THE HOSPITAL Guardian

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TRIPLE THREAT TO HEALTH CARE

FREE TRADE • CONTRACTING OUT • PRIVATIZATION

THE HOSPITAL
Guardian

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

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HOSPITAL EMPLOYEES' UNION LOCAL 180

INSIDE

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COMMENT

Looking back

By Jack Gerow

After approximately twenty years of service to the membership of the Hospital Employees' Union, I reported to the Provincial Executive in May that I would be stepping down, for family and personal reasons, as Secretary-Business Manager.

Since 1968 I have had the pleasure and satisfaction of being a participant in the growth and development of the Hospital Employees' Union.

It is my belief, and indeed the belief of many others in the trade union movement, that HEU has established a record of being one of the most democratic, one of the most progressive and one of the most important trade unions in our province.

Twenty years ago, HEU had fewer than 6,000 members, one office and six staff to serve the membership, and one standard collective agreement.

Today, HEU has more than 27,000 members, five offices and 60 staff working for the membership. We now have a number of collective agreements with one standard of wages and benefits that ranks our contracts among the best in Canada.

Under HEU's first standard agreement of 1968, there were no maternity or adoption leave provisions. There were no provisions regarding sexual harassment. And women working side-by-side with men were paid less for doing the same work.

Today, all that has changed and

there is equal pay for "equal work."

However, there is more to be achieved.

There will not be true equality until there is equal pay "for work of equal value."

The 1976 federal Anti-Inflation Board and the 1982 provincial Compensation Stabilization Program eliminated the Union's ability to establish equal pay for work of equal value. In the upcoming round of contract negotiations, I am confident that this question will be addressed and resolved.

In addition, the first standard agreement did not include other provisions in place today.

Casual employees were not covered by the collective agreement and did not have any rights, including seniority rights.

There was no classification system.

The compassionate leave provisions were limited.

There was no protection against contracting out.

Furthermore, the provision of the health care plans to the membership did not exist to a large extent. There was no dental plan, no extended health care plan and the medical plan was limited.

In addition, there was no long-term disability plan.

There was also no paid injury-on-duty leave and the sick leave plan was limited.

And there was no cash pay-out of unused sick leave credits or any severance allowance.

The work week was forty hours.

Leave of absence provisions were marginal, and there was no paid special leave.

There were only ten statutory holidays and they were not paid at double-time as they are today.

And, of course, there were no super-stats that are now paid at triple and a half time.

Back then you had to work ten years to get four weeks vacation. Today there are four weeks vacation after only one year of service. And now there are supplementary vacations for long-service members.

Today, the standards of the Master Agreement are found in all collective agreements settled by HEU. This came about as a result of the 1985 CCERA long-term care strike that won the principle of comparability with the Master Agreement.

The credit for the successes of the past, of course, goes to the members of the Union.

It is the membership of the Union who have determined the policies that guide the Union.

And it is the leadership of their Provincial Executive that ensures their policies are carried out with the dedicated and competent support of the staff.

Later this year, the supreme expression and instrument of HEU's democratic traditions will occur when HEU holds its 16th Biennial Convention. At that time, delegates elected by the membership will give consideration to a large number of recommendations including those of the Provincial Executive to increase the democratization of the Union.

After my twenty years of service I have every reason to believe that HEU's record of effective, responsible and democratic trade unionism will continue to be the trademark of the Hospital Employees' Union.

FREE TRADE / WHO PAYS?

Here's a little quiz to test your knowledge of what some prominent Canadians have had to say about free trade. It's a sort of who's who and what's what concerning the best deal the Americans have made since they bought Manhattan Island from the Indians for spare change. Try to guess the identity of the speaker and the year.

1. "Canadians rejected free trade in 1911. They would do so again . . ."

2. "Free Trade . . . raises the possibility that thousands of jobs could be lost . . . before we jump on the bandwagon of continentalism, we should strengthen our industrial structure so that we're more competitive."

3. "Bilateral free trade with the United States is simplistic and naive. It would only serve to further diminish our ability to compete internationally."

4. "It might be that the lion and the lamb would lie down together, but the lamb would be inside the lion."

You'll have a little time to think about the above, while your attention is directed to the overall effect that free trade will have on British Columbia.

The major concern about free trade is that it will cost Canadians their jobs. B.C. is not immune to this threat. As free trade is phased in over the next decade, literally hundreds of thousands of jobs across Canada will be placed in jeopardy. One Tory MP predicted that free trade will cost 800,000

Canadians their jobs.

Of course, advocates of the free trade deal sing a different tune. They say no jobs will be lost . . . as a matter of fact, thousands of jobs will be created.

However, according to a B.C. Federation of Labor analysis of the deal, free trade will cost 56,730 jobs in this province alone. Most of those jobs (30,350) fall in the categories of food processing and agriculture. The other job losses will occur in industries like fishing (6,000), printing and publishing (5,000) and textiles (3,000).

There are no accurate figures showing exactly how many health care jobs are at risk because of free trade. And there's a reason for this. For as long as the negotiations between Simon Reisman and Peter Murphy have been going on, the federal government has been saying that social services are not included in the deal. That is only a half truth.

Whereas the services themselves are not on the negotiating table, the reality is that the management of all health care and most of the social services in Canada have been left wide open for an American takeover. This includes the management of general hospitals, private care homes, ambulance services, rehabilitation clinics, public health clinics, homes for the physically and mentally disabled and health labs. All will be open to American managers and that means fewer jobs for Canadians.

In British Columbia, that news should be greeted with caution as the Socreds appear keen on changing the provision of health care into a source of revenue for the provincial government. Out for profit, the Vander Zalm government knows that American managers are trained to cut costs and produce revenue. The way that is done is through a reduction in services and staff.

Free trade also allows U.S. firms the right to establish in Canada. And it's a good bet that a great number of those firms are going to be either directly or indirectly involved in health care. Hospital maintenance, laundries, dietary services and grounds-keeping are just a few examples of American firms eager for Canadian contracts. Furthermore, according to the agreement, the American firms will be entitled to be treated as Canadian firms, regardless of whether they are located in Canada.

Getting back to the loss of jobs argument, more companies in Canada will not result in more jobs. Statistics show that American firms operating in Canada produce fewer jobs than do their Canadian counterparts.

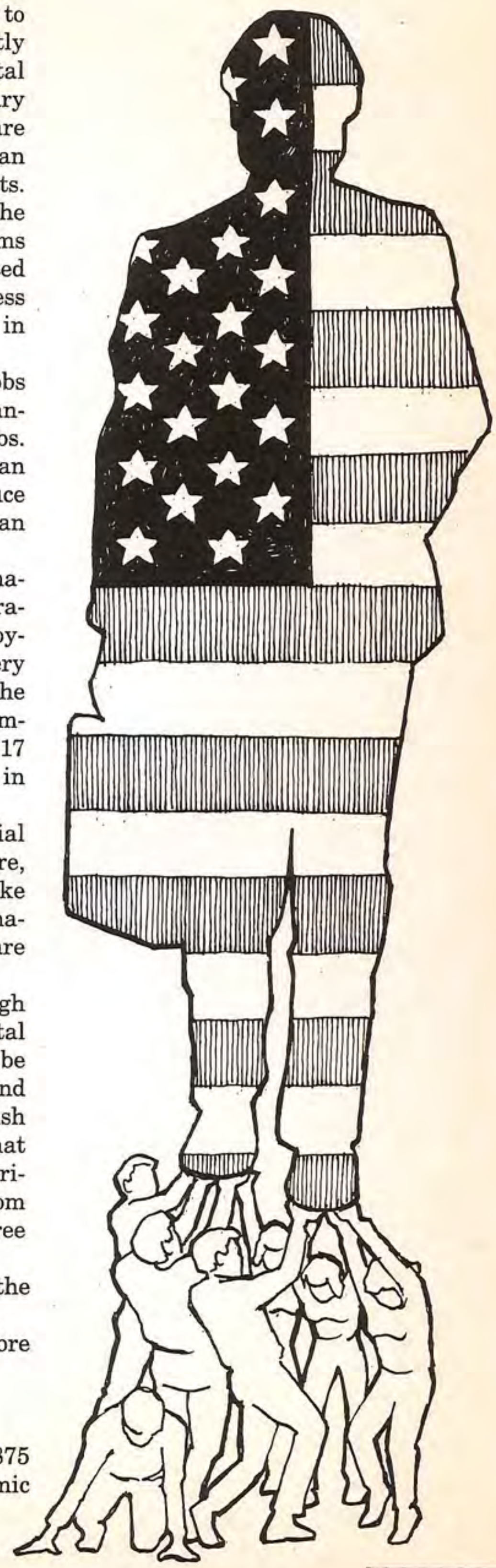
For the period 1978–84, Canadian-controlled companies operating in Canada increased employment by 5,765 new jobs for every billion dollars in profits. For the same period, U.S.-controlled companies in Canada created only 17 jobs for every billion dollars in profits.

With 25 million potential patients and universal health care, unfettered access to Canada is like a dream come true for the multinational, American-based health care conglomerates.

All of this is more than enough motivation for the Hospital Employees' Union members to be concerned about free trade and health care jobs. Just as British Columbians have found out that health care is not immune to privatization, neither is it safe from the damage brought on by free trade.

As for the quotations at the beginning of this story:

1. Brian Mulroney/1983 (before the 1984 election)
2. Joe Clark/1983
3. Michael Wilson/1983
4. Sir John A. Macdonald/1875 (on the proposal of an economic union with the United States)



CONTRACTING OUT

Of the many major concerns involving the trend by governments and companies to contract out work, the three most important to the workers are jobs, hours and wages. In contracting out, all three are drastically cut to accommodate the main concern of employers: saving money.

To meet the greed of both the employers and the companies that get the contracts (the contractors), saving money most often translates into both a cut in services and a reduction of full-time staff.

The use of part-time workers (some of them formerly full-time) increases when work is contracted out, but their hours are kept intentionally low, as are benefits. And, if the contractors can get away with it, wages are slashed below the industry standard and quite often below the poverty level, (when Canada Post contracted out its cleaning services, cleaners' hourly wages dropped from $10 to $4.50).

For HEU members, when the administrators at Mount St. Joseph's Hospital contracted out the housekeeping department at the Unit in May of 1983, there was a subsequent 50 per cent reduction in full-time cleaning staff. The rest of the cleaning staff were reduced to part-time hours.

Will your job be next?

So, there's no doubt that contracting out is harmful to workers, but the damage doesn't end there.

In health care specifically, contracting out affects workers first and patients next. Lower staffing levels in hospitals are reflected in less time available to do the same amount of work. Consequently, less work gets done and standards aren't met.

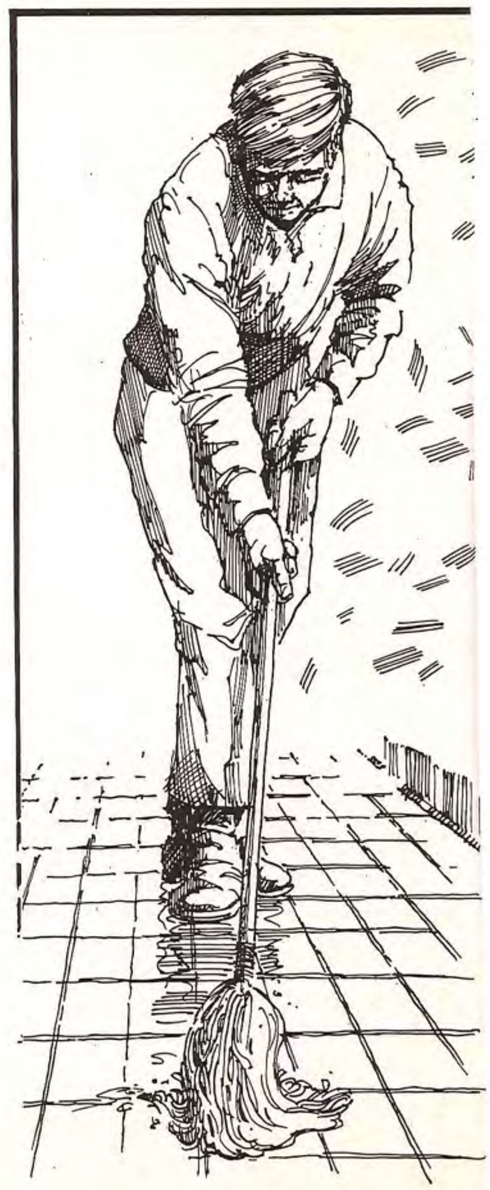
When Queen's Park Hospital in New Westminster contracted out its laundry services in 1983, the facility ended up with a severe infestation of mice brought in with the laundry from the contractor. The risk to patients in this instance cannot be overstated as mice may carry infectious diseases like hepatitis and salmonella.

Society must also bear the burden associated with contracting out. In Great Britain, 78,000 health care workers lost their jobs since the health service was privatized. Many of those people are still unemployed. Rather than being productive, contributing members of society, the workers exist on unemployment and welfare.

The reason for the domino effect in contracting out is that too few people understand what it really means and the relation it has down the line.

DEFINED

Contracting out has long been understood as "the practice of selling the work or services currently being provided by regular company



employees to private interests." Although the preceding expression constitutes an adequate definition for most purposes, two important phrases are missing.

The first concerns the reason contracting out exists in the first place. Added to the above definition should be "... in an attempt to reduce costs," as the main aim behind contracting out is to save money and not to improve service.

However, studies and real life situations prove that the cost of contracting out (or privatizing) services doesn't necessarily translate into savings.

Cowichan and District Hospital learned that lesson the hard way when it contracted out its Dietary Department to Versa Services in mid-1985. A year and a half later, the hospital cancelled the contract with Versa. The hospital finally concluded that it could operate the Dietary Department at a lower cost than Versa.

Another prime example of the high cost of contracting out can be found at the same facility, when the incontinent system was contracted out for three years. The annual contracted out cost to the facility was more than three times that of keeping things the way they were before contracting out. And, to cut the story short, the contract had to be cancelled less than a year later.

Far from saving money, contracting out quite often results in enormous unforeseen costs and the risk of failure. Contracting out also adds to the already heavy financial burden of hospital budgets.

In the above examples, the additional costs of contracting out are clearly visible, but not so readily apparent are the hidden costs. These costs include (but are not limited to): the study and the time spent on deciding to contract out the service; wading through the contractors' bids; the administration problems of the switch; the hassles associated with cancelling the contract and the cost of going back to the old systems.

Moreover, savings cannot be calculated simply by dollars and cents when the net result is inferior, or constitutes a health hazard compared to the way work was done before contracting out.

A case in point occurred when the housekeeping management at Mount St. Joseph's Hospital in Vancouver decided to contract out the department to Crothalls. At the facility there was a marked decline in the frequency and quality of cleaning throughout the hospital. Worse still, there was a corresponding increase in harmful bacterial strains (streptococcus, bacillus and staphylococcus) in the kitchen, extended care and emergency wards.

The problems being encountered in British Columbia echo the difficulties from Britain. Since the Conservative government began the privatization of the National Health Service in 1983, horror stories like the above have become commonplace. However, the problems with contracting out in the

U.K. have been ignored by Canadian politicians.

The second phrase that has to be added to the definition concerns another motive of the employers. Just as "... in an attempt to save money" has to be added to the earlier definition, so too does the phrase "... and smash unions."

Unfortunately for labor, this aspect of contracting out is being used in British Columbia. It's now apparent that the mere threat of contracting out is enough to cause employees to abandon their unions in favour of what they see as the only way to protect their jobs.

In B.C. that reaction is clearly visible in the employees' groups that have risen to the bait and sprouted up to buy back their jobs. In doing so, the employees give up the solidarity and the combined strength found in the trade union movement.

Ironically, by doing so they give up the one weapon they have for fighting contracting out. The panic reaction plays directly into the hands of the provincial government.

THE FUTURE

Despite repeated bad encounters and overwhelming proof that contracting out falls far short of being the perfect solution to their budget problems, hospitals and long term care facilities show no sign of abandoning the concept. Blinded by the very root of the issue, administrators are slow to see that the real causes of their money problems are restraint and chronic underfunding.

To make matters worse, health ministry officials are receiving bad advice. Neither the provincial nor the federal governments are helping matters. Smitten with false reports of success from Margaret Thatcher's Conservative sell-off of crown corporations, our governments continue to endorse privatization and contracting out.

Meanwhile, to the detriment of the country and Canadians, the politicians are ignoring the inherent problems of contracting out and the three major concerns to workers.

What is Versa?

As the decline into privatization and contracting out of British Columbia's health care system accelerates, one of the corporate names that pops up often is Versa Services. Currently one of the largest companies with a finger in B.C's health care pie, Versa Services already operates in one capacity or another in many of the long term care and acute care facilities around the province.

A major contender bidding for contracts in B.C., Versa has been awarded a substantial number of hospital contracts. Few people however, realize the scope and size of Versa's corporate position.

As of March 1988, Versa was operating in 28 health care facilities in B.C.

Perhaps best known to HEU members for operating food services in cafeterias, hospitals and long term care homes, the parent company (VS Services Ltd.) also manages housekeeping, laundry and maintenance services in hospitals, airports and institutions across Canada.

As a company, Versa Services is one of three operating sectors of VS Services Ltd.: the other two operating arms being VS Business Food Services and Versa Group. Under these three companies are 17 divisions or subsidiaries, including Diplomat Coffee System; Parnell Foods; Complete Purchasing Services and Cory and Aroma Coffee Services.

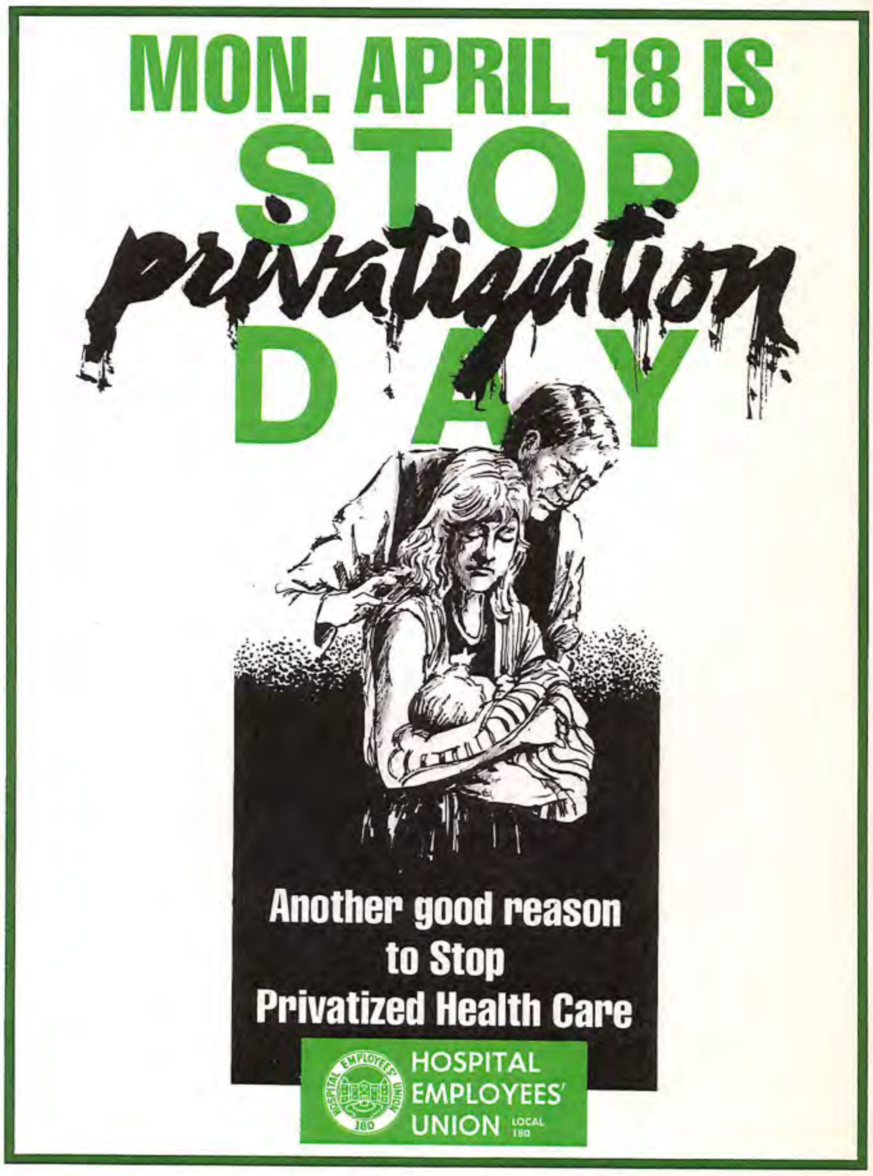
As a corporate giant, VS Services manages to hold its own.

According to VS Services' Annual Report for 1987, the company has more than 12,000 full-time employees.

As of March 1988, Versa was operating in 28 health care facilities in B.C.

In the last 46 years (the company has been publicly traded since 1961), VS Services has provided food services across Canada. For 1987, VS Services lists its total assets as being worth more than \$90 million. As a corporation with sales revenues of close to a third of a billion dollars in 1987 (with operational profits of \$10.5 million dollars), VS Services is doing very well.

The fight goes on!



For more than one day in early April the Union's Provincial Office looked like a postal sorting room. More than 26,000 envelopes, stacked chest high in roughly 500 neat bundles of 50, were being prepared for distribution. All the activity was in anticipation of phase two of the Union's "Stop Privatization Day."

Phase one began several weeks earlier with news releases, posters and a province-wide radio ad called "HEU Reports on the Crisis in Health Care."

On April 18, the envelopes containing a letter, brochure and return mail card were delivered to all Hospital Employees' Union members. The letters were aimed at raising members' awareness and understanding of the provincial government's plans to privatize health care in B.C. The Union's campaign was designed to inform members about the threat to their jobs, their security and their health.

The return cards were for members to express their concerns and indicate that they are willing to help in the fight against privatization. They would also serve in giving the Union an indication of which members want more information on the provincial government's scheme to Americanize our health care system.

At *Guardian* press time, the return cards were pouring in and those who asked for more information have already begun receiving the specially prepared material.

The material is in the form of a kit and is the culmination of three months of intensive research by the Union. The kit lays out in clear language that privatization of health care is not only planned . . . it's here.

The kit is divided into seven basic categories and deals with such topics as "Health Care As a Right." Under that heading is information about the establishment of the first Canadian public hospital insurance plan. The year was 1947 and the province was Saskatchewan. It also gives some background on the legislation governing health care in Canada: the Canada Health Act.

In a section directed at "Exposing the Myths About Health Care Costs", the Union has collected documented evidence for the argument against privatization. The material shows that, despite all of the noise made to the contrary by the provincial government, health care funding has actually dropped dramatically in past years.

Even Health Minister Peter Dueck has publicly admitted that "Health care costs are not out of control."

To back up that statement, the kit includes the statistics from both Canada and the United States (where universal public health insurance does not exist). The figures show that Canadians pay much less of their gross national product (GNP) for health care and in return receive free access to the best care available.

With that kind of evidence it doesn't take a statistician to figure out that the Canadian system is greatly superior to that of the U.S. We in Canada get far more for our health care tax dollars than do our neighbors to the south. For a country with roughly ten times the population of Canada, close to 35 million Americans live cradle to grave with no medical coverage of any kind.

As the kit points out, spending time in the American health care system can break you for the rest of your life. A simple one-hour checkup at your family doctor could cost $600 and if you have to be hospitalized, plan on losing at least $1,000 each day for the bed alone.

Bringing the numbers closer to home, one man from Surrey recently rang up a medical bill of $179,000 (US) after taking a spill on his motorcycle while in the States.

Because the Socreds have based their privatization plans on the British model, HEU also collected information about the United Kingdom's experience with privatizing health care.

In the four years since the Thatcher government started privatizing health care, 78,000 people have been thrown out of work in that field alone. Those still working are doing so for less money and longer hours. The unemployed health care workers who have not found work are on unemployment or welfare.

It's no wonder that the section is titled "The Grim Face of Privatization."

Research also uncovered some frightening statistics concerning the amount of privatization that has already taken place in B.C. with not so much as a murmur of concern. The fact that close to 50 per cent of all long term care facilities in the province are already run on a "for-profit" basis is not generally well known.

The Socreds have waffled back and forth for months now on how far they will go in Americanizing our health care. While in reality, British Columbia doesn't have very far to go to catch up to the United States: where a full 75 per cent of the long term care homes are now run for-profit.

SPENDING TIME IN THE AMERICAN HEALTH CARE SYSTEM CAN BREAK YOU FOR THE REST OF YOUR LIFE

Large multinational health care companies in the U.S. and abroad continue to rake in the profits and they are eagerly waiting to take over the Canadian market. A quick look at the balance sheets of just three of these monster corporations (Hospital Corp. of America, Humana and American Medical International) shows that they shared almost one billion dollars of profit for 1985.

The data ties in with the section dealing with the care of the elderly. "The Grey Gold Mine" outlines the fact that, due to chronic provincial government underfunding, as many as 85 per cent of the non-profit long term care facilities in B.C. may be forced to close this year.

And the provincial government is willing to let this happen as it continues to favor business over peoples' health.

More statistics bear out the bleak future for the elderly if privatization is allowed to run unchecked through health care. By the year 2006 there will be an estimated 37 per cent increase in the number of Canadians 65 years of age and older. And by 2021, Canada will need an extra 300,000 long term care beds to meet the needs of the elderly. For comparison's sake, the latest figures from the *Directory of Long Term Care Centres in Canada (1987)*, show that there are slightly fewer than 17,000 long term care beds in all of B.C.

The Hospital Employees' Union has also amassed irrefutable evidence demonstrating the negative impact that privatization has already had on our health care system. Citing examples from B.C. the kit uses newspaper articles combined with cold hard facts to illuminate the dangers associated with privatization of any kind.

Private contractors can seldom do a health care related job cheaper, more efficiently or thoroughly than is already being done. Time after time this has been proven to be true, yet the provincial government chooses to ignore the facts.

A prime example of this can be found at Cowichan Hospital on Vancouver Island. In November 1986, the hospital contracted out its incontinent system for a three year period. Ten months later the contract was terminated.

The hospital's annual cost of the purchased laundry service was $68,221.68. Had the hospital originally decided to stay with the in house laundry service, the cost would have been only $19,194 for the year (a savings of $49,027.68).

And the examples continue: not only in B.C., but in Britain and the United States as well. The information kit shows that problems arise whenever profit, rather than peoples' lives, becomes a health care priority.

"Air Canada is not is not is not FOR SALE"

Brian Mulroney
January
1985

They said it wouldn't happen . . . it couldn't be done . . . it's too Canadian, like universal health care and the CBC. But like so many other broken government promises, the fact remains:

Air Canada is now for sale.

On Tuesday, April 12, 1988, the federal government unveiled its plan to privatize Canada's national air carrier. That date also marked the official announcement that preparations were already currently underway to sell up to 45 per cent of the shares in Air Canada.

The airline that has linked Canada for the last 51 years and served as the nation's goodwill ambassador around the world is going to the auction block and with it are some 22,000 jobs. But the workers are not going to let it go without a fight.

It's a combination of the far reaching effect that the sale will have on all Canadians and the threat to the employees that has caused the biggest stir in Canada's trade union movement. According to the Canadian Labor Congress, the privatization of the airline is the latest part of the federal government's secret agenda to dismantle our crown corporations and the public service.

CLC President Shirley Carr called the sale duplicitous and a direct move to destroy Air Canada as we know it. She also questioned the government's right to sell something that doesn't belong solely to the federal politicians without a mandate from the electorate.

"Air Canada belongs to all Canadians and no Canadian should be asked to buy back what they already own."

That, in a nutshell, is what privatization is all about.

Three unions representing 70 per cent of the airline's employees have banded together to fight the sale and stop the privatization of any part of Air Canada. They have entered the fight knowing full well that their success hinges largely on public support and awareness of the issues. In their battle, the unions are depending on the public's support to save a tremendous national asset from slipping through our leaders' fingers.

What puzzles almost everyone about the sale is not the fact that Mulroney or any number of politicians changed their minds or reneged on a promise. More than anything, it's the lack of logic behind the sale of Air Canada that boggles Canadians.

For quite some time, both the federal and provincial governments have been carelessly following the British lead to sell off all crown corporations. When 100 per cent of British Airways was sold off a few years ago, Canadian experts correctly predicted that it would only be a matter of time before Air Canada would go too.

The idea and motivation behind privatization is to garner a short term profit with little or no regard for the nation's future. The ill-gotten profit is then placed in general revenue or used to reduce the country's debt.

Either way, it looks good on the

Continued on page 14

Battling Lay Offs

Taking Our Case to Victoria

February was a month filled with protests for the Hospital Employees' Union as the campaign against layoffs of Licensed Practical Nurses, Orderlies and Patient Care Aides got underway.

It began February 3 when Vancouver General Hospital handed out lay off notices to 117 of these health care workers. Two weeks later they teamed up with other British Columbian trade unionists for an information picket line at the hospital. *(See photos at left)*

A week later, HEU members boarded buses in the Lower Mainland for a noon-hour protest at the parliament buildings in Victoria. In hand were copies of the Union's LPN brief and a mandate to meet with Health Minister Peter Dueck and the NDP caucus. Union members from several Victoria units also turned out in support. *(See photos at right)*

The LPNs found their way to

Dueck's office in the parliament buildings and demanded a meeting. The ensuing half-hour session with the minister ended on his promise to review the LPN Brief and consider its recommendations.

During the meeting, Dueck said that hospitals are responsible for their own personnel policies and that the lay offs of LPNs and other health care workers were not his jurisdiction. He also stated that the Health Ministry had no intention of interfering with the internal policies of the hospitals.

HEU received a more accommodating welcome from Opposition Leader Mike Harcourt and the New Democratic Party. Harcourt and health critic Lois Boone met with the Union members on the steps of the legislature and pitched their support behind the fight to prevent the lay offs of health care workers and the erosion of health care.

Continued from page 11

books and, by manipulation of dollars, appears as if the government has accomplished some good during its term in office. In theory, this is best done before an election.

British Columbians are reminded that Margaret Thatcher was first to privatize Britain's National Health Service and that Premier Vander Zalm has started the same process in B.C. Likewise, all of British Airways was sold off in November 1986, and now the Mulroney government is following suit.

After the April 12 announcement, Vic Blais, president of Local 148 of the International Association of Machinists (IAM), sent a strongly worded letter of protest to the Prime Minister. Blais called the government's decision to sell Air Canada "a triumph of blind ideology over common sense."

In the letter, Blais expressed disappointment and a strong sense of betrayal on behalf of the unions' members. The three unions represent a total of 15,000 workers including flight attendants, baggage handlers, technicians, ticket agents and mechanics.

The IAM and the Airline Divisions of the Canadian Union of Public Employees (CUPE) and the Canadian Auto Workers (CAW) have good reason to be concerned as massive lay offs of their members appear inevitable should the sale go through. Before British Airways was sold in 1986, more than a third of British Airways employees (some 20,000) were let go.

Dr. Madsen Pirie, architect of the British privatization madness and consultant to Canadian governments, said the idea behind the reduction in workforce was to increase efficiency and make the company profitable in order to entice buyers.

Opponents of privatization realize that when massive reductions in the workforce occur, those who are left suffer due to an increased workload and poorer working conditions. A decrease in numbers also weakens the trade union movement. Society also bears the brunt of an increased demand on social services every time large numbers of workers are thrown out of work.

Unlike British Airways, which Pirie claimed was losing money "hand over fist" before it was sold, Air Canada is very much a profitable enterprise. Numerous other Canadian crown corporations have long been operated at a loss and at great cost to the taxpayers, Air Canada is one of the healthiest corporations in the country. Furthermore, the airline has neither required, nor received any direct infusion of government subsidies in the last 25 years.

As for the last ten years, Air Canada turned a profit in all but two years. For 1986, that meant a tidy profit of $40.4 million: money that went back into Canadian revenues. Moreover, during the same ten year span, Air Canada's pretax profit exceeded losses by $379.3 million. Not too many private corporations can make that claim.

According to a brief presented on behalf of the three unions to the federal government last August, Air Canada's return on equity was a respectable 9.1 per cent, or above average when compared with Canada's top 1,000 corporations. Over the years, Air Canada has been more profitable than CP Air, Nordair and Eastern Provincial airlines.

Together, the three unions plan to lobby to prevent the sale and remove the Conservatives in the next federal election. This will require the support of the average Canadian who, like the average Air Canada employee, has a lot to lose should the sale go through.

As with the construction of our railways and highways, Air Canada's history is part of Canada's heritage and a bond that ties the nation together. In the last five decades Canadians have come to depend on service to all parts of Canada from its one national airline. Like bus routes to the suburbs, this service has only been possible because the profitable routes help pay for the more out of the way destinations.

Deregulation, now a fact of life in the Canadian airline industry, has already contributed to the loss of air service to some remote parts of the country. Privatization will make things worse than deregulation.

The sale of Air Canada places these routes and those Canadians who depend on it at a distinct disadvantage. When profit is the key motive, as with any private company, the unprofitable portions of the operation will be pared down and most likely eliminated altogether.

According to Blais, "... in the aftermath of your (the federal government's) deregulation of air transport in Canada, a public carrier is essential to ensure the provision of adequate and affordable service to all parts of Canada."

Another concern for the Canadian public is that airline safety standards could suffer when profit and not people becomes the goal for a privatized national airline. Canadians currently enjoy the assurance of highly regulated safety standards as a result of a publicly-owned Air Canada. All other carriers flying Canadian skies are under similar safety regulations.

Like the United Kingdom's British Airways, Air Canada (wholly owned by the taxpayers) is being sold off to cover the debts of a Tory government. But unlike Margaret Thatcher, who sold off 100 per cent of BA, Air Canada is being privatized piecemeal.

In the final analysis, the average British subject received nothing from the sale of British Airways, because the average citizen couldn't afford to invest the money in the undervalued stocks. The sale netted almost $2 billion (minus the estimated five per cent or $10 million that went towards advertising, accountants, brokerage fees, management of the sale...)

Far from promoting public ownership in a company they already owned, 75 per cent of the people who bought British Airways stock as small investors sold out within three weeks. In the words of British MP Tony Blair, "They simply took the profits and left."

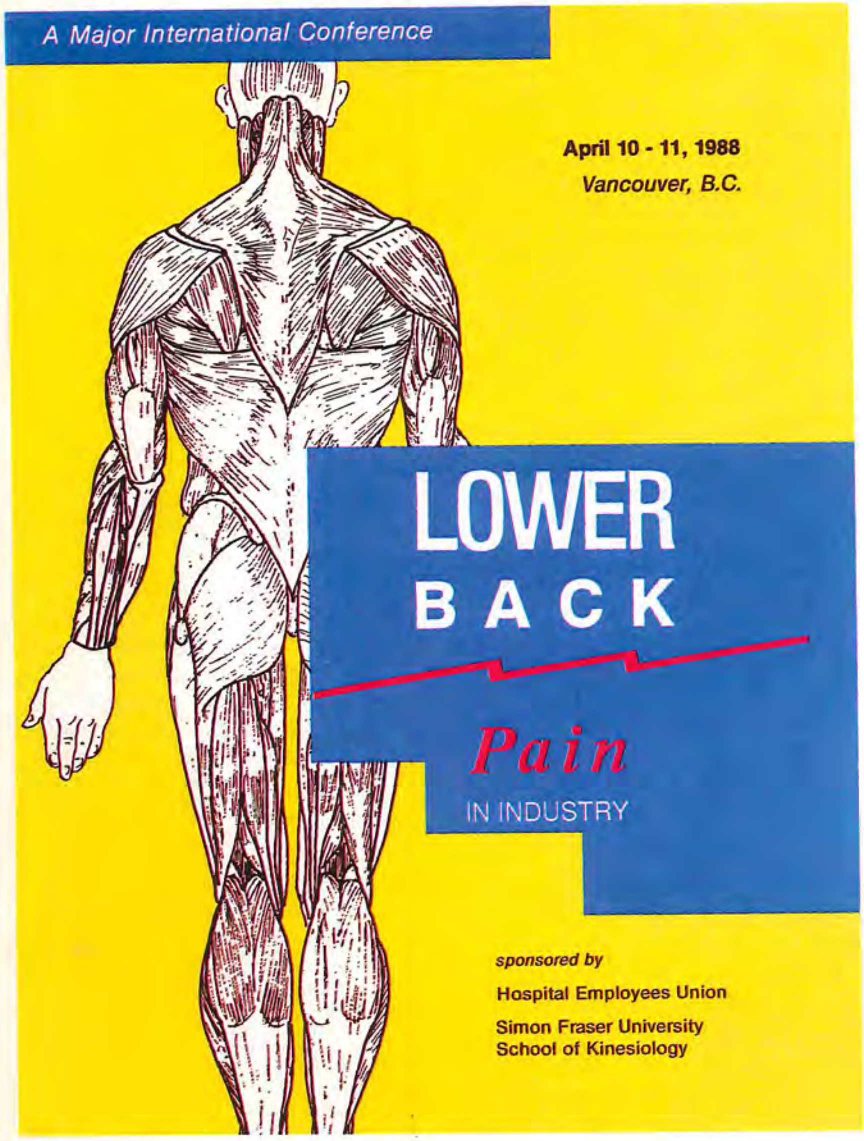
The average Canadian can expect the same when the first 45 per cent of Air Canada is raffled off at a low price. And experts are betting that the remaining 55 per cent will soon be sold as well.

Apart from the federal government and the handlers of the sale, those who stand to profit from the privatization of Air Canada will be those who can afford to buy the stock.

Gone will be jobs, profits, unprofitable routes, safety and input into how the company is run. American managers will most likely be brought in to maximize profits and minimize service (that's what happened in Britain). That means a few more jobs for Americans and the loss of thousands of Canadian jobs.

As pointed out, the government's motives behind the sale of Air Canada remain foggy. But however unclear Mulroney's motives might be, the disturbing consequences to all Canadians are certain.

Back Pain Overview



The Hospital Employees' Union and Simon Fraser University's School of Kinesiology successfully co-hosted a conference on lower back pain in industry, April 10 and 11 in Vancouver. The high rate of lower back injuries in the health care field provided the impetus for the Union to play a large part in the conference.

Close to 200 HEU delegates from across the province attended the world class event along with doctors, nurses, physiotherapists, Workers' Compensation Reps and other health care related workers. And throughout the intensive two days, delegates learned a lot about the causes, prevention and treatment of an ailment that strikes an estimated 80 per cent of the world's population: back pain.

SPEAKERS

Professor Alf Nachemson of Gotenborg, Sweden is one of the world's foremost experts on back pain and was the feature speaker at the conference. His lively presentations went a long way to dispel many of the commonly held beliefs about low back pain.

Nachemson admitted that because of the complexity of the problem it might be easier to study the 20 per cent of the population that never suffers from back problems.

Just how little is known about back pain is reflected in the fact that in 98 per cent of the cases nobody knows what causes back pain. According to Nachemson, "... if someone tells you differently, then they are lying."

Nachemson added that doctors tend to be vague when discussing back injuries with their patients because very few people can actually pinpoint the exact cause of the injury.

It is only when the problem persists over an extended period of time that the rate of correct diagnosis of back injuries increases.

Other speakers at the conference spoke about treatment and prevention.

HOW TO LIFT

Ergonomics specialist Dr. Margareta Nordin talked about the correct way to lift. Nordin cautioned that research shows that when lifting it is most important to keep the load close to the body, keep the trunk upright and avoid twisting.

Nordin admitted that much of the lifting done by hospital workers cannot be done under these ideal conditions. And that sometimes stretching, twisting and bending are the only ways to get the job done.

Nordin added that if lifting techniques were instituted as a course by unions and management the results would benefit everyone. But to be effective, Nordin concluded that the lifting techniques would have to be taught early to new staff and often to all employees. Workplace and tool design should also be altered to help employees and reduce the risk of injury.

Dr. Murray Allen, a sports medicine expert at Simon Fraser University stressed that fatigue and overuse (repetition) increases the potential for injury.

According to Allen, there are too many variables to determine a safe amount for people to lift (size, sex, age, physical fitness...). He stressed that it isn't so important how much you lift, but how often you can lift it that marks the boundary for a maximum amount.

Research shows that raising a stein of beer at arm's length produces greater stress to the body than lifting 30 pounds properly and close to the body.

TREATMENT

If there was one thing that most of the experts agreed on, it was treatment. Dr. Stan Bigos told the audience that 85 per cent of people would get better with absolutely no treatment, so long as they didn't re-injure themselves. Bigos said 50 per cent of injured backs will heal themselves in one week and that over-resting, over-medicating and over-operating are all bad for treatment in the majority of back injuries.

Bigos claims that witch doctors have a higher success rate in the treatment of lower back pain than modern doctors because they never over-prescribe rest, medication and surgery.

Research has shown that manipulation, heat, ice, massage and even physiotherapy have very limited success in the treatment of back pain.

It has also been proven that rest and inactivity for some back pain may actually inhibit healing. Muscles, tendons, fractures and ligaments heal more quickly with some mobilization. Dr Gordon Waddell said that traction is the most damaging treatment ever devised.

Waddell said the aim of treatment is simply to help the injured get on with their life while the back heals itself.

SURGERY

The mere mention of surgery for back pain was a sore spot for most of the speakers. Surgery for back pain is a product of the last 50 years, as virtually no surgery for back pain was performed prior to 1932. Since that time however, and much to the experts' disapproval, the rate has grown by dangerous leaps and bounds.

The consensus was that surgery for back pain is performed all too often in North America. The rate for back surgery in Canada and the U.S. is close to ten times that of Europe. Rather than a cure, surgery is seen as one of the major contributors to disability.

Nachemson suggested that, as a general rule, back surgery should be performed only after two to three months had passed since the initial injury.

Statistics have shown the rate for success in eliminating back pain for an individual falls as the number of back operations increase. This fact, combined with other studies on the different methods of treating back pain, has prompted experts to reach the conclusion that too much treatment is bad for your health.

The experts also found agreement on the fact that there are very few malingerers when it comes to back pain. That statement brought a round of applause from the audience. Back pain is a serious and widespread malady and one doctor cautioned against even using the term, because "you can't question a person's integrity."

BACK PAIN AND THE WCB

Those in attendance were also treated to some legal advice about back pain in industry.

HEU's legal counsel Carmela Allevato mentioned that cutbacks in health care are linked to the recent increase in the number of back injuries. She also said the fact that nobody trusts the Workers' Compensation Board must be addressed.

Allevato levelled her criticism at the operation of the WCB. As it now stands, the onus is on the chronically disabled worker to prove both that a particular incident or prolonged activity caused the injury and that the sufferer is truly disabled.

The lawyer called on the provincial government to treat back pain suffered by hospital workers as an industrial disease. She also suggested that B.C. follow the province of Ontario and rule that chronic pain is compensable.

Lawyer Allan Maclean advised everyone to read the Workers' Compensation Act. In referring to the problems he encounters with the WCB, Maclean said that ineffective rehabilitation actually makes matters worse.

A later speaker said that rehabilitation in Canada is in a deplorable state and that the average B.C. patient must wait 17 months before seeing a rehabilitation expert.

According to Maclean the WCB has an obligation to get injured workers back into shape and if it cannot do so then WCB should pay. His point was that WCB does stand for Workers' Compensation.

The counsel's strongest words were directed at the audience of predominantly health care workers.

"If you are hurt at work, then report it. Especially if it happens on a Friday."

Maclean warned that the important thing to remember about an injury at work is that you can never be certain whether or not it will have long reaching consequences.

He cautioned all workers who are injured to tell their employers and fellow workers, get witnesses, see a doctor and fill out the proper WCB form.

RELEVANCE TO HEU

Anyone who has ever worked in a hospital can tell you that lower back pain has special significance to HEU members. Studies have shown that hospital workers in B.C. suffer a greater number of industrial back injuries every year than do employees in other heavy lift occupations such as forestry, mining and construction.

In 1986, close to 2,000 hospital workers suffered an industrial back injury. According to HEU Research Analyst Elspeth McVeigh, five per cent of the Union's 26,000 members (roughly 1,300) had a time loss claim for back injury in 1986.

McVeigh told delegates that, in the case of Licensed Practical Nurses, a direct correlation exists between the decrease in the number of LPNs and the increase in lower back injuries. In the ten year period between 1975–85, time loss claims for injuries resulting from moving patients has increased an amazing 400 percent.

With further reductions in staffing levels as the result of continued restraint and cut backs in health care, the prediction is for back injuries among HEU members to rise.

"On average, 51 hospital workers are put on WCB permanent total disability each year," said McVeigh.

"Ninety-five per cent of all HEU members return to work within the first 12 weeks of an injury, but after that time, the chance of returning to work falls rapidly.

"Studies tell us that 50 per cent of people off work for more than six months will never return to work."

The price paid for back injuries is not only calculated in pain and suffering amongst the injured. According to McVeigh, the average WCB appeal takes 18 months before a final decision is made.

An important part of her speech was the fact that the cost of back injuries is born by all of society. Statistics show that the 7.5 per cent of workers off work for more than six months account for a whopping 76 per cent of all compensation costs.

McVeigh told the audience that trade unions are intensely concerned about the way their members who suffer back pain are treated by employers. She broke the concern into four main areas:

—There is a tendency to return injured workers to work too early, risking re-injury or insufficient healing.

—Some employers see back injuries as the perfect excuse to fire workers. Employers reason that they can save money and find someone else to do the job . . . somebody with a strong back.

—There is evidence indicating that the health care industry is reluctant to make work place improvements to reduce the number, or potential for further back injuries. Redesigning work stations, hiring more staff or education on how to avoid back injuries all cost money. And that is something we hear that all hospitals just don't have enough of.

—Likewise, some employers refuse to recognize that they have a responsibility to the injured workers. No consideration is given to the fact that the injury occurred at work.

HEU PUSHES STUDY

For all of the above reasons, McVeigh announced that the Hospital Employees' Union is seeking full funding from the WCB for an intensive five-year study aimed at reducing the rate of back injuries in health care and returning workers to active employment.

Expected to cost $1.5 million, with an initial $30,000 of funding already secured from the WCB, the proposed start date for the study is September 1, 1988.

The hospitals slated to take part in the study and the modified return to work are Vancouver General, Burnaby, Royal Columbian and Shaughnessy. The study will also depend on ratification of the program by the affected Units.

The study will look into the feasibility of a program of modified return to work for injured workers. In doing so, it is hoped that the number of permanently disabled workers can be reduced.

An additional benefit of the study will be the collection of data for future management of lower back pain.

McVeigh said that worker participation in the study will be entirely voluntary and that an understanding must be reached with the facilities that the duties performed by the injured workers will not result in lay offs of other staff in the hospitals.

With the skyrocketing rate of back injuries and the accompanying cost, the idea of the study makes sound sense.

"Nobody benefits from low back pain: not workers, not employers and not the WCB."

Nine years of constant pain follow back injury

During his opening remarks at the Back Pain Conference, HEU Secretary-Business Manager Jack Gerow dedicated the conference to all workers who have suffered from work related back pain. One HEU member received special mention and that was Judy Kereszti.

On May 4, 1979, Judy Kereszti, a housekeeper at Victoria General Hospital, fell down a flight of stairs at work. As a result of the fall, Kereszti injured her back and went on Workers' Compensation. In the last nine years, surgeons have unsuccessfully performed eight back operations on Kereszti to repair her back and alleviate her suffering. She exists today in constant pain.

In June of 1986, the WCB decided that Kereszti would receive a paltry $104.76 a month in compensation. Kereszti, with the help of the Union, appealed the decision and a hearing was held October 15, 1987.

To protest the lengthy delay, Kereszti decided to go on a hunger strike on the steps of the legislature in Victoria.

That was early April of this year

and *The Guardian* went to Victoria to interview Kereszti on day ten of her lonely vigil. Excerpts from the interview are contained below:

Guardian. When you first hurt your back what did the doctors say to you?

Kereszti. They just treated me, you know, like I had a sore back. They gave me cortisone shots, pain killers, muscle relaxers and things like that. The following year I had my first surgery.

G. Did they say that would cure your back pain?

K. No, they said they were going to fix it up good. That's the way they put it. They fixed it up good alright. And then they sent me back to work.

After I was sent back to work, I rehurt myself and I complained that I had a back ache.

G. How did you re-injure it the second time?

K. By reaching up and lifting buckets. But I was supposed to be sent back on light duty for three months. And when I went back the first day I was told do my work or quit. On the first day back they told me to do it or get lost, in plain English. That's not right.

G. How long was it before you had your second back surgery?

K. The first one was in July 1980, then January 1982.

G. And since 1982 you've had six more operations?

K. The others were July 1982, October 1982, March 1983, August 1983, November 1984 and July 1985. That's a total of eight operations.

G. What do the doctors say is wrong with your back now?

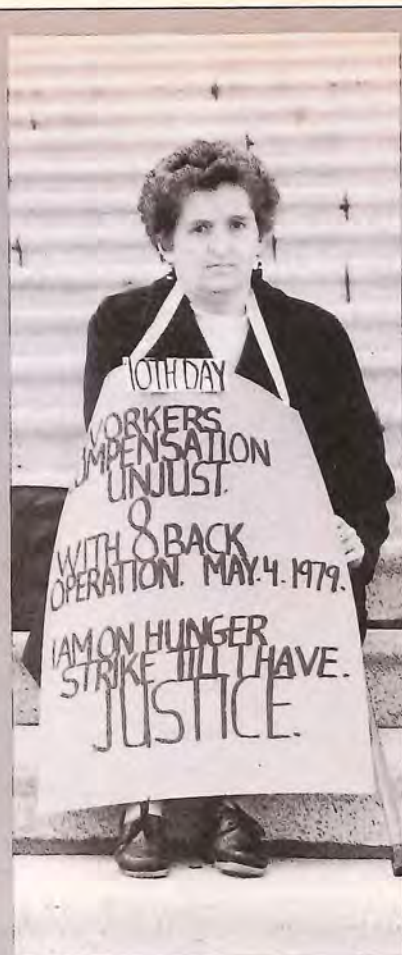
K. It's been damaged and they can do nothing for me.

G. Has the surgery helped you?

K. No! It's not helped me.

G. Have you received compensation for your injuries?

K. Yes, for the first year I was on compensation and then they cut me off.



G. Can you stand and walk today without pain?

K. I can walk a little bit, but I have to go day by day.

G. Are there ever any times when you don't have any pain?

K. No, I have always pain, day and night.

G. After you were cut off compensation, how did you manage to live if you weren't working?

K. On long term disability. I've had to live on just $630 every month. When I started on long term disability I got $630 a month and nine years later I'm still getting the same amount. You tell me how that's correct.

G. Will all the money in the world ever compensate you for the pain?

K. No, not in my lifetime. Maybe some day they could come up with something to fix that kind of back trouble. But at least with compensation I could cope. I wouldn't have to worry day by day about how I'll live. I have to deal with my chronic pain every day. I don't need all that hassle.

On April 18, a week after the interview, the WCB Review Board brought down a decision from the October 1987 appeal. Although it found her 100 per cent disabled, it refused to accept full responsibility for Kereszti's back injury and awarded a persion of only $495.75 a month.

As a consequence of the ruling, her situation had not changed, and Kereszti said she felt betrayed.

HEU Secretary-Business Manager Jack Gerow said, "We're furious that the WCB would rule that Judy is 100 per cent disabled, yet admit to only 50 per cent of the responsibility."

The union planned to ask the WCB commissioners to intervene, overrule the Review Board's decision and accept full responsibility for the disability.

Gerow also said that Kereszti has endured far more pain and mental anguish than anyone should ever have to and spent her life savings to fight for what is her due.

"This latest WCB Review Board award is too little, too late and too insulting to even consider."

The next week, accompanied by HEU Legal Counsel Carmela Allevato, Kereszti went to the WCB to file an appeal and meet with WCB head Jim Nielsen. At the WCB, Kereszti was told that Nielsen didn't have the time to meet with her.

Kereszti waited in the WCB lobby until 5:00 p.m. that day and left only under an escort from the R.C.M.P.

At *Guardian* press time, the appeal had not been considered, and Kereszti still had not consumed any solid food.

FRONTLINES

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 due to involvement in South Africa.
- 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, pears, raisins, nectarines, lobsters, onions and wine.
- Louisiana Pacific Corporation/Forest Products (Carpenters/IWA): construction material, waferwood construction panels, Pabco Xonolite insulation, Weatherseal windows and doors.
- Victoria Plywood: any items identified by the "Vicply" logo.
- California Table Grapes (United Farmworkers of America).
- Non-union Sub-Post Offices (CLC and the Canadian Union of Postal Workers)

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 #26 in Kelowna.
- Entex Door Systems Ltd. (Carpenters' Shop, Local 1928): all products of this Port Coquitlam company.
- Calwood Industries: Surrey company manufactures millwork and interior fixtures mainly for large projects in the Lower Mainland.

LETTERS

BUDGET BLAST

Letter to Mr. William Vander Zalm, Premier of British Columbia and Mr. Peter Dueck, Health Minister in the Cabinet in the government of British Columbia
April 14, 1988
Dear Sirs,

We, the residents of New Vista Care Home, do hereby wish to tender our protests to your recent decisions re. the rent increase of all old age pensioners and elderly people.

1. We vehemently disagree with your action in raising our daily fee which we pay each and every month. It is too great an increase and too sudden — with no phasing in (the increase) gradually to have us adjust slowly.

2. We understand you to require us to take a "means test" — so that each and every one of us must declare their true income. Many, many elderly people do not like to be submitted to this test — as we have paid our way thus far without it. It's degrading to say the least.

3. We will now have to pay our rent totally according to our income.

4. Many old age pensioners have found that they are paying for their medication, some pills and shots which they need, and in some cases presented with a hefty bill. They are shocked at having to meet this bill each month which also must be taken out of their old age pension and supplement cheques in most cases. They cannot do without these pills so it is essential that they be included in the their B.C. Medical Plan.

All of us have lived through two World Wars, the depression of the hungry thirties — brought up our families without the aid of family allowances, and when wages were small. We were taught to save and to put something by for a rainy day. It was instilled into us every day — Save, put something by — Save for your old age. We know what it is to scrimp and save and make do. Why are you penalizing us who have a few savings put by?

Why? Why? Why do we have to pay to the hilt when we have worked so hard for our money and must now have this sudden rent increase thrust upon us?

I sincerely hope you will understand what we are trying to tell you. All of us have worked hard and toiled early and late. We know what we are talking about.

Sincerely,
(Mrs.) Lillian Wellsby
—mother, grandmother and great grandmother Age 83

also Secretary, Resident Council of New Vista Care Home

Editor's Note:

At *Guardian* press time, Mrs. Wellsby had still not received a reply from the government.

LETTERS

Our Brother Wilfred

Wilfred was a resident in the New Vista since 1976. He was physically and mentally handicapped. He was a cantankerous little fellow and very vocal about things he didn't like and quite independent.

Over the years the staff became very fond of him, giving him gifts for his birthday and Christmas.

About June of 1987, we learned Wilfred had cancer. As he became more dependent on us for care, he became more loving.

One day he told me he never had a job and he wanted to belong to New Vista as I did (meaning I was Staff).

We made him a name tag and his job title was "2nd Floor Unit Clerk." Every day for an hour or so we pushed his wheelchair to

the Care desk and as other residents passed by he would flash his name tag and tell them he was a staff member.

One day, as Christmas was approaching, he said to me that although he was staff he still wasn't the same as me. When I asked what he meant he said, "You belong to the Union and have a nice pin."

I contacted our Rep. Eileen Henneberry, told her the story of Wilfred and asked if he could become a member of HEU. Eileen contacted Bill Macdonald and with the consent of the Provincial Executive, he gave us permission.

On December 19, 1987, four Unit Executive members and myself swore Wilfred into the HEU. We gave him a Union pin and a copy of the Constitution and ByLaws. He was beside himself with joy and all day as we passed him he would salute us and we would return the salute.

On the morning of December 20, 1987, our Wilfred died.

On his nightgown was his HEU pin and in his hand the Constitution and ByLaws. He was buried with both.

We want to share the story with you as we are proud of our Union for allowing us to give Wilfred his last gift of happiness.

I have enclosed a picture of our Wilfred taken the day he became a member of a really great union, "HEU."

Eva Wollenberg
Chairperson
New Vista Unit

Clouds and the threat of rain didn't keep HEU members from joining 40,000 peace marchers for the Annual Peace Walk in late April. HEU members from several Lower Mainland Units walked under their own banners in support of the worthy cause.

PEOPLE IN FOCUS

Lynn Carlile is one of the new Rep/Organizers working out of the Provincial Office. Lynn's been an HEU member since 1980 and worked most recently as a Dietary Aide at St. Paul's Hospital in Vancouver. While with the St. Paul's Unit, Lynn held the positions of Chief Shop Steward, Vice-Chairperson, Assistant Secretary-Treasurer and is currently a delegate to the Vancouver and District Labor Council.

Heather Suggitt, former Secretary-Treasurer for the Kootenay Lake Unit is now a Rep/Organizer with the Union's Kootenay Regional Office in Nelson. An HEU member for four years, Heather worked in the medical records department of Kootenay Lake District Hospital. Along with her involvement with the Union, Heather works closely with the Nelson, Trail and District Labor Council.

Doug Enns is now a full-time Rep/Organizer with the Okanagan Office after almost a year at the job on a casual basis. Doug's association with HEU began when he started as a Nursing Orderly at Kelowna General Hospital in 1973. Doug was the first male LPN to work on the surgical ward at Kelowna General and through the years has held many Unit Executive positions.

Warren Ballard, former Provincial Executive member as Regional Vice-President for the Fraser Valley, is now a permanent Rep/Organizer in the Provincial Office. Since last summer, Warren has been working as a Rep in training and before that worked as a Cleaner at Maple Ridge Hospital. His specialty is Occupational Health and Safety.

Brendan Dick is the Union's new Accountant/Computer Operator in the Provincial Office. His duties include working closely with the Union's Financial Secretary. While at university, Brendan was an HEU member working in stores at Vancouver General Hospital. After university and prior to his current position, Brendan was an Accountant at the Icelandic Care Home.

Rhon L'Heureux, Regional Vice-President for Vancouver Island has stepped down from the HEU Provincial Executive. Rhon was elected to the Provincial Executive in 1986 and works in Pediatrics at Nanaimo Regional General Hospital as a Licensed Practical Nurse. Rhon's going back to university to complete his studies for Registered Nursing.

Gordon Meagher, long time Provincial Executive member and Unit Executive died of Cancer on May 6, in Abbotsford. Meagher was an HEU member since 1951, and was extremely active in trade union business until his retirement in 1987. He worked at Vancouver General Hospital and stepped down from the Provincial Executive at the 13th Biennial Convention in 1984 due to illness.

Carole Campbell, former Regional Vice-President for Vancouver Island died of cancer on March 17. She served on the HEU Provincial Executive from 1982-84. Campbell started with the Union in 1976, and worked as a Dietary Aide at the Aberdeen Unit.

Margie Wayne is the Union's new Regional Vice-President for the Fraser Valley. Margie is also the Chairperson at the MSA Unit, where she works as a Long Term Care Aide. She's very active in the Union and has held various other Unit Executive positions since joining HEU in 1973.

Melanie Iverson, Chairperson for Lady Minto Unit is now the Vice-President for Vancouver Island. At Lady Minto, Melanie works as a Dietary Aide and has been with the Unit since certification in 1983. Prior to that time, Melanie worked at Royal Jubilee Hospital.

A Frontlines story in our last issue, titled WCB REVIEW, erroneously reported that the Ward Clerk at Bulkley Valley District Hospital had pre-existing arteriosclerotic heart disease prior to her injury. That is not the case.

MILESTONES

After 24 years with the Hospital Employees' Union, Anna Bouwer is retiring from the South Okanagan General Hospital at the end of June. Over the years Anna worked closely with the Union as a Vice-Chairperson, Warden, Conductor, Treasurer and Social Convener. Housekeeping at the Unit won't be the same without Anna, but retirement will give her the luxury of sleeping in during the mornings.

A January retiree is Pearl Bright from Swan Valley Lodge in Creston. Pearl worked at Swan Valley since 1979 and joined HEU two years later. As a Long Term Care Aide, Pearl was also active with the Union holding several positions, such as Secretary-Treasurer and Secretary of the Health and Safety Committee. Pearl has plans to travel and enjoy her retirement.

Travel with her husband, her many hobbies and activities with her church will keep Isabel Ernst amply busy now that she's retired from G.R. Baker Memorial. After working at the Unit for more than 13 years (three in Dietary and ten in Laundry), Isabel retired on March 31 of this year. Her retirement dinner was held April 6.

If anybody's asking, Lil Kinisky,

former Shop Steward at Swan Valley Lodge, has gone fishing. That is all she has planned for her retirement. Lil started at the Unit in 1974 and joined the Union in 1981. Working in the Nursing Department as a Long Term Care Aide, Lil retired on January 26 of this year.

Mary Koran would like her coworkers to know that it's been a privilege to work in Fernie District Hospital. Taking retirement after almost 17 years with the Unit, Mary doesn't plan to slow down now. Her garden, crafts and the community are all going to benefit from her extra free time. Mary worked in the hospital as a Licensed Practical Nurse.

Kathy Rogger, Housekeeping Aide and Union Trustee from G.R. Baker Memorial is now amongst the active retired. Kathy, who worked five years as a casual before switching to full-time in 1970, has decided to travel and take life easy since retiring on March 12. She says she loves hockey and prides herself on being a good HEU member since she joined in 1969.

Sophia Tyburcy's retirement plans are the envy of us all. After more than 19 years, Sophia says she plans to remain in Kitimat, travel and enjoy herself to the fullest. Just rewards after working as a Nurse's Aide in the CSR department at Kitimat General. Sophia's last working day was March 31, 1988.

Mary Yarocki says she only planned to work for a year when she started at Powell River General. That was way back in 1962, and she enjoyed it so much she stayed on. Now, more than 26 years later, Mary has retired. After many years of Unit Executive involvement (Warden, Trustee, Shop Steward . . .), Mary's going to have plenty of time to spend with her nine grandchildren and her hobbies.

FRONTLINES

ALBERTA NURSES WIN

Following a successful 19-day illegal strike, United Nurses of Alberta Secretary-Treasurer Heather Malloy was a guest of the Vancouver and District Labor Council this spring. At a public meeting in support of the Alberta nurses, HEU Provincial Executive member Mike Barker congratulated Malloy on the nurses' victory and handed over a cheque from the Union for the sum of $2,000 towards their legal costs.

The money will go towards paying off the $400,000 in fines levelled at the Alberta nurses for contempt of court and for continuing criminal contempt during their struggle.

Malloy told the audience in Vancouver that as the strike grew, so did their support from trade unions and the community. She expressed thanks on behalf of the nurses for the backing. Malloy also added that the response was so overwhelming that the donations were expected to cover almost the entire amount of the

Heather Malloy

fines incurred. The nurses' new 27-month contract includes an eight per cent pay raise.

SCHOOL DAYS

More than 200 HEU members the books this summer at the Union's Summer School, at the University of British Columbia. Due to the introduction of Bill 19 last spring, the Union's comprehensive education program was cancelled to make way for an Emergency Conference.

This year, from June 6-17, successful applicants attended classes, forums and heard lectures from leading trade union figures from the United Kingdom and across Canada.

Students stayed on campus for the two weeks and took in night sessions, as well as a combination of compulsory and optional courses. Topics ranged from Leadership Training to Communications and Union History.

See Page 24 for comments by summer school participants.

SOUR GRAPES

Canadians are eating fewer California grapes since the United Farm Workers of America boycott started two years ago. Figures show a 25 per cent drop in shipments of grapes to Toronto.

In addition, the California Coachella Valley grape industry lost $40 million in 1987.

The Farm Workers have won extensive public support with their video campaign showing the horrors of pesticide contamination in the grape industry.

A touch of class

Members share learning experiences at first annual HEU summer school*

This has been a learning experience. At times, I felt overwhelmed for a short time I felt frustrated because most of the members seem so much more "with it." But by sitting back and absorbing the material, I am learning.

* * *

I enjoyed the class, but the question of class struggle and our relationship with management was not dealt with to my satisfaction

* * *

Some classmates were very knowledgeable, others didn't have a clue. Perhaps there should be levels.

* * *

I found this course was excellent in identifying problems. I didn't feel we were able to find some practical solutions. Maybe I was hoping for some steadfast rules that I know just don't exist.

* * *

A number of things occurred and I saw that the organization of my local is working well. I have learned a number of new tactics for dealing with management and other problems.

* * *

A course like this allows you to go back and tell members that we have the leaders who can make a difference. Our Union allows any one of us to become involved as well as teach us how to be better involved.

* * *

I feel I can go back to my Unit better equipped to try at least to get more members involved in what we are all about. I just wish this course could be available to more of our members.

* * *

This course has shown me more confidence towards the Union and all members. Another thing it did for me was it gave me more awareness of what is going on in the industry.

* * *

My own views have been expanded, and I feel I have developed friendships that without this classroom organization I could not experience. I will encourage others if they have the opportunity to attend. A valuable experience I will take back to support the members of the Unit.

* * *

A lot of debate took place — we shared a lot of individual views — learned a lot of information.

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I enjoyed meeting the members from other Units and to hear their opinions of their Units. To become a "leader" so fast may not be something I'll accomplish, but the topics have made me more aware.

See story on Page 23