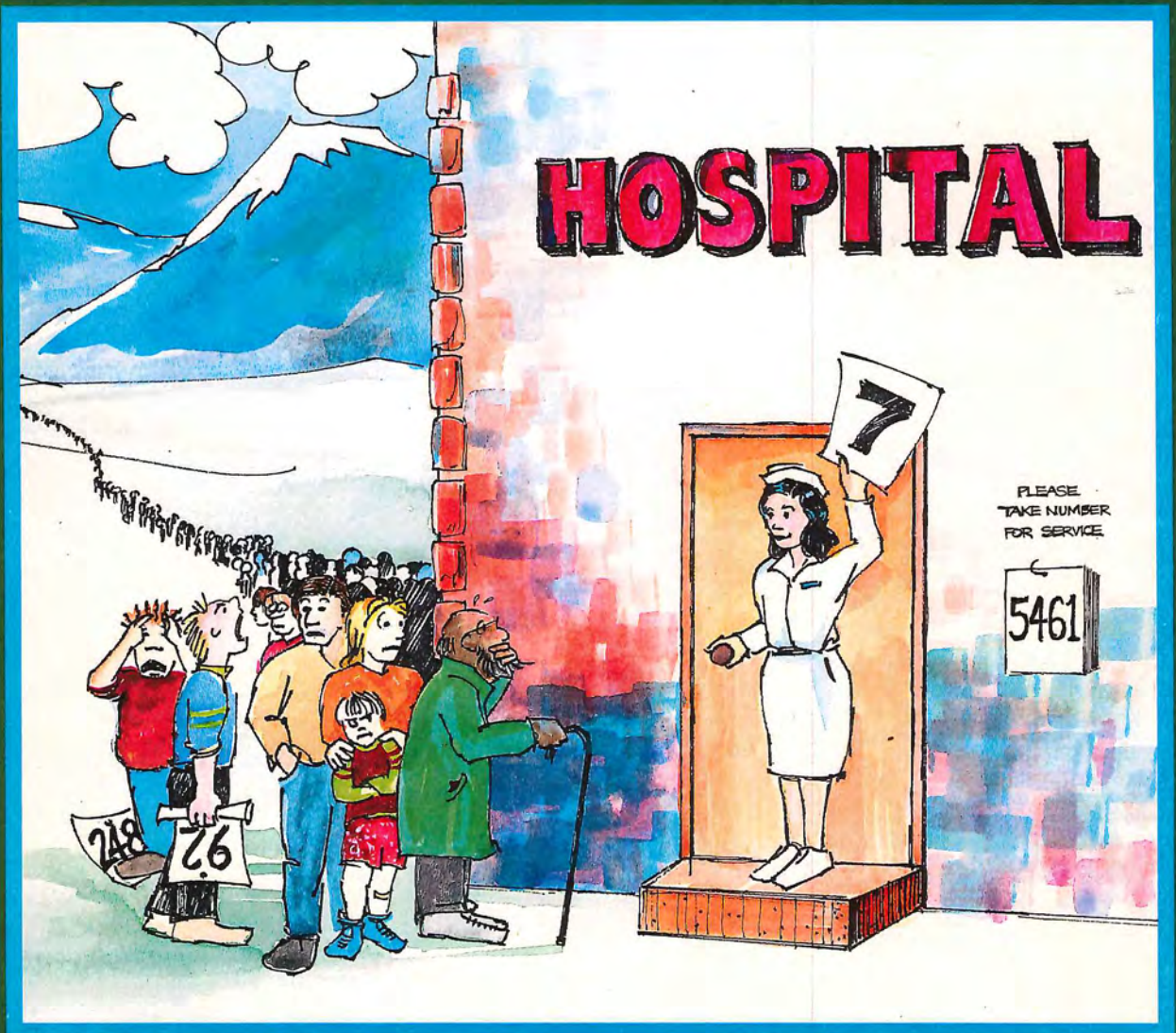


THE HOSPITAL Guardian

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Lining up for health care in British Columbia



Guardian

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

Editor: Brad Teeter

The Hospital Guardian is published by the Provincial Executive of the Hospital Employees' Union, under the direction of the Editorial Committee whose members are: **BILL MACDONALD, CARMELA ALLEVATO, MARY LaPLANTE, ALBERTA DORVAL, FRED MUZIN, DENNIS JEFFERY, CLARKE GARDNER.**

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Bargaining Review

One Union, One Standard, One Collective Agreement

by Carmela Allevato

With the settlement of the Pri-Care contract dispute this spring the Union has come even closer to our goal of one standard collective agreement for the entire membership.

The goal of the HEU has been to achieve the same wages, benefits and working conditions for all of our members regardless of where they work. That goal led to the achievement of the HEU/HLRA Master Collective Agreement which establishes and protects the rights of 90 per cent of HEU members.

After a month-long strike in 1985, the principle of comparability with the Master Agreement was won in contracts with non-profit Continuing Care Employee Relations Association (CCERA) employers. The comparability concept was entrenched a year later with the establishment of the HEU/CCERA Standard Collective Agreement.

In the 1989 round of long-term care bargaining, the Union worked to achieve improvements in non-profit contracts won earlier in the Master. The 93 per cent membership ratification of the 1989 settlement indicates that HEU members feel that goal has been achieved.

During the same period, HEU moved to align the contracts of 1,300 HEU members working in 28 pri-

vately owned long-term care facilities with their non-profit colleagues at CCERA. The HEU had two goals in mind. The first was to bring members employed at private facilities represented by the Pri-Care owners association into the CCERA Standard Agreement. The Union was also committed to preserving benefits superior to the Standard Agreement.

With the exception of a handful of privately owned long-term care facilities where bargaining is not yet completed, all privately owned long-term care facilities now have the same collective agreement as non-profit long-term care facilities. And, while differences between the HEU/HLRA Master Agreement and the CCERA Standard Agreement remain, we are closer than ever to one union, one prevailing standard, one collective agreement. Sixty-five long-term care facilities now have the HEU/CCERA Standard as their base collective agreement.

This was not achieved without effort. Negotiations with the Pri-Care employers in 1989 went nowhere for eight months. They reached an impasse in December, 1989 and talks stopped altogether. An awareness campaign and membership support forced the employers back to the ta-



HEU SECRETARY-BUSINESS MANAGER
CARMELA ALLEVATO

ble in January 1990. Mediator Dalton Larson was appointed to make recommendations for settlement of the dispute. Of the 28 for-profit facilities who bargained as a group, Larson could only make recommendations for settlement at 14 facilities that already had the HEU/CCERA standard.

Hold-out private facility owners took the hard-nosed position that if the Union wanted a standard agreement HEU members would have to give up their superior benefits. Larson noted the Union's solid defence of benefits won in earlier negotiations and decided the parties were too far apart for him to suggest settlement terms.

HEU members reconfirmed the mandate of the Bargaining Committee with nearly unanimous strike votes. The Union mobilized into strike mode with strike action set to start at a number of facilities on April 20, 1990. Members of the HEU Provincial Executive were to be first on the picket lines with our sisters and brothers at Parkridge, Simon Fraser Lodge, Willowhaven, Cherington, and Inglewood where strike notice had been served.

The determination of the HEU membership and their willingness to fight had an impact on the employers. They asked the Union to resume negotiations on April 19, 1990. Well-known mediator Vince Ready was appointed to settle the dispute and hand down his recommendations within six days. Thanks to a superior effort by the long-term care subcommittee of the Provincial Bargaining Committee and HEU staff members Gay Burdison, bargaining spokesperson, and Chris Ferguson, research assistant, the process was completed within four days!

Our primary bargaining goal was achieved. The hold-out employers agreed to go to the CCERA/HEU standard agreement and superior benefits were preserved.

This bargaining achievement strengthens the HEU position heading into 1991 contract talks. The HEU convention and wage and policy conference set for the fall will set the agenda for future action in the movement toward one standard agreement that will involve the entire Union membership.

NEWS ITEMS

KAMLOOPS

"Hardship surgery cases are being sacrificed at Royal Inland Hospital. . . as a means of whittling down a 3,000 plus surgical waiting list." — December 4/89, doctors demand changes at Royal-Inland Hospital.

SURREY

"Surrey Memorial Hospital is like a field dressing station in the midst of a war zone. The 369-bed-acute-care hospital, has seen its daycare and in-patient surgery waiting list soar to 2,775 from 2,068 in the past year." — February 9/90, The Province

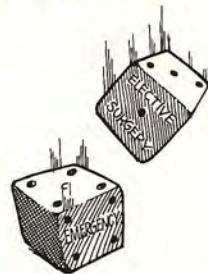
VICTORIA

"Budget restraints and poor management are ruining Victoria's heart program. I'm sick and tired of sitting around, not working." February 15/90 — Disgusted by government's decision to send some 200 heart patients to Seattle, heart surgery technician Steve Keating finds he has to move to the U.S. to work on B.C. patients.

VANCOUVER

"British Columbia's 720-patient lineup for heart operations imposes lengthy waits," declared George Yetman after flying to Detroit for a multiple bypass. "I was worried that I might die and I have too much to live for to take that chance." — January 16/90, Vancouver Sun

Health care waiting lists reach frightening proportions



Remember when chaotic health care conditions prevailed only in times of war or supernatural events such as hurricanes or mudslides? The government of the day had only to relay the bad news and communities across B.C. immediately responded, working hand-in-hand with their elected representatives to help the sick and/or wounded.

But today's health care crisis in hospitals across the province isn't related to any natural disaster or war. Thousands of persons in every corner of the province wait longer than ever before for medical treatment. Traditionally tolerant British Columbians are pushed to the extreme by delays that, for some, are fatal. Newspaper headlines reveal that at least 15 B.C. heart patients died last year waiting for open-heart surgery and hundreds of residents are bed-ridden or kept off the job for prolonged periods because of treatment delays.

Many hospital beds sit idle while the lineups continue to grow. Due to government underfunding and inefficient management of the available workforce, hospital authorities say they can't afford to keep all of their beds active. In some cases entire wings have been closed.

Emotions comparable to the frenzied anticipation of a lottery draw prevail among some of the seriously ill. "Pick me . . . pick me," begs 71-year-old White Rock heart patient Art Gauthier in mid-February, hoping to be included among a group of heart patients destined for treatment in Seattle.

The communities of B.C. are not asked to help solve the health care crises. In fact, communities are increasingly removed from the health care process by a government intent on applying poorly thought out, narrowly conceived remedies for a complex crises.

In Kamloops, a health ministry employee is appointed hospital administrator when government authorities grasp the enormous magnitude of the health care problem at Royal Inland Hospital. But instead of asking for community help in responding to a 3,000 name surgery waiting list and budget problems, the government removes local authorities from the process.

Government appointee Ken Fairburn, unfamiliar with local issues and unconcerned by other hospital priorities, quickly alienates doctors, support staff and large sectors of the Kamloops population.

HEU member Heather Procket, a licenced practical nurse, can't understand why the Kamloops hospital is cutting back on the number of practical nurses it employs. She tells the Kamloops Daily News, "With cost-cutting measures and looking at budgets, you'd think the hospital would use practical nurses wherever they can." Instead, Procket says practical nurses are being removed from various parts of the hospital and are gradually being taken off night shifts.

Several months later the Kamloops hospital budget remains unbalanced and the waiting list is still a disaster.

In early February, HEU demands the removal of the government-appointed administrator. But appointee Fairburn isn't at all moved by the community's concern. "Good for them," says a sarcastic Mr. Fairburn when told of HEU's call for his dismissal.

In mid-January, the Social Credit Government announces its action plan to reduce the open-heart surgery waiting list of some 720 names. No, the government isn't going to invest more money into the province's health care system and no, there is no extra cash for additional staff. In what would later be described as a stopgap, patchwork approach to health care, the province decides that 200 "desperate" heart patients will be shipped to Seattle for treatment. B.C. tax dollars are to be invested in Seattle hospitals.

Burnaby retiree John Silvester, who's waited 10 months for quintuple-bypass surgery at Vancouver General Hospital, isn't impressed. Says Mr. Silvester to Province reporter Shelly Easton, "It's nerve-racking enough having it (the operation) here. Washington sort of scares me. I have confidence in my doctor and my family is here for recuperation. Would the government pay for them going with me?" Mr. Silvester decides to wait it out.

The HEU responds to the province's U.S. solution with a newspaper ad published in daily newspapers across B.C. calling it a disgrace that British Columbians are unable to get heart surgery at home. Most health care groups agree and pressure continues to build for solutions to acute health care concerns.

Meanwhile, sectors of the workforce fully capable of easing the load on overburdened colleagues remain on the sidelines. Skilled, unemployed health care professionals watch in frustration as the province explores the cost of shipping B.C. patients out of the country for health care.

Hundreds of licenced practical nurses eager to play a role in easing the crises are bypassed because of a confounding staffing policy. Hospitals increasingly employ one classification of nurse to perform a range of assignments most efficiently han-

dled by a team including LPNs. Writes HEU Secretary-Business Manager Carmela Allevato in a letter published in the Vancouver Sun. "By sending 200 B.C. heart patients to hospitals in Washington state, the B.C. government is applying an expensive stopgap to our cardiac waiting list problem when a longer-term solution is readily available."

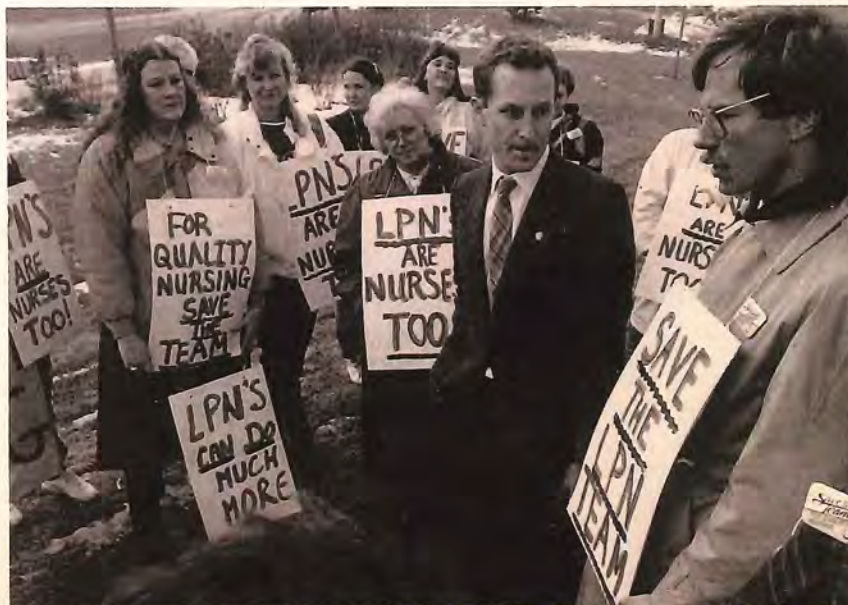
And, while the chronic shortage of registered nurses is well documented, manpower shortages in other critical health care areas receive little attention. Heart surgery, for example, is slowed both by a shortage of perfusionists (heart technicians) and by the inefficient use of the perfusionists that are available. The situation so infuriates Royal Jubilee perfusionist Steve Keating that he quits his job in mid-February.

Keating says the government is willing to pay fees as high as \$25,000 per patient to Seattle hospitals for B.C. patients but refuses to pay \$70,000 for capital equipment needed to open a second operating room at RJH. Nevertheless, the government is perceived as a hero by some for offering relief, even if it means sending patients out of the country. It makes no sense, says a

frustrated Keating. "These guys (Socred Ministers) just want points for the next election." Keating started work March 5 at Seattle's Providence Medical Centre. He expects his caseload will include B.C. patients.

Repeated calls for additional funding is met by a Social Credit declaration that health care costs are too high, that health care is taking too large a slice of the budget pie. But the proportion of provincial budget allocated to health care hasn't changed significantly in 10 years. In fact, this year the government has actually reduced the proportion of health care spending to 31.9 per cent of the budget. That's a loss of \$233 million that could have been invested in staff and equipment which would have substantially eased existing pressures on the health care system.

Finally, the Social Credit announces plans for a \$2-million Royal Commission into health care. More delay is promised. Notes Sister Allevato, "It's difficult to get excited about another study offering a series of non-binding recommendations when the Vander Zalm government has a history of ignoring health care needs already well documented and exhaustively studied."

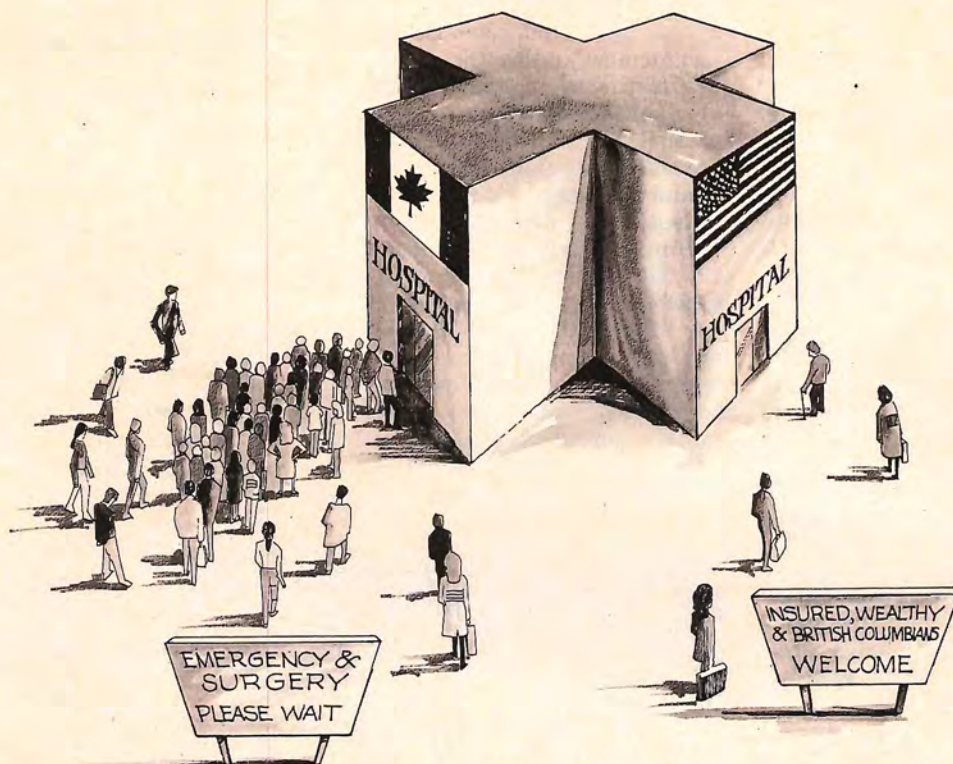


Kamloops Royal Inland Hospital LPNs and Acting Assistant Secretary-Business Manager Chris Allnut call for a change in hospital staffing after presenting a brief in early February to NDP Health Critic Dr. Tom Perry (above) calling for the removal of the government appointed hospital administrator.

U.S. HEALTH SYSTEM

profits from

B.C. OVERFLOW



When B.C. heart patients are admitted to U.S. hospitals for treatment they should know their tax dollars have helped purchase preferential treatment over millions of Americans.

They are joining a privileged group of U.S. residents able to afford care too costly for many of their fellow citizens. Because, while things are bad in Canada, life is worse in the U.S. where a care-for-profit mentality on the part of government weeds out — by way of skyhigh, uninsured costs — a wide swath of middle and lower income Americans.

A movement is underway toward a U.S. health care system that would provide insurance and long-term care for all Americans but critics are convinced changes are designed to most benefit profit-making corporations. A congressional commission recommended a major system overhaul in early March but substantial change is years away and is likely to further subsidize profit-making health companies at the expense of workers.

The existing dismal U.S. health care scenario may get worse if the American College of Hospital Ad-

ministrators' is correct in projecting that private chain ownership will increase to 60 per cent of the hospital market by 1995. Privately owned hospitals charge considerable more than non-profit hospitals.

While Canadians line up outside the doctors' offices for treatment, Americans line up at the bank. According to the Labor Research Association, a recent poll indicated that seven per cent of Americans had not received necessary medical care for financial reasons, compared to less than one per cent in a similar Canadian sample.

B.C. OVERFLOW

"What happens is when you get sick, you make a choice," Ellen Pinney, director of the Oregon Health Action Campaign, tells Southam News reporter Ken MacQueen in a January interview. "You ask yourself — How sick can I get before I have to see a doctor?" MacQueen's story, headlined "Many Americans sick to death", suggests that one-sixth of the populations of Washington and Oregon are without health care insurance. Horror stories include the sad dilemma of a single mother who is convinced she has a cyst but can't afford a diagnosis, certainly not an operation. And, a story unfolds about a Portland, Oregon couple \$14,000 in debt because the wife made the mistake of contracting cervical cancer.

How can a health care system justify catering to Canadians when staggering numbers of locals have been left out in the cold? About 35-million Americans are without health insurance and as many as 50 million are underinsured. Illness is the cause of half of American personal bankruptcies and Americans have an average life expectancy lower than Canadians. Infant mortality rates are also higher — reaching Third World levels in some cities with large ghettos.

The U.S. is the only industrialized country, except South Africa, that fails to provide universal health coverage for its citizens. Yet, the U.S. government pays higher per capita health care costs than the Canadian government. Says the Labour Research Association, "Dollar for dollar, Canada's universal system, which is 80 per cent publicly owned and operated is more efficient and less inflationary than the U.S. system, 60 per cent of which is financed and administered by the private sector."

Despite a crises in America, Canadians are being courted to "come on down" to the friendly U.S. for service. And, millions of Americans might well ask why?

Patients pay the price of Social Credit neglect

Art Gauthier has learned to take one day at a time. He's been waiting six months for a quadruple bypass operation. Every day could be his last. And he knows it.

"I'm like a time bomb waiting to go off," Gauthier says. "I take a walk and I get severe angina pains. Each time I ask myself is this it? Am I going to die?"

The 71-year old former bus driver says the frustration of waiting for a bed is unbearable.

"You can't plan ahead. Your whole life is put on hold," he says. "I used to be very active, playing golf, looking after the house. Now I can't do anything."

Neither Gauthier nor his doctor know when he'll be scheduled for surgery, even though his condition is considered serious.

"It's a kick in the face to have to send patients to Seattle. There are beds available here, but the government won't pay to keep them open," Gauthier says.

Gauthier is not alone. There are more

than 720 patients waiting for heart surgery in B.C.. The province has agreed to pay for some of them to have surgery in the United States but heart patient Tom Berrie thinks British Columbians should be treated at home.

Berrie, who is 63 years old, has waited eight months for surgery. While on the list, he's already had another heart attack.

"The doctors say you have to cut out all stress from your life," Berrie says, "Well, the single most stressful thing in my life is wondering if I'll be operated on in time before I die."

Like most patients, Berrie blames the provincial government for destroying "one of the best health systems in the entire country."

"The nurses, the doctors, the hospital employees...everyone has been fantastic. It's Victoria's fault," Berrie says. "They're more concerned about laying blacktop, than treating people."

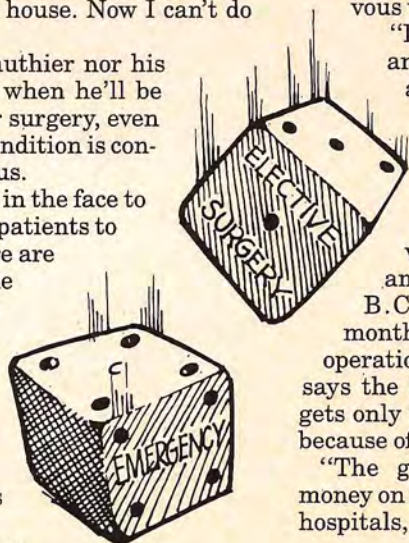
The waiting game has taken a terrible toll on Berrie's family. Berrie's wife, Jean, says her husband's illness has turned her into a nervous wreck.

"I come home sometimes and I don't know if he'll be alive or lying dead on the kitchen floor," she says. "It's the waiting that's horrible."

Cardiac patients aren't the only ones on waiting lists. Evelyn Adams, who lives in Chase, B.C., had to wait eight months for a hip replacement operation. "I just feel betrayed," says the housebound Adams, who gets only two hours sleep at a time because of the pain.

"The government is spending money on frivolous things instead of hospitals, where it counts."

(continued on page 8)



GAMBLING WITH HEALTH

WAITING LISTS

Patients pay the price of Social Credit neglect

(continued from page 7)

Bonita Pyper is also learning to live with the pain. She has waited 15 months for surgery in Kamloops. Pyper broke and dislocated her arm two years ago. A plate was used "to hold everything together." Now surgeons have to remove it and trim her shoulder socket to relieve the pain and restore full movement.

"I'm definitely handicapped," she says. "But I'm not classified as a medical emergency. It's obvious though, the longer I wait the longer it's going to take to get the muscles in my arm and shoulder back to normal."

Like other patients on the waiting list, Pyper blames the B.C. Health Ministry. "I can't see how closing wards at the hospital is going to do anything but make the situation worse," she says.

In some cases, keeping patients waiting ends up costing the government more money. Eighty-four year old Marion Dubord of Langley is a case in point.

In November, Dubord's doctor placed her on a waiting list for surgery at Surrey Memorial Hospital. Around Christmas her condition deteriorated and Dubord was put on pain killers.

On February 3, Dubord was rushed to Langley Memorial Hospital, suffering from internal bleeding, a side effect of the pain killers. Dubord's daughter, Kaye, says some kidney damage was also caused by the bleeding.

Dubord was hospitalized for the bleeding problems for 20 days until she finally received her operation.

"None of this would have happened to my mother if she got the surgery when she needed it," Dubord's daughter says.

"Those 20 days she spent hospitalized for the bleeding were an entire waste of taxpayer's money."

HEU switchboard operator waits for critical news

Whether they know it or not, everyone in B.C. has a relative, friend or colleague suffering the consequences of the long waiting lists for medical attention.

For many HEU members that someone may be provincial office switchboard operator Julie Eckert. Julie, a licensed practical nurse at North Vancouver's Lions Gate Hospital for some 20 years before moving into a union staff position, is waiting for a test that will show if she has multiple sclerosis.

She was put on a waiting list for the test last November but is expecting a long wait. As of January, the hospital was still processing last May's requisitions. "I don't have a chance of getting on that machine for probably another year."

Though all signs point to a positive test result, the missing piece of evidence concerning her health has delayed the process of planning necessary lifestyle and career adjustments.

The machine Julie is waiting for is a Magnetic Resonance Imaging machine used to diagnose serious

illnesses like brain tumours and spinal disorders. A special report published by the British Columbia Medical Association notes that B.C. is desperately in need of more of the machines.

Julie says the wait has made her life difficult. "It hangs over your head all of the time. You go through periods when you feel like you're on overload. It's stressful."

Like most people, the mother of an active family had no idea of the human suffering caused by the waiting lists. "Until you're waiting for it yourself you just can't imagine. It's unfair of the government to put a person in this position."



JULIE
ECKERT

"System at Breaking Point"

Time is running out on B.C.'s health care system. That's the grim assessment of doctors across the province contacted by the HEU. The doctors are angry and frustrated. They say the provincial government is "playing politics" with the lives of patients waiting for surgery.

"It's very frustrating for us because we can't give patients the care they require," says Dr. Lawrence Burr, a cardiologist in Vancouver. "Where am I supposed to operate in the hallway, in the parking lot? ...the situation is impossible."

As spokesman for the B.C. Cardiac Society, Burr has done countless media interviews. But despite growing public awareness and impatience with waiting lists, Burr says the government has been very slow to react.

"The only response from Victoria so far is a decision to pay for some patients to have surgery in the United States. As far as solutions go, it's a high-tech band-aid. What we really need are more facilities and staff right here in B.C."

The situation is just as bad in other areas. Dr. Bill Young is an ophthalmologist at Surrey Memorial Hospital. He says some of his patients have waited more than a year to have cataracts removed from their eyes.

Dr. Nick Marinatos heads the surgery department at Lion's Gate Hospital. He says surgeons are being exposed to additional liability because they can't get their patients into the hospital on time. And that has sent their liability insurance premiums soaring.

THE DOCTORS

"We used to be able to find beds for patients with cancer of the lung in two to three days. Now it takes up to a month," Marinatos says. "The system is at a break-point and I see no signs of improvement on the horizon."

In 1968, Lion's Gate Hospital had 512 beds available for surgery, it now has only 360 beds, and admissions have quadrupled.

In the Interior, patients wait for surgery at the Royal Inland Hospital in Kamloops.

Five doctors—including the medical chief of staff—quit the board last October to protest against policies introduced by Kenneth Fairburn, a hospital administrator appointed by the government.

Dr. Roger Gustafson, who quit as president of the medical staff, says Fairburn has been trying to balance the hospital's budget at the expense of patients.

"We have people stuck at home in excruciating pain waiting for orthopedic surgery," Gustafson says.

One ward at the hospital remains closed as a cost-cutting measure. The government shut the ward to stem a growing budget deficit at the hospital.

"They never did anything to stop the cost overruns for the Coquihalla highway project, but they're coming down hard even when people's lives are at stake," Gustafson says.

The effect of budget cutbacks and demoralizing lists has been so demoralizing some doctors say they're thinking of getting out of surgery altogether.

"I don't have any confidence in the system anymore," says Dr. Gerald Ponsford, an orthopedic surgeon in Surrey. Ponsford puts the blame squarely on the shoulders of the government. "I've written to the minister of health several times but nothing ever changes. The current situation is like an endless ping pong game between doctors, nurses and hospitals on one side, and the government on the other."

HEU tackles poor use of hospital nursing team

Two Hospital Employees' Union appointees will form half of a joint study committee into the utilization of Licensed Practical Nurses, orderlies, aides and other HEU members in the delivery of nursing care services.

The joint study was negotiated into the 1989 Master Agreement with the Health Labour Relations Association, but the work of the joint committee could not get underway due to HLRA's efforts to make the committee a strictly academic effort. The HEU wants the committee to thoroughly examine the damage underutilization and layoffs of LPNs, orderlies and aides has caused to the delivery of health care all over B.C.

In an award on March 7, arbitrator Vince Ready determined that the committee be formed of two members each from HEU and HLRA, with the committee deciding procedures to receive oral and written briefs and other information on the subject. The joint committee should complete its report by June 30.

Immediately after the arbitration award, the HEU named Chris Allnutt, the HEU's Acting Assistant Secretary-Business Manager, and Lila Murao, an LPN from Vancouver General Hospital, to sit on the joint committee. The HEU has written the HLRA pressing for a quick start on the committee's work.

Allnutt said the study is a vital step in restoring the nursing team to full working order.

"The attacks on the nursing team have gone on for 10 years in spite of the efforts of the HEU. Our work to reverse this trend is beginning to bear fruit, but it will take time to restore these losses."

Early this year, two forms were sent to all the locals to help LPN committees and other HEU members document the importance of the nursing team. The filled out nursing team profile forms and oc-

currence report forms are to be used by local members who appear before the joint study committee.

The local committees and the two HEU members of the joint study committee are being assisted in their work by HEU Research Analyst Chris Gainor.

LPNs from across the province gathered in Vancouver on March 26 to discuss team nursing and prepare for the joint study. The meeting was a followup to the successful November meeting of LPNs where new strategies to save LPN jobs were discussed.



Lila Murao, HEU LPN representative on the HEU/HLRA LPN Joint Study, on the job at VGH.

As part of the ongoing campaign to save the nursing team, the HEU will provide assistance to local LPN committees planning activities to mark May 12, Nursing Day.

The HEU also won an important victory in an arbitration ruling January 1 that protects Practical Nurse members against double jeopardy in disciplinary proceedings. As a result of the arbitration, an LPN who is cleared by an employer's disciplinary proceeding will not lose her job if the Council of Licensed Practical Nurses removes her licence in a separate disciplinary action for the same offense.

The promise of a fair

Ripping open the envelope, she glances over the figure. It reads \$620 instead of the \$1,000 she expected.

Attached to the cheque is one of management's infamous memos.

"You're working for the hospital industry now. We employ 85 per cent women, so your pay has been adjusted accordingly. We trust that you will not be inconvenienced."

Far fetched?

Employers would like us to believe that it's pure fiction. After all, we've come a long way since the first HEU/VGH agreement, which had different pay rates for "women" and "men" doing the same jobs.

The battle for full pay for a day's work was the basis upon which the Hospital Employees' Union was founded.

So the story is fiction, right?

Wrong.

We no longer have pay scales that say women are paid as women instead of for a day's work, but wage discrimination continues.

"We believe that all of the wages in the hospital industry are lower because of society's discrimination against women," Carmela Allevato, HEU's Secretary-Business Manager explained at recent Table Officers' conferences. "We know that the more women who do your kind of work, the less money you make; the more men who do your kind of work, the more you make. We know that all hospital employees' have suffered wage loss because of wage discrimination."

Women in British Columbia now earn 61.8 per cent of men's wages.

This is the worst record for any province in Canada. In fact, women in B.C. are losing ground — in 1980 women earned 66.4 per cent of men's wages.

In Canada, 50 per cent of all women have incomes of \$10,000 or less, while 23 per cent of all men are at that level of poverty.

Women in poverty means children in poverty. In fact, the loss of wages for women affects all working people. And none of the old hackneyed explanations for this terrible situation hold water.

Many believe that women are paid less than men because of lower education levels. The statistics show otherwise. Women with University educations still lose a third of the wages earned by men with the same education.

Others point to the skill levels necessary to complete a job. But a close analysis shows that a clerical worker, needing Grade 12 and extra certificates, will routinely earn less than a labourer with a Grade 10 education.

In fact, the only constant factor which explains the inequity is the female participation rate in a job.

"This is about receiving your full day's pay," said Sister Allevato. "Our members have been working at discount rates for far too long — discounts that have stolen wages from our families."

The Hospital Employees' Union has over forty years experience fighting wage discrimination.

"As the largest Union of women in the province, we have an obligation to work hard on issues of pay equity."

The road to equity

The Hospital Employees' Union agreed in convention to a two-pronged approach to winning this issue — one at the bargaining table, the other in the legislature.

Ontario, Quebec, Prince Edward Island, Nova Scotia and Manitoba have some form of legislation about wage discrimination. British Columbia has not even talked about addressing the issue.

The most recent legislation, in Ontario, is for both the private and public sector. It sets aside a separate fund to address the issue of wage justice, and has already resulted in substantial increases for large segments of the health care industry.

RNAs, the Ontario version of Licensed Practical Nurses, will be receiving equity increases, ranging from \$.60 to \$3.50 an hour effective January 1, 1990, because of the efforts of their Unions, using the legislation.

The law, however, is seriously flawed. It is based on a system of comparing "values" — of comparing "male" jobs to "female" jobs.

Such systems of "comparison" are really designed to give the appearance of scientific method.

"Our experience with classification has shown us that so-called "objective comparisons" are nothing but techniques for saving money for employers," said Allevato. "Hospital workers' know comparative value is an employer tool."

pay day... *At Last*

"We need legislation that says: set up a separate fund to address wage discrimination; end wage discrimination by a certain date by agreement with the Union; and if you don't do it, this is what it's going to cost you," said Allevato. "It should apply to all worksites, be easily understandable, protect the role of trade unions and the rights of individuals."

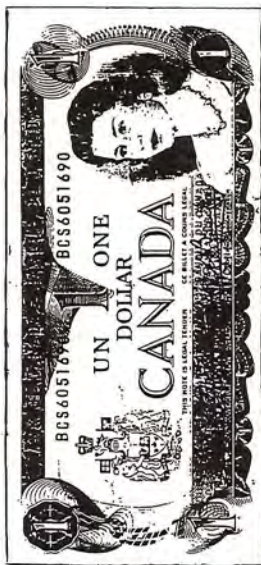
At the bargaining table, the Union has applied several approaches to attempt to address this issue.

As well, HEU has aggressively pursued an end to the increment system of wage increases. The word increment translates to partial payment. The last round of bargaining saw the elimination of the 48 month increment step.

While these pay rates forced employees to wait years before achieving the full job rate, other persons — most often men — are paid their "final" job rate on the first day of employment.

Allevato, says "Just because many of us have been cheated in the past, is no reason to allow the practice to continue. As long as employers can hire workers for the job at significantly lower rates, the job security and bargaining position of senior workers is undermined."

Increment or partial payment systems only exist in wage scales dominated by women. Traditional female occupations have increment systems. Traditional male industries do not.



MALE WAGES



FEMALE WAGES

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BARGAINING IN 1991

The Master Agreement expires in March of 1991. The Union's Wage and Policy convention in November, 1990 will lay down the bargaining demands that will be tabled on this issue.

The HEU and BCNU, provincial government employees, I.C.B.C., B.C. Hydro and many other unionized workers will all be looking to address pay equity in 1991.

HEU will work with these others Unions through the B.C. Federation of Labour to ensure maximum co-operation.

"We have launched an Action Program for Pay Equity to equip our Union for the bargaining battle in 1991," said Allevato. "The employer must get the message that we will not tolerate inequity any longer."



SAVING NO TO AN UNFAIR TORY TAX



Biting back

Momentum is building in B.C. and across Canada for a stinging assault by Canadian labour and community groups against the proposed new federal tax measures.

As illustrated on this page, HEU representatives have participated in several public demonstrations against the federal attempt to squeeze more money out of hard working Canadians. The Union is part of a province-wide coalition of groups involved in the Campaign for Fair Taxes, the B.C. component of the national stop the tax campaign.

The coalition, comprised of the B.C. Federation of Labour, the Pro-Canada Network and a wide range of community groups, has launched an impressive series of tax protests. In early April, the B.C. group joined with the massive national coalition in organizing millions of Canadians to mark their tax opposition on protest cards or by calling a nationally advertised telephone number. A series of radio and newspaper advertisements helped give the campaign and its objectives a high profile and protests are expected to intensify until the government gets the message and introduces a package of fair tax reform measures.



Sister Zorica Bosancic and HEU President Bill Macdonald share an umbrella while demonstrating their opposition to unfair tax.

ANTI-GST ACTION PLAN — (right to left) labour representatives Ken Georgetti, President and Chief Executive Officer B.C. Federation of Labour; Angela Schia, Secretary-Treasurer B.C. Federation of Labour; CLC Representatives David Rice and Gordon Larkin and John Weir of the B.C. Fed. talk strategy at anti-GST organizational meeting.

HEU on the scene as filibuster begins

When HEU Secretary Business Manager Carmela Allevaro travelled to Ottawa in mid-March she was expecting to participate in a routine — though important — brief presentation on the GST.

Instead, Sister Allevaro observed the start of what would become a national news story involving the House of Commons finance committee. An opposition tactic aimed at delaying passage of the infamous tax proposal resulted in cancellation of the HEU brief and presentations scheduled the same afternoon by the Canadian Labour Congress and a union representing Quebec farm workers.

New Democratic Party MPs, with some help from their Liberal counterparts, used a technique known as a filibuster to protest the government's bid to hasten passage of the bill establishing the tax. The technique, involving non-stop speeches

on the issue, continued for more than 24 hours until the committee ordered an end to the debate and the termination of hearings on the tax.

The HEU brief, read into the record by an NDP member, lashed out at the federal government for denying most Canadians a chance to be heard. "The vast majority of Canadians oppose this tax, for a variety of reasons, yet will be denied the opportunity to voice that opposition to the Committee directly. HEU members in Victoria, Vancouver, Prince George and other British Columbia communities would have welcomed the chance to express why they believe this tax must be withdrawn."

The HEU statement noted that all HEU members, already on average the lowest paid health care workers in B.C., will see their purchasing power eroded further by the GST.



HEU provincial office staff are appropriately horrified by GST threats at ally St. Valentine's Day protest.



GST takes a chunk of hard earned wages

What does the GST mean to the average HEU member? HEU research indicates that the tax will have a substantial impact.

For the poorest HEU members, already living below the poverty line, the GST is more bad news through a tax credit will cushion some of the blow.

Those earning slightly above the poverty line will bear the full brunt of the tax. And, since the average HEU member earns about \$25,000 per year, it's safe to conclude that the membership will be making a large involuntary contribution to the government cause. According to Canadian Labour Congress statistics, a \$25,000 per year wage earner will pay an additional \$1,185 per year in tax.

Tax credits and tax brackets are not fully indexed to inflation so HEU members qualifying for tax credits will see the full value of the new credits fall by three per cent each year.

Higher-income groups can afford to escape the offensive tax by saving their money or investing a significant share of their income. An HEU research brief concludes, "It is deplorable that an HEU member, after a week of hard, back-breaking work providing essential care for needy patients, goes to a restaurant and a movie with her family and pays a full seven per cent more for services rendered, while a businessman goes for an expensive lunch followed by the symphony and writes the federal sales tax off as a business expense."

The Campaign for Fair Taxes notes: "Big business gets the breaks." HEU Secretary-Business Manager Carmela Allevaro says members have good cause to be annoyed by the new tax. "We didn't go on strike last year so that the government could tax away almost all of the wage increases we gained. We must do everything we can to stop this tax from being implemented."



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All weather B.C. tour a success

When several HEU representatives set out on a mid-winter tour to meet local union executive officers on their own turf they expected a hectic few months.

From February 5 to mid-April, the touring group would make stops at more than a dozen centres from Vancouver Island to Nelson in an undertaking that reflected the enormous region covered by the union. President Bill Macdonald, Secretary-Business Manager Carmela Allevato, Financial Secretary Mary Laplante and a rotation of two Provincial Executive members per session listened to the concerns of the respective local executives.

Presentations by Brother Macdonald and Sister Allevato brought to life a wide range of union activities including the nursing team strategy, strike action review, education efforts, government policies and pay equity. The financial state of the union was described in a review by Sister Laplante.

It was rigorous schedule, but worth every bit of the effort reports Sister Laplante in a brief note describing the conferences. "Members from around the province were supportive of the union's campaigns and programs." She noted that hearing first hand accounts of local concerns is a valuable experience.



Sister Carmela Allevato and Brother Bill Macdonald listen to concerns of union officers.

But for all of its merits, the table officers conferences featured the usual number of unexpected challenges and adventures. Writes Sister Laplante, "Weather problems might have been expected in the Kootenays, but a snowstorm in Vancouver...? A storm threatened the Lower Mainland conference but our members ploughed through and the meeting went on as scheduled."

Other distractions included: "fire alarms ringing at 4:30 a.m., flooded meeting rooms, noisy construction

crews and lost baggage".

But the three-month conference series received mostly positive reports in the newspapers of the many communities visited on the tour. The Vernon Daily News reported, "Hospital Employees' Union members, mostly women, were strongly reminded of the International Women's Day theme of equal pay for women, during an all-day regional meeting here." The Kamloops Daily Free Press relayed the union's skeptical view of the Royal Commission into Health Care and in Cranbrook readers were reminded of HEU safety concerns. Said the Daily Townsman, "Occupational health and safety in the work place was one of the major concerns expressed by local members of the Hospital Employees' Union during an annual meeting this week with Carmela Allevato, secretary business manager for the union."

The conferences concluded April 20 in the Fraser Valley. Despite the tiresome schedule, Sister Laplante, a veteran of several such tours is looking for more of the same. "The more meetings we have of this educational nature, the better for all concerned."



Sister Mary Laplante makes the rounds at a Vancouver officers' conference.

HEU launches political action campaign

When delegates to the 1988 Sixteenth Biennial Convention began setting policy for the next term it became quickly apparent that defending Union interests from government attacks was a top priority. HEU delegates passed no less than 28 resolutions calling for action on government policies ranging from fair taxation to pay equity.

Delegates served notice that the HEU would not be bullied. Historically, when governments passed policies contrary to the interests of good health care, HEU members have responded by exposing the mistakes and suggesting alternatives. The tradition continues.

Last October, the Provincial Executive established a Political Action Committee to work with HEU members on political issues that impact health care. It's the committee's job to encourage members to add their support to the drive to make health care a major focus in the upcoming provincial election.

A political awareness campaign is underway to help explain hostile government actions in relation to health care. HEU members are urged to organize at each Local to ensure that every voice is heard on the issue. A voter registration campaign will encourage maximum HEU participation at the ballot box in the upcoming provincial election.

Several destructive government policies will be highlighted in the awareness campaign including the provincial government's continuing promotion of a two-tiered health care system. The Socreds appear determined to design a private for profit health care system for those who can afford it and an underfunded, poorly staffed public system for everyone else.

HEU members, many of whom fought hard for wage increases in last year's strike, joined a national campaign against the federal Goods and Services Tax. The tax, which

puts an unfair tax burden on those least able to pay, appears to have the support of the B.C. Social Credit Government. The Socreds, after asking the federal government to

reduce health and education payments to the provinces, has offered to help collect the new tax.

The Campaign for Fair Taxes unites a broad coalition of labour and community groups under the ProCanada Network umbrella organization. The campaign, designed to stop the GST and mobilize support for progressive alternatives to the current tax system, has involved a variety of activities in the community and union movement leading to the April 7th and 9th National Protest.

By making health care a prominent issue in the next provincial election, HEU members protect their jobs and join others in protecting Canada's health care system from underfunding and privatization.



Organizer Pam Bush helps plan anti-GST campaign for HEU Political Action Committee.

Union targets offensive gov't policies

Untimely U.I. cuts

The Hospital Employees' Union has sent a clear message to the Mulroney and Vander Zalm governments that several key government initiatives over the last several months are not in the best interests of British Columbians.

On changes to the Unemployment Insurance Program.

"Thousands of British Columbians will be hurt by the Mulroney government's proposed changes to the Unemployment Insurance Act," said the HEU of the Tory plan requiring that people living in some parts of Canada have to work longer to claim UI benefits.

Though conceding that unemployment will rise in the next year due to general market conditions and the impact of the Trade agreement with the U.S., the Tory government continues to dismantle the service designed to help the unemployed.

Another study delays health care action

Anyone looking to Victoria for reassurance after the damaging Tory budget undermining health services were sorely disappointed. There was no message of hope for B.C. residents.

Only news of another B.C. government study.

The HEU dismissed the Royal Commission into health care announced February 22 as a delaying tactic by the Vander Zalm government. "Buying time in the form of a \$2-million study extending beyond the next provincial election is politically convenient for the Socreds, but does nothing for those suffering from an underfunded health care system," announced Sister Allevato.

VGH plan to ship out laundry challenged in picket protest

Revelations about B.C. government plans to proceed with the privatization of laundry services met with a sharp attack from HEU Secretary Business Manager Carmela Allevalo and from HEU members at Vancouver General Hospital.

A report in the March issue of *Equity* magazine charged that K-Bro Linen Systems Inc. of Edmonton was to be granted the contract to build and run a \$7 million offsite laundry facility after having acted as the consultant on the project. The article claimed that Socred Environment Minister John Reynolds assisted K-Bro in getting the contract.

K-Bro already holds the management contract for the current VGHL laundry, and is building a major laundry in Cumberland which will service Nanaimo Regional General Hospital, St. Joseph's General Hospital in Comox, Campbell River and District General Hospital, and

Cumberland Diagnostic Treatment Centre, costing between seven and 13 jobs.

In the wake of the charges contained in the magazine article, Allevalo demanded that B.C. Auditor General George Morfit investigate the matter, a call that quickly gained the support of NDP Health Critic Tom Perry.

More than 100 members of the VGHL locals turned out for a lunchtime demonstration to oppose all privatization of hospital services, particularly VGHL's plan to move its laundry services off site.

"This is just another in the series of Socred scandals around privatization and the handing of government contracts to Socred friends," Allevalo said.

VGHL management has made assurances to the media that the laundry workers' jobs at the hospital are safe, yet the union has received no such assurance, Allevalo told the VGHL workers.



Secretary Business Manager Carmela Allevalo calls a halt to VGHL laundry privatization plans.

ARBITRATION FILE

Master Agreement Honored In Nursing Unit Clerk Decision

Two recent HEU arbitration decisions have industry-wide significance.

One of the decisions called for all nursing unit clerks to receive benefit of negotiated reclassification.

In the last round of Master Agreement bargaining, the HEU reached an agreement with the Health Labour Relations Association to reclassify Nursing Unit Clerks from the PC3 level to the R9 level.

When it came time to act on this agreement, however, the employer only reclassified those nursing unit clerks who, in the employer's opinion, were performing more significant duties. The employer argued that the agreement reached with the Union during bargaining recognized two groups of nursing unit clerks, those performing a greater range of duties justifying the reclassification, and those performing a normal range of duties, who were not to be included in the reclassification.

Any disputes arising from the start of the terms of the new collective agreement were to be submitted to arbitration for a binding resolution. At arbitration, the

arbitrator (who had also served as mediator during negotiations) ruled that the employer was wrong.

Consequently, he ordered the Employer to reclassify *all* Nursing Unit Clerks to the R9 level.

The other major decision involved a grievor exonerated from charges of patient abuse.

An arbitrator recently ruled in favour of an HEU member, freeing her from charges of patient abuse. An elderly resident at an HEU facility suffered a serious cut to her forearm. Based on purely circumstantial evidence, including the fact that the grievor had washed the resident about a half hour before the wound was discovered, the employer decided to discharge the grievor.

However, in the arbitrator's view, the evidence presented by the Employer was not "clear, cogent, and convincing," enough to link the grievor with the misconduct. With no direct evidence to support its case, the Employer was unable to rule out the possibility that the wound was self-inflicted, inflicted by another employee, or inflicted by a visitor or another resident.

Union activists defend Victoria's Fairfield Centre

A spirited crew of determined Hospital Employees' Union members played a large role defending the interests of residents and staff of the Fairfield Health Centre at two downtown Victoria public hearings in early March.

The HEU Victoria General Local pulled out all the stops in continuing an aggressive campaign to resist government plans to close the Centre. The HEU has worked with community groups including the Friends of Fairfield and the St. Ann's Rescue Coalition over the past several months in raising public support for the old St. Joseph's Hospital Building on Fairfield Road.

Fairfield LRP's Diane Uytensput and Elaine Cox spearheaded the HEU campaign to save the Fairfield Health Centre. The nurses, together with the local executive and

other volunteers, managed to keep the focus of the hearings on Fairfield despite Greater Victoria Hospital Society efforts to avoid the closure issue.

The HEU believes the Social Credit government is committed to promoting for-profit private long-term care facilities owned by friends of the premier at the expense of Fairfield. Some 60 beds have been phased out in the past few months leaving residents unsure of their future and about 200 HEU members with no job security.

The result of the meetings — another study. The province put off a decision on Fairfield for another year. Residents and hospital staff have been put on hold until after the next provincial election through the province has indicated some form of health care service will remain at the site.



Fairfield LRP Elaine Cox defends the centre at March Victoria public hearing.

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Coming in June — a new look for the Hospital Guardian

Your Guardian will be going through some big changes in the coming months and your editorial committee is looking for your suggestions and directions on the new look. Starting with the next issue, we'll be switching to a new, larger tabloid format. In response to many membership suggestions, we'll be running more short, newsy stories about the life of our union and activity of our members.

The new Guardian will have twice as much space for news as the current format, but thanks to other changes, there will be no increase in cost in this budget year. We won't be using glossy paper, which can't be recycled. Instead, we'll be printing the paper on recycled material and the cover will be a type of which can be recycled easily.

We're looking for news. What's happening in your local? What are your views on changes in the health sector? Send us a letter or give us a call.

The next issue of The Guardian, scheduled for June, is the test run. See how you like it and let us know. It's your Guardian.

Bill Macdonald
Chairperson
Guardian Editorial Committee



NEW
GUARDIAN
EDITOR
GEOFF
MEGGS

New faces serving the membership



CHRIS GAINOR



DAVID TARASOFF



GULZAR LALANI

Several new staff members joined HEU over the last few months. Pam Bush was a February provincial office staff addition. Pam, a political organizer, is busy these days assisting in the HEU political action committee's efforts to increase political awareness among the membership. Much of her time to date has been spent helping to organize HEU's response to the proposed Goods and Services Tax. She is also active in the voter registration campaign...Chris Gainor, a former Vancouver Sun reporter, arrived at HEU in February from a position in Montreal where he wrote for The Medical Post newspaper. His HEU duties include research and membership communication. Chris provides technical support services to the PN/Contracting Out and the Equal Opportunities Committees...Sam Henry was named HEU Controller last December. Sam's computer and accounting expertise will be put to good use by the union. The former Greater Vancouver Regional District controller will play a role in management aspects of the Finance Department...Gulzar Lalani arrived at HEU in time for Christmas. Gulzar's office time is spent providing secretarial, clerical, stenographic and administrative assistance to HEU reps. ...Geoff Meggs, a respected name in labour communications from the United Fishermen and Allied Workers Union, is HEU's new communications officer. Other commitments will postpone Geoff's full-time start at HEU until the fall, but he's already made an impressive proposal to the Guard-

ian Editorial Committee on a new look for the Hospital Guardian...David Tarasoff is already a familiar name to many Union members having served in various temporary roles during the last year. He joined the team on a permanent basis this winter. David is a second level labour relations representative. His work includes handling appeals to the Workers' Compensation Review Board, processing and negotiating grievance settlements and classification disputes in the advanced stages of the procedures.

New appointments

Chris Allnutt was named Acting Assistant Secretary-Business Manager in January. Chris is one of two HEU appointees on a joint HEU/HLRA team nursing committee study and he also works in a supporting role for the PN/Contracting Out and Equal Opportunities Committees of the Provincial Executive. A wide-range of other day-to-day duties involved in assisting the secretary-business manager make for a busy schedule for the former HEU senior research officer...Zorica Bosancic was officially appointed Assistant to the Officers in March, three months after being temporarily named to the position. Zorica, a former Vancouver General Hospital member and more recently an HEU staff representative in the provincial office, supervises office management and staff development. Zorica helped organize the 1990 table officers' conferences and helped plan HEU opposition to the Goods and Services Tax.

Canadians pay a high price for trade deal with U.S.

In the weeks leading up to the last federal election, Canadians against the trade agreement with the United States often spoke of the grave impact the agreement would have on social programs.

They claimed the deal would result in the Canadian government abandoning policies and services offering Canadians a safer, higher standard of living than is available in the U.S.

Those arguing against the deal explained that corporate bosses in the U.S. have no interest in Canadian traditions. They would quickly transfer production out of Canada to jurisdictions free of social safety standards. In the end, Canadians would lose jobs, and, in the battle to remain competitive, the federal government would reduce social program payments. The process was called harmonization, derived from the word harmony — a combination of parts into a whole.

Since then — more than a year after the Trade Agreement became a fact of Canadian life — the meaning of the word harmonization has been hammered home to HEU members and all Canadians.

In a brief titled Free Trade — The First Year, the Canadian Labour Congress says critics of the Trade Deal have been proven dead right. Says the brief, "Mr. Mulroney has savaged UI, the biggest attack ever on a social program by a Canadian government. He has cut education and health care payments and has taken away old age security and family allowances from middle income Canadians. He has cancelled the child care program and the "massive worker adjustment program."

The Pro-Canada Dossier, a publication of the Pro-Canada Network, says the trade deal means "taking money away from government programs that help people live and freeing it up to be turned into profits. It means Canadians get to watch as free trade dismantles our industries and surrenders our forests, fish, mines, energy and water to U.S. interests."

The CLC brief describes the cut to UI as a "giant step toward levelling the free trade playing field" and says the changes are designed to make Canada more like the U.S.

The CLC has documented 50 ex-

amples of branch plant closures in 1989 and says 50 more could readily be found. "There is an orgy of restructuring underway. Behind the job loss numbers are countless stories of human pain: families uprooted, family violence and even death."



More women in workplace but jobs low paying

Women are replacing men in the workplace worldwide, but they hold low-paying jobs with little hope of advancement or security, the International Labor Organization says.

"While the promotion of female employment may be desirable, this is surely not the way to promote such employment," Guy Standing, an economist with the Geneva-based ILO, said in a statement.

A study of 60 countries, including Canada, was to be released in mid-February by the ILO. It shows a marked increase in employment of women in the 1980s.

Planetary survival theme of peace walks

A pitch by an international environmental spokesperson at the mid-March Globe '90 environmental conference fit the theme for this year's B.C. peace walks.

Maurice Strong, the head of the United Nations 1992 conference on the environment, called for a huge cut in military spending and he said money saved should be invested in environmental projects.

This year's peace marches in Vancouver and Victoria focused on the twin themes of disarmament and the environment. Giant peace marches were planned for April 21

in the two cities. Vancouver marchers walked under the banner Walk for Peace and Planetary Survival while the Victoria walk, sponsored by the Greater Victoria Disarmament Group, featured the theme Arms Cost the Earth.

"We will not be able to solve the economic, environmental and social problems facing the world community as long as we continue to waste one trillion dollars a year on the militarization of our world," said Frank Kennedy, president of Vancouver march sponsor End The Arms Race.

HEU donates space to anti-referendum group

The Hospital Employees' Union has contributed office space to the Coalition Against Referendum.

To date, 24 organizations have joined the fast growing coalition launched by parents and community groups to fight the Social Credit government's proposed referendum approach to funding education. Many more groups are expected to join over the coming weeks.

The coalition is undertaking a letter writing campaign to newspapers and has distributed thousands of post cards to be mailed to Education Minister A. J. Brummet. Co-ordinators **Mel Lehan** and **Dori Jaffe** are helping to organize a united opposition against the attack on education funding.

The coalition believes referenda create the illusion of direct democracy but in fact guarantee inequities between rich and poor districts.

The coalition is expected to have a short life. It will cease activities when the proposed legislation is defeated or becomes law.

Kimberly mine shutdown "disgusting" — B.C. Fed of Labour

A week after telling 700 mine workers in Kimberley they no longer had a job, Cominco announced its 1989 statement of profit — a whopping \$214.6 million. B.C. Federation of Labour President **Ken Georgetti** was among those disgusted by the lack of sensitivity on the part of an obviously well fed corporation. Describing the shutdown as "disgusting and vulgar", **Georgetti** recalled the financial help given the company by the communities of Trail and Kimberley during hard times in 1986 and noted that the corporation has a short memory and deep pockets.

Teachers rally against Social Credit gov't attacks

The B.C. Teachers' Federation received outside support at its mid-March Vancouver annual meeting for its fight against the proposed school referendum.

"I think you should be prepared to do whatever you have to do to protect the rights of children," said Canadian Teachers' Federation President **Kitty O'Callaghan**. "That can range from lobbying, sending letters, to advertising to actual job action... strikes would fit into that."

The leader of the 225,000-member organization told about 600 delegates at the general meeting that they must stop Education Minister **Tony Brummet's** block-funding proposal, which would require school

districts to go to the public if they require more money than the province is offering.

Brummet's proposal calling for school boards to seek additional money by staging expensive referendums has been unanimously opposed by parents groups, school boards and teachers.

B.C.T.F. President **Ken Novakowski** condemns the government for failing to properly finance the school system. "This government has consistently failed to meet its responsibility to fund public education properly. Blaming teachers, changing the rules or chastising trustees won't change that record."

Fishermen seek probe of plant closure

The fishermen's union called for a provincial inquiry last month over the shutdown of the B.C. Packers plant in Victoria. Blaming the trade deal with the U.S. for the closure, **United Fishermen and Allied Workers Union** organizer **Jim Sinclair** said the fishermen will not go down without a fight. "However you cut it, it's a pretty raw deal for the people at the plant. This won't be the last one unless we stand up and fight it."

"I don't know where **John Crosbie** and the new fisheries minister (**Bernard Valcourt**) and all the people are who told us the free trade agreement would make the industry wonderful."

B.C. Packers told about 90 permanent and temporary workers earlier in March that it would be shutting down its 65-year-old Victoria fish processing plant by the end of the month.

Government workers can button up

The Federal Court of Appeal ruled in February that employees can wear buttons supporting union activities.

The appeal judge said that members of the **Public Service Alliance of Canada** (which represents federal government workers) were within their rights to wear buttons saying *I'm On Strike Alert* during their 1988 contract negotiations.

Employees who had been told to remove their buttons entered grievances. One arbitrator said the buttons were likely to cause disruptions at work. But another arbitrator, ruling on case of 27 B.C. employees, said the wearing of buttons during working hours is legal and legitimate within certain limits.

The Federal Court of Appeal supported the arbitrator who ruled in favour of button-wearing.

Unionists salute bargaining pioneer

One of the architects of learning and working conditions contracts in school districts died in mid-February after a long illness. George Alexander North, director of the British Columbia Teachers' Federation, was an ardent advocate of both improved learning conditions for students and working conditions contracts in school districts preceding formal collective agreements.

B.C.T.F. president Ken Novakowski described Brother North as a "principled individual, a dedicated professional, an active trade unionist. I know friends and colleagues will honor his memory by continuing his work to improve the quality of public education and to improve the rights of employees to determine the conditions under which they work."

Hospital Employees Union Secretary-Business Manager Carmela Allevato says Brother North's death is a great loss to many British Columbians from every walk of life. Noted Sister Allevato, "In the months and years ahead, when bargaining units representing the workers of British Columbia sit down to negotiate improved collective agreements, their hands at the

bargaining table will be strengthened by the legacy of the late B.C.T.F. Director."

Brother North spent many years in the labour media as the editor of the Lodge newspaper for the International Association of Machinists,

editor of the Native Voice, and editor of the Fisherman. He began his teaching career in Prince George where he was active in the local teachers' association. He joined the staff of the B.C.T.F. in 1975 and became Bargaining Director in 1982.



No stranger to coming out on top, the late George North is welcomed by trade unionists after his release from Oakalla in 1959 after writing the editorial "Injunctions Won't Build Bridges nor Catch Fish" criticizing an injunction forcing striking Ironworkers back on the job constructing the Second Narrows Bridge.

Long-time activist retires from Council

Any picture of a labour or peace rally over the last 30 odd years was likely to include the well-known face of Frank Kennedy. Chances are Kennedy, born in 1928, will remain very much a part of the labour picture in the years ahead but his formal presence at Labour Council will be missing.

After decades of service, Kennedy recently retired from the position of Secretary-Treasurer of the Vancouver and District Labour Council.



Frank Kennedy

Kennedy is a good friend of the Hospital Employees Union and played a key role in helping the Union attain full delegate status to Labour Councils throughout B.C. He was honored at a special HEU reception March 23 for his years of service in the labour movement and his loyal support of HEU campaigns and bargaining objectives.

Kennedy, a vocal supporter of such social justice issues as housing, fair taxes and health care, served as a delegate to the Vancouver and District Labour Council dating back to 1956. He was elected vice-president of the council in 1978 and served as president in 1981.

COMING EVENTS

Canadian Labour Congress sets May convention date

The Canadian Labour Congress has scheduled its 18th Constitutional Convention from May 14 to May 19 in Montreal, Quebec.

HEU will be sending 44 delegates.

Entries Wanted for Pay Equity Logo Contest

The Hospital Employees' Union needs a new logo and slogan to promote Pay Equity. The new slogan and logo will replace the "Equal Pay for Work of Equal Value" slogan and logo currently in use.

All members of the HEU are invited to send entries, which will be judged by the Equal Opportunities Committee of the Provincial Executive. The best entry will win a prize.

Please submit your ideas and designs by May 15 to Chris Gainer at the HEU Provincial Office, 2006 West 10th Avenue, Vancouver, V6J 4P5.

CLC hosts world women's meet

The Canadian Labour Congress is hosting the fifth International Confederation of Free Trade Unions (ICFTU) World Women's conference in the late spring of 1991.

CLC Executive Vice-President Nancy Riche has begun discussions with ICFTU affiliates from more than 95 countries regarding conference arrangements. The conference will focus on equality issues and other challenges of the 1990s.

HEU plans fall convention

The Hospital Employees' Union 17th Biennial Convention has been scheduled for Monday, October 29 to Friday, November 2. Early registration begins on the evening of Sunday, October 28.

The two-day 11th Wage and Policy Conference begins Sunday, November 4. Both events are being held at the Richmond Inn in Richmond, B.C. Biennial Convention delegates will elect a new Provincial Executive and debate union policy.

The Wage and Policy Conference will establish the demands that the Union's Bargaining Committee will put forward in the 1991 contract negotiations.

Summer School returns after year off due to '89 strike

The third annual HEU summer school program will be conducted on the campus of the University of British Columbia from June 3rd to June 15th, 1990. Since last year's summer school had to be cancelled due to the health care strike, all of the students who began attending or were scheduled to attend have been invited back so that they can complete the program.

New students will receive instruction in leadership training during the first week of the program. During the second week optional courses will be offered in nine topi-

cal areas, including Human Rights, Occupational Health and safety, Ways of Winning, Pay Equity, Contract Interpretation HLRA, Contract Interpretation CCERA/PRI-CARE, Management Techniques and How to Deal With Them, Classification, and Public Speaking and Parliamentary Procedures. Each student will take one course lasting four days.

Several special events and guest speakers will be scheduled over the two weeks. Successful applicants for the school will be notified shortly.

Classification Dept. moves to clear backlog

In an effort clear up the backlog of over 200 outstanding job review requests, HEU has embarked on a program to expedite resolutions.

The Classification Department has been expanded to include a Director, a Senior Representative and a Classification Assistant. As well, an agreement has been reached with the Trade Union Research Bureau (TURB) to assist in developing "teaching" classification courses for members and staff, and to provide assistance with research and appeal presentation.

TURB will also help to select an applicant to fill the new permanent Classification Assistant position.

At its February meeting, the HEU Provincial Executive agreed to the temporary appointment of Bob McCartney as a second classification referee. The hope is that this will result in more hearing dates becoming available to resolve the backlog of appeals. Although issues that have province-wide implications are expected to still be dealt with by Mr. John Kinzie, many of the appeals outstanding involve individual situations.

Recently, we have been successful in the following appeals:

1. Cardiopulmonary Perfusionists at Vancouver General Hospital have been upgraded from a PC-24 level to a PC-25 + 5%.
2. The Lead Hand Painter at University Hospital (Shaughnessy) has been awarded the MS-2 pay level rather than the TD1 + 5% rate.

Currently scheduled appeals should address some of our concerns relating to Laboratory Assistants, (Central Sterile) Supply Aides and Medical Transcriptionists.

Salvadoran union head reaches out to HEU

The general secretary of the National Federation of Salvadoran Workers Union told HEU table officers in mid-February that his union's struggle for workers' rights takes place in the shadow of a "monster war".

"Our struggles are the same as yours, only we also have to deal with war," Gerardo Diaz of Fenastras told HEU officers through interpreter Vladimir Regalado of the HEU in Vancouver.

Diaz, on a cross-Canada speaking tour, shared with HEU members his own harrowing experiences in the movement for justice in El Salvador. He narrowly escaped death in a bomb explosion that claimed the lives of several other union members and supporters last fall. "As the environment cleared of smoke, I began to lay eyes on my brothers and sisters. They were totally torn apart.

"We need every Canadian citizen to be a part of helping a negotiated

political solution," he declared.

Diaz, in meetings with several labor organizations in Vancouver, urged Canadians to press their government to work for human rights in El Salvador.

The HEU has sent a telegram to the Canadian government, asking for Canadian pressure to stop the bombing of civilians, the release of union activists and support for a negotiated settlement.



Salvadoran union leader Gerardo Diaz, left, asks for solidarity through interpreter Vladimir Regalado, a St. Paul's Hospital LPN, at table officers conference.

South Africa remains captive despite news of freedom

The need for sanctions against South Africa is more important than ever, says the Canadian representative of the African National Congress.

In a speech to about 1,200 people at a street party celebrating the release of Nelson Mandela, Peter Mahlangu said the struggle in South Africa is not over. It will continue until the South African regime ends the state-of-emergency laws, releases more than 3,500 political prisoners and takes drastic measures to abolish apartheid.

"This night belongs to Mandela and to all those who sacrificed their

lives for a free South Africa," said Mahlangu. "But there is still an odious struggle ahead." [South African] President F.W. de Klerk "is not



Nelson Mandela

in control of the police, the army or the pro-fascist right-wing."

Toronto Mayor Art Eggleton, NDP provincial leader Bob Rae, On-

Cold war still rages in U.S.

Glasnost is sweeping the Soviet Union and Eastern Europe. But will it ever reach the United States?

That's what Jim Hunter, president of the Canadian Brotherhood of Railway, Transport and General workers union must be wondering.

Hunter, who visited the U.S. on some 50 previous occasions, was not allowed to board Florida-bound flight at Toronto's Pearson International Airport in February. He was trying to get to a meeting of the International Transport Workers Federation, of which he is also the president.

Hunter's crime? He's the son of the late Communist Party members, Harry and Ivy Hunter. And he was once a member of the National Federation of Labour Youth, played on its baseball team, and wrote a sports column for its newspaper.

Ironically, Hunter visited Washington last fall along with Lech Walesa of the Polish trade union Solidarity. Neither he nor Walesa were denied entry into the States at the time.

But this time his name was punched into a computer, and it came up on a list of banned foreigners. Hunter was told he couldn't board the flight, but he could fill out some forms to ask for special permission. He refused.

"If they think I am a subversive it's their problem, not mine," he said.

"I have no problem associating with Farley Mowatt or even Pierre Elliott Trudeau," he said, referring to two other Canadians who had, in the past, been denied entry into the U.S.

tario Attorney-General Ian Scott, NDP MP Dan Heap, and CAW president Bob White also addressed the crowd.

Mandela was released with "no thanks to you Margaret Thatcher," said White. "Now is the time to get off your ass and impose sanctions."



Dr. Tom Perry

SPEAKING OUT

Increased health care support promised under NDP government

Dr. Tom Perry, NDP health critic, has worked since his landslide win in last year's Point Grey byelection to draw attention to Social Credit mismanagement of the province's health care system. But would an NDP government do any better? The Hospital Guardian asked Dr. Perry about NDP health care plans should the party form the government after the next election.

The Guardian - In 1988-89, health care took 33.6 per cent of the \$11.9 billion provincial budget expenditure. This year when long surgery waiting lists are posing a health threat to thousands of B.C. residents, the government has reduced the health care proportion of the budget to 31.9 per cent of the budget. Would a New Democrat government increase the health care proportion of the provincial budget?

Dr. Perry - New Democrats are committed to restoring and maintaining the high quality health system on which British Columbians depend. Waiting six to 12 months or longer for important surgery, be it hip replacement, cataract extraction, or open heart surgery, is unacceptable. These long waits are just one example of the Social Credit mismanagement of our health system. New Democrats are committed to restoring health care. There is no question that this will require some expansion of the health care budget. We must fund health care adequately to maintain it.

The Guardian - Health care is an example of an entire industry that has been dismissed as "women's work" in wage considerations. Wage scales are substantially lower than in industries dominated by male employees. What would the NDP do to ensure pay equity in health care?

Dr. Perry - Women's work in health care has been underpaid and undervalued. There is no question of that. I've been raising this issue in the legislature since my election. I have pointed out to the government that women in the health care industry and in the labour force in general will no longer accept the present situation. It's not a question of whether we should have pay equity, but when? The Social Credit government has made it clear that it will not consider pay equity for health care or any other workers.

New Democrats, on the other hand, have made it clear that if they form government, pay equity will be an immediate priority. New Democrats also realize that the trade union movement is an integral part of any successful pay equity strategy, through union involvement in the bargaining process.

The Guardian - The Social Credit government has failed to encourage hospitals to take full advantage of the available workforce. During a time when entire hospital wings have been shut down because of a critical shortage of registered nurses, hundreds of practical nurses remain underemployed or unemployed. What would your government do to reactivate the team nursing strategy?

Dr. Perry - The Hospital Employees Union has done a good job in pointing out that the B.C. government is wasting the talents of workers who could help us deal with the shortage of registered nurses. This is a prime example of the Social Credit mismanagement of our health care system.

An NDP government would ensure that the talents of practical nurses and orderlies are utilized in the best possible way. We know they

have skills to contribute. We know it's cost effective. It's time we did something about it.

We should recognize LPNs and orderlies as valued members of the health care teams, offering them educational opportunities just as we do for registered nurses and physicians. In a constantly changing hospital environment, better education means better patient service.

Maintaining the quality of patient service is our goal. We can't reach that goal without fully utilizing LPNs as part of our team.

The Guardian - The Social Credit government has encouraged the privatization of health care by offering financial incentives to for-profit, private facility owners while curbing funding for public and non-profit facilities. As a result, seniors and those least able to pay have suffered long waits for service and/or inferior care. What would the New Democrats do to ensure an end to a two-tiered system of health care?

Dr. Perry - New Democrats oppose absolutely the development of a two-tiered health care system. In fact, the first NDP government in Canada under Saskatchewan Premier Tommy Douglas pioneered the one-tiered system with insured and universal medical care to eliminate the disparity between health care for the rich and poor.

With conservative governments in power across Canada we must be especially careful in preserving a health care system that provides an equal level of service to all. I'm very concerned that the conservative government in Alberta is studying the question of a two-tiered system. We must make sure that the current B.C. Royal Commission on health care costs doesn't steer the willing Social Credit government toward a two-tiered health care system.