadian Council on Health Facilities Accreditation adopt

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TQM/CQI as an integral part of its accreditation standards, obliging all facilities to implement TQM/CQI programs in order to receive certification which qualifies them for provincial funding.

As workers and unions in health care facilities are exposed to the new programs, doubts are emerging about whether TQM can deliver on its promises.

Is TQM the wonder drug that some claim, or is it a new brand of snake oil with some nasty side effects for health care workers and for Medicare?

What will TQM deliver?

No one can argue with quality. But can TQM/CQI deliver on its promises?

Before governments, policy makers and even unions rush in and embrace this exercise it may well be time to step back and seriously consider the issues.

There is more to TQM than meets the eye. Behind the quality label is a sophisticated, comprehensive system based on new production techniques being used in the private sector.

For health care workers and their unions, it is important to go beyond the quality label and understand the numerous concepts and issues that TQM addresses.

TQM/CQI programs readily appeal to the desire on the part of health care providers for some real input and control over their work.

The emphasis on the importance of human resources, examining processes instead of individuals, comparing why some hospitals or regions

perform excessive numbers of caesarean sections, and so forth, are developments which can and should be welcomed. But there are other aspects to TQM/CQI that are extremely troubling.

REAL CHANGE

If a health care facility was truly interested in setting up a quality program, here's some of the points it should consider following:

- adopt and promote Medicare's five principles of universality, accessibility, comprehensiveness, public administration and portability;
- articulate a vision that defines health as a "state of physical, mental and social well-being," and promote policies and services that reinforce this vision;
- promote policies and services that balance the needs of patients and caregivers and make the workplace a model of health;
- expand services and create jobs through better use of resources and closer ties with the community.

Quality concerns or cost cutting?

In many cases, TQM seems to have more to do with cutting costs and jobs than with improving the quality of health care.

Hassen, Canada's foremost TQM advocate, believes costs are the main threat to Medicare and that "runaway health care costs may actually threaten Canada's ability to compete in world markets." TQM, he states, will help recover the "30 per cent of [hospital] resources lost to waste and inefficiencies."

By exaggerating health care costs and targeting waste and inefficiencies

(the heart of all TQM programs), Hassen and other quality advocates conveniently sidestep key aspects of health care economics.

For example, Conservative government elimination of transfer payments, inappropriate medical interventions, and increased pharmaceutical costs have all contributed to budget problems.

At St. Paul's Hospital in Vancouver, for example, drug costs have been the single, largest factor responsible for budget increases over the past two years.

TQM advocates refuse to address such issues.

Instead they promote TQM as a means of streamlining operations using private sector manufacturers as the model. *Rx for Hospitals* lauds Ford Motors because it has "half as many employees today as it did in 1978, yet is producing almost the same number of cars."

In other words, a major thrust of TQM/CQI programs is cost containment by eliminating workers' jobs. The more honest quality gurus acknowledge it.

"You are headed for downsizing and layoffs anyway. Why not have a proper plan?" one quality management salesperson told a Manitoba conference.

Layoffs may reduce costs but are they a means of improving the quality of patient care?

This is not to say that workers and unions should not be concerned about unnecessary costs, waste and inefficiencies. But let's not mix up apples and oranges.

TQM should not masquerade as a "quality" movement when in many instances it is a cost containment strategy with a strong anti-labour bias.

Commercializing Medicare

Is TQM/CQI only about cutbacks? No, the programs do talk about quality. But to make the quality peg fit the efficiency square, quality takes on a specific meaning according to TQM/CQI gospel. To most quality experts good quality is "conforming to customer requirements."

Applied to health care, this concept means patients are now customers.

In the market system the customer is the person who pays the bills. Demand is determined by the paying customer.

Such a concept poses a real challenge for Medicare, where health care services are socially determined, not market driven. Introducing such a 'customer-driven' definition of quality is a way of introducing market concepts into health care.

It is not hard to conceive of a proposal to spend limited funds to upgrade some rooms as deluxe accommodation for those 'customers' who can afford some of the extras.

Is this not giving consumers a choice and serving the upper end of the market? It could easily facilitate the development of a two-tier health system.

Our health care system is based on the principle of universality. This means that Canadian citizens and residents have a right to decent health care, they are not shoppers looking for the best deal. Is someone in heart failure going to consult the sales catalogue for the best buy?

Patients, health care providers and their unions have little to gain from the new customer-driven concepts that are integral to TQM plans.

Quality improvement or continuous speedup?

The basic element of TQM/CQI programs is the organization of project teams to study a designated work process with the objective of continuously improving it.

On the surface of course such a proposal appears sound, but when put in the context of diminishing resources and the customer-first mentality, continuous improvement can become a means for speeding up the work process to the detriment of the caregiver or service provider.

This is particularly true when waste is defined as reducing "unnecessary" labour time. What might appear to be unnecessary from an efficiency perspective, for example a nurse or aide taking a few minutes to stretch, may be essential if the person just finished lifting heavy patients.

Often teams will be given training in the use of statistical methods. There may be a role for such things but how does one measure the smile on a patient's face for the extra time taken to chat?

Workers are often asked to undertake task analysis but under TQM the purpose of such projects is seldom to enrich their work or develop their skills. It is usually to see how to reduce the number of people necessary for a procedure, how to get workers to take on more tasks, or how to devolve the work on to lower paid workers.

The danger exists that TQM projects will lead to the intensification of labour particularly since the thrust of utilization management programs in hospitals is to decrease the length of stay for most procedures.

TQM/CQI programs often call for a new partnership between management and labour and for the empowerment of staff. But an examination of how TQM programs are being implemented reveals that while management may talk about partnerships and empowerment, in fact, they refuse to "walk the talk."

At Queen Alexandra Hospital in Victoria, for example, the administration created four quality task forces, recruited employees to sit on the committees, and began deliberations without even consulting the three health care unions on site.





At the Greater Victoria Hospital Society, management began to implement a similar program that would have seriously affected the collective agreement. They did this without consulting the unions or employees. They then asked the three unions to accept one position each on a steering committee made up of 17. When the HEU objected to such arbitrary action and refused to sit on the committee, the administration abandoned the program.

A few months later, this same farce was repeated. GVHS management informed the unions in July that it had instituted a TQM program and invited the three unions to send one delegate each to sit on a committee of 12.

In a number of cases, TQM programs bypass the unions entirely and try to create divisions between workers and the union by recruiting volunteers to sit on committees that are often dealing with collective agreement issues.

A KEY component of TQM programs is the formation of teams. In some cases, the teams are temporary, multidisciplinary groups assigned a special project but the long term goal of most programs is the creation of "self-directed work groups."

Obviously there is nothing wrong with teams and work groups in and of themselves. The nursing team, for example, has always been part of the care delivery system. But teams and self-directed work groups take on a specific role under TQM programs.

The real function of TQM teams is to set up a competitive ethic among workers by taking advantage of workers' legitimate desire for recognition and then manipulating group dynamics. This can have serious repercussions in the workplace.

This process can begin by introducing self-evaluations. Self-evaluation can be the first step towards workers taking on peer performance appraisals. For example, under the shared governance program at Campbell River, nursing team members were asked to evaluate their peers.

Questions in this confidential peer evaluation included "2. Seldom complains? 7. Adapts easily where patient acuity and workload increases? 22. Performs mundane duties cheerfully?" Clearly, such questions reflect management's concept that a cheerful, unquestioning workhorse is their model employee.

The final step in this process is the involvement of employees or union representatives in the hiring and firing process. This is currently happening as part of the quality/shared governance program at Mt. St. Joseph's Hospital in Vancouver where union representatives were placed on the hiring committee for the new director of personnel.

The result, of course, is that it makes it much more difficult for a union to fight against the policies of a personnel director that it has helped hire!

More power or doing the bosses' dirty work?

Another assignment often given teams is to develop their own work schedules. Many workers and unions embrace this idea but under the TQM program at St. Joseph's in London, teams not only self-scheduled but undertook a "no-sick leave-replacement program." In other words, if a team member is sick, other team members must cover the work.

To fight TQM, unions will have to innovate and articulate their own quality vision

Because team members know that their co-workers will have to cover for them if they are sick, many workers come to work when they should be staying at home.

This type of program is a classic case of manipulating peer pressure in order to reduce the cost of sick leave replacement.

Peer pressure is often activated through the use of incentive programs. Prizes are awarded for teams with the best attendance record or for having submitted the most suggestions for improving operations.

At the extreme, the incentive programs develop into a sophisticated bonus scheme, a form of pay-for-performance. In many cases, TQM programs openly call for a performance-based wage system.

TQM cult: the tyranny of change

Most people would agree that delivering health care is different from making cars. Yet this rather reasonable perspective is construed as obstructionism under TQM programs.

At Caritas Health Centre in Edmonton, workers are told they must change and that "if we are committed to Caritas, our mission and values, these excuses are no longer acceptable." Included in the list of 50 no longer acceptable excuses are "there's not enough staff," and "the union will scream."

Taken to their logical extreme, TQM programs can assume the qualities of a cult where absolute conformance is expected and digression is construed as deviance. One quality expert put it bluntly:

"Adopting the quality vision is in some respects like a religious conversion. It is a religion in which mistakes and negativism are unacceptable." Unions and union activists can easily become targets if this type of TQM tyranny takes hold in the workplace. Equally disturbing is the strong American bias of many TQM programs.

Where are we headed?

With restructuring of B.C.'s health care system well under way, most health care workers have been concentrating on issues like user fees, community versus hospital care, and the effects of free trade and NAFTA on Medicare.

But the greatest threat may well come from within the system itself.

"We're talking about emulating the market system," said Carol Clemenhagen at the opening session of the Canadian Hospital Association annual convention earlier this year. "There should be competition." TQM now looms as the vehicle of choice for actually bringing the market into Medicare.

Canadian hospitals are joining the quality movement just as its defects are becoming more obvious. More and more studies reveal that many of the quality programs have met a dismal end.

Another study has shown that the key ingredient in productivity is whether or not an enterprise is unionized.

Unionized workplaces are more productive. And physicians and health care administrators do not all agree on the merits of TQM.

Does this mean that unions can dismiss the TQM fixation as the latest 'flavour of the month,' and just say 'no' to invitations to participate in employee involvement schemes? Hardly.

But between just saying 'no' or embracing these schemes is a gaping chasm.

In order to bridge this gap, unions will have to innovate, go beyond traditional collective bargaining strategies, articulate their own quality vision and bring this vision right down into the workplace.

• John Price is a Vancouver labour researcher who has just completed his Ph.D thesis on quality programs in Japan. Much of the information in this article was compiled as part of a research and educational project on TQM undertaken by the HEU. The full text of the report, from which this article was taken, is available from the Provincial Office. Price would like to thank the HEU and its staff, particularly staff representative Anne Burger, who worked on the TQM project, for their insights and advice on TQM in health care.

HEU's APPROACH TO TQM

The HEU will oppose any unilateral effort by health care employers to impose employee involvement plans, Total Quality Management schemes and similar projects, according to guidelines adopted by the union's Provincial Executive in October.

The guidelines for participation programs, circulated to union staff in November authorizes union locals to enter into negotiations on employee participation under very strict conditions.

Locals may enter into such negotiations provided:

- the secretary-business manager, the union's chief bargaining spokesperson, is informed in writing;
- the secretary-business manager or her/his representative is part of the negotiating team;
- the letter of agreement is voted on by the local union; and
- the agreement is signed by the secretary-business manager on behalf of the union.

The guidelines also require negotiated terms of reference between employees and employers where such programs are already in place.

If such programs are imposed by employers without appropriate negotiations, the union may grieve the matter.

Copies of the complete text of the guidelines are available from union offices and staff representatives.

Union demands review of Kamloops adult day care program

HEU is calling for a government investigation of senior Ministry of Social Services staff in Kamloops over the handling of the Beau Vista adult day care program contract that resulted in union members losing their jobs after they'd gone to the ministry with concerns about quality care.

"Our Beau Vista members stood up for their clients," said HEU secretary-business manager Carmela Allevato. "But senior social services ministry staff used them, and then let them hang out to dry."

In August, the ministry made a decision to terminate the contract with Beau Vista Enterprises at the end of September, prior to the normal expiry date. Tenders for a new program operator were sought, and another operator took over the program Oct. 1. HEU members then received layoff notices.

Allevato said three local union members approached ministry staff starting in February 1993, after lengthy efforts to make their boss improve the programming they provided to 12 mentally challenged clients proved fruitless.

"Our members presented to ministry staff a series of legitimate concerns and problems relating to the operation of their program, and they sought advice on how to proceed," she said.

"Ministry staff did nothing, claiming that because they were at 'arms-length' from the program operator they were powerless.

"So they counselled our members to put their own necks on the line by blowing the whistle on their boss."

The call for an investigation is just the start of an HEU campaign to get to the bottom of the situation and raise key issues in the mental health sector. Allevato said there are not enough controls in place to ensure that the primarily for-profit program operators are accountable for the public funding they receive and that quality care is provided for clients.

The union is demanding that the investigation also look into the other government-funded programs that Beau Vista owner Pam Fridell and her business associates are involved in. Documents obtained by HEU show that Fridell and her partners, operating a number of different companies, received more than \$4 million of social services funding in 1991/92.

Allevato said the situation also shows the need for whistle blower protection for all health care workers, so that they can raise legitimate quality care concerns without the threat of losing their jobs.

HEU is also taking action at the Labour Relations Board, with a successorship application to win back the members' jobs.

The local members are set to meet Kamloops NDP MLA and cabinet minister Art Charbonneau to seek his support.



BETRAYED: Beau Vista local members, from left, Lucinda Jones, D.J. Bellerose and Leslie Daniels stood up for quality care, but government officials let them down.



MAXIMUM PRESSURE: HEU and BCNU members at CCERA facilities, like Royal Arch local's John Rogers, left, are set to fight to win employment security.

Unions join forces to win employment security

HEU, BCNU bargaining campaign targets CCERA facilities

By CHRIS GAINOR

HEU and B.C. Nurses' Union members working in long-term care facilities belonging to the Continuing Care Employee Relations Association (CCERA) will be working together to help win extension of the Employment Security Agreement to their facilities.

The groundwork for this campaign was forged at an unprecedented joint bargaining conference in Vancouver Nov. 17 which was attended by more than 200 HEU and BCNU activists from CCERA facilities across the province.

Talks to extend the Employment Security Agreement to CCERA facilities began in July, but have been stalled by the government's refusal to properly fund pay equity increases for HEU members in CCERA facilities.

CCERA employers have also opposed bringing their contracts into line with the contracts for facilities belonging to the Health Labour Relations Association.

Both CCERA and HLRA are soon to be joined into the Health Employers Association of B.C.,

but CCERA employers are trying to maintain a separate contract with inferior conditions covering their facilities.

"It is not acceptable that negotiations to extend the employment security agreement to all members have taken this long," HEU secretary-business manager Carmela Allevato told the meeting.

"All of the resources of our union are available to put maximum pressure on the employer. You are entitled to the master and nobody, but nobody, is going to stop you from getting it," she said.

BCNU treasurer Marie Mackay said her union would join the battle to win master agreements. "We are serving notice on the employers that BCNU members will fight hard alongside HEU members to win province-wide master agreements for both unions," she said.

Bargaining with CCERA is scheduled to resume in early December, and both unions want to wrap up agreements during these meetings.

But Allevato said that if there is no agreement by Christmas, pressure will be stepped up leading toward March 31, when the existing agreements with CCERA facilities expire and the unions are in a legal strike position.

She said both sides are working together at the bargaining table, and added that HEU and BCNU members will work together in their facilities to put pressure on employers.

Hawthorn Park local gets lift as bargaining resumes

Members from HEU's new Hawthorn Park local got a boost in their fight to win a first contract at a special solidarity event in Kelowna Oct. 24 attended by union activists from up and down the Okanagan.

"All the membership is behind you," HEU president Fred Muzin told the 20 Hawthorn Park local members who attended along with about 30 activists from as far away as Oliver and Penticton.

Muzin also reported on the union's efforts to press the Labour Relations Board to use the first contract provisions of the labour code to help the Hawthorn local and members from other new locals who face hard line employers.

The show of support was a real morale booster for Hawthorn Park members, said chairperson Elaine Proulx.

"It will help us get what we want," she said, describing their bargaining situation with their employer, Diversicare, a big Ontario corporation, as "difficult."

With negotiations set to resume Nov. 29 for two days, Proulx was confident that Hawthorn members would vote to approve strike action if it was needed.

The 80 members at the Kelowna facility, which offers intermediate care, residential care and market housing for seniors, have been trying to win an industry-standard settlement since they joined the union March 4.

Currently, they're paid \$4 an hour less than the prevailing standard and have no pension plan, limited benefits and no health and safety protection.

At their only previous bargaining session in the summer, the employer tabled significant concession demands.

The special event was spearheaded by the union's May Bennett local, which also raised funds to present the Hawthorn members with the distinctive HEU blue jackets.

Hawthorn member Ruby Baker was impressed with her jacket.

"Thanks, it's great," she said.

Labour

Labour sees silver lining in election defeat of Tories

The federal election signals a rejection of the Conservative party's corporate agenda, said Canadian Labour Congress president Bob White the day after the vote.

"The Tories and the Reform Party tried to make deficit reduction at the expense of social programs and jobs the main theme of the campaign," argued White in a morning-after statement. "But instead voters wanted jobs, protection of social programs and hope for the future."

Nobody should interpret the election of Reform Party MPs as a move to the extreme right, said the CLC leader.

"Thousands of frustrated Cana-

dians were mad as hell at what has happened to them," he argued, "and the Reform Party was the beneficiary."

White said he was disappointed at the drop in the NDP vote, but praised Audrey McLaughlin who, he said, "conducted a campaign in very difficult circumstances with enormous credibility and enthusiasm."

He also lamented that voters didn't express opposition to free trade and the North American Free Trade Agreement.

But he predicted the free trade issue won't go away, and with the US mounting trade actions against Canada, "the new government will have to represent Canada's

interests much better than in the past."

He urged English Canadians to accept the election of Bloc Quebecois MPs without rancour.

"If it is acceptable for B.C. or Alberta to send significant numbers of regionally-based Reform Party MPs to Ottawa, then it has to be equally acceptable for Quebecers to make their own democratic choice," White said.

"Mr. Chrétien and the Liberals won the election on the issues of jobs, protecting social programs, elimination of the GST, and giving Canadians hope for the future," concluded White. "We urge the new Liberal government to proceed with this agenda quickly."

FREE TRADE

Langley firm exports jobs to win U.S. contract

By DAN KEETON

Free trade is supposed to be a two-way street, but a Langley firm with a contract to supply subway lighting in Los Angeles has run into a no-entry sign.

Ledalite Architectural Products, a local business with a Canadian Auto Workers certification, recently landed a contract to supply lighting, sound and communications equipment for the latest phase of L.A.'s rapid transit system. But under the U.S. federal Buy America Act, the jobs created must go south of the border.

"It's a bit of a bummer for us," commented Ledalite owner Peter Murphy in an interview. "It's not efficient for a company to operate that way."

CAW representative Jeff Keighley compares the situation to the Brain Drain, where talent is sapped from Canada to serve U.S. industry, "Canada's effectively selling intellectual property, but none of the nuts-and-bolts work to go with it."

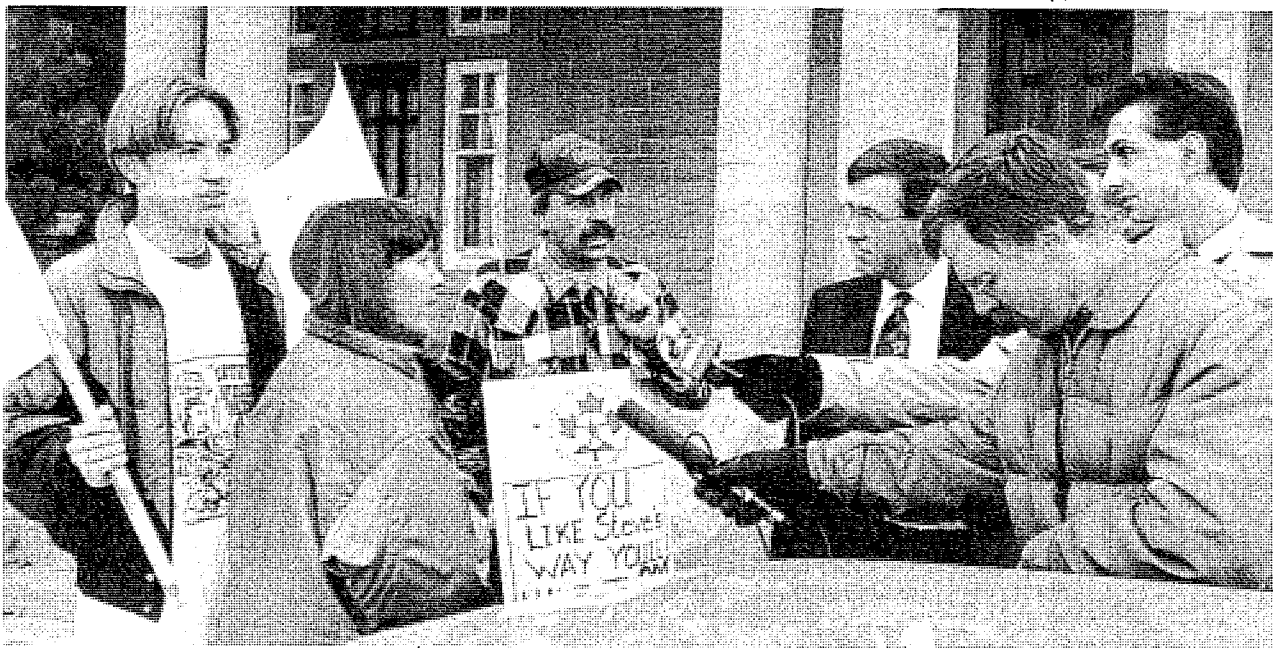
The Buy America Act stipulates that labour, parts and materials supplied for federally funded projects must be located or purchased in the United States. It is exempt from the anti-protectionist regulations in the Canada-U.S. Free Trade Agreement, under which Canada is prohibited from enacting similar legislation.

Murphy said the firm went "all the way to the top" lobbying the U.S. Trade Department in an effort to include Canada in the Buy America Act, to no avail. He said lower tariffs under free trade allowed his company to bid competitively, but the act prohibits Canadian manufacture, "It's one of those Catch-22 things."

Ledalite will re-open a plant in Kent, Washington, near Seattle, where the firm manufactured products for phase I of the L.A. rapid transit system in 1991.

It will be a union shop under certification with the International Brotherhood of Electrical Workers. The company has been allowed to do some design training in Canada.

Ledalite got its start designing and producing trackbed lighting for Skytrain, where its technicians "gained the expertise they used for a successful bid for the Los Angeles system," Keighley remarked.



KLEIN-FIGHTERS: Members of the Alberta Union of Provincial Employees, now facing five per cent wage rollback demands from Tory premier Ralph Klein, are also campaigning against privatization of liquor sales. Members tackled provincial treasurer Jim Dinning in Edmonton in September as corner liquor stores began opening province-wide.

ACN analyzes election, pushes policy options

By MAURICE SMITH

The Action Canada Network analyzed federal election results and said good bye to long time chair person and free trade foe Tony Clarke, who stepped down at its 22nd national assembly in Ottawa Nov. 5 to 7.

The ACN, a national coalition of unions and community groups that has waged a long struggle against the North American Free Trade Agreement, saw a clear rejection of the Tories' corporate agenda and trade policies in the recent federal election.

The network pledged to keep up pressure on the new Liberal govern-

ment to act on its key election promise on jobs.

Delegates to the meeting, at which HEU was represented, also made a commitment to continue to fight the economic and social effects of the corporate agenda and build public support for alternate economic and social policies.

Clarke, formerly of the Conference of Catholic Bishops organization, has been chair or co-chair of the ACN for six and one-half years.

Anticipating Clarke's departure, a paper had been prepared entitled *The Making of a Movement*, a document that laid out the many struggles the organization has been

involved in — the national campaign on federal budget cuts, UIC program cuts, the Gulf War, Medicare, free trade, drug patent bill, NAFTA and others.

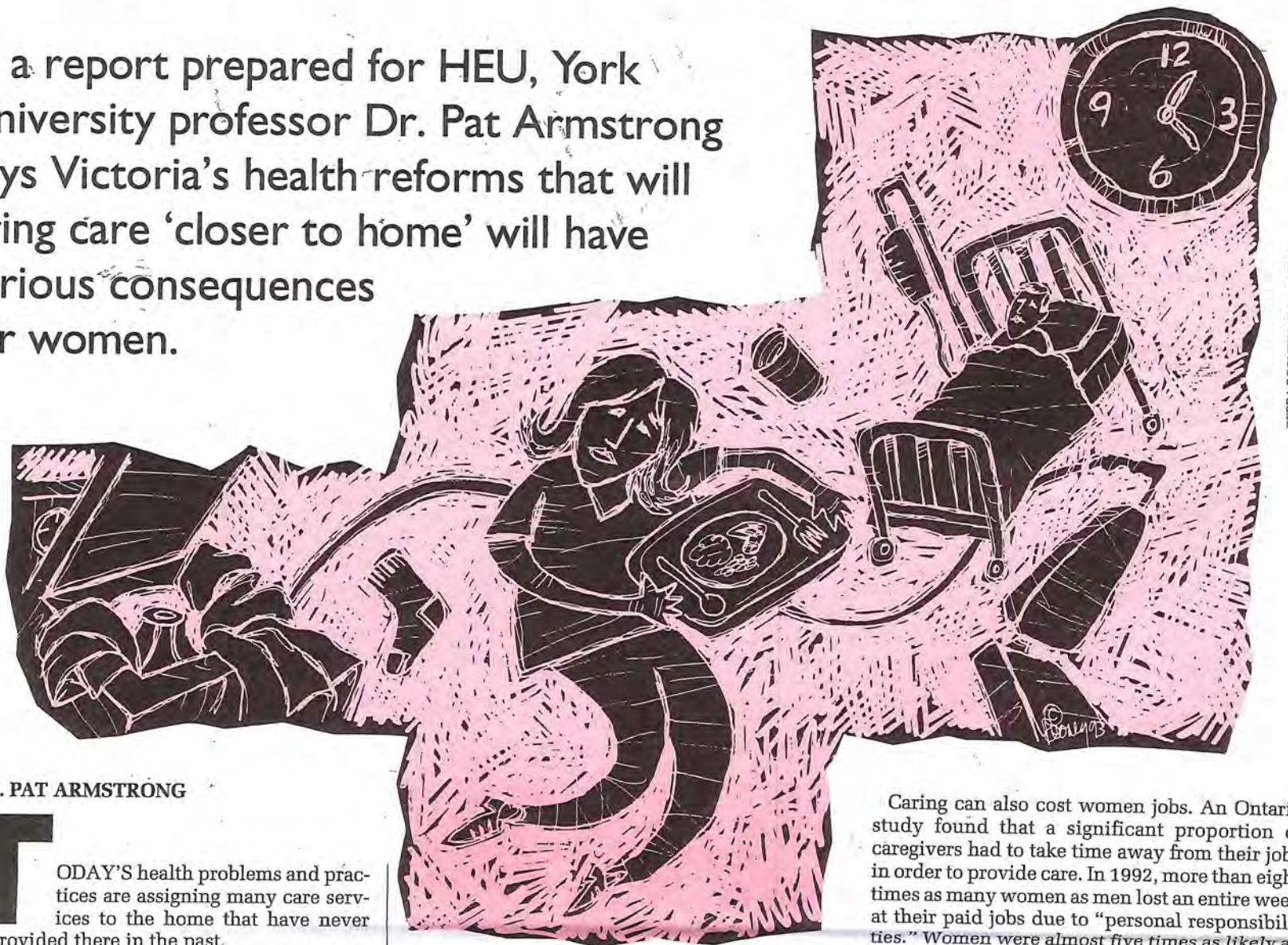
It also included information on the mass mobilization around the 2.5 million ballots signed by people against the GST in 1990.

The assembly also adopted measures to expand the ACN steering committee to be more inclusive and include at least three provincial coalitions. A hiring process is now underway to replace Clarke. The next national assembly will be held in Ottawa in late January or early February 1994.

More work for women

In a report prepared for HEU, York University professor Dr. Pat Armstrong says Victoria's health reforms that will bring care 'closer to home' will have serious consequences for women.

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DEBRA ROONEY ILLUSTRATION

By DR. PAT ARMSTRONG

TODAY'S health problems and practices are assigning many care services to the home that have never been provided there in the past.

Many are recent inventions and even the older ones have traditionally been performed by trained health care workers. Much of it requires considerable skill, and involves considerable risk to the patient if done inappropriately.

In addition to washing, bathing, dressing, lifting, turning, feeding, walking, toileting and changing, many of those who are now sent home require such services as monitoring of vital signs, apnea and heart monitors, assessing the chest, performing or supervising renal dialysis, providing tracheotomy care, giving tube feedings, administering total nutrition, physiotherapy, cardiac pulmonary resuscitation and injections and supervising the use of ventilators.

Study after study has demonstrated that care by family members and community is really another way of saying care by women. Women are the overwhelming majority of caregivers and they provide the overwhelming majority of care.

It is women who regularly prepare meals, do laundry, clean the house, and maintain the social

contacts, even if they have another job in the labour force. They simply reduce their leisure time and do some tasks less often. In dual-earner households with small children, women contribute almost 30 hours a week more than fathers to household demands.

Most of the personal care, meal preparation, emotional support and doctor's appointments are done by women. This is precisely the work that is to be sent closer to home. Caring work is women's work and it is clear that closer to home will mean more work for women.

In 1992, 79 per cent of women between the ages of 25 and 44, and 73 per cent of those between 44 and 54 were in B.C.'s labour force. It is the women between the ages of 25 and 54 who would have to take on additional caring work, but only a small minority of them are at home to do it.

Most of the women who have paid jobs have little choice: they work outside the home because they need the income.

Caring work often costs women in terms of their health, their social relationships and current and future employment possibilities. It usually costs them financially as well.

Caring for the elderly and disabled means a 24-hour commitment. Sleep is regularly disturbed and other chores around the house increase.

It costs women emotionally. It is often more difficult to provide intimate care to a close relative than to a stranger and provision of such care often conflicts with past relationships. Many of those who are cared for are violent or abusive, subject to frequent mood changes and irritability.

The stress of caring often leads to physical illness. Studies indicate that caregivers suffer from fatigue, headaches, inability to concentrate, hypertension, chronic obstructive lung disease, and an overall decline in physical health.



Caring can also cost women jobs. An Ontario study found that a significant proportion of caregivers had to take time away from their jobs in order to provide care. In 1992, more than eight times as many women as men lost an entire week at their paid jobs due to "personal responsibilities." Women were almost five times as likely as men to leave their jobs for this reason.

IT ALSO involves direct financial costs such as the purchase of extra clothing, protective padding and linens, increased utilities costs and expensive foods. These costs may be rising just as family income decreases as a result of a man's illness and/or a woman's withdrawal from the labour force in order to provide care.

Caring is expensive for women and may end up being expensive for the system if it results in caregivers themselves becoming ill. Moreover, care by an amateur, no matter how much they

"Care by family members and community is really another way of saying care by women."

care, may be dangerous to a patient's health.

Today, informal caregivers are expected to handle complex equipment and procedures without receiving much formal training. The risk of causing temporary or permanent damage to the patient rises along with the skills required.

If patients survive, they may end up back in the institution, increasing the costs of the system. While lack of training can lead to inappropriate treatment, the stress of caring work can lead to neglect or even abuse.

Sending patients closer to home is justified (by government) in terms of better care and lower costs. However, people do not necessarily receive even decent care in the home, in part because women are already so overburdened. And there are a whole range of hidden costs which may, in the end, serve to increase both the social and economic expense, especially for women. Under current conditions, closer to home conflicts with a commitment to equity in access to health.

PROTECTING WOMEN

A number of safeguards are necessary to ensure that closer to home works the way it's supposed to. Here are some of HEU's suggestions to government:

- Women's groups should be given a voice on community, regional and provincial decision-making bodies, to ensure that health care reforms do not result in further exploitation of women.
- The provincial health council, if it is set up, should specifically monitor this question.
- Organizations of persons with disabilities should be given a voice on these bodies to monitor and report on the level of informal caregiving of persons with disabilities.
- Caregivers must also be seated on these decision-making bodies. Most caregivers are women, yet it's predominantly male administrators and physicians who are running the show.

NOTEBOOK

Tory drug deal behind NDP plan to cut Pharmacare



By CHRIS GAINOR

ONE of the major reasons for today's health care funding crisis is the decision by the former Tory federal government to protect highly profitable multinational drug companies

from competition provided by Canadian-based generic drug firms.

This expensive gift to multinationals is needlessly draining hundreds of millions of dollars each year from British Columbians who need pharmaceutical drugs, and from the B.C. government's Pharmacare program.

Faced with the fact that Pharmacare costs have doubled in five years to \$350 million in 1992, the government has decided to pass a bigger part of the bill to British Columbians who need prescription drugs.

The blueprint for this plan comes from the Pharmacare Review Panel, which the provincial government set up earlier this year, and which recently delivered its report after hearing from a number of individuals and groups, including HEU.

Some of the panel's 34 recommendations are positive, including pressing for a review of the federal drug legislation to restore competition, curtailing the distribution of free drug samples to physicians, and using bulk purchasing to bring drug costs down.

But the panel also proposes that Pharmacare plans aimed at senior citizens, residents of long-term care facilities, welfare recipients, medically dependent children, and all other British Columbians, be replaced with a single plan "based on the ability of B.C. families to pay for prescription drugs."

Since 57 per cent of the cost of Pharmacare is spent on the seniors' plan, and since the other groups will likely continue to receive Pharmacare benefits as usual, this panel's proposal for Pharmacare probably means that many seniors will no longer benefit from Pharmacare because they will be deemed to have the "ability to pay" for their drugs.

On the surface, this seems to mean that rich seniors will have to pay for their drugs. But to put a real dent in Pharmacare spending, which is clearly what the panel and the government want to do, many seniors who aren't so rich will have to shell out for increasingly expensive drugs.

Seniors have become a favourite target of cost cutters in every government.

The federal Tories invented the infamous pension "clawback," and the B.C. government now charges long-term care fees that take 85 per cent of the minimum pension.

Most provinces, including B.C., are taking away drug benefits from seniors.

In spite of rhetoric that these actions "target" benefits to the most deserving, these cuts will hit the many women who find that their retirement years are a time of poverty.

The major reason these cutbacks are taking place is that really rich Canadians and large corporations are no longer paying their fair share of taxes.

And history has shown that the only popular social programs are universal ones. When programs are not available to everyone, public support fades and programs die.

This means that many younger people of today for whom seniors' issues don't matter may well find that today's social security net is gone by the time they retire.

Government investigation of Austin, HLRA broadened

Victoria studies more cadillac expense payouts, stock market losses

The provincial government has broadened its investigation of the spending habits of Gordon Austin and the Health Labour Relations Association to include another employer organization and the \$115 million HLRA benefits trust.

However, there's no word from the health ministry on when the investigation, which began last summer, will be completed and the results made public.

The B.C. Health Association and its boss Herman Crewson came under Victoria's scrutiny Oct. 29 after copies of Crewson's salary and expense payments were reviewed by the provincial auditor general, who had received an anonymous telephone tip.



CREWSON

According to information obtained by *The Guardian*, Crewson racked up close to \$160,000 in expense payments in the three years between 1989 and 1991. In addition Crewson's salary ballooned from \$99,500 at the end of 1989 to \$140,000 in 1991.

Other BCHA bosses also racked up big pay boosts way out of line with the health sector pattern for workers.

The organization also dropped \$430,000 at posh Vancouver hotels and ran up credit card charges of \$530,000.

Crewson vigorously denied any wrongdoing, and said his big expense account reflected extensive travel costs.

Earlier in October, health minister Paul Ramsey agreed to an HEU request to look into the activities of the HLRA Health and Benefits Trust, after the union presented him with evidence that the trust lost more than \$10 million on the stock market in 1990.

Just prior to the public announcement of the investigation of Austin, the trust's chairperson, Fraser Valley accountant David Dreyer, resigned Sept. 24. Austin was also a member of the trust board.

A trust spokesperson, Nan Bennett, said Dreyer left for "personal reasons" that had nothing to do with the government investigation. However, Bennett acknowledged that like Austin, the government will be checking on Dreyer's expenses.

Documents obtained by HEU showed the trust, which primarily funds the health industry's long-term disability plan, budgeted for 1990 investment income of \$11 million, or a 10 per cent rate of return.

But by year end, the \$11 million had dwindled down to a meagre \$100,000.

One of the trust's investment counsellors was fired, while others were not legally registered as companies.

Subsequently, the trust made up for the losses by what it called "favourable claims termination" — cutting injured workers off LTD benefits.

News of Victoria's initial investigation of Austin and HLRA surfaced earlier in October, after the *Vancouver Sun* obtained internal HLRA documents implicating the former hospital boss with widespread financial impropriety.

Austin was then fired by HLRA's board.

A ministry spokesperson said Victoria had received the same documents in the summer and ordered the provincial comptroller general to begin a forensic investigation.

Doctors' pact deinsures health services

A SETTLEMENT of the 18-month-long battle between B.C. doctors and the provincial government has raised questions about the future of Medicare in B.C. because of plans to remove certain services from Medical Services Plan coverage.

Under the terms of the agreement between the government and the B.C. Medical Association, the two sides agreed to bring down costs by \$370 million over the next four years.

These savings will be made by holding doctors' total billings within a cap set by the government, and by more monitoring of doctors' billing. Health care costs related to motor vehicle accidents will now be paid by ICBC premiums rather than from the health budget.

But the most controversial feature is a plan to deinsure certain services. These services would no longer be covered by the Medical Services Plan. Under pressure due to federal health cutbacks, many provinces are deinsuring certain services from Medicare, a move endorsed by former federal health and welfare minister Mary Collins.

In B.C., the health ministry has announced that "certain types of cosmetic surgery" and "duplicate tests" will be deinsured under clinical guidelines to be set jointly by the doctors and the government.

Critics fear that more and more health services will be deinsured over time, leading to two-tiered medicare and the return of private health insurance to Canada.

"The trend to eliminate certain kinds of coverage is spreading across North America," said HEU secretary-business manager Carmela Allevalo. "We will very quickly eliminate fat and start cutting into the meat unless the public has direct input into the decision-making process."

Allevalo said the deinsured services could provide a rich ground for private medical services outside Medicare.

Setting and administering clinical guidelines could also require large and expensive bureaucracies to administer them.

The battle between doctors and the government began early in 1992 when the government ended a controversial pension plan which had been agreed to by the previous Social Credit government, and placed a cap on total Medicare billings.

Although the new agreement restores the \$25 million a year contribution to a pension plan for doctors, the doctors will now also contribute to the plan.

Legislation passed by the government last year includes representatives of the government, doctors, and the public in a revamped Medical Services Commission, and the agreement means that the doctors will now participate in the new commission.

It remains unclear whether doctors who have opted out of Medicare in protest over the dispute with the government will now return to Medicare.

HEU has opposed the use of hospital resources to help doctors bill their patients instead of medicare.

The deinsurance trend is spreading across North America

Coffee Break



Bosses demand equity with their U.S. counterparts

Canadian Business magazine recently reported that bosses in this country aren't getting a fair shake.

Huh? The magazine presented figures showing that Canadian manufacturing workers are among the best paid in the world, right up there with Germany, Japan, Italy and France. But Canadian managers and executives are close to the bottom when compared to the other major industrialized countries.

Here's the bottom line: top Canadian executives earn only 12(!) times as much as manufacturing workers. In the U.S., the ratio is 26. Wow. That's tough.

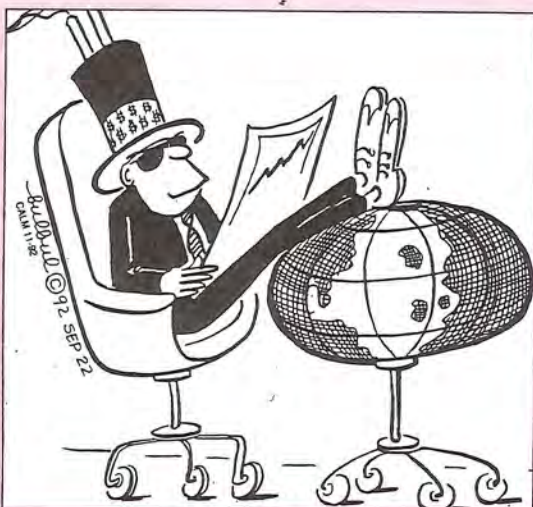
What do bosses think about at work?

Corporate executive spend their days making big, important decisions, right?

Wrong. According to a survey returned by 1,500 readers of Exec magazine, 80 per cent of male executives and 51 per cent of females say they have sexual fantasies at work.

Nearly as many, 79 per cent, dream about coming up with the "big idea" that will put them on easy street, and 69 per cent daydream about quitting.

Angry employees confessed to dreaming up diabolical plots against the boss. One reported thinking about "destroying the controller's computer files using large magnets." Another thought of "calling the FBI to arrest my boss



for fraud, tax evasion, misuse of funds and being a jerk."

Rail workers used as human guinea pigs

British Rail Corporation has reportedly come up with a novel test to determine how close its maintenance workers can safely stand next to train tracks. The company tied several workers to posts two to three yards from the tracks to measure their reactions to its new 225 kph trains. Results have not been released. We assume the workers have.

When giving your name isn't safe

Name tags encourage sexual harassment of workers and help stalkers figure out where their victims live.

So when Air Canada tried to make all its flight attendants wear name tags, their union — CAW Local 2213 — reminded the 75 per cent female membership of their right to refuse unsafe work.

After a couple of months, the airline backed down.

Memo to boss: get a life! give us a break!

A Washington, D.C., parking lot manager was fired for requiring employees to bring containers to work so they could urinate without leaving their booths.

Who paid for part of the deficit

The federal minimum wage in Canada has been frozen at \$4 an hour since 1986. Contrast this with the provincial minimum in Ontario, which by Jan. 1, 1994, will be \$6.70. In B.C., the minimum wage now is \$6.50.

'We'll bargain with you — in the next century'

Twenty-nine years after maintenance employees at Long Island College Hospital in New York voted to unionize, the National Labour Relations Board has ordered the hospital to bargain with the union. The employer was able to drag out the process by continually appealing the scope of the bargaining unit.

Campbell's Soup protests prove thin, tasteless

When anti-Tory activists produced a satirical Cream-A-Tory soup can in a look-alike Campbell's Soup label, the real company threatened a lawsuit. A spokesperson said, "we're totally apolitical."

Not so, says the CAW. It found that Campbell's has donated to both the Conservative and Liberal parties in recent years.

For instance, in 1992, the company gave \$1,216.18 to the Conservatives, and \$2,990.94 to the Liberals.

Source: *Calm*



KELOWNA DAILY COURIER PHOTO

SHOW OF SUPPORT: When the jobs of Kelowna transit drivers were threatened by contracting out in late October, HEU members Judy Werner, Rena Kunth and Grace McDuff turned out to protest the proposal. Thanks to the show of support from the community and HEU's May Bennett and Kelowna General members, city council gave the drivers a six-month reprieve to allow for further study.

Conference provides ideas for employee assistance plan

By TOM KNOWLES

A memorandum of understanding contained in the Master Collective Agreement mandates the parties to determine the best criteria for acceptable employee assistance programs and make recommendations to the respective parties.

To that end the Provincial Executive decided to send the members of our committee, namely Barb Burke, Simone Halpin and myself, Tom Knowles to Ottawa to see what works in the rest of the country.

Input 93 was held in Ottawa from Oct. 31 to Nov. 3 and enabled the members of the committee to gather valuable information that we are sure will go a long way to shaping our proposals for a model employee assistance program — 450 participants from all over Can-

ada were in attendance representing both unions, management, doctors, nurses and EAP coordinating professionals.

Keynote speaker Bob White, president of the Canadian Labour Congress, devoted most of his speech to the need for EAPs and union councillors with the amount of downsizing and stress happening in the workplace.

Obviously, we did not agree with all the aspects of the many programs we heard about. But we did hear a lot of positive elements of so many programs to be able to put together a good proposal for our meetings with the employer.

We hope that this investment by the union will be of benefit to you and your family if you require an employee assistance program.

Union staff opportunities

Have you considered applying your trade union and technical skills to a staff position with your union? The annual HEU staff opportunities job posting is now open until Feb. 11, 1994.

When vacancies for servicing representatives, researchers, communications staff, secretaries, accounting, and building and maintenance jobs occur, HEU tries to fill the positions with applications from the membership.

Conditions are good and the jobs carry a full range of benefits. Wages range from \$17.60 an hour

for a building services person to \$21.47 per hour for secretarial work and \$22.81 per hour for a rep/organizer.

When working for HEU you must be on leave from your facility.

If you are interested in working for HEU, please submit a resume detailing your employment history and union experience, as well as a brief summary of your education and personal background.

Address applications to Carmela Allevato, secretary business manager, 2006 West 10th Ave., Vancouver, V6J 4P5.

WCB governors must see it right

A recent Workers' Compensation board appeal ruling is a step forward to proper compensation for workers sustaining eyesight impairment from workplace accidents or industrial disease.

But the appeal commissioner who made the ruling delayed full justice until the WCB board of governors drafts new regulations to compensate workers injured in

such circumstances.

Prior to the ruling, the WCB had held that if the vision damage caused by injury or disease could be corrected by glasses, the worker was not entitled to any compensation.

HEU launched the appeal on behalf of a union member who had received a serious eye injury in 1977 at a previous job, and had been denied compensation.

PUZZLE



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HEU people

Edge, Flint retire at MSA General

Long-time union members Harry Edge and Irene Flint both retired recently from MSA General Hospital in Abbotsford.

Edge, a maintenance worker and grounds-keeper, joined HEU in 1975, and served as warden for the MSA local. A gardener and sports enthusiast, Edge plans to rest, relax, and enjoy friends in the Valley, and get in some more trips to Reno.

Flint, a nurses aide in extended care, joined HEU in 1976. Involved in nursing for 31 years, she plans to devote more time to her hobbies: dancing, bowling, swimming and travel. "All my life I have worked with wonderful people, who are still my friends and always will be," Flint said.



EDGE



FLINT

HEU activists run for municipal office

Three union members were successful in their bids for civic office in municipal elections held across the province on Nov. 20.

Provincial Executive member Linda Hargreaves topped the polls in the contest for council seats in the Village of Cumberland on Vancouver Island. Hargreaves was running for re-election.

VGH local member Evelina Vaupotic won a council seat in Richmond, where she's been an active preservation campaigner. In Cranbrook, Erda Walsh, from the Cranbrook local, was also successful in her bid for council.

A number of other HEU members also ran, but were not successful. Iris Reamsbottom, chair of the Maple Ridge local, fell short of winning a seat on Maple Ridge council, as did Surrey Memorial activist Julia Amendt, who was vying for a spot on the Langley Township school board.

Jennifer Ritson, from the Lady Minto local on Saltspring Island, lost a close contest for a seat on her local school board.

Also, former HEU LPN activist and staffer Bernice Gehring lost narrowly in the Maple Ridge mayor's contest.

Frederick says goodbye to RIH

Kamloop's Royal Inland Hospital unit clerk Doreen Frederick retired in September, after 21 years as an HEU member. Frederick will continue working in her home-based picture framing business.

But she'll still have time to get out on the golf links, enjoy her grandchildren and get down to some serious sewing.

Staff on the move

There have been a number of staff changes to better meet the needs of HEU members.

Kathy Moffat, Squamish local, moves to Prince George to fill the rep/organizer position vacated by Rey Umlas, St. Paul's local, who is now a rep/organizer based in the Provincial Office.

Terri Griffin, Red

Two new staff representative IIs have also been hired. Susan Fisher, from the Office and Technical Employees' Union local 378 is working out of Provincial Office, replacing Myrna Poisson, who has been seconded to the WCB for three years. Bonnie Pearson, from the Grain Services' Union in Saskatchewan, fills a vacant position in the Kelowna office.

With the Provincial Executive's new initiatives to expand the union's political action work between elections, long-time staffer Kristina Vandervoort, Lions Gate local, is the new assistant to HEU's political action committee. Taking over Vandervoort's accounting clerk position is Jana Korecova, from the Shaughnessy local.

In the research department Brendan Dick, VGH local, filled the vacant research analyst position. Michel Bonnier, Shaughnessy local, takes over as HEU's accountant.

1994 CALENDAR

JAN 25

Canadian Labour Congress winter school.

MARCH 8

International Women's Day.

MARCH 30

CCERA contract expires for more than 3,000 HEU members.

APRIL 28

Day of mourning for workers killed, injured on the job.

MAY 1

May Day, international workers' day.

MAY 15

CLC convention, to May 20.

MAY 30

HEU summer school, to June 10.

JUNE 18

B.C. Federation of Labour Women's Summer Institute, until June 22.

NOV. 28

B.C. Federation of Labour convention, Vancouver (tentative), to Dec. 2.

Guardian



VOL. 11 NO. 6 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION NOVEMBER/DECEMBER 1993



On the line for fairness

HEU's Come Share local members are on strike to win a first contract in a New Directions bargaining battle.

PAGE 3

Tackling TQM

The inside story on Total Quality Management and the new ways bosses want to reorganize work.

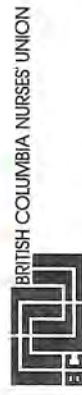
ADOPTING THE TQM.
VISION IS LIKE A
RELIGIOUS CONVERSION!!!



PAGE 7

United front

HEU and BCNU members working at CCERA long-term care facilities have joined forces to win employment security.



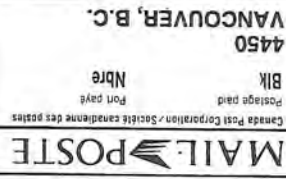
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More work for women

Bringing health care services 'closer to home' will have serious consequences for women, a special report.



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December 6

National Day of Remembrance and Action on Violence Against Women

On December 6, 1989, 14 women students at Ecole Polytechnique in Montreal were killed by a man who blamed them for his failure to qualify for engineering school. That day has been officially recognized as a National Day of Remembrance and Action on Violence Against Women because of a private member's bill introduced by Dawn Black, a former New Democratic Party member of Parliament.

The Hospital Employees' Union commemorates women who are victims of violence. The union has taken action against violence by adopting a policy of zero tolerance of violence against women, especially in the workplace. We ask you to join us in remembering the dead and protecting the living.

