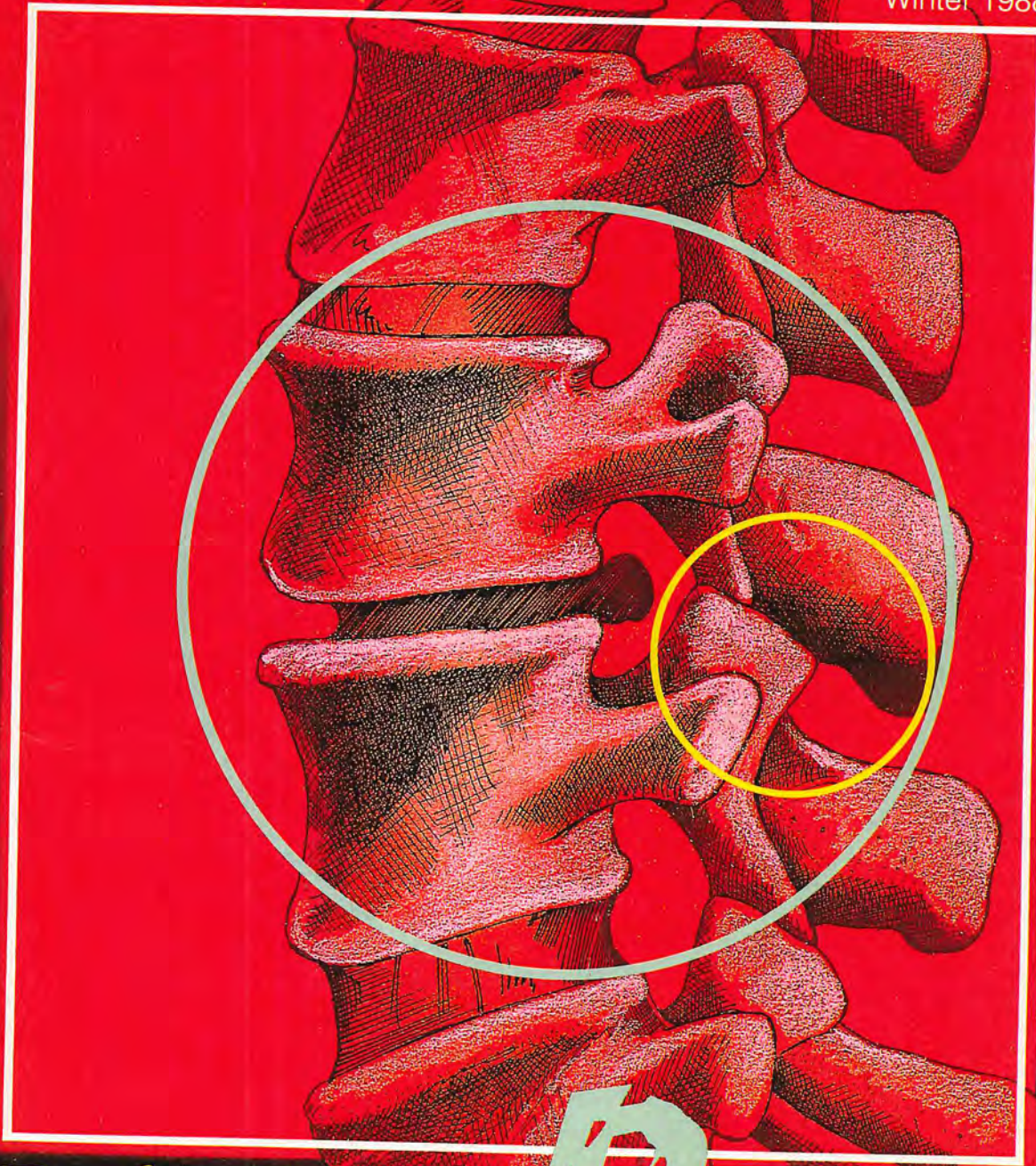


THE HOSPITAL Guardian

Volume 7 Number 3

Winter 1988



BACK PAIN

SPECIAL ARTICLE
ON BACK PAIN
PAGE 4

THE HOSPITAL Guardian

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

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The Hospital Guardian is published by the Provincial Executive of the Hospital Employees' Union, Local 180, under the direction of the Editorial Committee whose members are: **BILL MACDONALD, JACK GEROW, MARY LaPLANTE, ALBERTA DORVAL, MIKE BARKER, FRED MUZIN, JULIA AMENDT.**

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EMPLOYEES'
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COMMENT

By Jack Gerow

Democracy must be less a clarification call and more a constant condition — that is my determined wish for the Hospital Employees' Union.

In my almost twenty years of service to the members of the Hospital Employees' Union, the question of guiding and nurturing democratic traditions within the Union has always been paramount.

But 1988 promises to move this issue to the forefront when the Union meets to discuss significant new steps being proposed to increase democratization of the Union.

That is not to say that our Union is not a democratic Union — in fact, it is one of the most democratic unions in the country.

But there is always room for growth and development.

After all, the Union is a dynamic.

It is ever changing.

And it must be ever changing in order to meet the changing and challenging circumstances faced by the members of the Union.

A union that does not change to meet these circumstances is a union that is stagnating.

And that is why another step in the democratization of the Union has been proposed — that is why the elected Provincial Executive's appointment of a Secretary-Business Manager will, for the first time, be put to a vote at the Union's Biennial Convention.

This, however, is not the first significant step in the democratization of the Union.

For example, in 1975 it was proposed that the Provincial Executive meet on a regular and monthly basis in order to stay on top of the business of the Union. The proposal was accepted.

In previous years the Provincial Executive, the governing body of



the Union, was called into session only three times yearly while local Units were meeting as a rule on a monthly basis.

In 1976, it was recommended that the elected position of President become a full-time position within the Union.

At the time I made the recommendation, the President of the Union worked full-time in a hospital. It was clear that the democratic interests of the Membership would be better served if the President of the Union were able to carry out his duties on a full-time basis instead of just part-time.

There were those who were not in favor of this proposal; there were those who resisted this proposal; and there were those who played politics against this proposal for their own ends.

Those who played politics against this move were opposed to the concept of Union members electing an on-the-job President from their own ranks to ensure the day-to-day operation of the Union was consistent with the policies adopted by the membership.

The campaigning against the creation of a full-time President position was, for want of a better expression, "hot and heavy".

In the final analysis, the members won the day.

The delegates to the 1976 Biennial Convention elected Brother Bill Black as their first full-time President.

Today, some will play politics with the proposal that the membership of the Union should have voice and vote on which woman or man shall act as their Secretary-Business Manager.

But I believe that on this issue too, the members will win the day in the final analysis.

Many, many years ago, Canadian working people decided that their best interests were served by acting in unity.

The first time workers in Canada made this decision was in the year 1816. They formed Canada's first union. They structured their organization recognizing there is no superior ability to make decisions other than that of the majority.

And the same kind of decision is being made today.

Nurses in Alberta, for example, decided that their interests would be best served if they acted in unity — acted with the majority of their fellow nurses against the heavy hand of their employer and their Provincial Government.

Their decision brought them a winning collective agreement.

It is an age old principle and one worth remembering during these days when governments and employers are combining daily to divide and conquer the collective interests of working women and men.

The principle is this.

In unity there is power.

In democracy there is power.

BACKS: WHO SUFFERS MOST?

By Elspeth McVeigh

The physical, emotional and financial costs

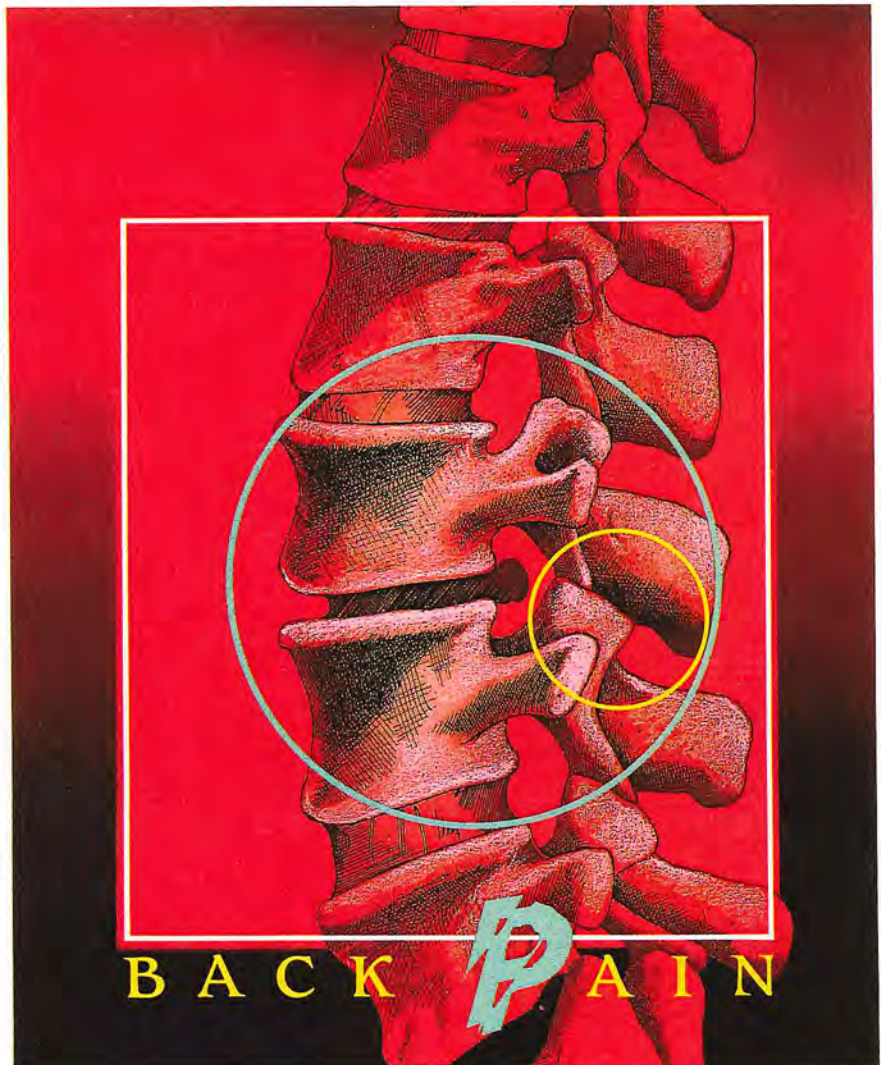
In any year an estimated two per cent of the total work force incurs an industrially related back injury. In 1983, estimated compensation costs by awarded claims for back injuries were \$788 million in Canada — 38 per cent of the total cost of \$2,023 million for all claims. These figures include only direct workers' compensation costs for lost time from work, payments and medical billing, and are, therefore, a gross under-estimate of the true cost of occupational low back pain.

Analysis of Ontario WCB figures shows that although the total number of claims for all injuries has tended to decrease over the past few years, the total number of back injury claims has remained relatively constant. Back injury claims represent roughly 28 per cent of all new claims in Ontario and B.C., and 48 per cent of all reopened claims.

Alberta WCB figures show that back injury claims account for about 15 per cent of all injuries reported to the Board every year, and that over 60 per cent of all back injury claims result in time loss, against 39 per cent for other types of injuries.

A recent Quebec study which analyzed 3,000 records of workers who had received compensation or medical care for back problems found that the average time lost from work was 46.9 working days per claim, a figure which is mirrored in other provinces and countries.

The same study found that 74 per cent of injured workers had returned to their usual occupation within one month of initial time lost from work and only 7.5 per cent were away from work for more than six months, but that these



accounted for about 70 per cent of the total days lost due to back injuries in 1981, and also 73.2 per cent of medical costs and 76 per cent of compensation payments.

Figures such as these indicate that the real burden of occupational low back pain rests with the chronically disabled, whose chances of returning to full-time productive employment become increasingly slim the longer they

are absent from work.

One study has shown that 50 per cent of workers disabled by low back pain for more than six months, and 75 per cent disabled for more than one year, never return to productive employment. This tragedy is compounded by the knowledge that back pain dominates the most productive years of male workers (20-45), and female workers (35-55).

THE HUMAN COSTS

The start of most low back injury claims follows a well-recognized pattern. After a relatively minor industrial accident, for example, resulting from pushing, pulling, lifting or slipping and falling, the injured worker has developed, usually within 24 hours, excruciating back pain. The worker is unable to work, a claim is lodged, which is usually paid without delay.

Most time-loss claims for back injuries are brief. Within two weeks 70 per cent of back injured workers can be expected to have returned to work; within twelve weeks over 95 per cent will have returned. However, once a claim is maintained for more than three months, real problems begin. It is at this point that the injured worker with chronic low back pain begins to believe that "somewhere" "someone" can not only diagnose the condition but also cure it.

A series of unnecessary invasive diagnostic and treatment interventions often results in disastrous consequences. The process is lengthened by the worker's argument that the interventions would not have been necessary without the original injury. The longer the claim, the less chance of the worker returning to employment.

The toll is enormous. Of all time loss back injury claims, two per cent of back injured workers are off work for a year or more. Of these, 75 per cent will never return to full-time employment.

There has not yet been any major follow-up study of what happens to these people years down the line. Every union representative, WCB official and compensation lawyer knows of claims still active after four or five years, and knows of the attempts to increase the very small sums awarded for permanent partial disability meagerly supplemented by welfare or inadequate pensions.

The emotional distress involved in lengthy compensation appeals makes the economic deprivation

even more demeaning and stressful.

As claims age, the term "psychologic overlay" begins to appear in the worker's file, used not in its scientific sense to denote emotional distress, but in a pejorative way to indicate conscious malingering.

Frequently there are no objective signs to indicate a pathologic condition and this is often used as a reason for cutting these workers off benefits, despite the fact that they are truly in pain and certainly unable to work. Can this series of events be avoided?

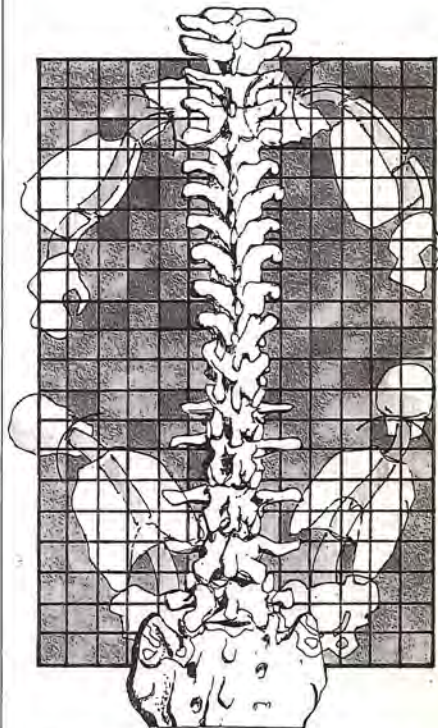
TREATMENT

Since the cause of most low back pain is unknown, clinicians are often "shooting in the dark" in attempting to find an explanation for persistent low back pain. An accumulation of scientific medical evidence shows that the large majority of low back injured workers received bad medicine and worse management advice for their pain problem.

Research scientists have validated a number of objective tests and examination procedures which indicate the clinical signs and symptoms which would enable the attending physician to differentiate between low back pain of known pathology and "idiopathic" back pain (i.e. of no known cause); but these procedures are not systematically used.

Additionally, despite overwhelming evidence that the social, psychological and work situation of the patient should be assessed prior to surgery, since these considerations determine the success or lack of success of the procedure in almost all cases, such assessments are often neglected for the injured worker on a WCB claim.

Swedish research and clinical practice have shown that no more than one per cent of time loss back injuries require surgical intervention. However, Canadian figures show that more than four per cent of time loss low back injured workers undergo a surgical intervention



to "treat" the disease. Multiple interventions are not uncommon, despite the certain knowledge that if surgery has failed on one occasion, the odds are overwhelming against repeat surgery being effective.

Even non-invasive treatments, such as physiotherapy, traction, flexion ultrasound and acupuncture, while not likely to cause physical harm, have certainly failed on research to demonstrate any significant healing effect. At best, some treatments, such as manipulation, appear to offer brief relief of a few hours' duration. At worst, the more you treat back pain, particularly with passive therapy, the less likely it is that patients will actively participate in their own healing and pain management.

The failures experienced by chronic pain clinics, back schools and other clinical practices designed to enable the injured worker to return to gainful employment are undoubtedly the result of treating the patient too late. Chronic pain syndrome and its effects on the sufferer's life are well recognized. The issue with back pain is that injured workers are crippled not by the initial incident which resulted in pain, but by the subsequent treatment they receive. And here I use treatment in its widest sense — medical, social, economic.

WHO SUFFERS MOST?

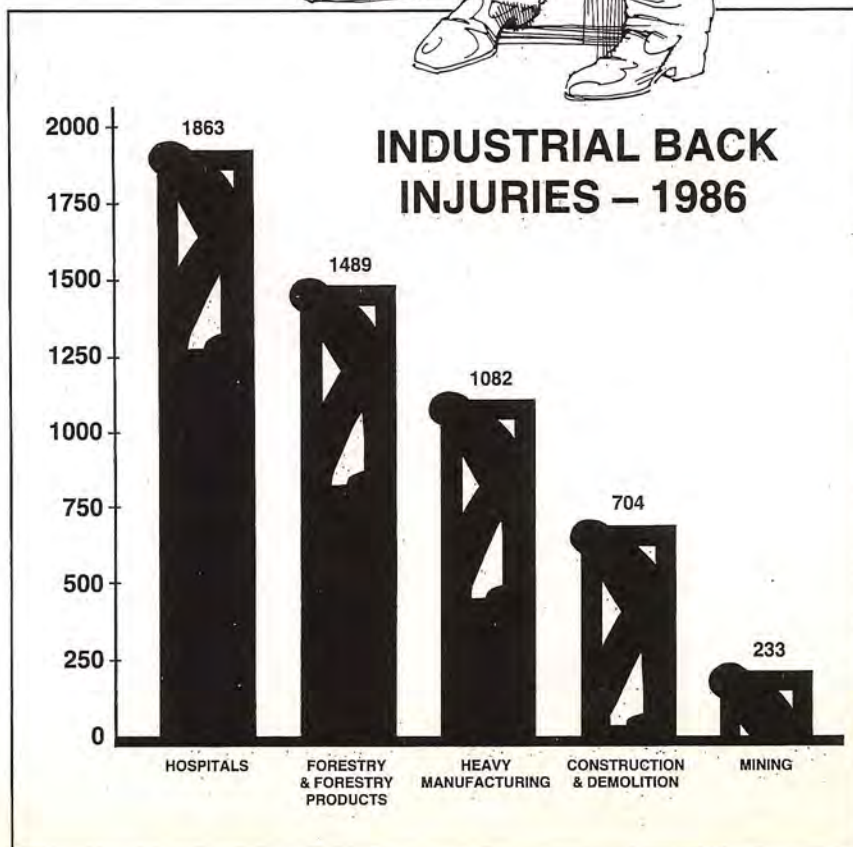
We now know that workers in manual occupations have a higher incidence of back pain and have, on average, more days off work due to back pain and are more likely to become chronic long term disabled as a result of their condition.

A number of rigorous studies have shown a close association between the working environment and time lost due to low back pain. Job dissatisfaction, monotonous, subordinate work which is physically and psychologically stressful increases the risk of time loss due to low back pain.

Common sense tells us two things: it is more difficult to continue heavy physical work with back pain, and, particularly in an increasingly hostile economic climate, modified work schedules or alternative employment opportunities are less open and available to manual workers than to "white collar" workers. A number of authors have pointed out that the adversarial system of workers' compensation adopted by Canada effectively encourages workers with non-disabling low back pain, when faced with the alternative of unemployment and minimum welfare payment, to nurture sickness in an attempt to maintain disability payments.

PREVENTION

Low back injuries are notori-



ously difficult to prevent in any industrial setting. Clearly, basic ergonomic principles should be applied in any working environment and maximum weight restrictions for manual lifts imposed.

Degenerative back disease is undoubtedly expressed earlier in groups of workers whose occupations require lifting, bending, twisting. Exposure to vibration is also a recognized factor. Some of these problems can be tackled but studies of ergonomic interventions in the workplace have failed to show substantial effects in reducing the incidence of the disease. Some occupations, no matter what ergonomic improvements are offered, will by their very nature continue to be high risk. What then can be done?

MODIFIED WORK FOR THE BACK INJURED

Medical evidence in the treatment of back pain now firmly supports the knowledge that early mobilization and minimum absence from work is the only way to reduce the devastating results of prolonged absence from work — unnecessary interventions, increasing unfitness, depression, chronic pain cycle and eventual permanent disability.

Unfortunately, knowledge is one thing, practical application another. Few doctors who recommend return to work to patients still in pain have any real knowledge of how difficult a proposition that can be. Only a few unusual employers offer modified work schedules for the recently injured worker. This is sometimes negotiated between the WCB and the employer for the long term injured worker attempting to return to work. By then it is often too little, too late.

Certainly we know from the few observational studies which have been done that sensible employers, working with the injured worker and the union to attempt an early return to work, have met with phe-

nominal success in reducing the costs and effects of low back injuries. However, it must be remembered that without the willing cooperation of management, union and the injured worker, a medical directive to return to work is all too often unrealistic. Further, that unless such cooperation is available, cutting the back injured worker off compensation "for their own good" cannot have the desired effect. In an adversarial system all that happens is that appeals proliferate, distrust becomes entrenched, costs escalate and human misery increases.

Leading medical experts in the field of occupational orthopedics now recognize that the management of low back pain in the workplace cannot be conducted by physicians alone.

Successful modification of a work

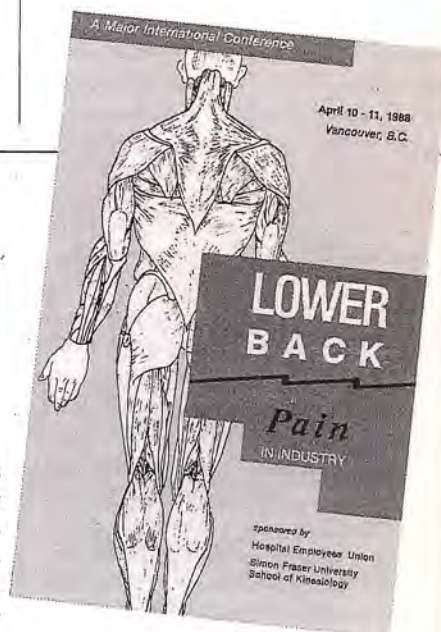
station must be done with the willing cooperation of the affected worker. Management must realize that people with low back pain are not "malingering", but are truly in distress.

Finally, an adversarial system of compensation for the disabled worker is not only clumsy, time-consuming and expensive, but prolongs absence from work, a practice which ironically benefits neither industry nor the injured worker.

(Elspeth McVeigh is a research analyst with HEU and a Research Associate with the Shaughnessy Hospital in Vancouver.)

HEU Co-sponsors Back Pain Conference

Lower Back Pain in Industry is an international conference jointly sponsored by the Hospital Employees' Union and Simon Fraser University's School of Kinesiology. The conference was proposed by HEU in response to the growing problem of disability claims related to low back pain among hospital workers. It will feature a panel of experts from Europe and North America speaking on the diagnosis, treatment and management of industry-related low back pain. Additionally, the conference addresses the problems associated with processing Workers' Compensation Claims for low back pain — claims which account for lost wages and medical care costs in excess of \$1.5 billion annually in Canada.



In the health care industry in British Columbia, 40 per cent of compensable injuries are for 'back strains', with loss of wages of over \$4.6 million annually. The conference will be held on April 10 and 11, 1988, at the Robson Square Media Centre in Vancouver.

Each unit will be entitled to send one delegate to the conference. A letter inviting units to participate by nominating one member will be sent to each Secretary-Treasurer.

B.C. Fed Tackles Privatization

Privatization and Bill 19: Hot Topics at Annual Convention

The 32 Annual B.C. Federation of Labor Convention (November 30–December 4) held a number of surprises for the 980 labor delegates who gathered in Vancouver.

As seen in the accompanying photographs, the crowd included more than 160 Hospital Employees' Union delegates representing units from across the province. Along with speeches and daily caucus meetings, delegates took part in discussions, debates and the formation of federation policy for the coming year.

Even though 1987 was not a B.C. Fed election year, most observers agreed that this particular convention was very important for two reasons. First, legislative changes and government announcements made by the Socreds (Bill 19 and privatization) since the last convention have greatly affected the rights of unions in B.C.

The second important factor was that many of the province's largest trade unions face contract talks in 1988. HEU serves notice to employers in December 1988, and negotiations for the government employees and the woodworkers begin this spring. The policies and resolutions adopted at the convention will shape and govern labor's strategies in these upcoming negotiations.

TOUGH YEAR AHEAD

Labor leaders from many of the B.C. Fed affiliates told delegates that the strength of the boycott of Bill 19 will be pushed to the limit in 1988. And with the new Social Credit labor legislation that discriminates against workers and protects employers, the delegates were warned to expect long and tough negotiation battles.

Unions are anxious to bring their members' wage increases and benefits in line with the rest of the country (and perhaps on par with the recent increase granted to provincial cabinet ministers and the Premier).

Statistics Canada reports the rate of inflation during 1987 was 4.4 per cent. The Business Council of B.C. calculates the average percentage increase for the first year of contracts settled in B.C. for 1987 was 1.8 per cent.

HEU Secretary-Business Manager Jack Gerow said that 1988 contract talks will be critical and a test of the federation's resolve to fight the new legislation to the fullest.

"We need to do more than hold on to what we've got. We deserve more and we're going to have to fight for it."

Gerow called for unions to be prepared with a united front for dealings with both the Socred government and employers who will insist on running to the Industrial Relations Council.

Referring to an IRC order that was served to him during the convention prohibiting strike action at

Simon Fraser Lodge in Prince George (see story p. 20), Gerow committed HEU to fighting oppression to the end.

"We will tell everybody here, and we will tell the IRC . . . If we have to go on strike — we will do it. If we have to break the law to win a collective agreement, then we will break the law."

OLD BUSINESS

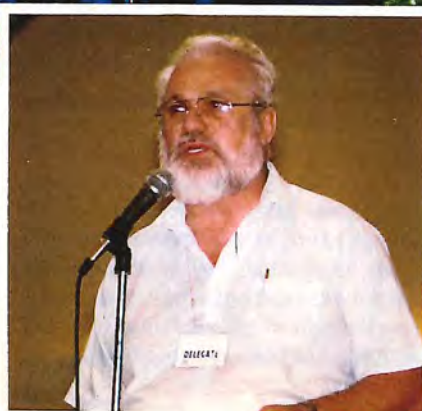
The convention was also the opportunity to put the official stamp of approval on federation business that had taken place since the 1986 convention. Bills 19 and 20, the onerous parts of the rewritten labor laws, hit B.C.'s labor groups in mid-year and emergency measures had to be taken then. The formal setting of the convention allowed for the adoption of the federation's executive report on the campaign against the oppressive laws. Delegates also voted for retroactive approval of the June 1, 1987 Day of Protest.

Delegates passed resolutions calling for legislation banning the use of scabs and called for laws to protect workers and prevent the further erosion of democratic rights.

HEU WALKS OUT

A special feature of this year's convention was a live radio broadcast of the emergency debate on privatization from the provincial legislature. The timing for the debate fit in well with the opening

Continued on Page 10



Fighting Privatization

The B.C. Fed Program of Opposition to Privatization is already well underway with meetings and forums being held all across the province. From the start, local involvement has been high as it appears most British Columbians are anxious to discover more about privatization and what can be done to stop it.

The CLC, in conjunction with the B.C. Fed, held a two day conference on the topic in mid-November. And on December 12, with the Vancouver and District Labor Council and other trade union and community groups combined to hold work shops and discussions on privatization. The event marked the formation of a new coalition called the Council for Public Services.

Both events were well attended and featured speeches from labor leaders, MLAs and visiting experts on privatization.

The Hospital Employees' Union is putting together a large information campaign to inform members and the public about the perils of privatization. HEU members are advised to watch their union bulletin boards and the local newspapers to keep current on events occurring in their communities.

B.C. FED CONVENTION B.C. FED CONVENTION B.C. FED

Continued from Page 8

day of the convention as privatization was one of the major concerns of the event.

However, the empty words of Premier Vander Zalm proved too much for the delegates representing HEU's 26,000 members. Unwilling to sit idly by while the Premier flaunted his unilateral decision to sell off the public's interests through privatization, the entire contingent of HEU members walked off the convention floor in the middle of Vander Zalm's diatribe.

The gesture of protest earned the HEU delegates a rousing round of applause from the rest of the convention and the Premier's hollow string of excuses was drowned out in the process.

As predicted, privatization went on to play a major part in the convention agenda. On the second to last day of the convention the delegates unanimously endorsed the federation's "Program of Opposition to Privatization."

Details of the program include a comprehensive media and education campaign aimed at both the public and union members.

The program will also see the province's labor councils and unions working with community groups to develop locally-based opposition campaigns warning about the pitfalls of privatization. The coordinated efforts will lead to the lobbying of all levels of government to apply pressure on the Vander Zalm government. B.C. Fed sponsored community forums,

rallies and town hall meetings are included in the plan and will be scheduled in the near future.

The opposition program stresses that the Federation is not seeking confrontation with the B.C. government, but job action and civil disobedience are not being ruled out if that is what it takes to stop privatization.

Acceptance of the privatization program was preceded by a lengthy and highly charged debate on the subject. Those wishing to offer their opinions formed long lines at the microphones to give their suggestions and comments.

HEU President Bill Macdonald spoke about the threat privatization poses to health care and mentioned the importance of a comprehensive education strategy.

"We've got to go out to our membership and prepare them for this fight because it will be a big fight. They (the corporations) have all the money — all we have is the heart."

The mood of the debate, however, was momentarily altered in mid-stride by an unexpected announcement made on a point of privilege by John Shields, president of the 35,000 member B.C. Government Employees' Union. Addressing the crowd at the height of the debate, Shields revealed that the BCGEU executive had made a twelfth hour decision to bid for the province's entire bridge and highways maintenance division.

Shields told the convention that if the union was successful in its bid, it was his union's intention to place the entire maintenance operation in trust. The union would relinquish the operation to the government at such a time that the government comes to its senses

and wanted the maintenance division back.

Shields said he personally agonized over the decision and explained that taking part in the Sacred bidding game was the only way to save his members' jobs and ensure the continued safety of British Columbians on the province's roads.

Regardless of the reasons behind the move, Shield's announcement clearly divided the delegates on the convention floor. Approximately half indicated immediate support for the BCGEU's position, while the rest held back their feelings and comments until later.

HEU delegate Janet Fairbanks said the BCGEU plan was only a "stopgap" solution to the overall problem and told the other delegates that the province needed more public ownership, not less.

In caucus, HEU delegates reaffirmed the union's steadfast opposition to privatization.

CONVENTION



GUEST SPEAKERS

Every year convention delegates are treated to speeches from prominent persons who are involved either directly or indirectly with labor. Nancy Riche, executive vice-president of the Canadian Labor Congress and Jean Claude Parrot, national president of the Canadian Union of Postal Workers both addressed the delegates on issues currently facing national labor groups.

The New Democratic Party was also well represented at the podium and featured speeches by both federal NDP leader Ed Broadbent and provincial NDP leader Mike Harcourt.

Broadbent reiterated and expanded on his party's stand against free trade and privatization. He criticized both the federal and provincial governments for acting in their own selfish interests without mandates from their respective electorates.

Broadbent accused both the Prime Minister and the Premier of not having the long-term interests of the country in mind and said that the Conservatives were forcing free-trade down Canadians' throats.

For his part, Mike Harcourt centered his speech on Vander Zalm's record and the Socred's long history of attacking the rights and interests of the working people in this province.

Promising to build a government that would consult with labor and promote a working relationship between the two, Harcourt received several standing ovations from the crowd during his speech.

On the topic of the Workers' Compensation Board, delegates broke into applause when Harcourt said that once the New Democrats are re-elected, an NDP government would conduct a full scale review of the WCB.



WRAPPED UP

After five days of meetings, speeches and debates, the 32 Annual Convention finished off with a rally at Vancouver General Hospital to protest the proposed lay-offs of 260 HEU members. At VGH, one delegate commented that a lot was accomplished during the week. The same delegate also hastened to add that just like previous B.C. Fed Conventions, the true measure of success in preparing for the upcoming year won't be known until the next annual convention.

GEARING UP TO SAVE THE

The elimination of Licensed Practical Nurses (LPNs) and other highly trained employees as a means to cut costs and limit health care has reached alarming proportions in the province, says Jack Gerow, secretary-business manager for HEU. At stake are thousands of jobs and the level of care provided for the sick and injured.

Vancouver General Hospital is the latest facility to decide on abandoning the concept of Team Nursing in the hopes that Primary Nursing will save money. However, in their many calculations, the administrators have not considered that the Hospital Employees' Union is set to take on the decisions of many British Columbia's hospitals to cutback service and turn away from Team Care.

In Team Nursing, LPNs, Registered Nurses (RNs), Orderlies and Patient Care Aides (PCAs) work together to ensure patients receive the highest levels of care and attention. Primary Nursing, on the other hand, relies on fewer RNs doing most or all of the work that would normally be shared by mem-

bers of a team. With fewer employees on the wards to do the same amount of work, less will get done and more work will be expected from already heavily burdened RNs.

The latest round of layoffs are aimed at eliminating Orderlies, Licensed Practical Nurses and Patient Care Aides from VGH. The proposed cuts represent a 16 per cent reduction in HEU employees at the hospital, where approximately 1,750 regular full-time and regular part-time HEU members now work.

The fact that VGH was contemplating the switch from Team to Primary nursing was not a surprise. HEU had been expecting the announcement as other hospitals had already made similar cuts.

Like hospitals all across B.C., VGH faced the end of 1987 with a large deficit. Estimates predicted a budget overrun of close to a million dollars.

VGH Vice-president of Nursing Inge Schamborzki told a union management meeting that no LPNs, Orderlies or PCAs would be

safe from the cuts. From the figures supplied to *The Guardian*, 90 Orderlies, 100 LPNs and 70 PCAs could face the ax.

HEU maintains that the cutbacks will not only result in less bedside patient care, but will also increase the number of hospital bed closures. The 260 employees currently work in the medical surgical ward, emergency and extended care areas of the facility.

With the LPN survey already complete and an information program underway, HEU planned for a massive noon-hour rally on Friday, December 4, at VGH to protest the layoffs and raise public awareness.

The demonstration coincided with the last day of the B.C. Federation of Labor Convention and notice was sent to B.C. Fed President Ken Georgetti. Special transportation arrangements were made to bus people to VGH and



Registered Nurses at VGH also joined HEU members (left) to protest massive staff cuts. HEU Secretary-Business Manager Jack Gerow (above) addresses the many who came out in support.

Georgetti encouraged all convention delegates to attend.

The results were phenomenal as hundreds of people turned out in support. Hospital employees (including several Registered Nurses), passersby and even a patient joined the protest in front of the facility and crossed the street to hear speeches.

Facing the crowd, Al Brownlee, HEU chairperson for VGH, introduced Ken Georgetti and HEU Secretary-Business Manager Jack Gerow. Both men spoke about the reckless abandon with which the Socreds are abusing and neglecting the health care system and reminded all those in attendance of the importance to fight back before it is too late.

The most striking testimony during the rally came from Lucille Wilkinson, a Practical Nurse at VGH. Wilkinson told the crowd about some of the many and varied duties LPNs carry out and how vital they are to the health care system.

"We are the ones who bathe you, make you comfortable, dress you when necessary, help you with

HEU Survey Results

The results are now in from HEU's province-wide membership survey.

Between October 2 and 10, 1987, a total of 401 HEU members participated in a special province-wide telephone survey. Each respondent was chosen according to a scientific, random selection technique.

The survey questions focused on various job security issues and was designed to assist the union in combatting the growing threats of contracting out and privatization and the elimination of Practical Nurses.

The following is a summary of the highlights of the survey:

- Approximately three-quarters of the HEU members said they were aware of the term contracting-out.
- Interestingly, very few of the members expected their own jobs to be contracted out in the next year.
- Three-quarters of the respondents reported having Practical Nurses working in their respective facilities (It should be noted that

approximately ten per cent of HEU members are Practical Nurses.)

- About one-quarter of the respondents perceived that in the past year, there had been a decline in the number of Practical Nurses working at their health care facility.

- More than two-thirds of those surveyed said they were either somewhat concerned or very concerned about the decline in the number of Practical Nurses being employed by acute-care hospitals. (It is interesting to note that this high level of concern existed even prior to the announced layoffs at Vancouver General Hospital.)

- Few members equated privatization with contracting-out or the loss of jobs.

- More than half the members felt privatization would affect their health care facility.

The information gathered in the survey will be of assistance in HEU's fight to protect jobs. It will also form a cornerstone in HEU's Practical Nurse and anti-privatization programs.



(Above) Patients will suffer most as a result of the lay offs at VGH. One patient felt strong enough to make his point on the protest line. LPN Lucille Wilkinson (right) addresses the crowd during the noon-hour rally.



Keep the
Flame alive...

*Save the
Team*

Stop layoffs in health care



HOSPITAL
EMPLOYEES'
UNION LOCAL
180



Florence
Nightingale
lit a flame
of caring
that burned
bright for
150 years...



About one hundred and fifty years ago, Florence Nightingale helped begin a tradition of caring that has been with us ever since.

Florence Nightingale was a nurse — a practical nurse, and the tradition she was so much a part of was bedside nursing care.

Today, the team of bedside nursing care specialists includes Licensed Practical Nurses, Orderlies and Patient Care Aides. Together, they work with Registered Nurses to provide the sick and the injured with quality health care that is both efficient and cost effective.

But now, someone is trying to break up the team.

At many of our province's hospitals, team nursing is being abandoned for what is known as primary nursing. That means Registered Nurses working alone, without the back up of Licensed Practical Nurses, Orderlies and the other members of the team.

The result is inevitably more stress and strain for already overworked Registered Nurses. And in the end, it is the patient who will suffer.

*The flame of caring
is threatened*

Save the Team

Some hospitals claim they plan to replace some of the team with more Registered Nurses. But where will these additional RNs come from?

There is already a chronic shortage of Registered Nurses in British Columbia and, in fact, throughout North America and the U.K.

Health care observers predict that bed closures and longer waiting lists will result from the elimination of team nursing as hospitals will simply be unable to find enough RNs.

And now, of all times, it makes no sense to introduce a method of health care delivery that could increase costs by as much as 30 per cent.

The health care system is already suffering from long waiting lists, under funding and staff shortages.

If B.C. hospitals employed more Licensed Practical Nurses, Patient Care Aides, and Orderlies, the health care system and taxpayers could save millions of dollars per year.

We can't afford to ignore the crisis in health care any longer.

Save the Team and save the health care system.

NO MORE layoffs,

NO MORE cutbacks,

NO MORE cutting corners.

your meals and assist you with your personal needs and rehabilitation."

Of the technical skills of LPNs, Wilkinson mentioned checking neuro-vital signs, catheterizations, applying sterile dressings and compresses, cardiopulmonary resuscitation and documenting patient progress as part of their daily routine.

Referring to LPNs as the "bed-side care specialists", Wilkinson put forward a sound argument for retaining the Team Nursing concept.

"We have a vital role to play in the health care system and we are asking — let us do the job we were trained for, thus freeing many Registered Nurses to work in intensive care and open heart areas where there is such a desperate shortage today."

Wilkinson also spoke about the extra costs in hiring extra RNs to

do the jobs now done by Orderlies, PCAs and LPNs. She said the switch to Primary Nursing would cost approximately 30 per cent more for each RN hired to replace those threatened with layoff.

Safety considerations of both staff and patients were included in her speech. Wilkinson stressed the importance of having enough staff to safely lift and move patients and the problems routinely encountered in dealing with unruly patients.

HEU also sponsored 90-second radio ads in December to heighten public awareness of the problem. The special reports included details of the situation at VGH.

In early February, VGH formally announced 117 layoffs and HEU has stepped up its awareness campaign and focussed its resources in anticipation of the hospital's next move.

Practical Nurse Campaign Overview

Plans are now underway to launch HEU's province-wide campaign to stop the elimination of Licensed Practical Nurses, Orderlies and Patient Care Aides.

One of the primary objectives of the campaign will be to raise the level of awareness among all HEU members and the general public about the vital role played by the nursing team in the delivery of health care services.

A special section of this edition of the *Guardian* has been devoted to the crisis facing HEU's nursing team and the impact this crisis will have on the health care in British Columbia.

In an effort to reach as many members of the public as possible, a new brochure on this topic has been inserted into this *Guardian*. Additional copies will also be available to distribute at locations such as shopping malls and other public areas, labor council meetings, and hospital sites.

A special sub-committee of the HEU Provincial Executive and staff was established in late 1986 to develop and monitor a union campaign to try to improve job security for LPNs, Orderlies and PCAs.

The union is also considering a public information media campaign that could include radio, newspaper and billboard advertising.

HEU Study Could Solve Crisis

The decline in health care in B.C. has been blamed on two main elements. Insufficient funds in the provincial budget and too few Registered Nurses (RNs) have been cited as contributing factors in hospital bed closures and long waiting periods for surgery.

Only the provincial government can remedy the problem of an inadequate health care budget, but more money alone won't help.

In response to a growing tendency by many B.C. hospitals to switch away from Team Nursing (utilizing LPNs, RNs, Orderlies and Patient Care Aides), HEU has been completing a study concerning the role of Licensed Practical Nurses (LPNs) in our health care system.

Now that the study is complete, the union has offered it to Health Minister Peter Dueck.

In late November, HEU Secretary-business Manager Jack Gerow sent a telegram to Dueck

requesting a meeting with the minister to discuss "... a workable solution aimed at easing the strain on our health care system". A copy of the letter also appeared in the local newspapers.

Dueck responded to the invitation with a letter of his own, asking Gerow to send him a copy of the LPN study to look at. The promise of a meeting was not included.

Spurred on by the additional wrinkle in the state of health care by the VGH move, Gerow sent another telegram to Victoria in mid-January: this time to Premier Vander Zalm. The telegram outlines the urgency of the situation and asks the Premier for a meeting to discuss the same solution that was offered to Dueck.

At *Guardian* press time, HEU was planning a rally at the parliament buildings to demand a meeting with the government.

Organizing the unorganized

The Hospital Employees' Union has embarked on an organizing drive aimed at signing up health care workers at unorganized facilities in the province.

HEU makes a conservative estimate that there are approximately 4,200-5,000 potential members working at those facilities in B.C. who need union representation. And with new long-term and acute care facilities being opened all the time, the demand for HEU's services is expected to grow quickly in the coming years.

Three special organizers spent more than six weeks working out of the Provincial Office in Vancouver. They were brought in to canvas the different facilities, do some relief servicing and answer any questions that non-unionized workers may have about the many benefits in joining HEU.

The union believes that the public's heightened awareness of both the dangers of the new labor legislation and privatization will result in more workers seeking job security by joining organized labor.

HEU MEMBER WINS WCB LANDMARK CASE

WCB review

The Hospital Employees' Union is applauding a recent Workers' Compensation Review Board decision that a heart attack suffered by an HEU member while on the job was work related and that compensation benefits were payable.

The decision overturned a previous WCB ruling that found the heart attack was not directly caused by the work and therefore the employee was not eligible for the payment of wage loss and medical aid benefits.

Although the events surrounding this particular incident are peculiar to the case, the Review Board decision will no doubt have a bearing on similar cases in the future. Karen Dean and Steve Koerner, servicing representatives from HEU, prepared the case and acted on the worker's behalf in appealing the first decision. The matter was then sent to be heard by the Review Board.

On February 7, 1986, a Ward Clerk at Bulkley Valley District Hospital was called outside the unit to assist two volunteers in placing a patient into a taxi.

The clerk spent between ten and fifteen minutes completing her task in the sub-zero tempera-

ture and immediately ran back into the hospital and up several flights of stairs. She proceeded to the lunchroom where she began to feel dizzy and nauseous.

The union member said she remembered experiencing severe chest pains radiating into her jaw and down both arms. She was immediately hospitalized and doctors confirmed an acute myocardial infarction from the symptoms and medical tests.

The Review Board considered the doctors' reports about the causes of myocardial infarctions and held that the heart attack was triggered by the exceptional physical strain suffered by the clerk working in the below zero temperatures.

The WCB decision is made all the more significant because of the fact that the worker had pre-existing arteriosclerotic heart disease before the incident. One of the doctors' reports cited that, notwithstanding the pre-existing arteriosclerotic heart disease, being outside in the -25 degree weather contributed to the exceptional physical strain of the employee and resulted in the heart attack.



Convention preparations underway

Initial preparations have begun for the Hospital Employees' Union 16th Biennial Convention and the 11th Wage Policy Conference.

HEU's Provincial Executive has decided the two events will be

held consecutively in the Lower Mainland October 28-November 3, 1988.

At that time, delegates from the more than 200 HEU units will meet to hammer out bargaining

demands and strategies for the next round of collective agreement talks.

The current HEU/HLRA Master Agreement expires March 31, 1989, and preliminary negotiations will probably begin in the final months of this year.

The Biennial Convention is also the formal setting for Provincial Executive elections and an opportunity to debate proposed resolutions and constitutional amendments.

Further details on both the convention and the conference will be released in the near future.

PEOPLE IN FOCUS



HEU members seem undaunted by the October rain as they march in front of Surrey Memorial Hospital to protest lay offs at the facility.

The administrators at Surrey Memorial announced the elimination of 35 HEU positions at the unit before Christmas 1987, promising to replace some of the vacancies with part-time workers.

The official reason for the lay offs was no more money for staffing, although the notice coincided with a \$15 million expansion project at the hospital.

The 35 lay offs are the latest at Surrey Memorial and add to the growing list of workers (including LPNs and housekeeping staff) that have been cut at the hospital.

Since the lay offs, the union has received reports that the level of resident and patient care has declined and the number of on-the-job injuries to employees has risen.

HEU has filed grievances on several issues concerning the lay offs.



HEU President Bill Macdonald extends greetings on behalf of the membership and the Provincial Executive to the 1,500 delegates at CUPE's national convention in late October. The Provincial Executive attended the convention as fraternal delegates.

Learning from the UK's mistakes

HEU Provincial Executive members Dennis Jeffery (L) and Helen Burnell (R) meet with Rodney Bickerstaffe, general secretary of Britain's National Union of Public Employees at CUPE's 13th national convention in Quebec City. Bickerstaffe spoke to the delegates on the topic of privatization and the British experience.



MILESTONES

December 31 meant more to the employees and residents at St. Mary's Unit in New Westminster than the end of 1987. After more than 30 years at St. Mary's, Hermine Gauthier chose that day to retire as a housekeeping aide.

Hermine has been with HEU since it came to St. Mary's and has acted as a trustee every now and again. She says she plans to pamper herself over the next year and that probably includes enjoying the things she likes best, such as crafts, nature and watching the sea.

After more than 23 years as a member of HEU, Frieda Karolat plans to travel now that she's retired from G.R. Baker Memorial Hospital in Quesnel. Frieda joined the unit and HEU in 1964, and worked as both a Housekeeping Aide and a Nurse's Aide at the hospital. Her fellow employees at the unit wish her well in her retirement.

CLC holds women's conference

Provincial Executive members Mary LaPlante and Alberta Dorval joined other trade unionists from across Canada at the Canadian Labor Congress' Sixth Biennial Women's Conference, held January 27-30, in Ottawa.

The theme of this year's conference was "The Equality Challenge: Taking Hold of Our Future", with a focus on strategies the labor movement can use in combatting the current right-wing attacks being levelled at women's equality.

Guest speakers at the conference included federal NDP Leader Ed Broadbent, CLC President Shirley Carr and CLC Executive Vice-President Nancy Riche.

HEU SCORES MAJOR WIN

The Union is busy preparing its case now that Arbitrator Steven Kelleher has decided that an arbitration board has the jurisdiction to settle a dispute between HEU and Campbell River and District General Hospital.

The board will decide if a violation of the Collective Agreement did occur when the hospital laid off an LPN and created a subsequent position for an RN. The decision in the preliminary arbitration was reached after hearings on December 9 and 10, 1987.

The Union is certain that ground gained during this grievance will go a long way to preventing the lay offs of other LPNs.

BOYCOTTS BOYCOTTS

The B.C. Federation of Labor is asking all HEU members for their support in boycotting the following products and companies.

The unions representing the workers have approached the Federation for our support in the hope that boycotting will force the resolution of the longstanding disputes.

The boycotts will remain in effect until the disputes are settled.

- Shell Canada and Royal Dutch/Shell (Canadian Labor Congress): all goods and services.
- Hyundai (B.C. and Yukon Building and Construction Trades Council): all Hyundai products.
- Chilean goods (B.C. Federation of Labor): check labels on grapes, peaches, plums, raisins, nectarines, lobsters, onions and wine.
- Louisiana Pacific Corporation/Forest Products (Carpenters/IWA): construction material, waferwood construction panels, Pabco Xonolite insulation, Weath-

erseal windows and doors.

- Victoria Plywood: any items identified by the "Vicply" logo.

- California Table Grapes (United Farmworkers of America).

In addition, Federation affiliates are requested not to purchase or handle the following brand names:

- South Africa: any products originating there.

HOT EDICTS

- Hyundai-Kerkhoff (B.C. & Yukon Building Trades Council).
- Royal Canadian Legion Branches in the Fraser Valley (Hotel, Restaurant, Culinary and Bartenders' Union, Local 40): branches #4 in Chilliwack, #15 in Abbotsford and #265 in Aldergrove.
- Royal Canadian Legion #26 in Kelowna.
- Entex Door Systems Ltd. (Carpenters' Shop, Local 1928): all products of this Port Coquitlam company.

Free Trade = Free Rein

As if privatization wasn't enough to worry about... Canadian Labor Congress President Shirley Carr warns that the federal government's Free Trade deal with the Americans places the Canadian health care system at risk.

A CLC study of the fine print in the Mulroney deal indicates large sections of our health care system are open to American takeover. The deal allows U.S. corporations access to management services for hospitals, nursing homes, ambulance services, public health clinics and homes

for emotionally disturbed children.

According to the trade negotiation office of the federal government, management services means "the running of hospitals and the running of nursing homes".

The fine print of the free trade deal now confirms earlier claims by the CLC that the trade negotiations were part of the government's hidden agenda to privatize public sector services and erode the quality of health care in this country.

The agreement now recognizes the legal right of U.S. firms to establish themselves in Canada and the right to be treated in all cases as Canadian firms.

Unions warn your pension \$ is at risk

Hospital Employees' Union members and other Municipal Employee Pension Plan (MEPP) contributors face a total loss of input into the management of their pension funds if the Socreds succeed in their latest scam to seize control of the money.

Steven Polak, chairperson of the Municipal Employees' Pension Committee and an HEU staff representative, said the government intends to take \$700 million from the pension fund and invest the money in high risk ventures and B.C. companies. Pension funds, which are currently invested and guaranteed, will be rolled into non-guaranteed investments such as equities, mortgages and real estate. The success of the Socreds' tactic hinges on proposed changes to the Financial Administration Act. As a consequence of the changes, employee participation in the management of the fund will be severely weakened.

Since he was elected premier on a campaign promise of ending confrontation, Bill Vander Zalm's attacks on organized labor have caused huge rifts to grow between the government and the labor movement. Now the Premier is looking for labor's unquestioning cooperation to enable his government to get control of the \$14 billion (\$8.2 billion of which belongs to the Public Sector Pension Funds). Critics of the government plan are concerned that the retirement funds could be lost forever.

On behalf of the approximately 56,000 members who participate and contribute to the MEPP, local unions have banded together to prevent the provincial government's attempt to gamble away their pension money. Speaking for the contributors, the unions

maintain that the manner in which the fund is currently managed is safe and stable and the \$8.2 billion of the Public Sector Pension Funds is projected to be worth \$14 billion in the next three years.

Polak said that the government has a lot of nerve to expect unions to just stand around, while money intended for their members' retirements is taken from them.

"In 1987, the rate of return for the plan averaged 9.5 per cent, more than double the 4.2 per cent rate of inflation. The way the fund is being managed now is totally acceptable and safe. We're not going to let the government throw away the contributors' retirement money on high risk investments.

"The government is offering no guarantees with their new plan, while at the same time squeezing out contributor involvement over

how the fund is managed.

"Based on the Socred record of looking out for their own interests and saying the hell with labor, we're backing the contributors and encouraging them to fight the changes. Financial experts say the Socred plan is too risky and we've been burnt too many times to trust Vander Zalm."

The membership of HEU, HSA, CUPE, BCNU, firefighters, police and many more unions with members who contribute to municipal pension plans are being asked to write to Finance Minister Mel Couvelier. Polak stressed that the provincial government must be made to understand that any changes to the Financial Administration Act will adversely affect the fund. And that if the Socreds succeed there may not be any money left when you go to retire.

X-Country round-up

When a nurse in Windsor, Ontario decided to try in-vitro fertilization in order to get pregnant, she applied to her sick-leave plan to cover her wages for the two and a half weeks she was off work.

Her claim was denied, so she took it to arbitration with the help of the Ontario Nurses Association. In early January she won the case and is now eligible for compensation. It is believed to be the first arbitration ruling in the country on the subject of sick-leave for the "test tube baby" procedure.

The arbitration board was told that while infertility is "not a life threatening problem, it is a debilitating disease to most couples and is defined as an illness." The

board said infertility affects one out of seven women in North America. — **Canadian Association of Labor Media**

According to figures recently released by Statistics Canada, women held only 19.3 per cent of the union executive board positions, even though 36 per cent of Canada's 3.5 million members are women (1985 figures).

The StatsCan report also showed that little has changed since the late 1970s, a period in which women's participation in decision making has been a stated goal of many unions. — **Canadian Association of Labor Media**

VGH staff overloaded

Mr. Vander Zalm has been intent on destroying quality health care in this province since the last election, with his ridiculous budget cuts to hospitals. The latest attack on health care workers with the proposed lay-off of more than 200 employees at Vancouver General Hospital does not surprise me. But, nevertheless, it makes me very angry.

VGH workers who will be joining the ranks of the unemployed include LPNs, Orderlies and Patient Care Aides. Mr. Walton,

VGH spokesperson, says the hospital is caring for more seriously ill patients than in the past. So the hospital wants to replace those being laid off with fewer, but better trained and higher paid staff. But this will not happen.

Having been a patient at VGH recently, I can say that staffing levels there are already dangerously low. Dedicated, hard working employees struggle to meet the needs of their patients. The nurses are so overloaded they even asked me, a patient, to help with routine duties.

VGH cannot afford to lay off even one Practical Nurse. The fact that they are laying off 260 employees is ludicrous. The public must protest this outrage. We need adequate staffing levels in our hospitals to safely care for our sick and injured.

Trish Beaugrand
Langley Unit

Team vs. primary nursing

Management at many of the larger hospitals are trying to save money and are being squeezed by the insane Socred government. One method being used, allegedly because the level of patient care required is more complex, is to go to Primary Care Nursing and to eliminate Team Care Nursing. Vancouver General Hospital recently announced 260 lay-offs of LPNs, Orderlies and Patient Care Aides. There have been some changes at St. Paul's, but at present it appears that the wholesale moves happening at VGH are not being contemplated at St. Paul's.

We all know that our members are the bedside care specialists. It is insane for B.C. to train medical personnel and then either lay them off or under-utilize them... especially when there is a shortage of RNs and beds and ser-



vices are being eliminated or restricted.

There is a need for our people to provide health care. The moves being made have little to do with the providing of patient care. HEU is embarking on a fight back campaign and I urge you to support your fellow workers and reverse the political nonsense.

Fred Muzin
St. Paul's Unit

Heart-felt thanks

I would like, on behalf of the unit officers, shop stewards and members of HEU's Vernon Unit, to express our heart-felt thanks to our brothers and sisters in the Kelowna Regional Office for their untiring work to support us in the difficulties arising from the October 1986 HSA strike and the June 1, 1987 day of protest.

As a result of these activities, some very severe and discriminatory discipline was meted out to certain members of our unit in an attempt by the Health Labor Relations Association and the hospital management to make an example of the Vernon Unit and to intimidate members into withdrawing support for our union.

This tactic back-fired in HLRA's face and I am proud to say that on the June 1, 1987 day of protest, the Vernon Unit had (on a percentage basis) among the lowest number of scabs crossing the picket lines in the Okanagan regional area.

Staff Reps Ken Strange and Dollia Ferguson deserve special recognition, as do the others who work out of the Kelowna Regional Office, for the many hours of work they put in on our behalf: sometimes going for weeks on end without a break.

We want them to know that we truly appreciate them being there when we need them.

We wish to thank HEU Secretary-Business Manager Jack Gerow for his support and thanks to the Provincial Executive for showing that no matter what happens, the union is behind us.

We are proud to be members of the best labor union in the country and know that with continued solidarity the HEU will prevail in its struggle to provide equity and dignity for its members and for working people everywhere.

Tony Wildeman
Vernon Unit.

Temperature's Rising in

Despite being known for its cold winter temperatures, Prince George is turning into a provincial labor hot-spot as negotiations between the Hospital Employees' Union and the management at Simon Fraser Lodge linger on.

For the 60 HEU members who have been working at the unit without a contract since March 31, 1986, the "on again/off again" negotiations reached a stalemate late last year when talks broke down. With the employers standing firm on their demands of a long list of unrealistic concessions, the union was left with no choice but to revise its strategy.

A one-day strike at the 90-bed long-term care unit, aimed at getting the employers to resume bargaining in good faith, was originally scheduled for Monday, October 26. However, because of logistical problems, the strike date was moved ahead three days to Friday, October 23.

In keeping with the bad faith tactics used by the management, the employers had approached the Industrial Relations Council (IRC) to obtain a cease and desist order to prevent the strike. Management made the move knowing full well that HEU was following the B.C. Federation of Labor boycott of the IRC.

Still, whether or not the employers were successful at obtaining the order is unclear, as the strike was allowed to run its natural course.

"The strike led to getting three per cent and that's a long way from where we were . . ."

Leaving only designated essential services staff on shift, the rest of the HEU members at Simon Fraser threw up a 24-hour picket line around the facility.

Steve Morrall, a Rep/Organizer at HEU's Northern Regional Office said that members of the B.C. Nurses Union who work at the facility were very supportive for the duration of the job action. He said that, much to the horror of the employers, BCNU members were extremely active on the picket line and supplied only essential services for the duration of the strike.

Morrall noted that the long running dispute is having some effect on the staff at Simon Fraser, but added that the satisfaction of knowing the union is working hard and is pushing for a beneficial resolution has helped morale.

By all counts the one-day strike was successful in getting the two sides to resume bargaining.

When negotiations started again in early November, the employer agreed both to drop several concession demands and to a three per cent wage increase. Things were looking very good for the talks and HEU's Provincial Executive held their monthly meeting in Prince George later that month.

"We came to Prince George because our members at Simon Fraser Lodge deserve our support in their struggle against concessions. The strike led to getting three per cent and that's a long way from where we were just two months ago," said HEU Secretary-Business Manager Jack Gerow on the union's changing strategies.

The resumption of talks was short lived however, and the negotiations soon broke off. Gerow blamed the breakdown on the employers' refusal to recognize the prevailing standard of wages and benefits in the health care field.

For their part, management at Simon Fraser announced that they would not return to the table until they had received a phone call from the union.

Calling the employers' actions childish, Gerow said that further progress was impossible because the owners of the facility had not even given their spokesman a mandate to reach a collective agreement. Gerow pointed out that any dealings with the management in Prince George were a waste of time while the owners were in Vancouver.

Prince George

WHAT'S UP FOR '88



A long term care resident joins HEU members Helen McGregor (right) and Cyndie Stephens (left) on the picket line during the one day strike at Simon Fraser Lodge.

In an effort to deal directly with the owners of Simon Fraser Lodge, the union's Bargaining Committee moved to Vancouver to pursue the talks in early December.

The negotiations had been stalled on three main issues and the employers had declared a take-it-or-leave-it situation.

Those items, including details concerning the dental plan and long-term disability, had set the talks back on hold and prompted Gerow to declare that another strike was not entirely out of the question.

In response, the employers again applied to the IRC to have strike action at Simon Fraser Lodge declared illegal. That order was

served to Jack Gerow during the B.C. Fed Convention in Vancouver. Addressing the convention floor, Gerow said he would not hesitate to resort to strike action in order to resolve any conflict.

Shortly after the convention, the two sides met for a brief time in Vancouver. The employers again refused to relax their demands and the negotiations ended.

At the time of writing, talks between HEU and Simon Fraser Lodge have yet to resume. However, the Bargaining Committee has indicated that the two sides are not very far apart.

One thing is for sure, the heat is on in Prince George.

March

Shop Steward Seminars

Held throughout the province, these seminars will cover topics such as Contract Interpretation and Grievance Procedures. Dates to be announced.

April 10-11

Back Pain Conference

HEU co-sponsors Back Pain conference with the SFU School of Kinesiology at Robson Square Media Centre in Vancouver.

May 9-13

CLC Convention

Canadian Labor Congress will hold their 1988 convention in Vancouver.

June 5-18

HEU Summer School

Two weeks of intensive labor studies courses held at the University of British Columbia.

October 28-November 3

HEU's 16th Biennial Convention and 11th Wage Policy Conference

More than 400 HEU delegates will gather in Vancouver to elect a new Provincial Executive and debate proposed resolutions and constitutional amendments. The Wage Policy Conference formulates bargaining demands for upcoming contract negotiations.

November 28-December 2

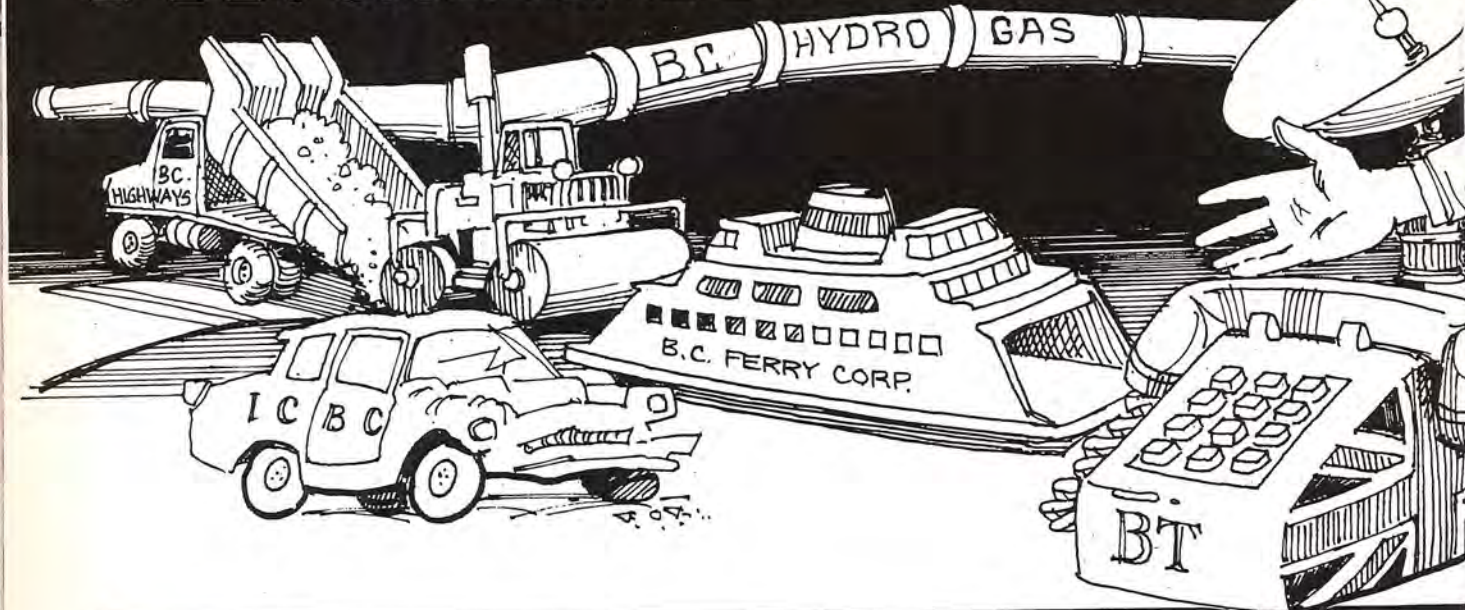
33rd Annual B.C. Federation of Labor Convention

Election year for the B.C. Fed as labor delegates from across the province meet to discuss issues affecting B.C.'s labor family.

December

HEU/HLRA Master Agreement negotiations begin.

Privatization Follies



Privatization.

It's the buzz word of the 80s. A magic formula that promises to wipe away economic woes, reduce government interference, promote competition, increase productivity, decrease taxes, lower unemployment, spread the wealth and encourage public ownership.

Rubbish.

About the only thing privatization doesn't promise to do is to reduce cavities and remove grass stains. And promises of that sort are probably forthcoming.

In a smooth, charismatic, chocolate-covered program of misinformation the public is being led to believe that countries everywhere are seeing privatization as the one-step move to prosperity and as the golden financial key to the 21st century.

The government propagandists would have the public understand that crown corporations and government services are outdated relics and no longer needed.

The above could not be further from the truth. Crown corporations not only help a country grow, they also hold it together (eg. Canadian National Railway, Canada Post and B.C. Ferries).

*... it's a pity the
Socreds aren't
willing to learn
from Britain's
mistakes.*

Following the stock market crash of October 1987, some financial experts speculated that we were due to fall into another worldwide recession. And economists say the present financial situation of most countries is such that they can expect to teeter on the brink of disaster for a long while. In times like these, crown corporations, which often start out as a liability usually end up as the country's richest asset.

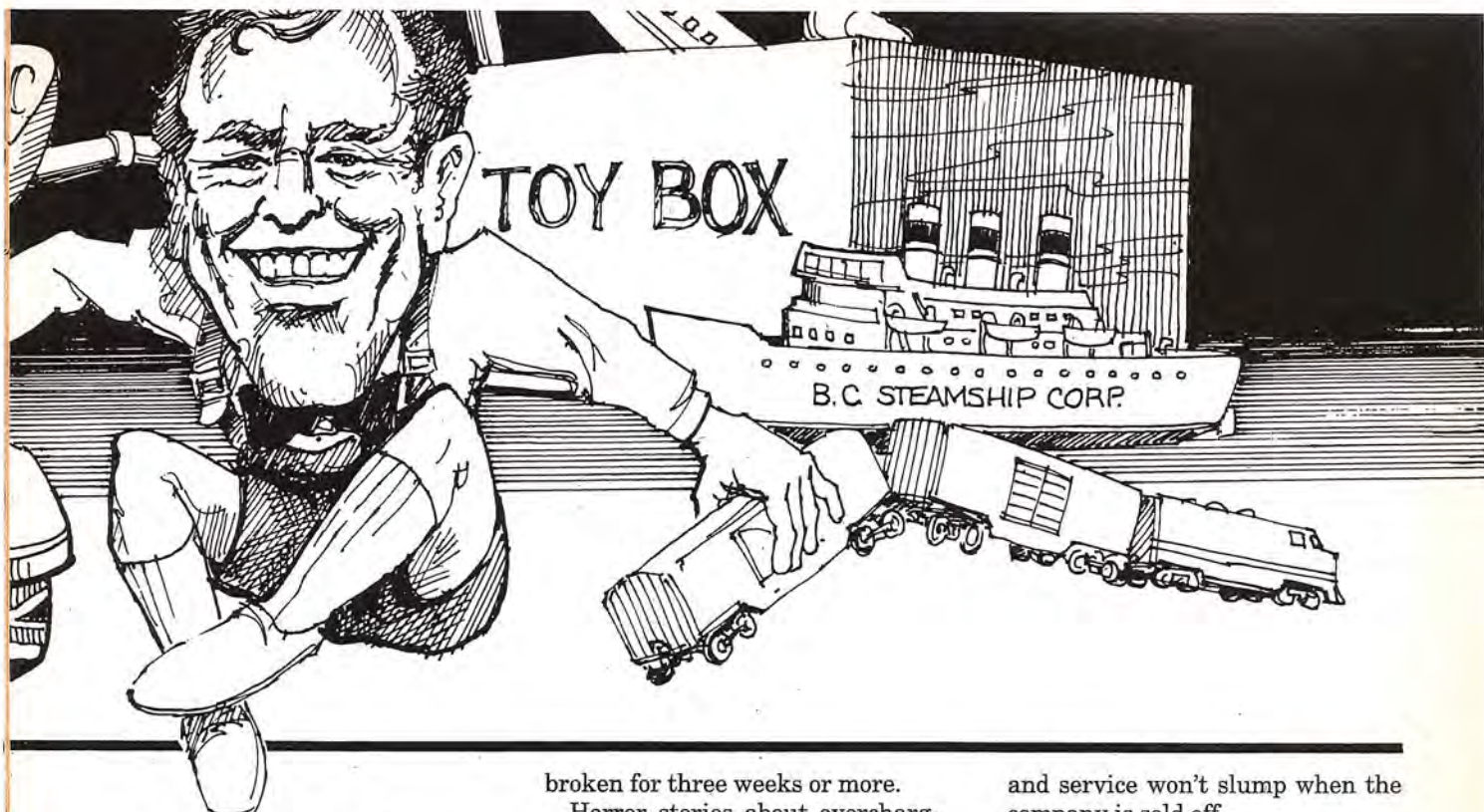
Documented cases of catastrophe caused by privatization abound, yet the public is not being made aware of them. Close to home, Premier Vander Zalm is choosing to ignore the flawed side of privatization while he forges ahead without a mandate from the electorate.

Whereas the Socred government is taking its cues from the British experience, shuttling politicians and economists back and forth at great cost to the taxpayers, they are turning a blind eye to the many inherent problems the British are experiencing.

While in the U.K., provincial MLA and purported privatization pundit Stephen Rogers needed only to phone home to get the connection that privatization does not work. That is, if he could find a telephone that did.

Three years ago, the Conservative government of Margaret Thatcher began the sale of British Telecom (BT): the massive state-owned communications company that operates the telephone network. At undervalued prices, 51 per cent of the shares were put on the open market and eagerly snapped up by the public.

The positive side of the story, if any is to be found, is that those who could afford to invest in BT stock have since made a profit as the stocks (sold by the government at a cost substantially less than their worth as a means to attract buyers) have since tripled in value. However, the cost to the rest of the



country, in terms of a reduction in service and increased costs, has risen enormously.

On the other, negative side, those who could not afford the cost of the shares at the bargain-rate price lost heavily. Not only did they lose the opportunity to make money, they lost both their share of BT as a crown corporation and the level of service they once enjoyed.

Before the sale, British Telecom was financed, owned and operated by and with the consensus of the British people. Now, 51 per cent of the stock is owned by private individuals, companies and multi-nationals. Profits go to the stockholders, now those listed above, and no longer to the country's general revenue.

At any rate, both stockholders and the rest of Great Britain must now pay the price for the government's mistake.

A recent survey has shown that since BT was privatized 23 per cent of public telephone booths were out of order nationwide, with 38 per cent of those being in London. And a full 17 per cent of those had been

broken for three weeks or more.

Horror stories about overcharging and a 37 per cent increase in prime time calling rates have become the norm. What's more, the increases affect those who can least afford the expense and/or need the service most. In one instance, the National Health Service (Britain's inferior form of our own medicare service) was billed \$12.5 million Canadian for same day telephone repairs. Prior to privatization, same day service was offered free.

Although the stockholders may be laughing all the way to the bank, the multitude of problems with the nation's telephone service is a high price to pay. Profits for British Telecom are up, but investment back into the company is down.

As a monopoly and essentially free from government control, British Telecom made almost \$5 billion in profit in 1986. BT customers are angry that the phone company is bent on making a profit and ignoring the customers' complaints.

Similar comparisons can be drawn to the proposed sale of B.C. Hydro's gas division. There are no guarantees that prices won't soar

and service won't slump when the company is sold off.

While the Vander Zalm Cabinet is keen to emulate the tricks of privatization from the experts in Great Britain, it's a pity the Socreds aren't willing to learn from Britain's mistakes.

If the Socreds were ruled by common sense they would be putting the interests of British Columbians first and consider a more permanent solution to reducing the province's debt.

Selling off the public's assets as a way of reducing the government's debt is a short range cure. Once crown corporations are sold, there will be no more money from their profits to pay the bills. That means no more profits to offset the costs of necessary social services. So, if those services are to continue, the taxpayer will be forced to foot the bill with an increased tax burden.

Fiascos like the British Telecom experience exist in every country that has resorted to privatization in a last minute bid to bail itself out of financial mire. And unless something is done to prevent privatization in B.C., we are destined to commit the same mistakes.



*By Dr. David Jones
President of the British Columbia
Medical Association*

The B.C. Medical Association recently sent petitions with 45,000 names to the office of Premier Bill Vander Zalm, urging his government to place the highest priority on health care funding.

Sending the petitions to Victoria capped a two-month campaign through doctors' offices and some print media, to create public awareness of some current and impending problems in health care delivery.

We decided to use the petition method of presenting a message to the government because it is one of the few ways the average citizen can lend his or her voice on a specific issue to those directly in charge. Under the British parliamentary system, adult citizens are able to vote to change govern-

Petitions make a difference

ments, but are seldom able to offer opinion on particular subjects to those in power. A petition provides a forum, a voice and a channel to the policy-makers, with the added benefit of "strength in numbers".

Twice before, the British Columbia Medical Association has used the petition method to, in effect, poll the public and send a message to government.

In 1984-85, we campaigned for several months on the need to introduce legislation for mandatory child safety seats in vehicles. The campaign culminated with a petition placed in doctors' offices in the province. Ninety-four thousand signatures were received, and were sent to the then Minister of Highways, Alex Fraser. They no doubt contributed to the subsequent decision to introduce the law regarding infant and child safety seats, which remains in place today and has saved many children's lives.

Our second petition gathered 52,000 names in 1986, and called on the federal government to ban tobacco advertising. We sent petitions to the federal Health Minister, Jake Epp, and copies to provincial Health Minister Peter Dueck. Although we cannot say that our petitions caused Mr. Epp to introduce legislation to phase out tobacco advertising and sponsorship, we can be very sure that over 50,000 voices did not go unheard when he made that decision.

Our most recent petition gathered 45,000 names and was in place in doctors' offices around B.C. It was also circulated by special groups, such as Old Age Pensioners and the H.E.A.R.T. (Had Enough — Action Required Today) support group. Individual, concerned citizens picked up blank forms to circulate and return to us. Our original deadline for return of the petitions was January 10, but was extended to January 25, to make allowance for the mail slowdown over Christmas. They continued to flow in even after our January 26 news conference, and were still coming in on February 8, the day we packaged and sent them to Victoria.

The BCMA feels that health care funding is a complex issue, and one that must be constantly addressed, as modern technology changes the demands on medical care. We were concerned that any move to ration services or further cut the health budget would be detrimental. We wanted to see if the public agreed that health care should be a top priority for government, and if they were individually willing to sign their names to that effect. The response to our petition tells us they were.

The response from government, when it comes, will tell us what happens next.