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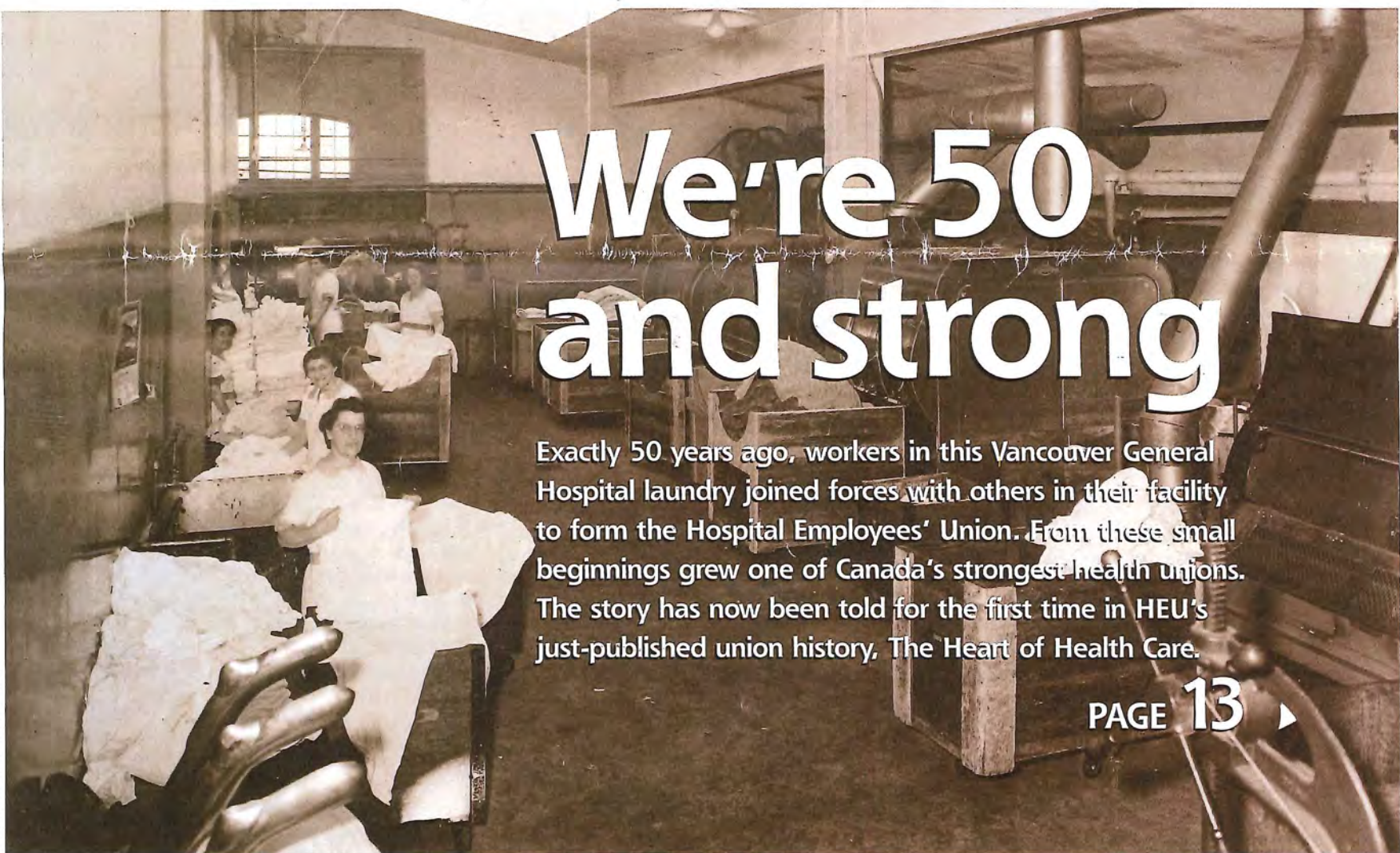
GORDON CAMPBELL'S ELECTION VOWS

No to health reform  
No to jobs accord  
Yes to privatization 12

# Guardian 50



VOL. 12 NO. 5 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION SEPTEMBER/OCTOBER 1994



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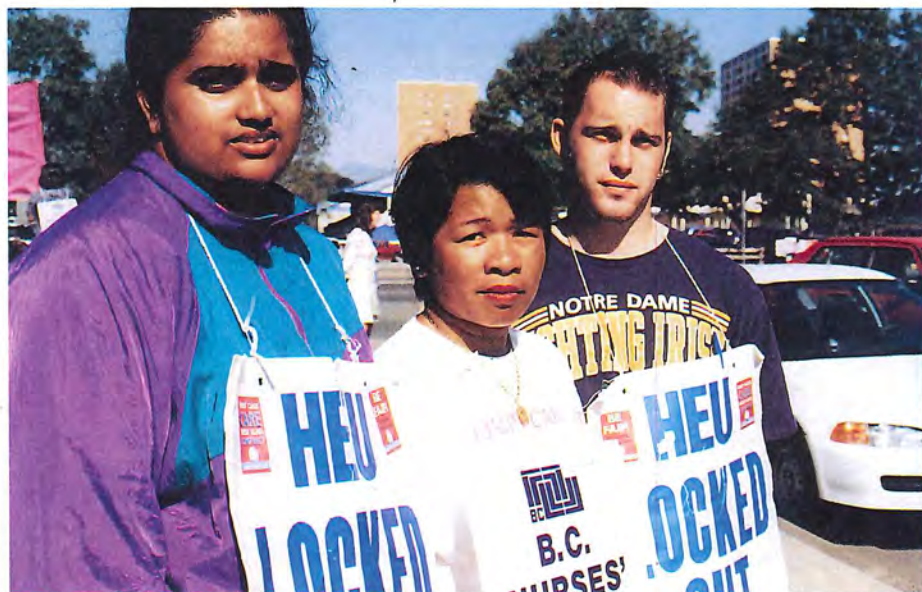
## We're 50 and strong

Exactly 50 years ago, workers in this Vancouver General Hospital laundry joined forces with others in their facility to form the Hospital Employees' Union. From these small beginnings grew one of Canada's strongest health unions. The story has now been told for the first time in HEU's just-published union history, *The Heart of Health Care*.

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### APOLOGY TO ALLAN SILBER

An article in the July/August issue of the *Guardian* published by the Hospital Employees' Union ("HEU") and circulated to approximately 39,000 members of HEU wrongly stated that Allan Silber had involvement in negotiations now under way between the HEU and employers at Court Yard Gardens in Richmond and Hawthorn Park in Kelowna. The article also contained several unjustified statements attacking Mr. Silber personally and wrongly imputed inappropriate or improper conduct by Mr. Silber in his business affairs, as well as in his relationship to the ongoing negotiations. In fact, HEU acknowledges that Mr. Silber is not involved in these negotiations and any implications to the contrary in the article, press releases issued by HEU, or statements made to other media were inappropriate. HEU recognizes that these allegations received widespread circulation and caused substantial embarrassment to Mr. Silber. For all of the above reasons, HEU wishes to unreservedly apologize to Mr. Silber.



STEPHEN HOWARD PHOTO

## Courtyard workers headed for first contract

PAGE 3



## COMMENT

# Reforms must tackle doctors' fee-for-service

by Carmela Allevato

Recently the B.C. Medical Association, which represents doctors in this province, announced that a majority of their members support user fees, even though it has been repeatedly proved that user fees are inequitable and do not reduce health care costs.

In other words, doctors favour replacing the principle that publicly-funded health services should be available to all, regardless of income, with a system in which those who have the bucks get quicker and better care than the rest.

Many Canadians have long argued that the fee-for-service system of paying for doctors' services is the fundamental problem facing our health care system.

In fact, most experts agree that between 30 and 40 percent of doctors' treatments, operations and prescriptions are inappropriate — they are of no net benefit to a patient or, if beneficial, are no more so than a less expensive treatment.

The answer: convert doctors to a salary system, just like other care providers.

Doctors have a different idea. Their proposal amounts to leaving the current doctor-run system alone. If the government needs assistance in footing the bill, doctors say, make the patients pay directly.

B.C.'s minister of health, Paul Ramsey, condemned the doctors' suggestion as a call for a two-tiered health system. He vowed to do all he could to prevent it from happening in B.C.



But there are disturbing signs that Ramsey's ministry is moving in the opposite direction he wants it to.

Since the implementation of the New Directions reform, the share of provincial spending for doctors' fees has gone up, but the share allocated for hospital spending has gone down.

Of equal concern is that the doctors' settlement established a committee of doctors and government to decide which health care services are to be de-insured. These services will not be paid for by medical insurance, only by patients' fees.

Why is this important to HEU members? HEU and the other health unions supported the New Directions reform because we believed it would lead to a better health care system.

Thanks to the Employment Security Agreement, the government has exceeded its goal for a reduction in hospital spending. We have averted the layoff of more than 1,000 HEU members.

## 'The answer: convert doctors to a salary system'

But the creation of community services has not kept pace. And the fundamental problem of fee-for-service, the major source of waste in health care, has not been tackled.

Paul Ramsey's pledge to fight the creation of a two-tiered system needs to be translated into action. The government's allocation of \$42 million to Closer to Home initiatives by hospitals was an important first step, a signal that health care reform is not just an exercise in downsizing hospitals. But Victoria must confront powerful interests, both in the BCMA and in the administration of certain hospitals, who see reform as an opportunity to grab even more power and money.

HEU convention delegates will be debating health care reform and developing our tactics to win a truly improved health care system. This much is certain: two-tiered health care will have nothing to do with it.

## letters

THE GUARDIAN WELCOMES LETTERS TO THE EDITOR. PLEASE BE BRIEF. WRITE TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5.

### Member grateful for post-secondary bursary

In August 1992 I was awarded a \$500 bursary from HEU to help me further my education. This money bought the books for the first term of the occupational health and safety program at BCIT.

I would like to take this opportunity to express my thanks to the union for the support given to a fellow member. I graduated with honours in May 1994 and now hold a diploma in occupational health and safety.

I am currently working in my old job while looking for work in the health and safety field. I am concentrating my job search in the area I have the most experience, namely hospitals and care centres.

I hope to be able to contribute my training to the improvement of health and safety of health care workers.

TONY BARROW,  
Maple Ridge local

### Workload is problem for Golden laundry worker

Hi, I took the laundry worker II job that opened [a fellow Golden Hospital laundry worker] left.

They used to have two full-time workers in there and now they only have one — me.

The workload is tremendous and I have a terrible time keeping up.

Not only that, they are taking on outside linen from a mountaineering lodge called Purcell. They didn't even have that [contract] when there were two full time people.



Sometimes when there are too many bags of Purcell stuff, they will call someone in to help. But more often than not they scream bloody murder if I ask for help.

All this Purcell stuff has to be done by a certain time, so if I work on that all the hospital stuff gets way behind.

Then the nurses start screaming for hospital linen. Sure, I can wash load after load all day, but it still has to be dried and folded, and that takes time. And there's only me to do it.

Do you think it's right to be taking on this extra linen when it's not even related to hospital stuff? There would be more than enough work if they didn't have it. I go home from work absolutely exhausted and can't spend any quality time with my family because I'm too tired.

Does this kind of thing happen in other hospitals?

LORNA JOY,  
Golden local

### Westmin miners send thanks from Campbell River

The membership of the CAW Mining Local 3019, Campbell River, would like to thank your union for all of your generous donations during our recent labour dispute.

As of Mon. Aug. 22, 17 of our members went back to work. Starting Sept. 6, groups of 30 members will be going back on a daily basis.

As far as the contract goes, it sent our local back 20 years.

We lost our attendance bonus of \$1 an hour and travel time of \$13 a day. Wage cuts amounted to \$3 an hour at the lower end of the wage schedule such as labourers.

We used to have an underground bonus that was guaranteed. No more. The list goes on.

How did we end up like this? We agreed to go to binding arbitration.

We thought that binding arbitration meant each side lost something.

Boy, were we wrong.

Many thanks again for all the donations. We would not have survived without them.

BILL JAMES,  
Recording Secretary,  
CAW local 3019  
Campbell River



## Guardian

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

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# What we're up to

## LRB will hear appeal of Ready's St. Paul's decision

The Labour Relations Board will hear an appeal Nov. 3 by the three health unions of an early summer decision by arbitrator Vince Ready that the unions say violates the Employment Security Agreement.

In what's called the St. Paul's decision, Ready gave employ-

ers the green light to displace workers who have already been transferred with services from other facilities. The immediate impact of the ruling hits Shaughnessy workers hard, but could also effect other HEU members across the province.

"The decision will create unnecessary hardship for health care workers," said HEU secretary-business manager Carmela Allevalo. "It also lets employers hide service cuts by accepting funding for transferred services and then not providing the services," she said.

## Parkview workers ratify Master

New HEU members at Parkview place, a long-term care facility in Enderby connected to the local hospital, now have the full rights, protections and benefits of HEU's

Master Collective Agreement, after they ratified a proposed settlement in the summer.

Part of the contract establishes a single local of all HEU members who work in Parkview and the Enderby Hospital.

## Credit where credit is due

Lions Gate LPN activist Susan Hargreaves deserves the spotlight for preparing the information package that was sent to fellow LPN activists across the province. A story in the last *Guardian* omitted Hargreaves' name.

## Payroll supervisors seek to right pay wrong

Thirty payroll supervisors from around the Lower Mainland met in early August to deal with an injustice in the pay equity process that will leave them making the same rate as



Union members at the Avonlea Care Centre in Kelowna met recently to elect their first local executive. Workers at the facility, a special care unit for people with severe head injuries, joined HEU in July.

the people they supervise or only pennies more when final rates come into effect.

Why? Because health employers severely undervalued their work and won their position before pay equity arbitrator Stephen Kelleher.

So the supervisors mapped

out a short term plan to correct the injustice that includes pressing management, and filing job review requests and grievances. The goal is to force HEABC to value more fairly their benchmarks.

continued on page 4

## Royal City members win contract fight

HEU and BCNU members at Royal City Manor in New Westminster have won major increases in wages and benefits in a Sept. 28 first contract award by arbitrator Robert Blasina.

While the provisions in the award, which cover the next two years, fall short of industry standards, HEU members at the facility will enjoy wages similar to the industry standard, full vacations and coverage under medical, extended health, dental and long-term disability insurance plans.

"This settlement does have deficiencies which we'll deal with in future bargaining," said HEU secretary-business manager Carmela Allevalo. "But on the whole, it represents a big win for members who had to struggle for more than a year and a half against fierce employer resistance."

Blasina's decision also sent a message to the new breed of aggressive owners of profit-based "private-payer" facilities like Royal City, which have fought bitterly to resist decent wages and benefits to pad their profit margins.

"The wage standards in the industry are clear," Blasina wrote. "If the employer is serious about operating a quality establishment it should be willing to attract quality people and pay quality wages. This is not an area where the industry standard should be avoided."

Throughout bargaining the employer had pleaded an inability to pay, despite the fact its financial records predict net profits of \$1.2 million in 1994 and \$1.6 million in 1995.

The new wage schedule and other benefits takes effect Oct. 1, and expire Sept. 30, 1996. BCNU members won similar provisions.

# Courtyard goes to arbitration

## Hawthorn members on strike, employer guilty of scab law violations

HEU members at Courtyard Gardens in Richmond have inched closer to a first contract after their employer agreed in late September to arbitration, ending a month-long lockout that was backing on the U.S. company that runs the facility.

But workers at Kelowna's Hawthorn Park facility were forced to strike Oct. 3 after the same employer rejected HEU's arbitration proposal to settle the 65 members' first contract dispute.

Meanwhile, the Labour Relations Board ruled Oct. 7 that the Hawthorn employer violated B.C.'s anti-scab laws when it used non-essential home care workers to perform the work of HEU members during the first week of the strike.

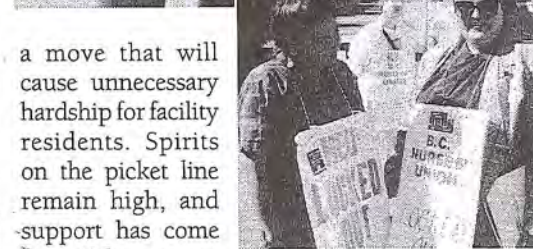
HEU secretary-business manager Carmela Allevalo hailed the agreement on the Courtyard arbitration process as a clear victory for the workers, but she said the Hawthorn dispute shows what a hardline employer the union is dealing with.

"We won at Courtyard because our members stuck together and the employer couldn't cope with the pressure that their own lockout put on them," Allevalo said.

"But the employer's refusal to go to arbitration for Hawthorn and their scabbing efforts show that the big companies that we're up against will do anything to protect their profits."

The Courtyard arbitration got under way Oct. 13. Arbitrator Colin Taylor will issue an award by Oct. 31.

Allevalo accused the Hawthorn employer of provoking the strike to punish its workers,



**SPIRITS HIGH** Striking Hawthorn Park workers are joined by a facility resident. Locked out Courtyard workers get a boost, inset, from national nurses union head Kathleen Connors, at right.

a move that will cause unnecessary hardship for facility residents. Spirits on the picket line remain high, and support has come from Kelowna-area HEU locals and other unions.

The big and profitable Counsel Corp. from Toronto has an ownership stake at both facilities, and both are managed by Advocat Inc., a U.S. company that is closely tied to, and formerly owned by Counsel Corp.

Counsel reaped 1993 profits of \$10 million from its North American health

care operations.

At both facilities, coordinated efforts with similarly affected B.C. Nurses' Union members have been key to maximizing pressure on the employer for fair first contracts.

Wages at the two facilities for members of both unions are far below long-term care standards. Courtyard workers

earn \$3 to \$5 an hour less than the going rate and Hawthorn workers are \$5 to \$7 an hour behind.

Polly Sahota, the chair of the Courtyard local, said the lockout drew the members together.

"First we were scared when we were locked out," Sahota said.

"Then we started having fun on the outside."

But she added that the workers remained concerned about residents.

## Other bargaining hot spots

At press time, talks with employers have heated up for a number of new union locals that are battling for fair first contracts. At Delta's Garden Manor long-term care facility, negotiations for 19 HEU members broke off Oct. 7 over employer resistance to job security provisions. A strike vote is being contemplated.

Essential service levels are being set for Western Human Resources, which operates 10 group homes in Vancouver and Victoria. Talks for the 85 HEU members who work at the homes broke down in early October. The workers, who've been without a first contract for 19 months, voted overwhelmingly in favour of strike action earlier this year.

Meanwhile, 65 members at the Northcrest Care Centre in Delta were set to ratify a first contract that would give them the industry standard.



## WHAT WE'RE UP TO

continued from page 3

### HEU B.C.'s biggest union of women

Organizing gains in the last year have helped make HEU the biggest union of women in B.C., according to 1994 union membership figures published by the provincial labour ministry. The top spot in 1993 was held by the B.C. Government and Service Employees' Union.

In overall union size, HEU is the fourth largest B.C. union with 38,000 members. BCGEU is the biggest with 54,621 members, followed by CUPE with 51,707, and the B.C. Teachers' Federation with 41,525.

### Shaughnessy secondees situation surveyed

Former Shaughnessy workers seconded to other Lower Mainland health employers have a keen interest in retraining



SHE ALWAYS GETS IN A BEASTLY MOOD WHEN SHE HAS TO FILE A GRIEVANCE AT WORK!

opportunities and face violations of the collective agreement, according to the results of an HEU survey of secondees.

Secondees were contacted by telephone over the summer to help the union develop ideas

for permanent and satisfactory employment solutions for the remaining secondees.

There are mixed results from the most recent Health Labour Adjustment Agency numbers on the secondees.

The bad news is that there're still 112 HEU Shaughnessy workers without a permanent employment solution as of Aug. 31. The good news is that the figure is down 10 per cent from the previous month.

### Kootenay Lake marks environmental progress

Staff at Kootenay Lake Hospital threw a barbecue party for themselves Sept. 6 to celebrate four years of successful environmental policies at the Nelson facility.

"Staff and our union local are proud of the effort that has happened," writes HEU's Barry Nelson, who is a member of the hospital's environment committee.

The hospital has a full recycling program for paper products, glass, tin and most plastics, and even forced suppliers to stop over-packaging

products purchased by the hospital. KLDH has a bulk purchasing plan, and in the kitchen composts food wastes and limits the use of disposal cups.

While they've made great progress, the committee still has more plans for the future including staff car pooling, reduced energy consumption, and cutting out single use items where possible.

### Sign up to learn

Lower Mainland union members are encouraged to check out the fall courses offered by the Capilano College Labour Studies Program, Canada's oldest continuing education program at a post-secondary institution.

Courses include labour history, the emerging issue of duty to accommodate in human rights law, assertiveness training, and computer-based



**DISABLED BUT FIGHTING** Care aide Mary Ellen Beavers can't work any more because she's allergic to latex, a growing workplace hazard for health care workers. Beavers is fighting to boost public awareness of the problem so that "no more health workers go down the drain."

# Unwilling recluse

by Stephen Howard

ON HER LAST day of work, Mary Ellen Beavers' symptoms were acute. She was nauseous, dizzy and groggy. She struggled through her shift, but walking to the parking lot she blacked out and fell to the ground.

"I don't even remember the drive home, I was that sick," says Beavers, a 63-year old care aide and strong union supporter on long-term disability from Kelowna's Cottonwoods long-term care facility.

Since that day — almost two years ago — Beaver's life has been turned upside down. She has a severe allergy to latex, a common workplace substance, that's proving to be a growing danger to health workers across Canada.

Experts are just beginning to uncover the health hazards created by latex in the workplace. A recent study estimates that anywhere from seven to 15 per cent of all caregivers like Beavers have the life-threatening allergy. The main culprit is latex gloves through direct contact with skin and the minute latex proteins carried by the corn starch dust that lubricates gloves.

Care aides like Beaver wear the gloves for their entire shifts. "We literally live in those gloves because we provide all the patient care," she says.

Beaver's sensitivity is extreme. A trip to the doctors office, a visit to the supermarket or even friends from the hospital coming to visit her after work is enough to trigger a reaction. She takes antihistamines before she journeys into the outside world.

"Believe it or not, I was so healthy then," she says about her life prior to her symptoms first appearing four years ago.

"I was doing one to four hours of ballroom dancing every week, one to three hours of swimming, and hiking. I was always a very outgoing person."

Now, Beavers spends a great deal of time at home, where the environment is safe. Her neat apartment is near latex-free. But that meant throwing out and replacing all her furniture and her wardrobe because of latex in the foam and fabrics.

It's not a fun way to live she says. "People can't begin to understand the loss of freedom."

Looking back, the first sign of her allergy problem was intermittent dry skin on her hands that broke out in 1990. A year later the problem flared to a rash on her hands. Soon, she was chronically congested, with mucous blocking her windpipe.

By the spring of '92, it got worse. The hand rash was chronic, and she developed fissures. Her nails cracked and peeled off. Still, she endured, and on her own she frantically searched out workplace substances or ma-

terial that would cause the escalating irritation.

Then April 16 happened. Her right hand was burning, and she felt nauseous and groggy. When she stripped off her glove at shift's end, scabs came off the sores on her hand. Then it was clear to her — it was a reaction to the latex gloves.

After she recovered from this first severe attack, she filed a report, and a sympathetic head nurse gave her vinyl gloves to wear. "I thought all my problems were solved." But worse lay ahead.

Next was a painful reaction to a stick of chewing gum that left her mouth burning, her upper body scarred by bumps, and congestion. She now knows that the stuff that makes gum chewy is a natural form of latex.

That was followed by a severe reaction in a local swimming pool where she regularly swam laps. She was blinded by swollen eyes and her skin blemished with welts and rashes. The cause? A new latex bathing cap.

She knew something was seriously wrong, but she struggled to stay on the job. "I really thought that I could be rehabilitated. I was pushing myself to keep working." She kept hoping that she could find a safer place in the facility so that she could work the last few years before retirement.

But finally she had to come to grips with the fact that there was no safe place anywhere.

Initially, Beavers' illness was covered on a compensation claim, but the WCB cut her off after a month. She's on long-term disability while waging a fight, with

**'I really thought that I could be rehabilitated. I was pushing myself to keep working'**

the support of HEU, to force the Board to recognize her allergy in a preventative sense.

Beavers is waging a fight on another level too. She's devoted herself to compiling research and raising awareness among health care workers and the public about latex allergy problems, and alternatives that would allow health care workers like herself to keep working.

She's critical of health employers who put the bottom line ahead of worker safety. Latex gloves are cheap — about one-tenth the cost of non-allergenic replacements, so employers are hesitant to solve the problem by making a switch.

But that approach is "illogical," she says, because it would be cheaper to eliminate the problem by switching to alternatives rather than treating large numbers of afflicted health workers like herself.

She wants the whole world to know about latex allergies so that "no more health care workers go down the drain," she says. "I'm going to help as many people as I can. I have a one track mind."

## BALANCING



IT ALL



## WHAT WE'RE UP TO

communications through electronic bulletin boards and networks.

Registration costs for courses will be covered by the Provincial Office for HEU members who register. Copies of a brochure outlining the courses offered were sent to all Lower Mainland secretary-treasurers in September.

### Working group for maintenance, trades benchmarks

HEU has set up a special working group to review the current trades and maintenance workers benchmarks in response to concerns expressed by members.

The working group, which will be made up of six trades and maintenance workers, will also make recommendations on changes in the benchmarks.

For information, contact

classification officer Julie Eckert in the Provincial Office.

### Boycott bad faith employer's wine

When you're browsing the U.S. wine section in your local liquor store, steer clear of the racks holding bottles from the Chateau Ste. Michelle winery of Washington state.

Why? Because for seven years the company that owns the winery has used bad faith means to prevent its workers from joining the United Farmworkers' Union. As a show of solidarity with the farmworkers, the B.C. Federation of Labour launched a B.C.-wide boycott of Chateau St. Michelle and Stimson Lanes wines.

In a recent letter to the top boss of the U.S. Tobacco Company, which owns the winery, HEU president Fred Muzin said the union would urge mem-

bers to support the boycott until a resolution of the farmworkers dispute was reached.

### Keep lighthouses staffed, say Campbell River members

Dozens of HEU Campbell River local members have signed a petition to the federal government backing B.C. lighthouse keepers' campaign against Ottawa's plan to eliminate the keepers and replace them with electronic equipment.

Thanks to an effective campaign by the Public Service Alliance of Canada, the union



that represents keepers, the Liberal's plan is meeting fierce opposition here on the West Coast. That's a fact that even transport minister Doug Young

admits. "Indeed, many people have written to me expressing their concerns," he said in a letter to the union responding to the petition.

## HEU members approve CUPE affiliation

Union members have voted by a solid majority to affiliate with the Canadian Union of Public Employees, in a provincewide vote that ended Oct. 14.

The merger of the two unions is the largest ever in the labour movement. It joins HEU's 39,000 members with CUPE's 406,000 members across Canada.

As a provincial service division of CUPE, HEU retains its name, structure and bylaws and will conduct its own bargaining and servicing. HEU gains access to CUPE's national defence fund and specialized technical services.

"Even more important for us," says HEU's Carmela Allevato, "is the ability this agreement gives us to step up the fight to defend medicare and health services in B.C. and across Canada," she said.

"This strengthens HEU's ability to organize and bargain for health care workers in B.C. and gives us a direct link to CUPE's health workers in other provinces who are fighting cutbacks, layoffs and privatization."

CUPE national president Judy Darcy called the affiliation "an historic event."

"It puts CUPE even more at the forefront of health care issues across Canada," Darcy said.

## PFC guidelines a must, unions say

Leaders of the three health unions have issued a challenge to health employers to enact a set of guidelines to cover the introduction of patient focussed care (PFC) and other new work reorganization schemes in B.C. health facilities.

The tri-union call for the protocol covering change was made at an Oct. 11 meeting with Health Employers Association of B.C. representatives to discuss PFC. HEABC promised to consider the proposal and respond.

"Employers across the province have been too hasty to experiment with the

latest trendy schemes that come out of the U.S.," says HEU secretary-business manager Carmela Allevato. "These experiments have been driven by cost cutting, not by providing better care. They've caused great disruption in the workplace, for care givers and patients and residents alike.

"A set of guidelines would form a positive protocol that would protect the interests of health workers and minimize disruption for those receiving care. We think this is a forward-looking approach," she said.

HEU, BCNU and HSA will wait for the employers' response, Allevato said, before contemplating further discussions with health minister Paul Ramsey and his officials.

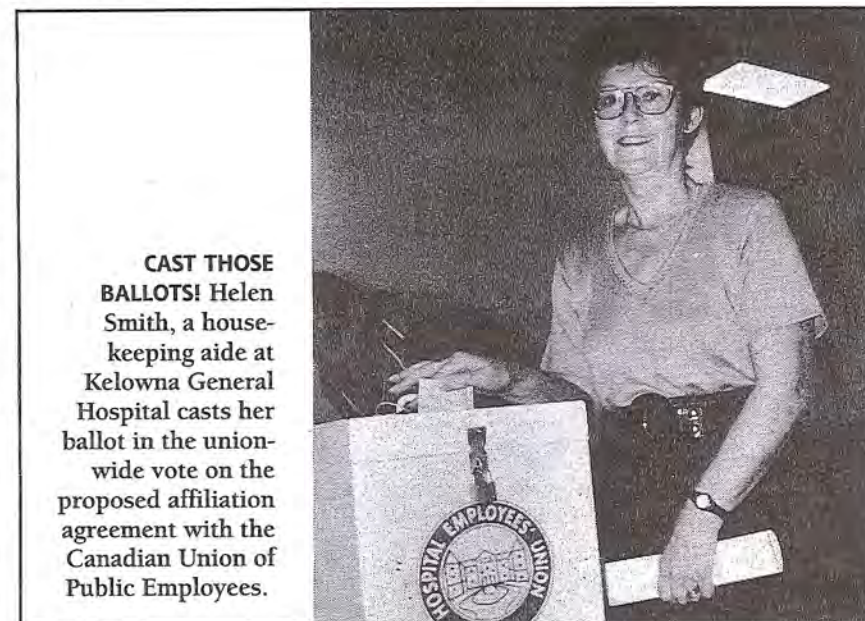
Meanwhile, the three unions have received the preliminary report of a major union-sponsored PFC research project.

The report found that while one B.C. facility, Chilliwack Hospital, had implemented the new care scheme, more than a dozen others were either in the process of planning or researching implementation. Across Canada, PFC has been implemented at 20 Ontario facilities, 12 in Alberta, and at three Manitoba hospitals.

The two basic selling points of PFC, reduced costs and better care, came under fire. "There is an overwhelming lack of evidence that [such] programs in the U.S. reduce operating costs ... while at the same time improving the quality of patient care," the report notes.

The report was commissioned to help leaders of the three unions develop policies and strategies to deal with reorganization schemes. HEU's Provincial Executive will have a look at the report at a meeting just prior to the union's convention in late October.

At press time, Allevato was set to attend a special Oct. 20 meeting for Fraser Valley locals and activists in Abbotsford. The meeting was organized by HEU's Chilliwack local.



**CAST THOSE BALLOTS!** Helen Smith, a house-keeping aide at Kelowna General Hospital casts her ballot in the union-wide vote on the proposed affiliation agreement with the Canadian Union of Public Employees.

## \$4 million shot in the arm for troubled Prince George hospital

Cash-sapped Prince George Regional Hospital got a \$4 million funding boost at the end of the summer, and local health workers say it's a vic-

tory in their two-year campaign to win more cash.

The additional funding - most of it added to the facility's base budget - was one of a number of key recommendations of a special hospital study team appointed by health minister Paul Ramsey in June. The study team was also critical of the hospital's board and administration and pressed for increased public accountability.

It also gave strong direction that the hospital had to deal with its credibility problem with the community through

better communications and a long-term strategy to safeguard the hospital's role as a regional referral centre.

"We were pleased," says HEU Prince George local's Nancy Lang about the study team report. "They addressed a lot of things we were pushing."

For HEU local activists like Lang, it means the successful conclusion of a public campaign for better funding that the three health unions started in 1992. "This happened because we put on the pressure," she said.

But Lang warned that most of the

additional cash could go to the hospital's doctors instead of dealing with staffing problems.

Health minister Paul Ramsey praised the study team for its recommendations. "The study team has done a thorough review of the concerns that have been expressed in the community," Ramsey said. "The result is a clear direction for the future - one that I endorse."

The study team was made up of respected community leaders, including HSA steward Ray Jordan.



## PRESIDENT'S DESK



# Clear signals on HEU's horizon

by Fred Muzin

**N**OTHING really prepares you for the experience of being an HEU Provincial Executive member. Overnight you're thrust into a position where you are expected to have solutions to all of the problems facing our 39,000 members. It's the ultimate in on-the-job training!

Executive members will face many challenges over the next two years. They will have to debate, amend and endorse a budget that exceeds \$16 million. The executive must develop strategies to fight back against patient-focussed care initiatives and to enforce the Employment Security Agreement.

Preparation for 1996 bargaining will require a balancing of resources for HEU to be successful. We must effectively participate in the election of community health councils, our "new" bosses. Before the next provincial election, we require education for our membership about the policies of the provincial political parties, and an analysis of which politicians have supported our aims and objectives.

### 'All Provincial Executive members must be increasingly visible and accessible out in the locals'

— our 10-year trial period is over. Our agreement with CUPE will make us stronger but will entail working diligently, as in any successful new partnership.

Canada's social policy review looms as a cost containment exercise and we must be prepared to fend off attacks against UIC, education, pensions, and medicare.

We will only succeed if we maintain a close connection with our members and are sensitive to the pressures on the local activists.

Our new Provincial Executive has to become empowered as soon as possible — through education on anti-racism, improved communication skills for interacting with the membership, recognizing and countering homophobia, the different role required in serving on a provincial body versus as a local activist, conflict of interest considerations, etc.

The last two years plunged the executive into decisions that they could not have anticipated when elected — the closure of Shaughnessy, the ESA, seconded employees and their eligibility to have voice, vote and run for office, the proposed terms with CUPE, three provincial tours and ratification votes, patient-focussed care, the 36-hour week implementation, and the pay equity interview process.

We must be strong at a grass roots level. The turnouts for the CUPE ratification votes, the low attendance at local meetings and the burnout of our local activists provide clear signals. All Provincial Executive members must be increasingly visible and accessible out in the locals. We must strive to instill the benefit of trade union membership, to listen to local activists as to what local campaigns are practical and what resource back-up is required, to anticipate problems and employer initiatives, to explore ideas to make our constitutional review process successful.

The Provincial Executive doesn't have instant solutions for the increasingly complex problems that are in our path. But with the input and support of the membership, HEU can overcome anything.

# Black powder shooter also a big brother

Bernie Barton's friends joke that he was born 100 years too late.

That's because the Kelowna General Hospital stores porter is an avid black powder shooter who regularly acts out the lore and customs of a time long ago.

Black powder refers to single shot lead ball muskets that, as far as firearms go, were state-of-the-art in the middle of the 19th century.

Barton and a number of KGH co-workers are members of a Kelowna club, one of about 25 across B.C., for black powder enthusiasts. At least once a month he dons his buckskin outfit, decorated with bead work and tassels, leather moccasins and coon skin cap, and joins his club mates for a weekend wilderness trip.

He calls it "going primitive," a ceremonial weekend of target shooting and living that borrows from native traditions. They sleep in teepees under skins and prepare their food without refrigeration and cook it on wood slabs over open fires or in a big cast iron cauldron. They eat a lot of game — bear, deer, and even rattlesnake — and there are no watches, radios, coolers or any other modern camping gear.

What makes black powder shooting different from the contemporary hunting trip or shooting range?

One thing is the lengthy process of loading the musket: pouring in the gun powder from the powder horn, and tapping it and a lead ball around the size of a grape into the barrel.

Then there's the period costumes — Barton's leather gear has set him back more than \$3,000. But the big thing is that it's a way of life.

"I love it," Barton says. "It's a different lifestyle. You live the part."

Barton, a new HEU shop steward, also takes a keen interest in being involved in his community. He's a big brother, sharing his time



BARTON

— about eight hours a week — with boys from the community who don't have fathers and who need a male figure in their lives. Since he first got involved in the local Big Brothers Association, he's had three little brothers.

## AFTER



## THE SHIFT

On the outside, Kelowna looks like a prosperous city, but the recently-married Barton says there are lots of poor families headed by single moms in town.

He's involved because of his sense of caring and community. "I think I'm making a difference in a boy's life," Barton says.

## NOTEBOOK

# Libel laws cast a tight net

by Geoff Meggs

Aggressive, hard-hitting but fair-minded journalism — the kind we aspire to at the *Guardian* — is virtually certain to run up against Canada's libel laws eventually.

Those laws are a kind of fence between what journalists can say about individuals or corporations and what they cannot. It makes sense to have a law against defamation and libel, because the ability of a journalist to speak to large numbers of people carries a responsibility and an obligation to tell the truth.

Many union members don't realize that those laws draw a much tighter net around Canadian journalists, including union newsletter editors, than the same laws in the United States.

As R.S. Bruser and B.M. Rogers say in a standard legal text on libel, "the honest belief that what you said is true is not a defence in Canada, as it is in the United States."

Defamation is pretty easy to define. In *The Journalist's Legal Guide*, Michael Crawford reports the conclusion of a national law conference in Canada, which said that "defamatory matter is published matter concerning a person that tends to: (a) affect



### 'We'll keep saying what we believe needs to be said'

adversely the reputation of that person in the estimation of ordinary persons; or (b) deter ordinary persons from associating or dealing with that person; or (c) injure that person in his occupation, trade, office or financial credit."

A court will assume that defamatory statements are false unless the person making the statement can prove otherwise.

Many true statements may be defamatory. True statements may also convey defamatory innuendos. Such statements may only be published if the writer can prove in a court of law to the usual legal standards that they are true — and that can be a difficult and potentially prohibitively costly task.

The price of failing that test can be high, both in legal costs and damages. Faced with these realities, the most direct and honest approach often is to withdraw the offending comments sincerely and without reservation.

The priority for HEU's resources is winning and enforcing collective agreements for its members. We respect the libel laws, but we don't fear them. We'll keep saying what we believe needs to be said, striving always to keep within the law's narrow bounds.



# Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

## Liberal's social program review condemned

### Health workers' job security threatened by 'workfare' plan

The Liberal government's long-awaited proposals to reform Canada's social programs that would cut \$7.5 billion in federal spending got a rough greeting from unions and community groups across the country.

Canadian Labour Congress president Bob White says the package of proposals doesn't focus on the real challenge facing Canada's social programs: creating jobs. CUPE's Judy Darcy said "the

Liberal cure will be worse than the disease."

"Rather than bringing hope to Canadians, these so-called reforms as they now stand will undermine the social safety net and breed a program of despair," she said.

The proposals, released Oct. 5 in a discussion paper by human resources minister Lloyd Axworthy, call for major cuts to almost every government program and will affect all Canadians.

Under Axworthy's plan, transfer pay-



WHITE



DARCY

ments to the provincial governments for health care, welfare and other social services would be chopped. The Unemployment Insurance program would be cut, workers forced off benefits sooner, and job training for non-existent jobs made mandatory.

Workfare—forcing people to take low-paying jobs—would become part of UI and welfare programs, creating a pool of low paid workers for employers to exploit.

Post-secondary education could change dramatically, with billions of federal funding cut entirely and rerouted through a student loans program. The outcome? Tuition fees of more than \$10,000 a year and students with \$60,000 debt loads on graduation.

The head of Canada's largest union, Darcy said the UI and workfare proposals threaten the job security tens of thousands of health, education and municipal workers.

"Our members could be laid off then rehired to do the same jobs at drastically reduced wages. That's 'workfare' plain and simple," she said.

White and the labour movement are angry with the proposed UI changes, warning that the worker and employer-paid scheme shouldn't be used as a cash-grab by government.

"Nowhere does this document refer to the devastating effects corporate and government cuts and job shredding have had on thousands of workers and communities across Canada," he said.

In the public consultation process promised by the Liberals, White said the CLC will press the Chretien government to enhance rather than cut programs.

In September, the CLC adopted a four-point plan of action for labour to respond to the social policy review, press for jobs, maintain medicare and advance an economic alternative.

### Federal public services valued at hearings

Federal public sector workers held a series of cross-Canada meetings in September to hear what the public and service providers think about Ottawa's delivery of public services.

It's part of a novel Public Service Alliance of Canada campaign to fight against further cuts in public services that the Liberals have proposed as part of their deficit reduction plans.

The hearing process emphasized the importance of federal public services to the well-being of Canada, and gathered information on the impact of government cutbacks, and privatization services.

Presentations from federal service providers, other unions, community groups and academics were heard at hearings in 22 major Canadian centres during September, including Victoria Sept. 19 and Vancouver Sept. 20.

PSAC president Daryl Bean says the presentations will be melded into a final report and recommendations that the 200,000 member union will use to lobby the federal government and cement public support.



BEAN



GEOFF MEGGS PHOTO

**SOLIDARITY BEAT**  
First Nations drummers sound their support at a late August rally for striking members of the Vancouver Municipal and Regional Employees Union who are locked in a tough dispute with the Vancouver Museum. The Museum has imposed massive cuts, including closing a display of First Nations artifacts, and is demanding layoffs from the union.

## Denying violence won't stop it

by Katie FitzRandolph  
OPSEU News/CALM

Recent reports on the prevalence of violence against women inevitably take me back to a conversation I once had with my mother.

My aunt (Dad's sister) had died, and Mum and I were clearing things out of her apartment.

Some went to family members, some to be sold, and finally we were left with a pile of still useful items, with no commercial value, the residue of a long and well-spent lifetime — slightly dented pots and pans, some mis-matched everyday china, bed linens, a kitchen stool, an old table.

These we decided to donate to Interval House, the local shelter for battered women.

Sitting at home that evening, rehashing the day's decisions, Mum said she didn't understand wife battering. All her friends were happily married. None were ever beaten by their husbands.

She could hardly believe this sort of thing happened at all. I listened to this

for a while, with a mounting sense of disbelief.

The aunt whose apartment we had just cleared out had been severely abused by her own husband. My father had flown to help her at one point, when in a particularly brutal attack, her husband had shaved her head, broken her jaw, and locked her out of their home.

Dad had helped his sister get medical attention, and a wig to hide her baldness. My aunt went back to her husband.

My mother had suffered a miscarriage in the distress around this incident, yet she could not connect this to wife battering and violence against women. I reminded her, and watched as her face reflected a sudden realization. How much more appropriate, she said, that the things be given to Interval House.

It's one small anecdote of family vio-

lence, but it shows the profound denial that such violence occurs. Even when it's known, it isn't discussed. It's too shameful for all concerned. The assault on my aunt happened more than 50 years ago.

Spousal abuse is nothing new. The conversation with my mother was about a decade ago. Denial isn't new either.

I hope that last year's Statistics Canada study on the prevalence of wife abuse will bring this shame out of hiding. The shame belongs to those who perpetrate the violence, not to its victims, and not to the families and friends of the victims.

It won't be ended by pretending the experience of 51 per cent of adult women has never occurred.

• FitzRandolph is a communications officer with the Ontario Public Service Employees Union.

**'Her husband had shaved her head, broken her jaw, and locked her out of their home'**





GEOFF MEGGS PHOTOS

**GHOST HOSPITAL** is really Shaughnessy dressed up as a set for a movie production, but inside workmen have completed more than \$500,000 in renovations to ready about half of the building for new tenants. The Shaughnessy closure was justified, in part, as a means of avoiding renovations.

THE HOSPITAL THAT ROSE FROM THE DEAD

# Half-million spent to renovate Shaughnessy

by GEOFF MEGGS

Just one year after the provincial government padlocked the doors on Shaughnessy Hospital's newly-renovated \$2.5 million spinal cord unit, Women's Hospital is planning to renovate the ward once more to provide room for a new family practice clinic.

According to B.C. Children's Hospital documents, more than \$520,000 has been spent since the Shaughnessy closure on Sept. 23, 1993, to renovate Shaughnessy facilities to receive new tenants.

It's just one of the bizarre and frustrating developments for former Shaughnessy workers who opposed the hospital closure and urged Victoria to make the hospital a centre for a wide range of community-oriented services.

That option was rejected. Yet the building, which was condemned by former health minister Elizabeth Cull as unsafe from earthquake and "not viable in terms of renovating to meet today's requirements" is about half re-occupied.



BORASON

Equally disturbing is the news, contained in list of major proposed construction projects compiled by Plumbers and Pipefitters Local 170, that the government is considering a \$30 million expansion of Children's Hospital and a \$46 million redevelopment of Shaughnessy, both proposed for completion by 1997. The figures were contained in a government survey of planned construction called the B.C. Major Projects Inventory.

In a written reply to questions posed by The Guardian, Children's Hospital said the information was incorrect. In fact, the hospital said, "the entire cost of the redevelopment of Children's Hospital is budgetted at \$105 million, with \$75 million coming from government and \$30 million raised by the hospital's Capital Campaign.

"The Shaughnessy building is not going to be redeveloped," the statement said. "It is to be torn down in phases as new facilities are to be built on the site."

A key recommendation of the Shaughnessy Task Force, set up to review the closure, was a proposal to reorganize and open up the work of a secret committee planning the future of the Oak Street site.

That hasn't happened, but Children's says it will go ahead with a renewed public consultation now that it has received government approval to redevelop the site. Architects are getting to work and construction could begin as early as 1996.

Is Shaughnessy being renovated or demolished?

Mike Borason, former chief shop steward at Shaughnessy and now chairperson of HEU's Children's Hospital local, has been demanding answers from hospital executives and Premier Harcourt.

He's pursuing the issue "as a taxpayer, not in my capacity as chairperson, because as a concerned citizen I have a right to know where my money goes.

"When we were fighting to save Shaughnessy, they said it would take \$40 million to renovate and maintain the facility," Borason said late in September. "But after the closure of Shaughnessy, renovation after renovation has taken place. On ward C4, for example, renovation of the adolescent psychiatry unit cost \$97,300."

Several wards on the B wing have been renovated for offices, Borason notes, which saves the cost of renting offsite space, but other renovations seem hard to justify.

"There has not been a single stop in construction at Shaughnessy or at Children's," says Borason. "The back injury clinic was renovated at a cost of \$2.5 million. Then it went to VGH, which had to be renovated to accept it. Now plant services has been told that space (at Shaughnessy) is to be renovated again."

All these services, especially the Women's Health Centre, important, Borason says, but are occupying space that the government declared obsolete and closed at great financial and political cost.

Children's management has rubbed salt in the local's wounds by hiring Angus Consulting Management Services Ltd. to operate plant services in Children's and the old Shaughnessy building.

Borason is demanding that the hospital disclose the cost of management fees paid to Angus Consulting, which are on top of the cost of laying off managers who previously directed plant services.

Angus has declined to hire qualified tradesmen who worked in the Shaughnessy plant services department and now are seeking permanent placement through the Health Labour Adjustment Agency. Outside workers are being used. So far; HEU efforts to end this policy through arbitration have been unsuccessful.

As a result, laid-off Shaughnessy construction workers have not been employed renovating the hospital that Victoria said it had to close.

Borason's persistence with Harcourt has paid off with a promise from hospital management to meet directly with him on the issue.

For activists like Borason, it is an ironic testament to Shaughnessy's staying power that receptionists still answer the phone at 875-2222 with "Shaughnessy Hospital, can I help you?"



**READY FOR RENOVATION?** The padlock is off the door at F3, the former spinal cord unit. This ward, which was renovated at a cost of \$2.5 million to receive the spinal unit, now will be renovated once more for clinic and office space.



**IMPORTANT SERVICES** like adolescent psychiatry (left) and the Oak Tree Clinic (right) are provided from B4, which was been renovated since last year's closure.



**ABANDONED EQUIPMENT** still fills a room near the old spinal cord unit. Most of the hospital has been entirely cleared out and equipment has been transferred elsewhere or sold.



PHOTOS COURTESY OF NEW ZEALAND CONSULATE PUBLICATIONS



**UP IN ARMS** New Zealand's health reforms have been given a hostile greeting by the public.

## FREE MARKET FIASCO

*Some Canadian governments are looking to New Zealand as a model for health reform. But writer Murray Dobbin warns that following New Zealand's example would be tragic.*

by Murray Dobbin

**W**HEN it comes to health care – or education, or welfare for that matter – there are reforms and then there are reforms. In other words, to understand what's happening in New Zealand you have to know who's doing the reforming and the underlying philosophy if you want to judge the changes that result.

The New Zealand reforms took the whole health system in the direction of American health care – not surprising given that the reforms were designed on the advice of U.S. experts. Health "reform" in New Zealand is free market reform, privatization, driven by a package of assumptions that are part of right-wing changes that have transformed the country.

These assumptions include the belief that markets are superior to governments, competition is superior to co-operation and self-reliance is better than community responsibility.

The traditional values of New Zealand society – human dignity, fairness, economic democracy – have all been cast aside in the name of the market.



Another assumption driving reforms in New Zealand is that "vested interests" must be prevented from influencing public policy. Those who are pushing reform, including big business, conveniently brand all those providing care – doctors, nurses, unions, professional organizations, local health boards – as defenders of the status-quo. These provider groups, which lobbied for progressive reforms, were forced out of the reform process because, it is claimed, they are almost exclusively focussed on defending their own "interests."

That gave the free marketeers a virtual free hand in designing the radical restructuring. Fourteen local boards which used to administer all aspects of health care were replaced by four Regional Health Authorities which purchased services from public, private and voluntary service providers. Public institutions had to compete, like businesses, with their private counterparts. Most large hospitals were commercialized: they were obliged to pay dividends to the government and pay corporate income tax.

The third element of the reforms is based on an important right-wing buzzword: consumer sovereignty. People were given the choice of taking their "share" of the government health funding to an alternative, private, health plan. So not only did health services providers compete for contracts, the public health insurance plan itself competed with private insurance schemes.

User fees were the final key element of restructuring. They were charged for hospital use, doctors' visits, laboratory tests and out-patient treatment.

The overall objective of the New Zealand reforms was a massive shift of health care costs to the individual patient, family and community. While it was rarely stated so bluntly, the new system was to be paid for primarily by the sick. Government health minister Simon Upton stated, "There are the vicissitudes

**SHIFTING COSTS** User fees for doctors visits and outpatient treatment were part of the government's strategy to shift care costs to individuals, families and patients.

**'Almost daily there are stories of impoverished individuals leaving their prescription drugs at the drug store counter because they can't afford them'**

tudes of ill-health and old age which no one can hope to avoid. These should, wherever possible, be the responsibility of individuals."

Indeed, the New Zealand approach is almost word-for-word identical to our Reform Party's policy on social programs which calls for them to be taken over by "families, communities, non-governmental organizations and the private sector."

The reforms were implemented with lightening speed in 1993 and the full impact of the privatization is yet to be determined. But there is no question that there has been enormous hardship already.

Almost daily there are stories of impoverished individuals leaving their prescription drugs at the drug store counter because they can't afford them.

Low income New Zealanders face not only medical user fees but dramatically slashed welfare rates, falling wages (the labour market has been "deregulated") and user fees in education. Many parents face the choice of getting medicine for one sick child or feeding three. Self-diagnosing is also common, as is using medicine prescribed for one child for another.

Phillida Bunkle, a prominent New Zealand feminist who teaches at Victoria University in Wellington, refers to the impact of these massive changes as the

"using up of personal capital – that is, people's bodies. Rotten teeth go unattended, minor illnesses develop into serious conditions with permanent results. Malnutrition means people are more vulnerable to sickness and then they can't afford the treatment. It is a national crisis."

The health reforms have failed even by their promoters' own measurements. The cost has been enormous – estimates of up to 10 per cent of the yearly health budget. Some user fees have been abandoned as the cost to administer them outpaces the revenue they raise. As for cost efficiencies, the government can point to very few. When I was in New Zealand in March, the government was obliged to pass emergency legislation worth \$450 million to prop up the Regional Health Authorities.

Of all the reforms implemented by the successive New Zealand governments, the health reforms are the least popular partly because they were implemented so quickly with little consideration of the consequences.

Initially, efforts at protests and marches were sporadic and ineffective. But the formation of the Coalition for Public Health has been much more effective. Consisting of retired administrators, economists, unionists, medical practitioners and workers in the voluntary sector, it was the first organization to attempt confronting the reforms with clear alternatives.

As in Canada, the health care system in New Zealand was one of the most cherished programs in the country even though there was occasional grumbling about its problems. The government's grand scheme to revolutionize it has failed before it is even close to completion. Half-abandoned and half-collapsed, it is scarcely a model for any other jurisdiction.

• Dobbin is a Saskatchewan freelance writer. He was in New Zealand last winter researching the country's right-wing experiments in social and economic policy.



## HEU activists turned out in force with moving stories to support new ergonomics regulations that would make workplaces safer



by Chris Gainer

**T**HE WAY things are done in the busy kitchen where Wendy Miller works is all too familiar to most food service workers: prepare as many meals with as few people in as short a time as possible.

Safety and proper training take a back seat to efficiency and speed at Queen's Park Hospital in New Westminster, where fewer staff are feeding more patients. One day Miller was working with a chopping machine. "I was trying to speed the stuff and get the job done," she said, but she got her hand behind the machine's poorly designed guard. In a flash, two fingers were severely damaged, requiring surgery.



**C**ARNAGE Wendy Miller, right, is another workplace injury victim. HEU's secretary-business manager Carmela Alleavato, left, condemned health bosses for opposing ergonomic rules that would prevent needless accidents like Miller's.

At Sherwood Crescent Guest Home in Clearbrook, Susan Harrington slipped on a floor that for three years an inspector had been saying should be resurfaced. She suffered constant headaches from a whiplash injury. Thirteen months later, Harrington injured her arms while struggling with a 60-pound bag of carrots. Since then, she has endured rounds of drugs, physio treatments, and surgery to her arms.

Both Miller and Harrington have coped with harassment by doctors, the Workers' Compensation Board, and employers, along with seeing the quality of their lives at home deteriorate. Miller had to give up sports for a long time, and for a time, Harrington could not even pick up even a mug of coffee.

They are among the many HEU members who have brought their stories to the WCB Regulation Advisory Committee on proposed new ergonomics regulations, which held hearings throughout B.C. in September and early October.

If put into law, HEU's director of health and safety Karen Dean says the ergonomic regulations would go a long way to making health care workers' workplaces safer and would end careless employer practices that make health facilities the most dangerous place to work in B.C.

At the hearings' first stop in Campbell River in early September, several North Island locals made submissions, including the Campbell River local, which praised its employer for installing lifts and electric beds in the hospitals' extended care unit.

But Linda Booth and Sarah McFerran also pointed out that a new system to keep food hot has added to the many hazards faced by food service workers. And the storage of x-rays is a painful problem for the workers who have to deal with heavy files dispersed around the hospital.

In Prince George, LPN Ennia Cundy spoke about the lifting that care aides and other patient care workers do at Prince George Regional Hospital. "You are lifting, transferring, turning and positioning 18 to 24 residents with a mean body weight ranging from 140 to 180

**B**ACK AIDE Ruth Patrick and Sarah McFerran of the Campbell River local show how proper lifting equipment makes the heavy and often dangerous job of lifting patients quick, easy and safe.

# Stop Hurting Us

## Reaching, bending, lifting, pushing

HEU activists at Royal Inland Hospital sang their support for the ergonomics regulations. Sung to the old standby *The Twist*, lyrics are by Mary Bossio.

**CHORUS**  
Come on use those mechanics and do the twist  
Reach for those robots  
Twistin', turn'n  
Ouchi, watch the back.

**CHORUS**  
Come on use those mechanics and do the twist  
Come on slaves  
Let's pump some iron  
Not the weight you think  
Push ... on quit your cry'n.

**CHORUS**  
Come on use those mechanics and do the twist  
Readin', bend'n, strain'n

Race with the clock  
Must be a slipped disk,  
Backs need a block.

**CHORUS**  
Come on use those mechanics and do the twist  
Now, on that slick floor  
Let's do the splits  
Injuries like these  
Are real big hits.

**CHORUS**  
Come on use those mechanics and do the twist  
Reaching, bending, lifting, pushing  
Are all ways of sustaining bruising  
Everybody getta crack'n  
Minutes to go, and tray lines start'n.

**CHORUS**  
Twist'n, twist'n, lift'n, lift'n (three times)  
Oh yeah, let's do the twist.

DAN KEETON PHOTO

**TESTIMONY** The day after the latest surgery to her wrist, Susan Harrington of the Sherwood local tells WCB panel that treatments for her injuries means she sometimes can't even lift a mug of coffee.

## Members' courage has WCB impact

**A**LTHOUGH health employers have tried to derail new ergonomics rules with hysterical cost predictions, the HEU director who has worked to make the regulations reality said something else has made a greater impact on the Workers' Compensation Board.

"The really wonderful part of this public hearing process has been the eloquence of HEU members who have come forward to list the cost of not having these regulations, the cost in human terms, the financial terms, and the cost to the health care system," HEU health and safety director Karen Dean said in an interview.

"Those members showed real courage, and the board cannot fail to miss what they said. All the members of the union owe a significant debt of gratitude to the members who came forward and made presentations.

"The job now is for our members to make employers understand that they are accountable to the public," said Dean, who explained that pressure must be put on every health care employer to make sure they live up to their responsibility to provide safe and healthy workplaces.

Dean represented HEU on the lengthy 30-month WCB process that led to the new regulations.

Health employers were represented on the committee that was in charge of drawing up the regulations, but they declined to take part in the subcommittee that did most of the work on them.

The Health Employers Association of B.C., which objected to the regulations drawn up by the subcommittee, and so changes were made after a special committee was struck to hear HEABC's objections, Dean said.

pounds or more, and from five to six feet in height," Cundy told the hearing.

"This means that a care aide lifts on average approximately 3,000 to 4,000 pounds of weight at least four times per day on their shift. Take this figure per day and multiply it by five days per week over several years of work, and this factor is without a doubt an obvious potential for injury and possibly permanent disability."

Cundy told the committee that she has suffered injury as a result of patient transfers while working as a care aide, causing her to change jobs.

Cyndie Stephens and Maureen Kingdom of Simon Fraser Lodge also spoke about the number and weight of lifts that care aides do every day.

"After being in health care since 1977, I know that there are employees that take risks," Stephens said. "They have allowed themselves to be pressured by an employer that doesn't care about them as people."

In Kelowna, Helen Bryson told about how Kelowna General Hospital spent a budget surplus on new bedside units which met patient requests for locking drawers.

The trouble is, the new units are not on castors like the old units were, and are much harder to move by housekeeping staff out of the cramped areas they sit in, Bryson said this change has left KGH workers "hurting and angry."

As Sandra McLeod said, ergonomics regulations with teeth will mean cost savings for employers from reductions in medical treatment, sick days and WCB premiums for their workers when injury rates fall and accidents become less frequent.

Employers and taxpayers will save because safer workplaces will mean reduced absenteeism and job turnover. "If you wait for voluntary compliance with ergonomics regulations, you'll be waiting until the cows come home," McLeod concluded.



employers and unions that reached consensus on the new regulations.

"It is clear that employers feel that they would be able to use their power yet again to derail any meaningful change to the ergonomics regulations," Alleavato said when she appeared before the WCB hearings on the regulations.

"Employers are misleading the public because their representatives agreed to the basis of these regulations, and they have had more than two years in which they could have made changes," she added.

"Injury rates have been soaring in the last decade," Alleavato told the board. "Last year, a staggering 280,930 days were lost in B.C. health care facilities due to workplace injuries. Unsafe workplaces in health care cost more than \$96 million in 1993/94."

Employers have replied by asking for pilot projects and other delays, or by attacking regulations because they are supposedly inflexible or don't reflect the "real world of business."

Alleavato charged that employer opposition to the ergonomic regulations is a concrete example of how bosses refuse to make workplaces safer.



HEABC'S ARBOGAST



## HEU activists turned out in force with moving stories to support new ergonomics regulations that would make workplaces safer



# Stop

**CARNAGE** Wendy Miller, right, is another workplace injury victim. HEU's secretary-business manager Carmela Allevato, left, condemned health bosses

for opposing ergonomic rules that would prevent needless accidents like Miller's.

by Chris Gainor

**T**HE WAY things are done in the busy kitchen where Wendy Miller works is all too familiar to most food service workers: prepare as many meals with as few people in as short a time as possible.

Safety and proper training take a back seat to efficiency and speed at Queen's Park Hospital in New Westminster, where fewer staff are feeding more patients. One day Miller was working with a chopping machine. "I was trying to speed the stuff and get the job done," she said, but she got her hand behind the machine's poorly designed guard. In a flash, two fingers were severely damaged, requiring surgery.



At Sherwood Crescent Guest Home in Clearbrook, Susan Harrington slipped on a floor that for three years an inspector had been saying should be resurfaced. She suffered constant headaches from a whiplash injury. Thirteen months later, Harrington injured her arms while struggling with a 60-pound bag of carrots. Since then, she has endured rounds of drugs, physio treatments, and surgery to her arms.

Both Miller and Harrington have coped with harassment by doctors, the Workers' Compensation Board, and employers, along with seeing the quality of their lives at home deteriorate. Miller had to give up sports for a long time, and for a time, Harrington could not even pick up even a mug of coffee.

They are among the many HEU members who have brought their stories to the WCB Regulation Advisory Committee on proposed new ergonomics regulations, which held hearings throughout B.C. in September and early October.

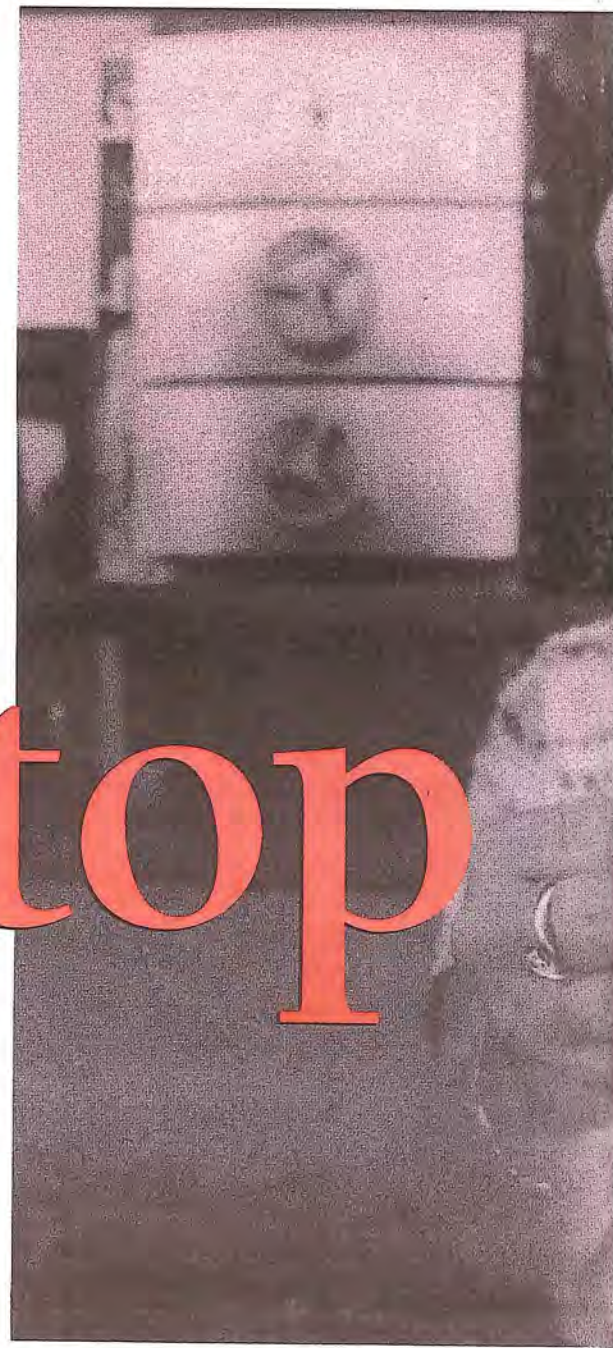
If put into law, HEU's director of health and safety Karen Dean says the ergonomic regulations would go a long way to making health care workers' workplaces safer and would end careless employer practises that make health facilities the most dangerous place to work in B.C.

At the hearings' first stop in Campbell River in early September, several North Island locals made submissions, including the Campbell River local, which praised its employer for installing lifts and electric beds in the hospital's extended care unit.

But Linda Booth and Sarah McFerran also pointed out that a new system to keep food hot has added to the many hazards faced by food service workers. And the storage of x-rays is a painful problem for the workers who have to deal with heavy files dispersed around the hospital.

In Prince George, LPN Ennia Cundy spoke about the lifting that care aides and other patient care workers do at Prince George Regional Hospital. "You are lifting, transferring, turning and positioning 18 to 24 residents with a mean body weight ranging from 140 to 180

**BACK AIDE** Ruth Patrick and Sarah McFerran of the Campbell River local show how proper lifting equipment makes the heavy and often dangerous job of lifting patients quick, easy and safe.



DEAN

pounds or more, and from five to six feet in height," Cundy told the hearing.

"This means that a care aide lifts on average approximately 3,000 to 4,000 pounds of weight at least four times per day on their shift. Take this figure per day and multiply it by five days per week over several years of work, and this factor is without a doubt an obvious potential for injury and possibly permanent disability."

Cundy told the committee that she has suffered injury as a result of patient transfers while working as a care aide, causing her to change jobs.

Cyndie Stephens and Maureen Kingdon of Simon Fraser Lodge also spoke about the number and weight of lifts that care aides do every day.

"After being in health care since 1977, I know that there are employees that take risks," Stephens said. "They have allowed themselves to be pressured by an employer that doesn't care about them as people."

In Kelowna, Helen Bryson told about how Kelowna General Hospital spent a budget surplus on new bedside units which met patient requests for locking drawers.

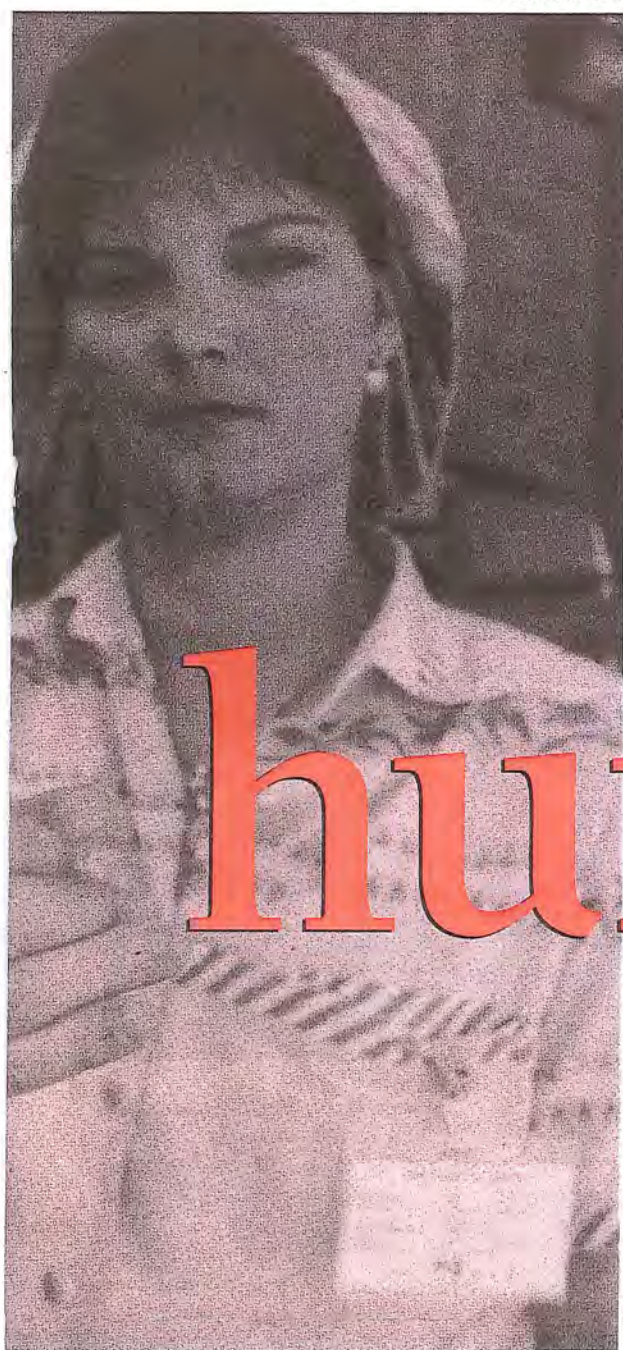
The trouble is, the new units are not on castors like the old units were, and are much harder to move by housekeeping staff out of the cramped areas they sit in. Bryson said this change has left KGH workers "hurting and angry."

As Sandra McLeod said, ergonomics regulations with teeth will mean cost savings for employers from reductions in medical treatment, sick days and WCB premiums for their workers when injury rates fall and accidents become less frequent.

Employers and taxpayers will save because safer workplaces will mean reduced absenteeism and job turnover. "If you wait for voluntary compliance with ergonomics regulations, you'll be waiting until the cows come home," McLeod concluded.



DAN KEETON PHOTO



## Reaching, bending, lifting, pushing

HEU activists at Royal Inland Hospital sang their support for the ergonomics regulations. Sung to the old standby *The Twist*, lyrics are by Mary Bossio.

Come on robots  
Reach for those racks  
Twistin', turn'n  
Ouch!, watch the back.

CHORUS

Come on use those mechanics and do the twist

Come on slaves  
Let's pump some iron  
Not the weight you think  
Push ... on quit your cry'n.

CHORUS

Come on use those mechanics and do the twist

Reachin', bend'n, strain'n

Race with the clock  
Must be a slipped disk,  
Backs need a block.

CHORUS

Come on use those mechanics and do the twist

Now, on that slick floor  
Let's do the splits  
Injuries like these  
Are real big hits.

CHORUS

Come on use those mechanics and do the twist

Reaching, bending, lifting, pushing  
Are all ways of sustaining bruising  
Everybody getta crack'n  
Minutes to go, and tray lines start'n.

CHORUS

Twist'n, twist'n, lift'n, lift'n (three times)  
Oh yeah, let's do the twist.

# hurting us

**TESTIMONY** The day after the latest surgery to her wrist, Susan Harrington of the Sherwood local tells WCB panel that treatments for her injuries means she sometimes can't even lift a mug of coffee.

## Members' courage has WCB impact

ALTHOUGH health employers have tried to derail new ergonomics rules with hysterical cost predictions, the HEU director who has worked to make the regulations reality said something else has made a greater impact on the Workers' Compensation Board.

"The really wonderful part of this public hearing process has been the eloquence of HEU members who have come forward to list the cost of not having these regulations, the cost in human terms, the financial terms, and the cost to the health care system," HEU health and safety director Karen Dean said in an interview.

"Those members showed real courage, and the board cannot fail to miss what they said. All the members of the union owe a significant debt of gratitude to the members who came forward and made presentations.

"The job now is for our members to make employers understand that they are accountable to the public," said Dean, who explained that pressure must be put on every health care employer to make sure they live up to their responsibility to provide safe and healthy workplaces.

Dean represented HEU on the lengthy 30-month WCB process that led to the new regulations.

Health employers were represented on the committee that was in charge of drawing up the regulations, but they declined to take part in the subcommittee that did most of the work on them.

The Health Employers Association of B.C. objected to the regulations drawn up by the subcommittee, and so changes were made after a special committee was struck to hear HEABC's objections, Dean said.

Yet HEABC is still trying to derail the regulations in spite of these concessions.

"The real problem with health care employers is that they don't want the regulations, although they won't say that."

If the WCB decides later this year to adopt the regulations, unions and employers will work together to draw up implementation plans for safe workplaces, Dean said.

"If these regulations are rejected, I think the employers will take it as a message that they can continue to ignore health and safety problems."

HEABC's cost estimate for the new regulations are based on the total price of replacing every hospital bed in the province with electric beds, and putting new mechanical lifts in every health facility.

But in reality, Dean said most hospitals have already begun to replace their beds, and many already have lifting equipment.

"Their costing figures are completely out of whack," Dean said. It's a symbol of their total contempt for the need to prevent these injuries."

## Employers oppose new safety rules

EMPLOYERS have launched a dishonest public attack on new ergonomics regulations that have been drawn up by the Workers' Compensation Board.

While employers like Mike Arbogast of the Health Employers Association of B.C. are officially calling for pilot projects and more reviews, HEU charges that they have another agenda.

"What they really want," said union secretary-business manager Carmela Allevalo, "is a delay that will be long enough to allow a new right-wing Liberal or Reform government in Victoria to kill the regulations."

Allevalo said the employer position flies in the face of a lengthy process that included a committee of



employers and unions that reached consensus on the new regulations.

"It is clear that employers feel that they would be able to use their power yet again to derail any meaningful change to the ergonomics regulations," Allevalo said when she appeared before the WCB hearings on the regulations.

"Employers are misleading the public because their representatives agreed to the basis of these regulations," and they have had more than two years in which they could have made changes," she added.

"Injury rates have been soaring in the last decade," Allevalo told the board. "Last year, a staggering 280,930 days were lost in B.C. health care facilities due to workplace injuries. Unsafe workplaces in health care cost more than \$96 million in 1993/94."

Employers have replied by asking for pilot projects and other delays, or by attacking regulations because they are supposedly inflexible or don't reflect the "real world of business."

Allevalo charged that employer opposition to the ergonomic regulations is a concrete example of how bosses refuse to make workplaces safer.



HEABC's ARBOGAST



**YOU HEARD ME** Liberal leader Gordon Campbell confirmed to reporters Sept. 29 that he will end New Directions reforms and eliminate employment security for health workers if elected premier.

*Liberal party's health policy includes two-tier system, end to reforms*

## 'I'll cancel accord,' Campbell vows

CONVENTION REPORT by Art Moses

**P**ENTICTON — Health care workers are in for some rough times if the B.C. Liberal Party under Gordon Campbell wins the next election.

During the Liberals' first policy convention since Campbell seized control last year the Leader of the Opposition said he'd cancel the Employment Security Agreement and scrap the New Directions health care reform.

And in what otherwise was pretty thin gruel for their policy proposals on health care, the Liberals indicated they're prepared to let the private sector in on the health care system big time, paving the way for a full-fledged two-tiered medical system.

In his speech to the convention, Campbell stressed his usual themes: a balanced budget, lower taxes, getting government "out of the way" so people can make their own decisions about investing money and creating jobs.

In a prepared text presented to reporters but not followed at the podium, Campbell was planning to say: "Across the board cuts are not the answer. The answer is cancellation of things like: The Island Highway Agreement, the so-called "Fair Wage" policy and The Health Care Accord. These policies have wasted hundreds of millions of dollars of your money for no additional benefit."

At a news conference afterward, Campbell was reminded about his text.

"I think the health accord has been a real problem for the system. It's been adding huge costs to the system with no benefits to the patient. And I think the top of the priority list in terms of health care is the patient."

Asked whether that means job security for health care workers is not a priority Campbell made clear he would not renew the accord. "In terms of the whole kitting' kaboodle, no. I think you have to say all of us are in this together. There's no one particular group in society that's going to be protected from the changes that we're going to have to make to get our costs under control and provide the services we need for patients."

In an interview, Liberal health critic Linda Reid said: "The bottom line is you're spending tax dollars and it's not about securing employment, it's about serving the patient. And I think people are way off the mark in terms of securing employment to the detriment of the patient."

The Liberals also used their convention to reiterate their determination to scrap New Directions. Instead of establishing the network of Regional Health Boards and Community Health Councils, Reid says the Liberals would pilot the schemes in three communities, one urban, one rural, one in northern B.C., to see if the model worked.

**T**HE Liberals insist all decisions in health care must be made with the best interests of the patient in mind. But when it comes to the make-up of the new decision-making bodies under New Directions the Liberals are opposed to giving patients exclusive access to seats. Said Reid: "The NDP is excluding anybody with a direct interest in health care. That excludes anybody who knows anything about it. I don't want all the decisions made exclusively by lay people. They can certainly participate, but to give them total say in administering a \$6.4 billion budget, not in my lifetime."

But pressed for the Liberals' own ideas for health care reform, Reid had little to offer: "If you want to encapsulate a Liberal vision for health care it would be 'how do you measure success'. People have to know that before they spend \$6.4 billion on it."

But there's more than one indication about the direction the Liberals are prepared to move.

Liberal delegates passed a resolution calling for "initiatives to make health care delivery more efficient and cost effective, including outsourcing to private sector providers where appropriate."

Although she was quick to distinguish the policy as coming from convention delegates, not from the Liberal caucus, Reid said she backed the resolution because it's time to recognize that B.C. already has a "two-tiered" health care system.

"What we have said as a caucus is we want to have the debate. It's time for a full and open public debate on whether or not people are willing to accept the notion to recognize the reality that health care in British Columbia is two-tier.

"It's happening today. People can purchase service in extended care, people can purchase service in long-term care. People can purchase service in Bellingham and Blaine. The question is do people want to spend that money in British Columbia or do we want to spend it somewhere else."

Certainly the buzz during the convention about prospective star Liberal candidates indicates a growing coziness between the provincial Liberals and the B.C. Medical Association.

Liberal insiders were proudly telling reporters at the convention that Dr. Gur Singh, past president of the BCMA, is a likely Liberal candidate in the Okanagan, joining another past president, Dr. Hedy Fry, in the ranks of active Liberals after using their BCMA pulpit to enhance their profile while attacking NDP health policy.

After the next provincial election, if the Liberals take control in Victoria, nobody could be too surprised if full-scale privatization of medicare was one of Gordon Campbell's first projects as he fulfils the slogan of the banner at the front of his convention hall: "The Courage to Change."



PHOTOGRAPHS BY ANDY KOHN

**FACING REALITY**  
Liberal health critic Linda Reid (right), seen here with a convention delegate, says it's time to accept that a two-tier health system already exists.





AN EXCERPT FROM 'THE HEART OF HEALTH CARE, THE FIRST 50 YEARS,' A HISTORY OF THE HEU BY PATRICIA WEBB JUST PUBLISHED AS PART OF OUR 50TH ANNIVERSARY CELEBRATION

The men and women who organized HEU met secretly in the lunchrooms and tunnels under Vancouver General Hospital



HEU ARCHIVES PHOTO

VANCOUVER GENERAL The pride of the city after its construction in the 1930s, was where HEU organizing began. The building is featured on the union's logo.

VANCOUVER MUSEUM AND ARCHIVES PHOTO

# Laying the Foundation

**"M**Y FIRST DAY ... I was wheeled through a maze of tunnels, from the Heather Pavilion and up a fire trap of an outdated elevator to the isolation ward [and] from 1 p.m. to 8 p.m. put in bed with only a sheet covering my body. I suggested to my husband and daughter that they were not to leave the nurses' office until I was given a blanket. The nurse then found a blanket in a closet in the office and put it on my bed ... A patient who was in the corner bed was moved out of this ward. She was covered with boils and she stated that it was staph disease.

"A patient came from Kamloops, free of staph and was put into this bed with the same blankets that were on previously. The lady next to me had been sent from the Heather Pavilion three days previously. In all that time she had no blankets.

"The only ones who seemed to be working and working at top speed were the regular nurses' aides, but there were not enough of them."

LETTER FROM A PATIENT IN FAIRVIEW ISOLATION HOSPITAL (VANCOUVER GENERAL), WRITTEN IN THE MID-1940S

NORTH VANCOUVER ARCHIVES PHOTO



NO WORKERS were allowed in this pristine publicity picture of a Vancouver General ward in the late 1930s. In reality, staffing levels were dangerously low and the likelihood of infectious conditions high.

In Depression-era British Columbia, the sprawling health care complex built around the three-story stone hospital on Vancouver's 12th Avenue was a great source of civic pride. Vancouver General Hospital liked to boast that it was the largest hospital in North America. Public relations photographs showed gleaming, spotless kitchens and high-ceilinged airy wards.

But for the sick, the injured and the infirm who walked up VGH's curved drive – and the health care workers and caregivers who sought to heal them – the hospital could be a source of misery as much as health. Funded by only the fees it could squeeze out of patients and a miserly city council allocation for care of the "indigent" or poor, VGH was a sweatshop. Like most hospitals of the day, it justified the degrading conditions imposed on patients and workers by pious appeals to the spirit of Florence Nightingale and the charitable works of the saints.

## LONG HOURS, LOW PAY

Patients subjected to exposure to infectious diseases in hospital could look forward to eventual return to the community. For the workers, the grim conditions of their employment seemed like a life sentence. When Joan Brimacombe was hired to work in the VGH laundry in 1935, wages were low and working conditions punitive. People could be fired on the whim of a supervisor because there was a ready supply of workers to replace them. This was the Depression, and even a lousy job was better than starvation.

"If you were on shift and a bed came up empty



HOSPITAL CARE IN THE 1930S The Florence Nightingale image so beloved by employers disguised primitive and hazardous caring and working conditions.

and you were just going off shift, the supervisor could turn around and tell you to go and make that bed," she recalled. "We worked 11, 12 hours. It was most unfair. If they felt like giving us half a day off, we got it. If they didn't feel like it, well to heck with you, you didn't get it."

Regular nurses' aides working at VGH in the pre-war years worked 10-hour shifts, 6 1/2 days a week. Orderlies working at VGH in 1939 were paid \$83.20 a month and got one meal a day. They worked seven days on, one day off. Every five weeks they got two days off in a row. If they rented a house with modern conveniences, as much as \$27 of their monthly cheque was consumed by rent alone.

If the hours were bad, the working conditions were worse. Male staff ate their midday meal in the tunnel area under the hospital grounds. The women's dining facilities were no better. Brimacombe remembers a basement dining room with a cement floor, a few tables and benches. Women workers brought their own lunches. "They brought a big pot down from the kitchen, full of



tea," she recalled. "No sugar. If you wanted any, you brought it yourself."

For Bette Sevins, who worked briefly in the VGH nurses' dining room in 1935, the working day began at 5 a.m. at a streetcar stop near her Burnaby home. She punched the clock at 7 a.m. and she often didn't return home until 8:30 or 9 p.m. Her shift was split into three sections to handle breakfast, lunch and dinner, with 90-minute unpaid breaks after breakfast and lunch. Her pay was \$11 a week. She got one day off in 13.

Graduate nurses' conditions were a continuing scandal that reflected the sickness of the entire system. Forced to work in private duty before they could jump onto the hospital treadmill, graduate nurses worked 24-hour shifts in the homes of those who could afford this early version of "closer to home" medicine. Rates ran as low as \$6 for a 24-hour shift, although that rate doubled for treating cases of infectious disease, and rose to \$10 for 12 hours nursing a smallpox case. House-keeping, cooking and child care were included in the duties.

Even for nurses and nurses' aides working in the



VANCOUVER GENERAL'S KITCHEN (left) and pantry were well-scrubbed for this photo. Staff ate their meals at trestle tables in tunnels under the facility, taken in the 1930s.

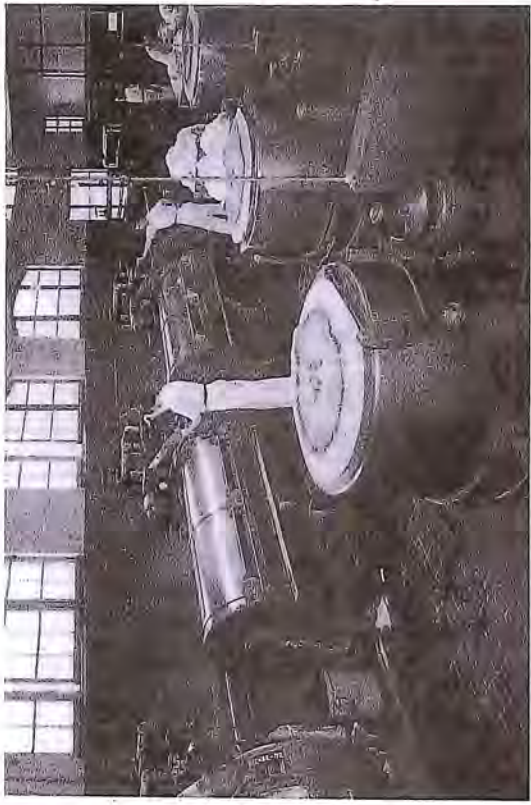
more stable conditions of a hospital, hours of work were brutally long. Day duty nurses averaged a 55-hour week in 1937, night shift nurses up to 70 hours. Salaries had declined 30 per cent since 1932 and paid sick time did not exist.

Despite the pressures of the Depression, health workers began to organize and fight back. By 1936, Vancouver General workers, angry both at the poor quality of care they were forced to deliver and their substandard working conditions, began to organize a union.

The seeds of what was to become the Hospital Employees' Union were sown in quiet hallway conversations, secretive meetings and around lunchroom tables, well away from the prying eyes of supervisors. The first organizers were men and women whose upbringing and sense of justice gave them the knowledge and determination to begin the task. Equally important, they were hospital workers building their own organization.

One was Alex Paterson, a Scot whose father had learned trade unionism in the steel mills of the Clyde. A paint washer who immigrated to Canada after a family tragedy in Scotland, Paterson developed a burning resentment for the conditions he found in the hospital system and made union organization a life-long crusade. Another early organizer was Jean Robertson, a union founder whose personal history has been lost, a fact that reflects the long struggle women would face to achieve equality even in the labour movement.

Both Robertson and Paterson defied the risk of instant dismissal to organize on the job. Paterson's widow Gladys remembers her hus-



MANY OF THE FOUNDING ORGANIZERS OF HEU including future president Alex Paterson, worked in the Vancouver General laundry, seen here in the early 1940s.

Paterson was rewarded by continuous election to leadership positions. The workers had confidence in Paterson because he had worked among them, starting in the laundry pushing wagons of wet clothes, then moving on to be a cleaner, a window washer, and ultimately a paint washer.

#### KEYS TO SUCCESSFUL ORGANIZING

Building the union was slow, painstaking work. Organizing on the job was forbidden and punishable by firing. Dues check-off was unheard of, so dedicated union members would collect 25 cents per month from each person on their list, watching over their shoulders for a boss. Strikes were forbidden during negotiations or during the life of a collective agreement.

In a move reflective of the enormous obstacles to real unity of health workers, Robertson and Paterson organized two different unions, one for women and one for men. The women ultimately became Local #4 of the Vancouver Civic Employees' Union, an organization of the "outside" workers who took care of parks, streets and sewers. The men formed Local #28 or the Hospital Group of the Vancouver Municipal "inside" Workers' Union, the staff of city hall and other municipal offices.

Both organizations, which appear to have been founded some time in 1936, were part of a mas-

sive North American upsurge of trade union-organization. After more than a decade of decline and retreat in the face of legal attacks and the Great Depression, workers were on the move, using three new strategies to organize.

The first was the adoption of industrial unionism. In the past, workers had organized along craft lines, so that mechanics, carpenters and painters of a single employer, for example, were organized into different unions. The new unions were organized to include all the workers in a single organization throughout an industry or sector, which gave them much greater strength. In the private sector, the new unions made frequent use of strikes to stop rollbacks and win contract improvements.

Secondly, the revived labour movement organized outside the workplace, working to mobilize the unemployed to demand relief, work and wages. These movements put additional pressure on employers and provided important support to unions fighting for improved conditions. The enormous struggles to organize the unemployed dominated Vancouver's labour scene in the mid-1930s, culminating on May Day, 1935, in a march of 15,000 trade unionists through the heart of the city in support of a strike of unemployed single men in the relief camps. A number of the founders of the hospital workers' unions were active in these crucial labour struggles.

The business community attempted to deal with the economic crisis of the 1930s with a "recovery" program that would not be out of place today. They tried to cure unemployment by resisting demands for fair labour laws, and by cutting health, education, the public service and the wages of civil servants. Labour responded to this attack with a third strategy—political action. Out of the welter of left-wing parties that crowded the labour scene at the time emerged the Co-operative Commonwealth Federation, a combination of socialist and farm organizations that sought and won much labour support. A forerunner of the New Democratic Party, the CCF garnered one-third of the popular vote in the 1932 provincial election, despite strong competition from other left-wing forces organized around the Communist Party, which also had deep roots in the labour movement. These three trends—industrial unionism, a commitment to broad social action

## The ballot read: 'Are you in favour of all male and female employees at Vancouver General Hospital joining together in one local union?'

PHOTO COURTESY OF JEAN BRIMACOMBE



ORGANIZER JOAN BRIMACOMBE (left) with friends on the roof of Vancouver General in the 1940s. Management accused them of lying about conditions.

beyond the workplace and political action—helped shape the fledgling hospital workers' organizations.

The HEU's forerunner unions used all three strategies to move forward. They organized across job classification lines, formed strong ties with unions in other fields and took a strong interest in political developments that affected their sector.

Union organization produced small but immediate victories for the 460 hospital workers at VGH. In 1938, union action produced improvements in meal allowances, repayment of unfair deductions, and establishment of a death benefit fund. A special meeting in March elected a delegation including three day orderlies, a night orderly, a painter, a kitchen worker and the union business agent to meet the hospital board on the issue of wages.

#### DEMANDING A VOICE FOR LABOUR

The minutes of local union meetings reflect the daily battles for some human dignity in the workplace. The constant pilfering of personal belongings, for example, resulted in a union campaign for the hospital to supply lockers to all employees. A meeting of the men's union agreed in 1942 that "the case of Dr. Haywood's abusive language to Brother Rafferty be dropped," but a subsequent meeting decided to step up protection of members' rights by extending shop steward organization to every department. After brief discussions in each department, stewards were elected for the orderlies, the cleaners, the kitchen workers, the tuberculosis unit, the maintenance workers, the powerhouse, the storemen, the painters, the ward assistants, the household staff and two for laundry—one for the men and one for the women.

The members' vision extended beyond these basic shop floor issues to broader questions of union security and the direction of the health care system itself. The same meeting agreed to push for a closed shop at VGH, which would require

all workers to join the union after their probationary period was over. The closed shop demand was subsequently tabled, but soon returned to the bargaining agenda. And a 1943 meeting agreed to lobby Victoria for the appointment of two "trades union men to be directors of the Vancouver General Hospital to represent the interests of labour generally." The goal of a direct labour voice on health boards remains on HEU's agenda to this day.

Wage negotiations proved difficult, if not impossible, given the absence of labour legislation. The upsurge of union organization in the United States had produced the Wagner Act in that country in 1935. The law legalized trade union organization and lifted from workers the charge that their unions were conspiracies in "restraint of trade." The Wagner Act recognized the right of employees to belong to a trade union of their choice, free of interference or coercion by the employer. It also forced employers to bargain in good faith.

Similar federal legislation in Canada was struck down by the Supreme Court of Canada in 1936. The labour movement then organized to win provincial legislation guaranteeing the right to organize, bargain and strike. Political action was an important element of this strategy, but equally vital was the willingness of workers to strike in defiance of the law to secure their demands. Like all labour rights, the right to strike was won by labour action, not handed down on a platter by broad-minded employer-dominated governments.

B.C.'s Liberal government under Duff Patullo legalized the right to organize in 1937 but restricted bargaining to committees of employees, rather than unions. It was not until 1939 that bargaining was fully recognized in law, and it was 1944 before Ottawa introduced wartime legislation that brought Canada into line with the U.S. Wagner Act.

While these larger struggles continued, VGH

HEU ARCHIVES PHOTO

**Hospital Employees' Union, Local 180**  
VANCOUVER, B.C.

**BALLOT**  
MARK YOUR BALLOT WITH AN "X"

**President** (By Acclamation)  
ALEX. PATTERSON (paint washer)

**1st Vice-President** (ONE TO BE ELECTED)  
C. JENKINSON (orderly)

**2nd Vice-President** (ONE TO BE ELECTED)  
J. BALLARD (orderly)

**Secretary-Treasurer** (ONE TO BE ELECTED)  
D. SUART (orderly)

**Trustees** (ONE TO BE ELECTED)  
W. BAE (orderly)  
B. ASHOUR (orderly)  
B. ELSHAW (orderly)

**Are you in favour of increasing the Bureau Agent's salary to \$100.00 per month?**  
197 YES  
92 NO

**Are you in favour of increasing the Bureau Agent's salary to \$100.00 per month?**  
208 YES  
83 NO

**Are you in favour of increasing the Bureau Agent's salary to \$100.00 per month?**  
197 YES  
92 NO

BALLOTS MUST BE RETURNED BY SATURDAY, JANUARY 19, 1941

A 1946 ELECTION BALLOT showed membership confidence in Alex Paterson and a willingness to give Bill Black a raise.



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MANY OF THE FOUNDING ORGANIZERS OF HEU including future president Alex Paterson, worked in the Vancouver General laundry, seen here in the early 1940s.



band having "little meetings, maybe just two people, two or three, and they would meet perhaps in a closet, or somewhere where they hoped they wouldn't be seen. They had a signal system with the blinds, so if they were going to meet and one of the heads was coming they would use the signal - I don't know what it was, a certain way they put the blinds on the windows - and that was how they managed to get things going."

Joan Brimacombe recalled Paterson as "political in the sense that he was inclined to be on the left side of things ... His political ideas were idealistic in the sense that he felt that a lot of people were being used. That's what made him fight for the hospital workers and what made him fight for the union.

**'People could be fired on the whim of a supervisor ... this was the Depression, and even a lousy job was better than starvation'**

"They tried lots of times to fire him and it never worked. He always did his work and even after he wasn't president and he was just treasurer, he still worked in the hospital. And believe me, they couldn't accuse him of not doing his work. The only thing he could be accused of was going in the halls and collecting union dues. We weren't supposed to do that. That was against the law."

Paterson's commitment to the welfare of hospi-

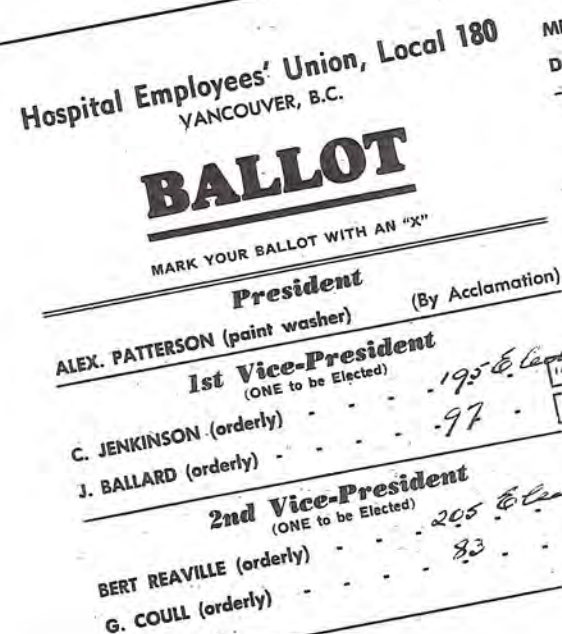
tal workers was rewarded by continuous election to leadership positions. The workers had confidence in Paterson because he had worked among them, starting in the laundry pushing wagons of wet clothes, then moving on to be a cleaner, a window washer, and ultimately a paint washer.

#### KEYS TO SUCCESSFUL ORGANIZING

Building the union was slow, painstaking work. Organizing on the job was forbidden and punishable by firing. Dues check-off was unheard of, so dedicated union members would collect 25 cents per month from each person on their list, watching over their shoulders for a boss. Strikes were forbidden during negotiations or during the life of a collective agreement.

In a move reflective of the enormous obstacles to real unity of health workers, Robertson and Paterson organized two different unions, one for women and one for men. The women ultimately became Local 4 of the Vancouver Civic Employees' Union, an organization of the "outside" workers who took care of parks, streets and sewers. The men formed Local 28 or the Hospital Group of the Vancouver Municipal "inside" Workers' Union, the staff of city hall and other municipal offices.

Both organizations, which appear to have been founded some time in 1936, were part of a mas-





sive North American upsurge of trade union organization. After more than a decade of decline and retreat in the face of legal attacks and the Great Depression, workers were on the move, using three new strategies to organize.

The first was the adoption of industrial unionism. In the past, workers had organized along craft lines, so that mechanics, carpenters and painters of a single employer, for example, were organized into different unions. The new unions were organized to include all the workers in a single organization throughout an industry or sector, which gave them much greater strength. In the private sector, the new unions made frequent use of strikes to stop rollbacks and win contract improvements.

Secondly, the revived labour movement organized outside the workplace, working to mobilize the unemployed to demand relief, work and wages. These movements put additional pressure on employers and provided important support to unions fighting for improved conditions. The enormous struggles to organize the unemployed dominated Vancouver's labour scene in the mid-1930s, culminating on May Day, 1935, in a march of 15,000 trade unionists through the heart of the city in support of a strike of unemployed single men in the relief camps. A number of the founders of the hospital workers' unions were active in these crucial labour struggles.

The business community attempted to deal with the economic crisis of the 1930s with a "recovery" program that would not be out of place today. They tried to cure unemployment by resisting demands for fair labour laws, and by cutting health, education, the public service and the wages of civil servants. Labour responded to this attack with a third strategy — political action. Out of the welter of left-wing parties that crowded the labour scene at the time emerged the Co-operative Commonwealth Federation, a combination of socialist and farm organizations that sought and won much labour support. A forerunner of the New Democratic Party, the CCF garnered one-third of the popular vote in the 1932 provincial election, despite strong competition from other left-wing forces organized around the Communist Party, which also had deep roots in the labour movement. These three trends — industrial unionism, a commitment to broad social action

## The ballot read: 'Are you in favour of all male and female employees at Vancouver General Hospital joining together in one local union?'

PHOTO COURTESY OF JOAN BRIMACOMBE



**ORGANIZER JOAN BRIMACOMBE** (left) with friends on the roof of Vancouver General in the 1940s. Management accused them of lying about conditions.

beyond the workplace and political action — helped shape the fledgling hospital workers' organizations.

The HEU's forerunner unions used all three strategies to move forward. They organized across job classification lines, formed strong ties with unions in other fields and took a strong interest in political developments that affected their sector.

Union organization produced small but immediate victories for the 460 hospital workers at VGH. In 1938, union action produced improvements in meal allowances, repayment of unfair deductions, and establishment of a death benefit fund. A special meeting in March elected a delegation including three day orderlies, a night orderly, a painter, a kitchen worker and the union business agent to meet the hospital board on the issue of wages.

### DEMANDING A VOICE FOR LABOUR

The minutes of local union meetings reflect the daily battles for some human dignity in the workplace. The constant pilfering of personal belongings, for example, resulted in a union campaign for the hospital to supply lockers to all employees. A meeting of the men's union agreed in 1942 that "the case of Dr. Haywood's abusive language to Brother Rafferty be dropped," but a subsequent meeting decided to step up protection of members' rights by extending shop steward organization to every department. After brief discussions in each department, stewards were elected for the orderlies, the cleaners, the kitchen workers, the tuberculosis unit, the maintenance workers, the powerhouse, the storemen, the painters, the ward assistants, the household staff and two for laundry — one for the men and one for the women.

The members' vision extended beyond these basic shop floor issues to broader questions of union security and the direction of the health care system itself. The same meeting agreed to push for a closed shop at VGH, which would require

all workers to join the union after their probationary period was over. The closed shop demand was subsequently tabled, but soon returned to the bargaining agenda. And a 1943 meeting agreed to lobby Victoria for the appointment of two "trades union men to be directors of the Vancouver General Hospital to represent the interests of labour generally." The goal of a direct labour voice on health boards remains on HEU's agenda to this day.

Wage negotiations proved difficult, if not impossible, given the absence of labour legislation. The upsurge of union organization in the United States had produced the Wagner Act in that country in 1935. The law legalized trade union organization and lifted from workers the charge that their unions were conspiracies in "restraint of trade." The Wagner Act recognized the right of employees to belong to a trade union of their choice, free of interference or coercion by the employer. It also forced employers to bargain in good faith.

Similar federal legislation in Canada was struck down by the Supreme Court of Canada in 1936. The labour movement then organized to win provincial legislation guaranteeing the right to organize, bargain and strike. Political action was an important element of this strategy, but equally vital was the willingness of workers to strike in defiance of the law to secure their demands. Like all labour rights, the right to strike was won by labour action, not handed down on a platter by broad-minded employer-dominated governments.

B.C.'s Liberal government under Duff Patullo legalized the right to organize in 1937 but restricted bargaining to committees of employees, rather than unions. It was not until 1939 that bargaining was fully recognized in law, and it was 1944 before Ottawa introduced wartime legislation that brought Canada into line with the U.S. Wagner Act.

While these larger struggles continued, VGH

HEU ARCHIVES PHOTO

Recording Secretary (ONE to be Elected)	
ISLEY (laundry)	200 Elected
UART (orderly)	75
Secretary-Treasurer (ONE to be Elected)	
UL HURLEY (cleaner)	108 Elected
H. LEWIS (orderly)	106
ADAMS	81
Trustee (ONE to be Elected)	
W. RAE (orderly)	105 Elected
R. ARMOUR (orderly)	98
B. ELSHAW (orderly)	89
Are you in favor of increasing the Business Agent's salary to \$100.00 per month?	
197 YES	92 NO

BALLOTS MUST BE RETURNED BY SATURDAY, JANUARY 19, 1946

A 1946 ELECTION BALLOT showed membership confidence in Alex Paterson and a willingness to give Bill Black a raise.





DELEGATES TO ONE of HEU's earliest conventions, likely between 1950 and 1955.

workers increased the co-operation of their two unions in an effort to win greater gains. By 1941, both unions were holding their meetings at the same time, date and location so that motions carried by one organization could be endorsed by the other.

The demands the workers put forward were a far cry from the conditions accepted as standard by HEU members today. A December, 1941 meeting of Local 4 agreed to seek a six-month probationary period after which a "person should be considered on the permanent staff." A meeting held a few months later heard the discouraging news that the hospital board had rejected union demands of a \$6-a-month raise for women and \$10 a month for men. The employer instead offered \$3 to women and \$5 to men. The membership overwhelmingly rejected the offer and ultimately won \$4 and \$6 in an arbitration award. The settlement was better than nothing, but far short of the members' needs.

With the B.C. Labour Act of 1943, unions at last won the right to compulsory recognition of unions and compulsory conciliation. But these legal

gains still were not enough to win justice for VGH workers. Determined to build their organization, hospital workers decided the next year to seek even greater unity and direct membership in the wider labour movement to advance their demands.

The night of Sept. 20, 1944 was cold and wet. The Second World War was in its sixth year and pockets were pinched between rising prices and wage controls. Gasoline was strictly rationed, making travel by car or public transit expensive. But the people came anyway. At least 260 members of Locals 4 and 28 braved bad weather, and for some, a long walk at the end of a gruelling work day, to attend a mass meeting at Heather Hall, near VGH.

Two members of the Trades and Labour Congress, brothers Rees and Ash, addressed the meeting and spoke about the benefits hospital workers would gain by forming their own local directly affiliated to one of Canada's national labour bodies. The minute books of Local 28 show that the issue of merger promoted a great deal of discussion, and that members voted unanimously to put the question to a ballot.

#### MEN AND WOMEN UNITE

The ballot read: "Are you in favour of all male and female employees of the Vancouver General Hospital joining together in one local union, chartered by the Trades and Labour Congress of Canada?" The results were 228 yes, 33 no, and two spoiled ballots. The merger had been approved in principle in May, when both unions concluded they couldn't achieve justice for their members

PHOTO COURTESY OF W.D. BLACK



BILL BLACK (second from left), his wife Mary (far left), and Florence Black (wife of HEU president W.D. Black) also a key figure in the HEU's early days, enjoy a joke with convention guest.

separately. They wanted the strength of greater numbers and increased co-operation, and they wanted direct affiliation with the Trades and Labour Congress, rather than indirect participation through the Civic Employees' Union, whose members worked in an entirely different field.

The women brought a treasury of \$750 to the deal but the men had nothing because their affiliation with the civic employees gave them no control over their money. Local 28 executive members had to argue with their parent union, but they eventually received \$750 to match the women's money so they could come together as equal partners. The concept of equality was missing a little, however, in the motion adopted by Local 28, which implied a generous decision to absorb the women's organization. The August resolution read: "We, the executive of the Civic Employees' Union Local 28 Hospital



UNION BUILDERS (left to right) Bill Black, financial secretary, Hector Carden, president, and Alex Paterson share a light moment during a convention in the early 1950s.

Branch herewith recommend to the said organization that we accept the female workers, Local 4, into our organization with the purpose of promoting a better understanding between all female and male lay employees of the Vancouver General Hospital." The women had become convinced of the virtues of unity months before.

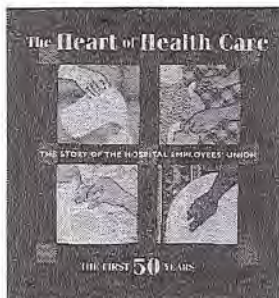
The executives of both unions were instructed to carry on the business of the new organization until new officers could be elected. They were also asked to decide whether they would hire a new business agent. A committee of three men and three women was struck to draft a new constitution and bylaws.

Minutes of the next hospital workers' union meeting on Nov. 6, 1944, were headed "Hospital Employees' Union, Local 180." The official name of the new union was the Hospital Employees' Federal Union, Local 180, of the Trades and Labour Congress of Canada. As far as the members were concerned, the new organization's name was simply HEU.

It had taken eight years to bring the union from its first organizing meetings in hospital lunchrooms to consolidation as a single independent union. On March 2, 1945, HEU applied for certification to represent VGH workers. The union had 390 dues-paying members out of the hospital's 500 employees. Certification was granted on June 18, a full nine years after the first union cards had been signed. But Paterson, Robertson and the rest of the union's leadership were far from satisfied. As far as they were concerned, the work had just begun.

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#### The Heart of Health Care



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# Community nurses win parity

After 54 days of strike action 900 community nurses working for municipal governments in the Lower Mainland won a contract settlement that gives them parity with their acute and long-term care counterparts.

"This contract is a victory that all nurses can be proud of," said B.C. Nurses' Union outgoing president Debra McPherson.

It is an accomplishment that is the direct result of the political pressure all nurses brought to bear through daily lobbying, picketing and letter writing.

The community nurses also gained the same job security protection won by health care workers in the Employment Security Agreement and made headway in bringing their benefits closer to the union's standard.

HEU secretary-business manager Carmela Allevato said the nurses should be proud of their hard-fought settlement. "It shows again that creative job action is the key to winning a fair contract. We'll all be able to benefit from the community nurses struggle."

HEU had extended its support to the striking nurses from the outset of their dispute.

## New coalition set to target health reform implementation

Groups representing the community, patients and health care workers are joining together in a new coalition to express their concerns to the B.C. government about health care reform.

At a founding meeting this summer, representatives of these various groups expressed a number of reservations about how the New Directions health reforms are being implemented.

A major concern is that community groups and patient advocates have been left out of the discussions around the formation of community health councils and regional health boards.

Community groups have been ignored by those people forming the boards, and the government's conflict-of-interest guidelines are shutting out health care workers.

Many of the member groups are also concerned about the level of financial support given to health care in hospitals and in the community.

The regional boards and community councils were supposed to be all operating by October 1, 1994. Full operational control of health services in their areas is supposed to be phased in over time.

While HEU has been promised a voice on steering committees forming the councils and boards, the conflict-of-interest guidelines have left the boards and councils open only to the traditional community elites which have dominated hospital boards.

The coalition was formed on the initiative of the B.C. Association for Community Living and has the support of HEU and other health care unions.

The members of the coalition have not yet decided on a name, and a statement of principles and goals is still being developed.

Once these are decided on, the coalition plans to take its concerns to the government in Victoria and bring them to the attention of the public.



BRAD TEETER PHOTO

**READY FOR WORK** Hospital clerks displaced by health care restructuring have successfully completed a retraining course at the B.C. Institute of Technology and are heading out to new jobs in the system. Those participating, all Shaughnessy workers unless otherwise indicated,

included: (back row, left to right) Joy Bhayani, Pat Fiddes, Edith Sylvester, Teri Keating (St. Vincents), Sally Papilla; (middle row) Leonora Hayman, Soledad Rarama (Vancouver Hospital), Yvonne Croal; (front) Diana Salero, instructor Elva McArthur, and Bettebel Rogers.

# Retraining program on track

## Shaughnessy workers head to new jobs

The first graduates of the Health Labour Adjustment Agency's retraining program are already back in the workplace at new jobs after a three-week course at the B.C. Institute of Technology.

By mid-September, four of the 14 graduates had moved into new positions, said agency director John Mabbott, proof that retraining can play a vital role in meeting the needs of both workers and employers as health care restructures.

The BCIT course offered upgrading in skills including typing, computer lit-

eracy and medical terminology/transcription. It is available thanks to the Employment Security Agreement, which protects workers' from layoff during hospital restructuring.

"It was a fantastic program," said Pat Fiddes, a former Shaughnessy staffing clerk. In an interview with a reporter for the agency's bulletin, she described the feeling of new strength she got from meeting the other participants.

"There was a sense that we were in this together and that something was being done. It was a beautiful three weeks."

Other examples of training support received by HEU members under the agency's sponsorship include an industrial arts teaching program for two former Shaughnessy tradesmen and a res-

idential care course that enabled a Vancouver Island housekeeping aide to become a care attendant.

The agency also is providing on-site vocational assessment and counselling for about 50 dietary workers at Lion's Gate who face displacement as the hospital's kitchen services are moved to Burnaby.

## HEU awards 18 bursaries for post-secondary students

More than \$8,000 in union-sponsored bursaries have been awarded by HEU to 18 union members and members' family members to pursue post-secondary education studies during the 1994/95 academic year.

"This is an important commitment for the union to make," says HEU financial secretary Mary LaPlante.

"Post-secondary education is important, but it's so expensive. The bursaries will be a big help to our members and their families."

Bursary recipients are: **Shelley Prain** (Comox local), **Andrew Craig** (Cancer Control), **John Simons** (Victoria Association for Community Living), **Earl Cooke** (Yaletown), **Laura Veldhuisen** (VGH), **Lee-Anne Schuhmacher** (Oliver), **Rebecca Black** (Chilliwack), **Eleanor Soukeroff** (Willowhaven) and **Patricia L'Heureux** (Arrowsmith).

Other recipients include **Jennifer Lee** (Penticton), **Tammy Rempel** (Trinity), **Christine Brookes** (Port Alberni), **Kristian Grostad** (Cancer Control), **Laurie Harding** (Children's/Burnaby), **Susan Kaneva** (UBC), **Brent Elliot** (G.F. Strong), **Marjorie Dumont** (Smithers) and **Keith Cheveldeau** (Cranbrook).

The bursaries are sponsored by the Provincial Executive and various HEU locals including Surrey, Lions Gate, Royal Jubilee, Prince George, St. Paul's, UBC, Richmond, Vancouver General, Mission, Evergreen and Kimberley Special Care.

Awards are made by the bursary committee of the Provincial Executive based on financial need.

For further information about HEU's bursary program and the application process, contact Mary LaPlante at the union's Provincial Office.

### HEU LESBIANS AND GAYS

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Confidential Service of HEU  
Lesbian and Gay Issues Group





#### October 24-28

HEU convention and 50th anniversary celebration, Richmond Inn.

#### October 29

Burnaby local dinner and dance.

#### November 7-10

Advanced shop steward course, Okanagan region, Kelowna.

#### November 11

Remembrance Day, all HEU offices closed.

#### November 14-17

Advanced shop steward course, Kootenay region, Nelson.

#### November 21-25

Provincial Executive meeting (tentative).

#### November 21-24

Advanced shop stewards course, Northern region, Prince George.

#### November 28-December 2

B.C. Federation of Labour convention, Vancouver.

## HEU pioneer Darby dies

John Darby, a former HEU financial secretary and long time Provincial Executive member and activist, died Aug. 10.

Darby served as financial secretary from 1968 to 1980, a period of intense change and growth for HEU.

In a 1993 interview for the book chronicling the union's 50-year history, Darby said he was "the last financial secretary who actually did the books and made the payroll out and everything." When the union finally hired accounting support staff, Darby had more freedom, and was no longer "chained to the desk."

Born in Blackheath, England, near Birmingham, in 1915, he was a stonemason who quit his trade and came to Canada in 1949.

Soon after, Darby hired on as a janitor at Royal Columbian Hospital in New Westminster, and quickly became a local activist, serving as secretary, and secretary-treasurer of the local before being elected as alternate executive member at the 1958 union convention on what was then an eight-member Provincial Executive. A resignation boosted him to third



vice-president. During the 1960s he was elected to a variety of Provincial Executive positions before rising to financial secretary at the 1968 convention.

Darby's shortlived experience as a laundry worker offers some insight into hospital working conditions at the time.

"I tried the laundry for a few weeks and I realized why they use the prisoners on Alcatraz to do the laundry. That's real slavery in laundry. Hot, and work all the time.

"And after I'd done my eight hours, the boss would be walking around and [would] what we call 'pole' me into working hard the last half an hour, exceptionally hard to fill all the machines."

Darby, described as a "perfect gentleman" by his contemporaries, was handicapped by a hearing impairment, which he learned to live with and overcome.

Darby's wife Ethel died in 1989. He is survived by his children and grandchildren.

## Ivory Warner takes over BCNU helm

After four years as president of the B.C. Nurses' Union, Debra McPherson stepped down this summer, and Kamloops community nurse Ivory Warner has assumed the top spot for the 23,000 member union.

The BCNU constitution limits presidents to two terms in office.

"On behalf of HEU, I want to say thanks to Sister McPherson, and also to welcome Sister Warner," said HEU secretary-business manager Carmela Allevato.

"Debra should be proud of her accomplishments," Allevato said. "She's played a key role in creating unity between the three health unions provincially, and locally in facilities across the province."

"That unity has allowed all health care workers to move forward in some very difficult times. We won the historic Employment Security Agreement. We worked together to press Victoria to make health reform progressive, and we are much more able to solve problems that arise from time-to-time between our unions."

Maintaining and building unity between the BCNU, HEU and HSA is at the



MCPHERSON



WARNER

top of Warner's agenda as well. She remembers the bitterness between health care workers from the 1989 strike.

"At the time I wondered if we would even be on speaking terms,

but here we are making a great leap forward," Warner said in a recent BCNU Update interview.

The new BCNU president also believes the time is right for her union to affiliate with the B.C. Federation of Labour.

## Coffee break



All stories guaranteed factual. Sources this issue: CALM.

### Quick fix for health costs

The stress-related illnesses suffered by Canada's unemployed cost the government \$1 billion in extra health care costs last year, says a study released in late May.

The unemployed are more likely than those with jobs to suffer from heart disease, hypertension, suicidal tendencies, depression, insomnia, joint problems, headaches, and even hay fever.

### TQM video rates a big zero in pulp mill showing

Union leaders at a Burnaby pulp mill were not impressed with their company's overture to get them involved in Total Quality Management. They sat down to view a company video entitled, "Quality Education System for the Individual,

Session 1: Managing Quality." The literature boasted that the system would lead to "zero defects" and "conformance to requirements."

But when they tried to watch, the tape was faulty and the screen showed nothing but snow. "If the medium is the message," said local president Gene McGuckin, "TQM is a bust at our mill."

### CUPE paramedics find art imitates life

When the American TV series Rescue 911 heard about a dramatic accident involving a hang-gliding water-skier in Delta, it came up to re-enact the drama in June.

Stuntman Joe Greblo set up to re-create the accident on the Fraser River, with a film crew and a team of ambulance paramedics standing by. But something went wrong. The

hang-glider plummeted 150 feet into the water, and Rescue 911 suddenly had a real accident on its hands.

Paramedic Robert Alexander said it was "deja-vu - but this time we were at the accident site in 30 seconds." Greblo was badly injured and had to be rushed to hospital. He suffered lung bruising and fractured ribs.

Later on the paramedics returned to the accident scene, and re-enacted the original patient treatment and rescue.

### The boss' idea of a bathroom joke

Workers at Burn's Meats in Winnipeg recently won a new contract which included a company promise to stop hassling workers over bathroom breaks. The Manitoba Labour Board ruled against the company last year for deducting 15-minutes of pay for each washroom break.

### No women's washroom? Eliminate the women!

When the U.S. Occupational Safety and Health Administration cited the Pro-Line Cap Co. for not having adequate washroom facilities for women employees, the company simply fired all 30 of its women workers. The company's lawyer said, "Adding toilets would take up needed production space."

Now the Texas company has an Equal Employment Opportunity Commission complaint to deal with as well.

### Of course, those ads create jobs, too

According to *Fortune Magazine*, the labour cost of an \$18,000 Ford Taurus is only around \$840. Six times that much - \$5,400 - is spent to market and distribute the same car.



# HEU people



STEVENS AND CARRIGAN

## Two take early retirement in Prince Rupert

Rowena Stevens and Florence Carrigan of the Prince Rupert local retired from the hospital on Sept. 3 through the Health Labour Adjustment Agency early retirement program.

Between them they had given over 33 years of service to the facility. Stevens

worked as admitting supervisor and Carrigan was an outpatient billing clerk.

## Schmuland departs George Derby Centre

Laundry worker Mary Schmuland retired in September after 14 years as a casual in the Burnaby facility's laundry department.

Now that she's 65, she plans to spend time with her husband and grandchildren, sew, and get the hang of her new knitting machine.

## Kilgour joins advisory panel on social programs

Suze Kilgour, HEU's senior research analyst, has been named to Premier's Forum on New Opportunities for Working and Living. The 30-member panel was established by Premier, Mike Harcourt to advise the provincial government on the stance B.C. should take in national discussions on restructuring social programs.

## Golden bids goodbye to Rita Klafki

Rita Klafki, a valuable 18-year member of HEU retired this summer from Golden Hospital. Klafki started out at the hospital working casual in the kitchen, then worked full-time in housekeeping for seven years, back to the kitchen for two years, then spent eight years as a laundry worker.

Klafki plans a vacation to Europe next year.

## Pastore ends career at Simon Fraser Lodge

Ada Pastore retired during the summer after close to 30 years as a care aide in the special care unit of Simon Fraser Lodge in Prince George.

Described as a strong union supporter, Pastore plans to continue her regular visits to Italy to see family.

## Crofton husband and wife set to travel

Wing Tow and Hang Too Poon have retired from the Crofton Manor after 10 years



THEY'VE GOT PRIDE HEU members were out in force marching behind the union's lesbian and gay issues banner in Vancouver's annual gay pride parade which attracted thousands of participants on a bright sunny day.



PASTORE

tional health and safety duties until she returns from her leave next year. Union accounting clerk Sonja Semail gave birth to a boy, Aug. 12. Semail is a former Shaughnessy member on secondment at Vancouver Hospital.

The union also has three new permanent rep trainees: Robbin McCurrach, Burnaby local; Linda Whittaker, Vancouver General local; and Loni Mezzarobba, from Cancer Control local.

## Vassallo says au revoir at Red Cross

After 33 years of service, Red Cross clinical assistant Catherine Vassallo has retired.

She plans to volunteer at the Citizenship Court and devote time to walking and socializing.



VASSALLO



MORE TIME FOR EACH OTHER Crofton Manor care aides Wing Tow and Hang Too Poon, standing in front of bulletin board, were joined by their colleagues at a June 29 party to mark their retirement.

as care aides at the Vancouver long-term care facility.

They plan to spend more time with each other, and to visit family and friends.

## Canada Way laundry aide retires

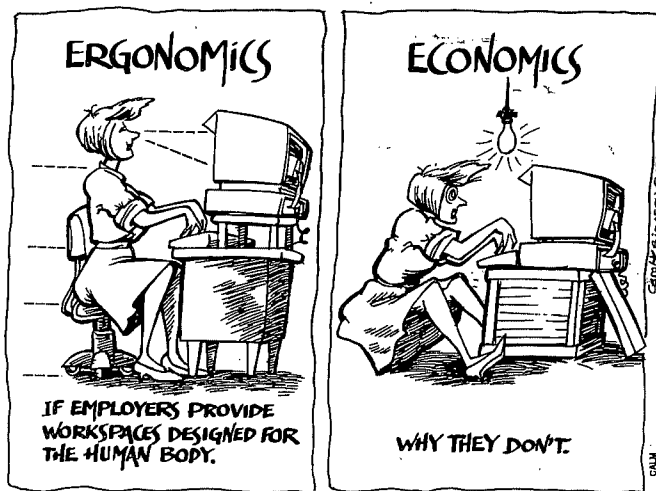
Barbara Kaiser, a laundry aide at the Canada Way Care Centre in Burnaby, retired in September. Kaiser had worked at the facility since the 1980s.

## Staff developments

It's a girl! Occupational Health and Safety rep Ana Rahmat is a mother, giving birth to a baby girl Aug. 13. Staff rep Gary Spence will take over Rahmat's occupa-

## PUZZLE

This puzzle is about health and safety. Unscramble the words below, then unscramble the circled letters to discover the slogan under the cartoon. The scrambled words below can be found in the Stop Hurting Us feature on page 10 of the Guardian.



G T I S N W I T  
 □ ○ □ □ □ □ □ □

S E R G  
 □ ○ □ □ □

R E O S A K C S B  
 □ ○ □ □ □ □ □ □

H N U P G I S  
 □ ○ □ □ □ □ □

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# Guardian



VOL. 12 NO. 5

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SEPTEMBER/OCTOBER 1994



## Courtyard contract closer

Courtyard Gardens members beat an employer lockout to win contract arbitration. But Hawthorn Park workers are forced to strike and scabbed by the same employer.

PAGE 3

## Our jobs hurt us

HEU members turned out in force at WCB hearings on new ergonomics regulations. Their courageous stories of accidents in the workplace had an impact.



PAGE 10



## Campbell vows accord dead

Liberal leader Gordon Campbell's health agenda? Kill reform, end job security and privatize. It's all in a report from the party's recent convention.

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## We're 50 and strong

From small beginnings in the VGH laundry to one of Canada's strongest health unions. An excerpt from The Heart of Health Care, a history of HEU.



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PROTECTING HUMAN RIGHTS

## HELP IS JUST A TOLL FREE CALL AWAY

Protecting human rights is an important principle for HEU. That's why the union has a confidential complaints investigation process, using independent outside investigators who are experts in the field. They deal with incidents of harassment which you feel are based on sexism, racism, sexual orientation, or any disability.

The new toll-free Human Rights Harassment Information Line has been set up to help HEU members get information about how to right the wrongs from human rights-based harassment. The information line's recorded message provides details about the different types of complaints, and telephone numbers to contact complaints investigators.

HEU HUMAN RIGHTS HARASSMENT  
INFORMATION LINE

# 1-800-310-6886

MAIL  POSTE  
Canada Post Corporation / Société canadienne des postes  
Postage paid  
Blk Nbrre  
4450  
VANCOUVER, B.C.

RETURN ADDRESS:  
The Guardian,  
2006 West 10th Ave.,  
Vancouver, B.C.  
V6J 4P5