

Guardian



VOL. 9 NO. 2

THE VOICE OF THE HOSPITAL EMPLOYEES UNION

MARCH 1991



GLEN ERIKSON PHOTO

HEART OF HEALTH CARE: HEU members around the province donned Heart of Health Care buttons Feb. 14 to show their solidarity with their bargaining committee. In solidarity at Vancouver's Shaughnessy Hospital were (left to right) maintenance worker Peter Marcus, lab clerk Annamaria Petrella, housekeeping worker Tom Yip, cashier Rosemary Benes, food service worker Blair Thomas and housekeeping worker Norma Lee.

Ready for a test of strength

Bargaining is under way for new collective agreements for HEU's 35,000 members.

Talks with HLRA were dogged by controversy from the opening day, with threats of wage controls and applications to the Industrial Relations Council. **PAGES 3 and 4.**

Meanwhile, HEU local officers have been meeting around the province to review preparations for a strike, if that proves necessary. **PAGES 8 and 9.**

Victory at Kelowna's May Bennett Home

A hard-fought 23-day strike produced victory for 21 HEU members who tackled the Health Labour Relations Association to win the union's standard agreement.

PAGE 13



Lessons of the May Bennett picket line

AN injury to one is an injury to all and the victory of one is a victory for all.

That's how we view it at HEU. And, that's why the May Bennett local members — a feisty group of 21 workers fighting for their first contract — found themselves surrounded by fellow HEU members when they needed support.

Last June when May Bennett workers joined the HEU, management warned that the 35,000 member union would have no time for such a small facility. The local would be lost among larger union concerns, workers were told.

The employer was wrong. Shift after shift, day after day the May Bennett management was served up a heaping portion of HEU solidarity. Most days, it was the employer who was lost or at least hidden by a solid curtain of HEU blue jackets.

From the first shift on the picket line at 5:30 a.m., Feb. 9 through to the end



COMMENT

By CARMELA ALLEVATO

of the strike, members of the HEU Provincial Executive were on the picket line with May Bennett workers.

The HEU local won the support of other health care workers, of the labour movement in Kelowna, of the residents and their families and of the whole community.

Picket line support arrived from other Okanagan Region locals as well as locals in other parts of the province.

The May Bennett Strike was important to the Hospital Employees' Union because:

- May Bennett workers deserve a fair contract;

- It demonstrated our willingness to take on a challenge from the Health Labour Relations Association (HLRA), an important signal early in our Master Agreement negotiations with HLRA;
- It was a fight to preserve our standard. The May Bennett Home was the first long term care facility fully funded by the Ministry of Health that tried to impose an agreement inferior to our prevailing standard and we won.

- It strengthened relationships among all health care unions. Special mention must go to the B.C. Nurses Union for their respect for HEU picket lines and for their cooperation with us in dealing with essential services. And a special thanks to Health Sciences Association members from Kelowna who frequently lent support on the picket line.

- It presented further evidence of the solid support HEU enjoys within the broader labour movement from the Kelowna labour council affiliates, and, of course, the Canadian Union of Public Employees.

Finally, the May Bennett strike gave us the opportunity to show our mettle to the employers throughout B.C. The union is strong and united and we will win broad public support for our demand for justice for health care workers.

Guardian

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

EDITOR
Geoff Meggs
ASSOCIATE EDITOR
Brad Teeter
DESIGN CONSULTATION
Kris Klaasen
PRODUCTION & PRINTING
Broadway Printers
DESKTOP GRAPHICS
Carol Bjarnason

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, Fred Muzin, Nancy Macdonald, Irma Mohammed, Julia Amendt.

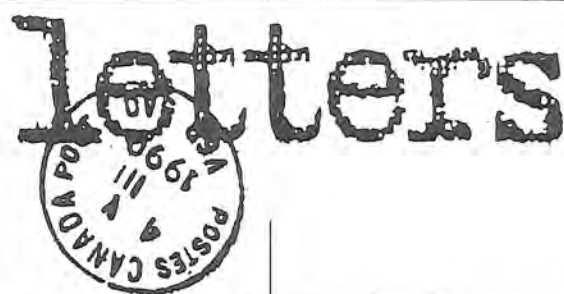
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Helen Burnell
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Okanagan
Sheryl Rankin
Regional Vice-President
Vancouver Island

The Union maintains offices at:

Provincial Office:
2006 West 10th Ave.,
Vancouver V6J 4P5
734-3431
Okanagan Office:
Suite 100, 160 Dougall Rd.
S., Kelowna V1X 3J4
765-8838
Kootenay Office:
745 Baker St.,
Nelson V1L 4J5
354-4466
Vancouver Island Office:
1402 Stadacona Ave.,
Victoria V8S 3T1
595-4433
Northern Office:
629 Victoria St.,
Prince George V2L 2K7
564-2102

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The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., V6J 4P5 or leave your views on the HEU Guardian Hotline, 734-5311.

Guardian ruled good mail, not junk mail

I like the new look of The Guardian! And thank you for now sending it directly to my door! As for your story idea request, I submit the following: I am an environmentalist HEU member who makes a WORLD of difference!

After suffering through a massive attack of writer's cramp from re-addressing my junk mail one day, I developed the concept for Junk Mail Re-Mailers, neon stickers used to resend your junk mail back to its source, informing the source that you do not desire nor appreciate being put on their mailing list.

I am finding that almost everyone despises junk mail and the terrible waste generated by it. Anyone who feels disgusted by the wanton destruction of our disappearing forests for production of junk mail — which essentially becomes garbage in our overstuffed landfills — is in essence an environmentalist. From reaction to Junk Mail Re-Mailers in Canada, I am finding that people are indeed willing to pay proper postage to return unwanted junk mail to its source with the enclosed messages (see sample). Hence my slogan: "The

PLACE STICKER IN TOP RIGHT HAND CORNER OF ENVELOPE

THIS ITEM REFUSED! RETURN TO SENDER!!
EARTH CLASS MAIL

I AM RETURNING THIS UNSOLICITED ITEM. I BESTOW THE RESPONSIBILITY OF ITS DISPOSAL BACK TO YOU. PLEASE RECYCLE ALL RETURNED MATERIAL. REMOVE MY NAME/ ADDRESS FROM YOUR LIST AND DO NOT SELL/GIVE IT TO OTHER COMPANIES.

SAVE PAPER AND POSTAGE!!!

1990 JUNK MAIL RE-MAILERS, 2491 MCGREGOR DR., PENTICTON, B.C., CANADA V2A 6J2

Place Stamp Here

JUNK MAIL RE-MAILER was invented by HEU member Johanna Nichol, who holds the copyright on it. She does not recommend its use on The Guardian, but believes her idea could save a lot of forests from a junk-mail fate.

price of a stamp today will save a forest in junk mail tomorrow."

Eventually the whole issue of junk mail will have to be re-examined. It's getting out of hand. I would like to tame the wicked, wasteful ways of the Lords of the Junk Mail Kingdom.

By resending junk mail to its source of origin, we are giving them a bitter dose of their own medicine. As this catches on en masse, we citizens will legally and safely "gum up the works." The source will then be responsible for disposing/recycling of the waste as well.

JOHANNA NICHOL,
2491 McGregor Drive,
Penticton, V2A 6J2
604-492-2930

Royal Commission unlikely to issue interim report

- The HEU has received this letter from Mr. Jus-

tice Peter Seaton, head of the Royal Commission on Health Care and Costs, in response to its requests for an interim report on the funding crisis.

One of the reasons we thought it unlikely that we would prepare an interim report is that it would divert us from our task of examining the system and making a full report. To stop everything and try to deal with an interim report would probably mean that the final report would have to be delayed. That would be regrettable.

As you know, we are still travelling and hearing submissions. We find it very demanding, as we read all of the submissions ahead of time and try to review them after the hearings. We could not concurrently prepare an interim report.

This suggestions does

come before us from time to time and we do discuss the possibility of picking out a distinct issue and dealing with it in isolation from other issues.

I do not think the question of hospital funding can be divorced from the other issues and dealt with in an interim report.

MR. JUSTICE PETER SEATON,
Chairman,

Royal Commission on Health Care and Costs

Union veteran enjoys Guardian

Thanks for sending us the Guardian for December 1990. We sure enjoy reading the Guardian. Mail it to us every month if possible.

KAY AND BILL THIRD,
Mission

UFAWU local rejects postal privatization

The 160 fishermen and shoreworkers of Campbell River Local 17 of the United Fishermen and Allied Workers Union wish to protest the present government's position on the privatization of our postal system.

Why is the government trying to take away our door-to-door service? There are many reasons to keep it intact. People such as pensioners and the handicapped depend on this service, plus thousands of Canadian taxpayers and workers

who earn their livelihood in this time-honoured vocation.

Why close down our local post offices in favour of 7-Eleven or other such outlets when we can have our mail handled by experienced workers. Will the price of a stamp go down as the result of privatization? No, the difference will go into the pocket of the outlet owners.

We demand a fair settlement for postal workers. Whatever the cost of a stamp now, if the present agenda is followed it will go nowhere but up with no benefit to the workers or the government collecting taxes from them.

STEVE JENSEN,
UFAWU,
Campbell River



What we're up to

People and events around the HEU. If you have news for us — a retirement, an election, a rally, a vote or whatever — please, let us know.

Golden Ears veteran takes retirement

HEU members at Golden Ears Retirement Centre in Maple Ridge are sending their best wishes to Enid Fell, a stalwart of their local who joined the union in 1982, retired February 14 and held a position with the local every year except 1989. "She was a faithful sister," writes the executive, "and we are all going to miss her support. Thank you, Enid." Fell had served at various times as local secretary-treasurer and chairperson.



STAR IS BORN: Public response has been very positive to HEU's recent television advertising campaign, which featured former executive member Alberta Dorval (above centre) in one spot. Executive member Irma Mohammed was featured in the second advertisement. Michael Morgan Associates produced the spots, which were shot by Shane Lunny Productions. With Dorval above are (left to right) director Scott Weber, cameraperson Ken Oreskovitch and lighting person Barry Donleavy.

Broadway, Vancouver, V6K 2E4. Subscriptions are \$10 a year for unions, individuals and women's groups.

G.F. Strong local targets Repetitive Strain Injury

HEU local members at G. F. Strong in Vancouver have tackled the continuing problem of Repetitive

Strain Injury with a special seminar at the worksite called Listening to Your Body: Creating a Health VDT Worksite. Local secretary-treasurer Sheila Rowsell reports that 15 members benefited from a presentation by Sharon Saunders, of the Communication Workers of America, who discussed general guide-

Cont. on page 4



HEALTH CARE REALITY: Actor Steve Hill (left) interviews Cindy Russell, Kitimat, Anne Dion, Invermere Park Lodge, and Yvonne Krasey and Trudy Kapeluk, of Cherington.

HEU takes Heart of Health Care on the road

The working lives of health care workers — their problems, their successes, their working conditions and their hopes for the health care system — are being put into words and music this month by Vancouver actors and musicians.

Called the Heart of Health Care Cabaret, the 30-minute musical and theatrical presentation will be touring the

province on behalf of HEU to take the crisis in health care out to the public.

Developed by a group of Vancouver performers at the HEU's request, the show is designed to give the public and other health care workers an insight into the issues faced by HEU members.

A key element of the show is a special song, The Heart of Health Care, which has been an immediate hit wherever it has been performed.

All the material in the show is being developed

during workshops with working HEU members. LPNs, care-aides, house-keeping staff, clerical workers, maintenance workers and others will recognize their work-places in the finished product.

The union's Provincial Executive agreed Feb. 28 to send the show out to every region of the province during late April and early May.

Previews of the cabaret were shown to three consecutive Table Officers conferences in the Lower Mainland during March.

HEU tables 1991 contract proposals

Union rejects employer stand on delay of pay equity changes

The Hospital Employees' Union tabled a six-point contract demand package called Six Steps to Fairness Feb. 14 as bargaining for a new Master Collective Agreement got under way in Vancouver.

The same package was put before PriCare employers March 5 and was placed on the table at the CCERA talks as this issue went to press.

The existing Master Collective Agreement covering some 25,000 HEU members working in 128 B.C. health care facilities expires March 31. CCERA and PriCare contracts expire the same day.

HEU's six-point package of demands, arrived at after a year-long democratic process involving union members throughout B.C., are geared to restoring pay cheques battered by discrimination, inflation and wage controls.

The demands address pay equity, an adequate wage increase, working and caring conditions, union rights, improved benefits and job security.

HEU members, in a demonstration of support for the HEU bargaining committee, marked the start of bargaining by donning buttons proclaiming hospital workers "The Heart of Health Care."

The talks began on a polite note early Feb. 14 with a simple exchange of demands but quickly soured when the HLRA issued a news release condemning HEU's position.

"The message we're getting from their hysterical response is that these are going to be difficult negotiations," said HEU secretary-business manager Carmela Allevato

in a news interview after the opening meeting.

HLRA president Gordon Austin said employers will not retreat from the bargaining table but in repeated news interviews characterized HEU demands as unrealistic. He targeted pay equity and wage improvements for particularly harsh criticism.

Allevato said substantial wage increases are long overdue. "Hospital workers have been subsidizing the health care system by seeing real cuts in their pay in return for more work. Our members are looking for pay equity adjustments and have already lost wages during the past 10 years to inflation and more recently the GST.

News

The HLRA is attempting to sidestep the whole issue of pay equity by insisting on a long, bureaucratic system of job evaluation that could indefinitely delay contract improvements.

HEU is offering HLRA a simple strategy to achieve pay equity which includes an across-the-board wage increase, raising of the lowest pay grades, elimination of pay increments and special equity adjustments where necessary.

The union says pay equity provisions must apply to all HEU members since health care has been considered "women's work" and is consequently undervalued.

HLRA essential service stand 'provocative' — HEU

HLRA's decision to appeal to the Industrial Relations Council to set essential service levels for B.C. hospitals was termed provocative in a Feb. 25 Hospital Employees' Union news release.

HEU learned Feb. 20 that the HLRA has asked the council to determine essential services even though all three unions involved in current contract talks are boycotting the IRC.

"HLRA knows we adhere to the B.C. Federation of Labour boycott of the IRC and is well-aware that we will not abide by the council's deci-

sions," said HEU secretary-business manager Carmela Allevato.

In 1989, the hospital employers and health care unions agreed to abide by the decisions of arbitrator Stephen Kelleher in setting the levels of essential service to be maintained in the event of a strike. The HLRA to date is refusing to follow the same procedure.

Meanwhile, however, all three unions have established a joint process for determining what they believe essential service levels should be. Details of the agreement are on page 9.

What we're up to



BARGAINING VALENTINE: As HEU bargainers went to the table Feb. 14, the hearts of thousands of HEU members went with them. Among locals sending a special message were the workers at Burnaby's Dania Home, who recently achieved a first agreement. Local secretary-treasurer Kim Gallaher says the Valentine card was one way the local could express its appreciation to HEU for the support Dania workers have received.

cont. from page 3

lines and then toured work areas with members to give concrete suggestions.

Similar information is available at a March 23 conference sponsored by the Vancouver and District Labour Council. (See Calendar, page 15) Rowsell would be happy to organize similar events for other HEU locals.

Dogwood local tackles Alzheimer's problems

HEU Dogwood Local members in Burnaby work with elderly residents, many of whom are afflicted with Alzheimer's disease or other forms of dementia. Not only do members need more information on the care of mentally fragile elderly workers, their facility needs a secure outdoor area for exercise and fresh air.

Dogwood member Pat James and other local members decided to tackle both problems at once. They organized a panel discussion at a Burnaby auditorium with experts on the care of the elderly with particular reference to Alzheimer's patients. Staff, family, friends and the public were invited and charged a \$5 admission.

At the end of a very successful evening, the local had raised more than \$500 towards the goal of \$5,000 for a secure, fenced outdoor area. Their next project: a raffle.

Ginger Goodwin's memory kept alive in Cumberland

Pat Helps, formerly in the Lions Gate local, reports that her husband George Sawchuk enjoyed the December Guardian, particularly its article on the life of Ginger Goodwin. Sawchuk tended Goodwin's grave in Cumberland for many years

and is a strong supporter of the Cumberland Museum, an excellent Vancouver Island destination for families looking to learn more about B.C.'s labour movement.

Pioneer Lodge local cutback leaflet campaign

HEU members at Salmon Arm's Pioneer Lodge stepped up efforts against a plan to reduce resident care by undertaking a public information campaign in late February. Care-aides, who provide direct care to residents, face reduced work schedules by some 29-hours a day under proposed management changes. Salmon Arm workers recently distributed "I'm Working - Not Watching" buttons to protest the Lodge plan to replace hands-on care providers with more supervisory staff. And, on Feb. 28, Lodge workers explained their concerns in a public information leaflet being circulated in conjunction with a petition drive for community support.

Ridgewood Lodge local defending residents

When the local newspaper carried an article insulting the capability of Ridgewood Lodge residents, HEU members set the record straight with a sensitively written letter to the editor. "These are 20 elder members of our community and they do have their independence," wrote local HEU chairperson Amarjit Howarth and Liz Smith.

"We do have a majority of residents who do their own activities of daily living. They are encouraged to do for themselves as much as possible to maintain their independence... most times, they are full of humour."

The Ridgewood Lodge

caregivers said the community of Princeton is short of housing for the elderly.

HEU encourages applications for staff positions

HEU encourages union members to send in applications for union staff positions. HEU employs about 65 workers, many of them out of the industry, in positions ranging from servicing reps, researchers and secretaries to building and maintenance persons and other jobs. Temporary employment and relief positions are available from time to time. And, for those interested in secretarial positions, please don't be deterred if you don't have shorthand. Applications are welcome.

HEU rejects HLRA's pay equity delay

Bargaining committee members warned at the end of three sessions on pay equity that the massive bureaucratic system proposed by HLRA for pay equity adjustments will not be tolerated. HEU has offered HLRA a simple strategy to achieve pay equity which includes an across-the-board wage increase, raising of the lowest pay grades, elimination of pay increments and special equity adjustments where necessary.

New benefit available for terminally ill

HEU has advised locals that the HLRA Health and Benefit Plan now offers an Advance Payment Program for terminally ill employees who made need special assistance. Applicants must be terminally ill and their treating physician must indicate that life expectancy is one year or less. Details are available from shop stewards or the provincial office.

Socred wage controls target health workers

Public sector wage controls by B.C.'s Social Credit government will not stop HEU's bargaining push for pay equity and an adequate wage increase.

Premier Bill Vander Zalm announced a return to wage controls in his Jan. 29 address to the province. HEU wages are already behind inflation as a result of wage controls imposed by Bill Bennett's Socred government.

The Hospital Employees Union and the B.C. Nurses Union already are in bargaining, as are thousands of teachers. The B.C. Government Employees Union contract expires in July.

There is no doubt, however, that health care workers are a prime target of the new Socred controls.

"Our members are determined to redress the long-standing discrimination union

business manager Carmela Allevato told reporters. "The Social Credit government has promised to bargain pay equity and we expect them to deliver."

Health care employers have also promised to work toward pay equity.

"Health care facilities in B.C. are committed to pay equity and are prepared to work toward its full implementation," said HLRA president Gordon Austin, at a meeting last November when some 180 health care employers pledged pay equity reforms.

HLRA was following the lead of the Social Credit government, which announced plans last September to provide supplementary pay equity funding to address discrimination against women workers.

Since then, however, both the HLRA and government have backtracked on the issue of pay equity. The union believes the HLRA is hiding behind Socred wage controls to avoid honestly addressing fair-minded pay equity demands.

Socreds are introducing legislation capping public sector wage increases this spring. The cap percentage has not been made public as of press time, but reports indicate it could be as low as four per cent.

Statistics recently released by Statistics Canada back up HEU's claim that women workers continue to receive unfair wages. And, the gap between what men and women earn isn't decreasing and hasn't changed since 1984, figures show. In B.C., women working full time last year earned an average of 63.6 per cent of the average man's wage of \$35,073, says the Statistics Canada report.

The average wage of HEU members last year was \$26,325. The HEU is the largest union of women in the province with women comprising some 85 per cent of the total 35,000 membership.

Budget, GST underline need for wage increase

The latest Conservative federal budget, coming on top of the Goods and Services Tax, amounts to a new assault on health care workers, says the HEU.

The budget, which continues a freeze on federal support for health care, is "a disaster for medicare" which directly undermines the health care system, the union said Feb. 26.

"Finance minister Michael Wilson is talking through his hat when he says he will pass legislation to protect the principles of the Canada Health Act," union secretary-business manager Carmela Allevato said. "The continued freeze on federal transfer payments to the provinces will mean a direct cut in health spending." (More on the budget on page 16.)

The provinces will respond to the reduced funding with user fees or bed closures or both, she predicted. Without the leverage provided by existing federal grants to health care, Ottawa will be helpless to resist.

The budget's call for wage controls, privatization and contracting-out are an attempt "to make working people pay for the recession and the Gulf War," Allevato said.

The budget was a fitting sequel to the first month of the Goods and

Services Tax, which produced a 2.1 percent jump in the cost of living in the month of January alone.

The inflation rate in the same month in 1990 was only .8 percent.

The sharp jump underscores the need for GST protection in a new contract, the HEU said in a news release.

Allevato said that the union anticipated an increase in inflation and that concern was reflected in wage demands. The January increase was exactly double what the Conservative government had forecast.

"Our members are looking for pay equity adjustments and have already lost wages to inflation during the past 10 years," Allevato said. "There's no question that inflation produced by the GST has been severe and our members will be insisting on recognition of that fact in a new agreement."

CORRECTION

The February issue of the Guardian wrongly reported that the B.C. Nurses Union had tabled its wage demands to the Health Labour Relations Association. In fact, the demands have not been tabled. The Guardian apologizes for the error.

Union tables CCERA, Pricare demands

Long-term care talks under way

Employers at privately-owned long-term care facilities called for sweeping contract rollbacks at the March 5 start of contract talks involving some 3,500 HEU members.

About 30 long-term care facilities represented by the Pri-Care bargaining association called for rollbacks or concessions in six broad areas ranging from resident care issues to scheduling.

It is firm union policy that HEU will not accept contract concessions.

PriCare has also failed to provide assurance that existing contract conditions and benefits will continue after the April 1 expiry date.

Employers at many PriCare facilities have a history of profit motivated service cutbacks at the expense of patient care and employee wages and benefits.

The HEU, which is committed to a no-concessions contract, is seeking the same six demands tabled last



MEETING THE PRESS: The HEU Bargaining Committee met reporters Feb. 14 in Vancouver after tabling the union's contract demands to HLRA. The same package has been placed before CCERA and PriCare. At the news conference were committee members (left to right) Terri Spear, Cliff Metcalfe, Julia Amendt, spokesperson Carmela Allevato, Jackie Peters, chairperson Cindy Russell, Fred Muzin, financial secretary Mary LaPlante and president Bill Macdonald. (All committee members were present but not all are shown.)

month in Master Collective Agreement talks with the HLRA.

The HEU demands, presented under the title "six steps to fairness", are pay equity, an adequate wage increase, working and caring conditions, union rights, improved benefits and job security.

In keeping with its goal of parity for all HEU members, the union will

table the same "six steps to fairness" demands in collective bargaining later this month with 41 long-term care facilities represented by the Continuing Care Employee Relations Association (CCERA).

The HEU committee bargaining with CCERA and PriCare includes Bargaining Committee members from the long-term care field. The

union viewed the strike at May Bennett Home in Kelowna as indicative of the tough bargaining likely in the CCERA and PriCare talks.

May Bennett workers had to strike to win all the benefits of the standard long-term care agreement. May Bennett Home, however, was represented at the bargaining table by the Health Labour Relations Association.

LOOK BACK

HEU's first picket line a tough one

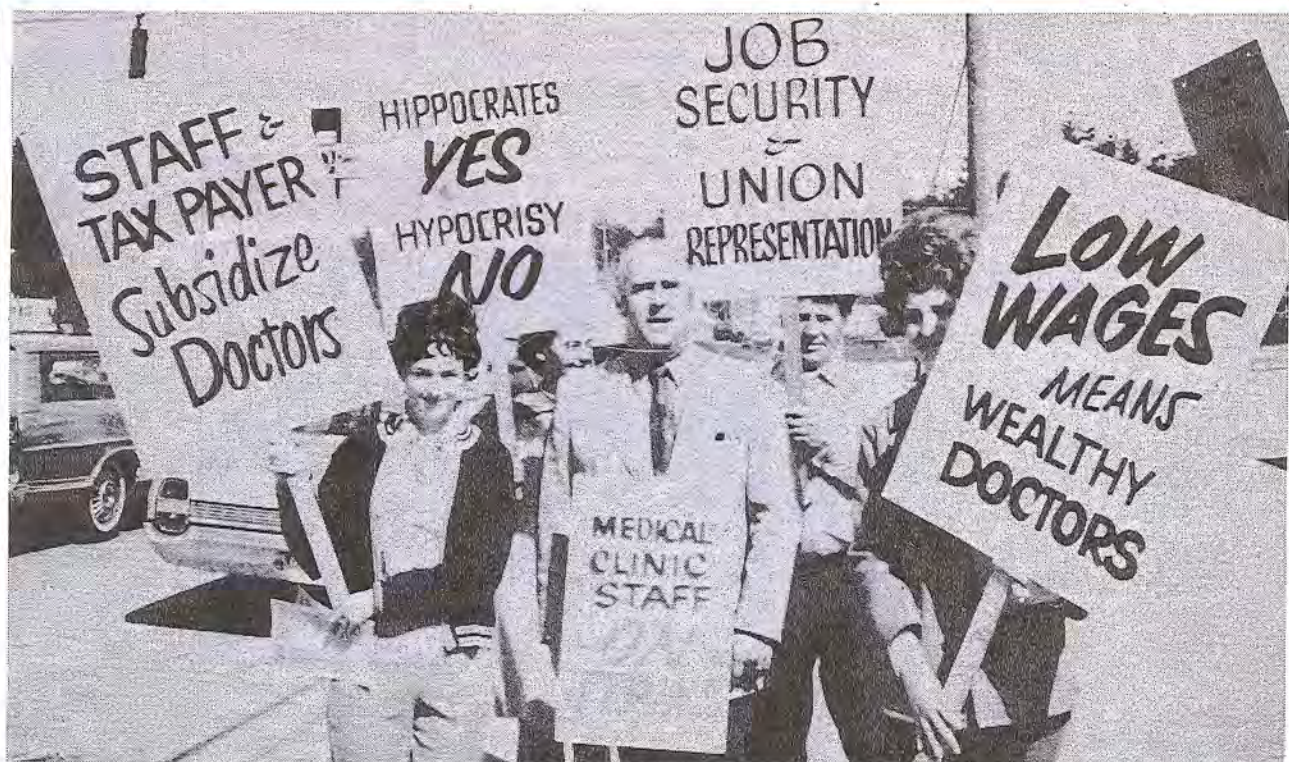
WITH the provincial government hardlining it in negotiations with the Hospital Employees Union while giving away that juicy \$25 million pension plan to doctors, it's instructive to recall what happened the first time members of the HEU asked doctors for a fair deal.

The place was Powell River, almost 20 years ago. On April 26, 1971, 12 clerical and laboratory technicians went on strike for a first contract with the Westview Medical Clinic. They wanted better pay and working conditions and a union shop. It was the first officially-declared legal strike ever launched by the HEU and it had major ramifications on several fronts.

The vast majority of the people of Powell River backed the strikers. The HEU Provincial Executive and other unions provided picket line support. But the doctors were in a much stronger position.

The clinic included the practices of most of the doctors in town, so people who needed care had few alternatives to crossing the picket lines. And from the outset of organization of the union at the clinic, the doctors were determined to crush it, firing some of the leaders and refusing to bargain in good faith.

The bodies set up by government to facilitate labour-management relations were of little help. On July 16, 1971, the Labour Relations Board



WALKING THE LINE: Flanked by Pat Bolton (left) and Medical Clinic Unit chairperson Grace McFarlin, HEU secretary-business manager Ray McCready marches on the Powell River picket line during HEU's first strike in 1971.

The Powell River strike proved HEU's willingness to fight

rejected union complaints, while ordering the doctors' company, Marwood Holdings Ltd, to stop using coercion or intimidation to convince employees to leave the union.

The language in the pages of the *Hospital Guardian* reflected the times in which the strike occurred. "The girls on strike are engaged in a

'Life and Death Struggle' for their jobs and the right to join a Trade Union and bargain a reasonable agreement."

After three months, the union offered to call off the strike in return for a \$50 a month wage increase and submission of outstanding items to binding arbitration. The doctors refused, continuing to operate their clinic with scabs: two registered nurses, a lab technician, a university student and the daughter of one of the doctors.

A single bargaining session after eight months on strike went nowhere. The doctors rebuffed offers to mediate from several prominent citizens of Powell River.

More than a year after the strike

began, the union was forced to call off picketing. The experience heightened bitterness toward doctors, who seemed to hospital workers to enjoy one of the strongest trade unions in the country under another name, and were able to extract huge sums from the public treasury with little accountability while denying the right of union membership to their own employees.

But the Powell River strike also served to enhance the status of the HEU as an organization prepared to fight for its members. The fear of strike action by HEU had major impact on securing breakthroughs in the negotiations for master hospital agreements in 1972 and 1974.

ON THE JOB

Laundry work is never, ever done

Tilbury HEU crew has hot workplace

By BRAD TEETER

The day starts long before the winter sun rises for Tilbury Regional Hospital Laundry worker Hilda Peralta.

By about 5 a.m., the single mother and grandmother has left her Vancouver home to join a carload of co-workers for a 30-minute drive to a rural hospital facility that cleans and sorts some 15 million pounds of laundry each year.

Peralta, who grew up in Guatemala City, has made the trek to the Tilbury laundry for some 11 years. Recently elected to the position of HEU Tilbury local chairperson, Peralta plays an important role in the enormous job of cleaning and sorting laundry from 14 hospitals in the region.

"I know my job and I like it here," says Peralta over coffee in the laundry's lunch room.

On a typical work shift, Peralta follows a rotating job schedule that includes five hours on one of three large cleaning machines. Each machine handles specific laundry items ranging from fitted sheets to yellow bed spreads. From a window overlooking the maze of laundry equip-



MOVING MOUNTAINS: Hilda Peralta, chairperson of HEU's Tilbury Laundry local in Delta, with just a tiny fraction of the day's laundry load. Tilbury members do the washing for many Lower Mainland health care facilities.

chines for part of each day. ment, Peralta points out the "ironer" machine, a sprawling piece of equipment used to process small items such as aprons and pillow sheets. Three workers stand side by side at the end of a system of conveyor belts plucking off laundry from a three-metre cylinder.

The Tilbury staff, some 109 full-time workers, work in teams of four throughout the day. Getting along with fellow workers is crucial to the job and Peralta is thankful that Tilbury workers — comprised of a great many cultures and language groups — have a friendly working relationship.

Peralta and her crew are assigned to smaller folding ma-

Her team is specifically trained to process the thousands of hospital uniforms that arrive daily. Sorting the uniforms — often similar in design — and delivering them back to the correct hospital facility is a difficult assignment. The uniforms arrive in gigantic heaps, mixed with tons of other laundry.

Heat in summer and worn-out equipment pose the greatest hardships for staff, says Peralta. "It's hard for us because there is so much heat. There's no getting away from it."

Peralta and fellow workers expect working conditions will improve with the completion of a major renovation project now underway at Tilbury.

editor's notebook



By GEOFF MEGGS



AT about 9.40 p.m. on Thursday, Feb. 7, monitors installed to detect deadly ethylene dioxide (EtO) in Vancouver General's sterile surgical supply department suddenly rang an alarm. The

jangling bells marked the complete collapse of 10 years of denial, delay and negligence of the EtO issue on the part of hospital management which could have far-reaching impact on the health of scores of HEU members.

Unsure how far the gas might have spread, VGH had to evacuate not only SSD but also its emergency department. Hospital public relations personnel watched glumly as TV cameras and press reporters recorded the frantic transfer of aged patients, the concerned faces of evacuated HEU members huddling in the cold and the activities of firemen, who donned isolation suits to check for gas.

That very day, the HEU had warned that the VGH local would again shut the sterilizer down if the hospital failed to comply with a thick sheaf of work orders.

The day after the evacuation fiasco, the WCB issued an unprecedented denunciation of VGH. "We're not going to tolerate this any more," said board spokesperson Scott McCloy. "The workers have a right to feel safe."

And what was the reaction of VGH brass hats, the administrators who sit in offices far from toxic gases? The emergency meeting with WCB was "basically no big deal," said hospital spokesperson Michelle Perrault.

No big deal? Just a few hours before Perrault's off-handed comment, four other VGH employees had been waiting in a small room near SSD for a firm commitment that their work area was safe.

Christine Doolan, Shareen Baldwin, Michele Varty and Gail McKay had arrived for their nightshift in SSD to find their afternoon shift co-workers huddled in blankets in an emergency waiting room. With chief shop steward Linda Whittaker and union secretary-business manager Carmela Allevato standing with them, they refused to return to work until assured, if possible by a third party, that no gas was present.

How many years have been exposed to low levels of this gas? they asked. Has it affected our ability to have children? Are we going to face cancer years from now because VGH wouldn't listen to our concerns?

To answer some of these questions the HEU has demanded that VGH fund an independent study into the long-term health of SSD workers.

It is symptomatic of the value the hospital places on its workers health that action only came in 1991 in the wake of public humiliation and direct WCB orders. It seems that without such pressures, health and safety concerns are "no big deal" at B.C.'s leading health care facility.

It took a crisis to move VGH brass hats

AFTER THE SHIFT

She's champion hill-climber

LPN Elaine Pigeau relaxes in a 4 x 4

TERRACE — Weekend fun includes eating a little dirt for Mills Memorial Hospital LPN Elaine Pigeau.

But when you're nearly flying over rugged terrain in a powerful land cruiser, who notices a little sand in the face? asks Pigeau, whose hobby is racing her own four-wheel drive truck at the nearby Kalum Lake 4 X 4 race track.

Pigeau says power and speed attracts her to a sport that is still largely male dominated. She started driving about eight years ago after discovering in recreational races along the Copper River that she was good enough to compete against her husband Len. "I figured I could beat him."

Since then, Pigeau has been a regular on the racetrack, concentrating on the uphill version of the sport. Although the race itself is measured against uphill speed, it's the ride down — nearly a free fall in some cases — that is most frightening.

"It's dangerous. I've never been injured but I've come very close to rolling over."



READY TO ROLL: HEU Terrace local executive member Elaine Pigeau likes to relax on the weekend by racing her custom-built four-wheel drive in exhilarating but dangerous hill-climb events.

Pigeau, who is fiercely competitive, has managed on occasion to outrace her husband, though he always has an excuse — failing gears, etc. She has placed first in races against women and as high as second in a mixed field of several racers. Drivers are attracted to the Kalum Lake races from as far as Prince George.

Pigeau has graduated from a stock Toyota pickup to a custom-built vehicle — resembling a Toyota Land Cruiser — with a 302 Boss engine. "Believe me, it's very fast and very powerful."

She straps herself in with a four-point harness and wears a helmet and coveralls.

Racing is winning increas-

ing support among the residents of Terrace and area. Although racing was once considered a rowdy sport with a bad reputation, the participants have turned things around by strictly policing drinking regulations and raising funds for community projects such as the local child development centre.

Though obviously not for everyone, the sport has helped Pigeau, a mother of one, enjoy many weekends with her husband. Racing has also sparked a lot of good conversations on the job.

Pigeau, who has worked at Mills Memorial for some 13 years, says others can't understand her interest in racing. "They think I'm crazy."

Labour

U.S. health workers co-ordinate fight for union wages

American health care unions are making important gains in their drive to organize nursing home workers, but they have a long way to go against some of the toughest anti-union companies in the United States.

According to Dale Ewart, director of the Health Care Division of Local 59 of the Service Employees International Union, "even so-called

highly-paid nursing home workers earn ridiculously low wages" of between \$4 and \$5 an hour.

In the profit-driven American industry, each worker may be responsible for up to 16 patients, and industrial injuries are common. There's enormous money to be made for the nursing home chains. One company took away \$1.5 million profit in a single year from two

homes organized by SEIU in Wisconsin, where workers obtained a \$1 an hour increase after organizing.

According to *Labor Notes*, a Detroit-based weekly which monitors labour affairs, U.S. health unions realize more co-ordination will be necessary to tackle the chains.

Key to the work may be alliances with nursing home residents, who

foot most of the bill for care. When savings run out, residents rely on Medicaid, which covers only about 80 percent of nursing home fees.

As a result, Medicaid wards have even lower staffing ratios. A recent survey found that 25 percent of 15,600 nursing homes which were checked did not keep residents clean or administer drugs properly. One-third did not store food properly.

Threat to our phone system

Canada's superb telephone system, which offers lower costs than any system in the world except Sweden's, could be destroyed by an application now before the Canadian Radio-television and Telecommunications Commission (CRTC).

Leading the fight to save Canada's phone system is the Telecommunications Workers Union, which is warning Canadians that a bid by Unitel, a company controlled by Rogers Cable and CNCP Telecommunications could end universal access to our telephone system.

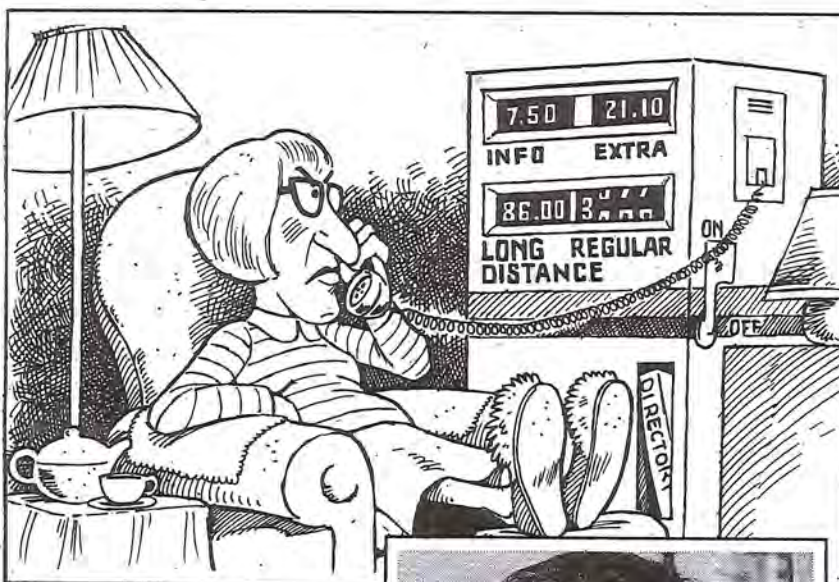
"The USA has already made the disastrous mistake of deregulating and breaking up their phone system," says TWU president Larry Armstrong. "We will be front and centre in the battle against the Mulroney government and companies who are trying to sell us a vision of telecommunications for profit."

The TWU has launched an aggressive public information campaign to warn against Unitel's call for the right to sell long-distance telephone service.

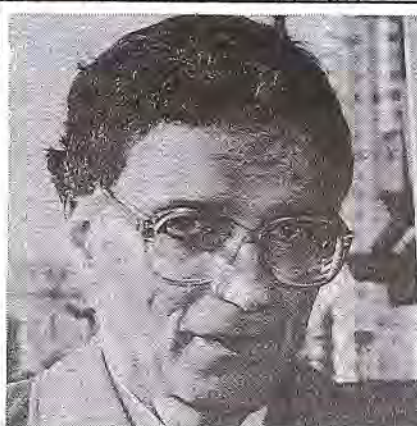
"Telecommunications is so pervasive in our lives and has such an impact on our jobs, families and communities that it should not be treated as the new playground for the rich and powerful," Armstrong says.

If successful, the TWU warns, Unitel's bid could "push prices higher for nine out of 10 telephone users in Canada."

The long distance profits used by existing telephone companies to subsidize local service and to hold



BIG BUSINESS CALLING: The Telecommunications Workers Union has enlisted the aid of consumer advocate Ralph Nader to warn Canadians against the danger of U.S.-style deregulation of Canada's phone system. The TWU says local calling charges will skyrocket if Unitel is allowed to cream the lucrative long-distance market.



down rural phone rates would be siphoned off by Unitel.

The result, TWU says, will be sharp increases in costs for working people, seniors and small businesses. In 1990, the union says, Unitel opposed an application by Bell Canada and B.C. Tel to reduce some long distance services.

To drive home the point, TWU invited American consumer crusad-

er Ralph Nader to B.C. late in February to back up the union's submission to CRTC hearings. Nader confirmed union charges that U.S. rates have increased much faster than Canadian rates.

In fact, while American rates declined 12 percent in B.C. between 1983 and 1989, they rose 18 percent under Reagan-directed deregulation.

Mexico trade deal will hit health care, group warns

A Canada-U.S.-Mexico free trade pact, which the Mulroney government hopes to conclude by January, 1992, will deal a further blow to Canada's universal health system, says the B.C. Working Group on Canada-Mexico Free Trade.

Canada's health care standards will be dragged to the lowest common denominator if we are forced into a common market with 350 million others, says the coalition of church, trade union and community organizations.

In a comprehensive report released in Vancouver Feb. 12, the Working Group called on the provincial government to "stand up for the people of B.C. and say there are no benefits for British Columbians in the trade deal."

"We only stand to lose more jobs, more industries and face more pressure on our social services."

Members of the group have visited Mexico to meet that country's labour organizers and have concluded the deal holds few benefits for Mexicans, either.

The main beneficiaries, the report concludes, will be large corporations which will shift production to maximize profit.

In the health care field, the main impact will be increased pressure to reduce the cost of medical care through universal premiums and to open the system up to more profit-oriented facilities as in the U.S.

Other industries will be hard-hit, as well. Forestry, in particular, is vulnerable to the export of mills and secondary manufacturing plants.

Canada's environmental regulations also will come under pressure, the Working Group warns, as corporations try to move our standards down to Mexican levels in order to compete.

The Working Group is urging that any changes in trade with Mexico be accompanied by agreements to protect the right to a job, decent wages and some democratic control over the workplace.

San Francisco law mandates VDT safety

The city of San Francisco passed a law late last year that is meant to give video display terminal (VDT) workers better health and safety protection.

In recent years, concern for the safety of VDT workers has shifted from the issue of radiation, to strain, stress and eye injuries.

The San Francisco law will enforce better safety standards to prevent these types of injuries. These

include measures like adjustable work stations, glare shields, special lighting, and frequent breaks for VDT workers.

Businesses with 15 employees or more will be forced to implement these measures within 4 years.

Some businesses have complained about the cost of the changes, estimated to total \$30-75 million. But a San Francisco VDT coalition counters that one carpal tunnel syn-

drome injury alone can cost up to \$30,000. (Carpal tunnel syndrome is a serious wrist injury resulting from repetitive work in a strained position.)

The coalition also estimates that the cost of complying with the bill will be as little as \$300 per work station. Good workstation design, it argues, increases productivity by 15-20 percent.

— Publish Magazine/CALM



STRIKE MANUAL

Preparing for a test of strength



BARGAINING UPDATE: Table officers' meetings give local representatives a chance to learn about bargaining in detail and to discuss what will be necessary to prepare for strike votes, strike action and essential service designation.

HEU is bargaining hard to win new agreements, but our strike machinery is being put in order

WITH just weeks to go before expiry of all of HEU's main collective agreements, union locals around the province are laying the groundwork for a strike if one is necessary to back contract demands.

"Our goal is to negotiate a settlement without confrontation," says union secretary-business manager Carmela Allevato. "That's always our top priority."

"But experience has shown us that our employers, and particularly the Vander Zalm government, may test our strength. We have to be ready and we will be."

Each week, somewhere in B.C., scores of HEU local officers are gathering for two-day workshops to study, improve and amend the union's Strike Manual and Essential Services Manual.

By the end of March, almost 1,000 local officers from every region of the province will have had the opportunity to hear first-hand about HEU's bargaining strategy, local communications and strike preparations.

Provincial Executive members attending each session sit in on the workshops, compile proposals for changes and are feeding them into the Provincial Office.

HEU's Strike Manual sets out the procedures for conducting a strike vote, establishing essential services committees, running a picket line and collecting strike pay.

"The manual takes into account the events of 1989," Allevato says. "We've made substantial changes to our Constitution and Bylaws that reflect the lessons of 1989 and are designed to remove much of the confusion."

Some of the most significant changes include:

- **Essential Service Pay:** Revisions to the Constitution now provide that the Provincial Executive shall be authorized to increase dues up to 20 percent of the gross salary of all non-striking members to be placed directly into the strike fund. This temporary dues increase shall be discontinued at the conclusion of strike action.

This provision covers all essential workers and non-striking members. This temporary dues increase replaces the strike assessment levied in 1989.

- **Strike Pay:** Under revisions to the Constitution, strike pay will be \$150 a week plus \$25 a week for each dependent. To qualify, members must picket at least 20 hours over five shifts a week or an equivalent time subject to local scheduling needs. Strike pay will be paid to

those performing essential service work provided they perform the minimum picket duty set out above.

Strike pay is payable from the first day of any authorized strike.

The Strike Manual includes checklists for the preparation of strike headquarters as well as sample forms needed in the course of job action.

During the regional Table Officers Conferences, each local's delegation has the opportunity to review the manual, discuss it in detail and plan implementation of its procedures.

"We believe this manual, combined with the Essential Services Manual and our improved internal communications should resolve many of the problems we experienced in 1989," Allevato said. "We hope these preparations prove unnecessary, but it would be irresponsible not to take them."

"We have to be ready to fight for a decent contract. If health care employers want to take us on, we'll be ready."



ACTIVE DEBATE: Participating in workshop discussions at first Lower Mainland Table Officers' Conference were (above, left to right) Marion Thiessen, Sherwood Local, and Terry Lukach, MSA General. Others participating included (at top, left to right) Carol Freen, Parkridge, Gwenda Peck, UBC, and Melva Strudwick, Normandy.

News of talks by fax



HEU's Bargaining Bulletins now are available within 24 hours of publication by fax transmission. The bulletins will be published as often as daily as the pace of bargaining increases.

HEU locals wishing to receive the fax transmissions should identify a fax they would like the bulletin sent to and phone the number in to Brad Teeter at the Provincial Office, 734-3431.

The bulletins will still be mailed in the local kits as before, but will arrive substantially later.

At press time, more than 30 locals already had joined HEU's Bargaining Bulletin fax network. Watch for the Bargaining Bulletin on your facility's bulletin board.

Health unions establish essential services process

ALL three B.C. health care unions — HEU, the B.C. Nurses' Union and the Health Sciences Association — have ratified a breakthrough agreement on essential services.

Not only does the agreement provide for a united position on essential services, says HEU secretary business manager Carmela Allevato, it opens the door to substantial co-ordination of bargaining and of job action, if that proves necessary.

"We worked hard for this agreement and we know the other unions did, too," Allevato said. "The B.C. Nurses' Union, in particular, listened carefully to our concerns and the agreement reflects their efforts to meet our proposals."

Our united stand is a major advance

The leadership of the three unions met on several occasions during the past three months to discuss a united approach. Allevato said the possibility of united action had been proven by experiences like the joint response to lay-offs last summer at Langley Memorial Hospital.

The agreement establishes a Provincial Tripartite Union Essential Services Committee to be chaired by a non-voting representative of the B.C. Federation of Labour.

Essential service plans are to be negotiated at the local level. Any unresolved issues may be referred to the Provincial Essential Services Committee.

Each union will have a single vote on the



committee and decisions will be by majority vote. Decisions will be binding on all parties.

Other features of the agreement include:

- the unions will jointly decide where to launch job action;
- a disagreement about essential services before and during a strike will be resolved by the committee;
- there will not be any picket lines unless essential service levels have been established and agreed to under this process.

If the process collapses or a binding decision is broken, affiliates of the B.C. Federation of Labour have the option of seeking corrective action in line with the federation's picket policy.

LOCALS PARTICIPATE: Essential service arrangements came in for discussion during this Feb. 4 workshop which included (left to right) Rosemary Benes, Shaughnessy, Phil MacLeod, Queens Park, Linda Whittaker, Vancouver General, and Bruce Campbell, Cancer Control.

B.C. Fed support assured

The HEU Bargaining Committee is heading to the table this year with strong support from the B.C. Federation of Labour.

"That close support is more vital than ever," says union secretary-business manager Carmela Allevato, "with the government and our employers talking about wage controls and threatening to use the Industrial Relations Council against us."

"We also know the Social Credit government may attempt to provoke a confrontation in bargaining which would serve Premier Vander Zalm's hopes for re-election."

B.C. Federation of Labour president Ken

Georgetti has already promised to assist HEU members in two vital ways:

- at HEU's convention last October, Georgetti pledged that the labour movement would ensure that HEU's new strike fund remained at full strength through any confrontation; and
- since December, Georgetti and other federation staff have assisted HEU, the Health Sciences Association and the B.C. Nurses' Union in the



GEORGETTI

development of a united labour position on essential services. (See story above.)

Two important B.C. Federation of Labour policies could affect HEU bargaining.

One is the federation's continuing boycott of the Industrial Relations Council, which has demonstrated a strong anti-union bias. Employer attempts to force HEU to break the boycott by submitting to IRC orders for essential services could bring the entire labour movement into action in HEU's support.

The federation also has warned B.C. employers against any attempt to exploit the Paccar decision. That decision, brought down by the Industrial Relations Council, gives employers the right to impose new wages and working conditions after the expiry of the agreement if bargaining has reached an impasse.

On February 7

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9:45 p.m. Soon after the alarms sound, VGH orders evacuation of the emergency department. Patients are shuttled by ambulance to Centennial Pavilion.



10:15 p.m. About 26 HEU members, all nightshift workers, huddle outside in blankets while the sterile supply department is checked for gas. A supervisor is attempting to unlatch the gas sterilizer.



10:30 p.m. HEU's chief shop steward at VGH, Linda Whittaker, gives reporters the background on the union's long battle to improve safety conditions in the sterilizer area. Secretary-business manager Carmela Allevalo also was on the scene.



12:15 a.m. A fireman wearing a special isolation suit emerges from the sterile surgical supply department to announce that his tests showed no gas present.



12:30 a.m. Allevalo reports to HEU members on VGH's position. The crew refused to return to work until assured that the gas sterilizer had been turned off and that further testing showed no sign of gas present in the work area.

Gas Leak Chaos

When alarms signalled the presence of toxic gas from Vancouver General's gas sterilizer unit, HEU was able to win changes with province-wide implications

"First of all, let me assure you this was a fire alarm, and in no way related to the equipment in the sterile supply department or a toxic gas leak."

— James B. Platt, VGH president, Friday, Feb. 8

By BRAD TREYER
Vancouver General Hospital's refusal to confront continuing problems with its gas sterilization system collapsed into chaos last month with embarrassing front-page publicity and a thick sheaf of Workers Compensation Board orders.

In the course of two days, HEU members twice exercised their right to refuse unsafe work. The result: emerging WCB rules which will provide tough new guidelines to ensure the safety of sterile supply workers around the province.

Two days after Platt's misleading memo to staff, Vancouver General Hospital managers finally conceded they had a serious safety problem.

There was no public admission of error or apology to Sterile Supply Department (SSD) staff members who had long worked under chaotic safety conditions. But there was a marked shift in attitude. Long overdue questions were finally being asked as the hospital began looking for a way out of a mess generating embarrassing news headlines.

The hospital's ethylene oxide (EO) sterilizer — threatening worker safety over the past several years and the cause of two patient/worker evacuations over four days in early February — was shut down by management at 11 p.m. Feb. 8. And, a day later, the storage tanks housing the EO — a carcinogenic and mutagenic gas used to clean delicate surgical instruments — were removed from the hospital.

Some 80 Hospital Employees' Union members who had faced several hair-raising SSD alarms over consecutive nights breathed a collective sigh of relief. The hospital promised to obey the union's call to enclose the sterilizer before restarting operations and claims to be shopping for an accurate, EO sensitive monitor.

The latest chapter of the ongoing sterilizer controversy began Feb. 1 when two union members, one of them pregnant, were treated in hospital for EO related symptoms of nausea and dizziness.

Surrey Memorial workers flee Eto leak

Following the leak that found the hospital in violation of 14 occupational health and safety regulations, the WCB orders show that: a gas detector was not properly maintained and was giving incorrect measurements or contaminants.

But a closer look at what Bernatzki had dismissed as "human error," showed the hospital has neglected EO safety regulations.

The Hospital Employees' Union released copies of a WCB review

Fearful that the sterilizer was malfunctioning, union members refused to operate the machine.

A subsequent Workers' Compensation Board (WCB) report, showing continued VGH contempt for worker safety, prompted the union to issue a news bulletin Feb. 7 warning of a further shutdown if WCB orders weren't quickly followed.

That same night at about 10 p.m., amid wailing sirens and flashing lights, eight emergency ward patients and about 40 workers were evacuated from the area housing the sterilizer. Although the hospital would later claim a false alarm, the absence of a credible EO monitoring system left worker safety in doubt.

HEU members huddled in the cold in the emergency parking lot while emergency work crews wearing masks and space-man-like gear studied the sterilizer for leaks. The workers were joined by secretary-business manager Carmela Allevalo and VGH chief shop steward Linda Whittaker and communications director Geoff Meggs until 4 a.m. when the SSD department was ruled safe by the WCB.

The sterilizer was to remain off until later in the day. Within the week, the HEU had formally requested that VGH fund an independent study of the long-term health of workers exposed to low levels of EO exposure. "It's a relief that VGH has finally agreed to do what should have been done when the sterilizer was first installed in 1980," said Allevalo, the union's chief spokesperson. "That does nothing, however, to ease the fears of those workers who have been exposed to low levels of EO. We have told the hospital that we stand by our demand that they replace the existing unit as part of their overhaul of safety in SSD." Allevalo said the union will use the minimum standards established at VGH to force province-wide improvements.

The WCB concluded in its Feb. 1 report that VGH EO-related safety violations included the following: an alarm system involving the exhaust fan which clears EO fumes failed to activate when tested; several "difficulties" with EO leak monitoring program;

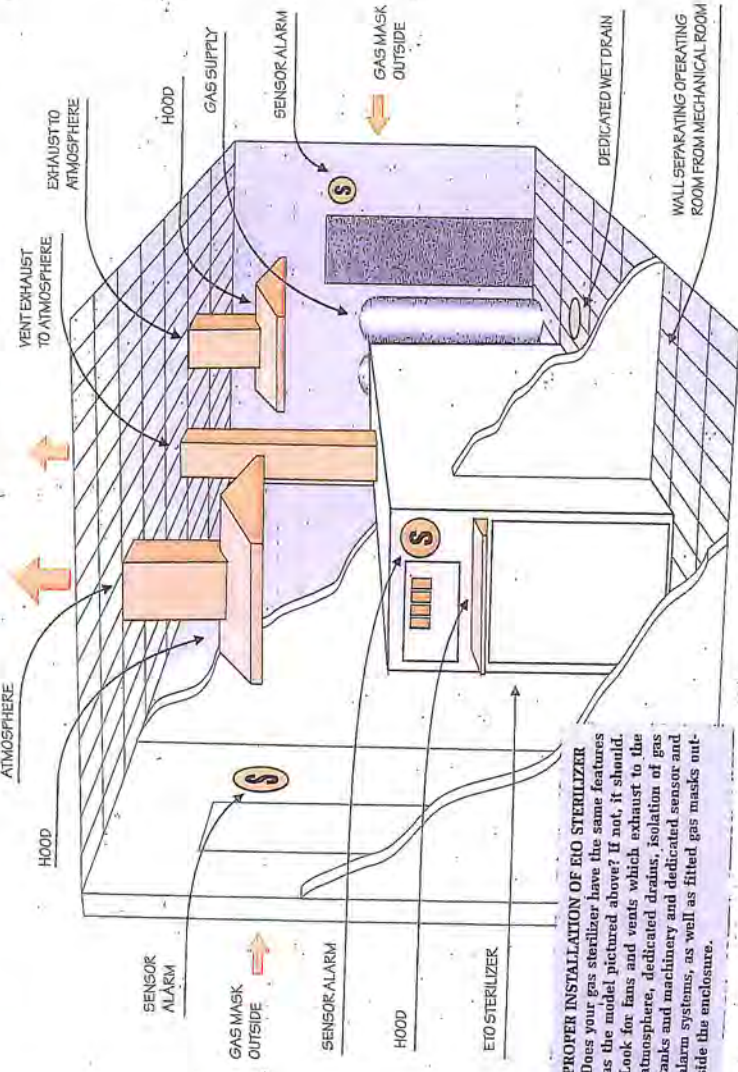
inappropriate emergency procedures for workers and supervisors;

records indicated that not all of the required sampling is being performed or recorded.

Respirators have not been tested to ensure they fit and workers are unaware of mask limitations.

The hospital did not immediately report the leak to the WCB.

The SMH Central Processing Department was evacuated and sealed after a leak from the compressor which regulates the supply of EO. About 10 HEU members working in the department at the time, waited in the hospital cafeteria for several hours before resuming work.



PROPER INSTALLATION OF ETO STERILIZER
Does your gas sterilizer have the same features as the model pictured above? If not, it should. Look for fans and vents which exhaust to the atmosphere, dedicated drains, isolation of gas tanks and machinery and dedicated sensor and alarm systems, as well as fitted gas masks outside the enclosure.

VGH AGREES TO REPLACE STERILIZER!

As this issue went to press, Vancouver General told HEU safety committee members that it had decided to replace its old gas sterilizer, a long-standing demand of HEU members at the facility.

The WCB's current standards

Although current WCB rules concerning gas sterilizers are far from adequate, much tougher procedures have been the industry standard for many years. Hospitals like VGH just chose to ignore them.

Hospitals started moving toward enclosing ETO sterilizers in self-contained rooms more than a dozen years ago, according to a 1985 volume of the Journal of Hospital Supply, Processing and Distribution.

In an extensive review of EO, the journal noted that in the mid-70s biomedical engineers were discovering the potential harmful effects of EO.

Illinois hospital engineer David Kickey became aware of EO dangers at a 1970 seminar and quickly moved to isolate the gas sterilizer at his hospital. "I realized then how haphazardly most hospitals use highly toxic, dangerous chemicals," said Kickey in explaining a raft of safety changes quickly instituted at Condell Memorial Hospital.

HEU report to aid in new Eto rules

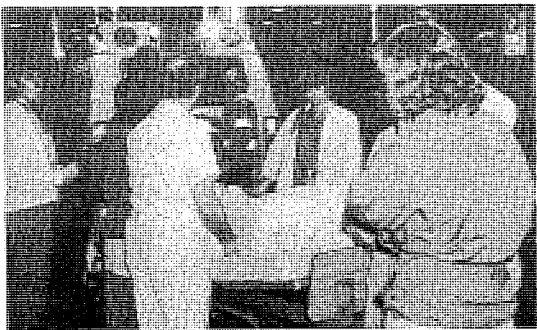
Within days after HEU sent a January letter to Health Minister John Farson critical of ETO sterilizer safety in B.C. hospitals, the union received notice that the Workers' Compensation Board was developing an EO health and safety booklet.

The WCB requested HEU help in gathering background safety information for a safety practice manual on the use of EO. The manual, to be completed by June, will be widely distributed among labour, industry and EO manufacturers.

Details of HEU's recommendations will be carried in the next Guardian.

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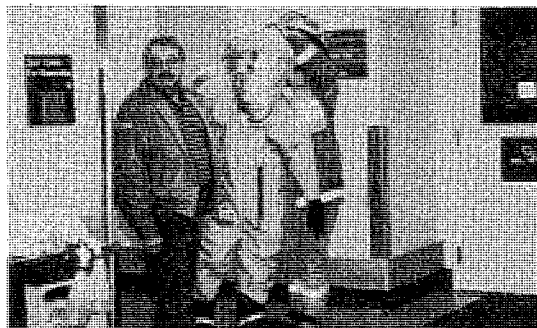
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Surrey Memorial workers flee EtO leak

SURREY Memorial Hospital president Roger Bernatzki was quick to blame staff for an EtO leak in early February which forced the evacuation of staff from the hospital's central processing department.

But a closer look at what Bernatzki had dismissed as "human error," showed the hospital has neglected EtO safety regulations.

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following the leak that found the hospital in violation of 14 occupational health and safety regulations. The WCB orders show that:

- A gas detector was not properly maintained and was giving incorrect measurements of contaminants.
- Not all people working in the area were adequately aware of the hazards.
- An emergency shower is improperly located in an area that can become contaminated.

- Respirators have not been tested to ensure they fit and workers are unaware of mask limitations.
- The hospital did not immediately report the leak to the WCB.

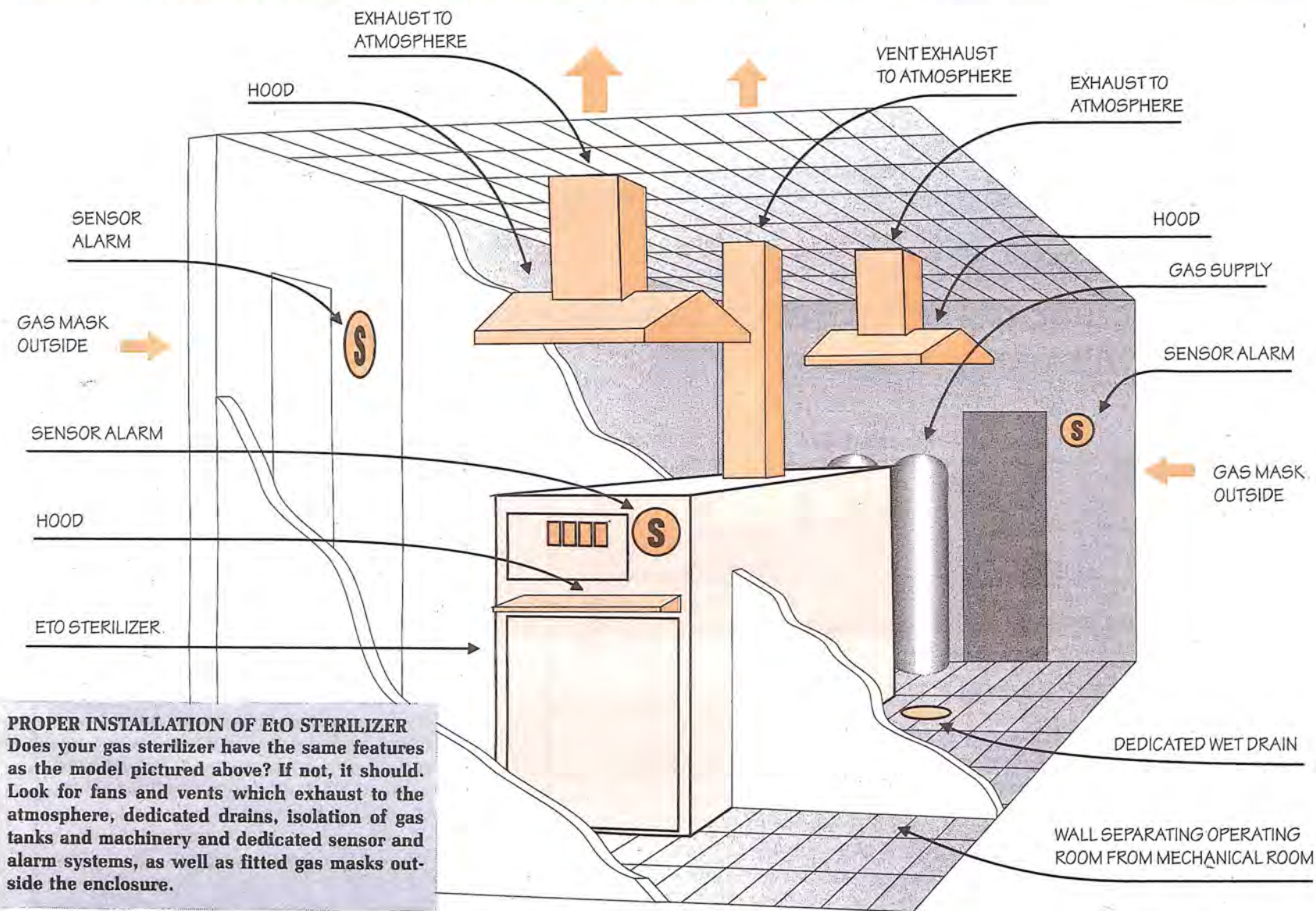
The SMH Central Processing Department was evacuated and sealed after a leak from the compressor which regulates the supply of EtO. About 10 HEU members working in the department at the time, waited in the hospital cafeteria for several hours before resuming work.

k Chaos

VGH AGREES TO REPLACE STERILIZER!

As this issue went to press, Vancouver General told HEU safety committee members that it had decided to replace its old gas sterilizer, a long-standing demand of HEU members at the facility.

11



WCB inspector Raymond Roch recommended fines of at least \$12,000 be charged VGH for failing to follow safety orders. Roch ordered the hospital to put a health and safety program in place for the entire hospital, charging that "there is every indication" shoddy safety standards in SSD are prevalent throughout the hospital. He acknowledged that WCB may not have pressed the hospital hard enough in the past but warned "we're steamrolling" now.

But the problem did not go away. Four fire engines and three hazardous material trucks responded to a second alarm from the VGH SSD at about 3 a.m. Feb. 10. HEU staff tests the previous evening had indicated EtO readings of 20 parts per million in the area, a frightening finding since levels of four parts per million are considered unsafe. Staff evacuated the department shortly after the test, returning after management shut off the EtO at 11 p.m. The 3 a.m. alarm the next day was branded a false alarm by VGH managers.

The loss of the EtO forced the hospital to temporarily cancel about 60 emergency surgery operations on Feb. 11. Surgical equipment has since been shipped to other area hospitals for EtO gassing.

Delegates at HEU's convention last November set a 90-day deadline for hospitals around the province to ensure safe operation and monitoring of deadly EtO gas. The resolution was sparked by a WCB report last fall detailing numerous safety violations in the operation of the VGH gas sterilizer. Several other hospitals in the province have failed to enclose EtO sterilizers.

The WCB's current standards

Although current WCB rules concerning gas sterilizers are far from adequate, much tougher procedures have been the industry standard for many years. Hospitals like VGH just chose to ignore them.

Hospitals started moving toward enclosing EtO sterilizers in self-contained rooms more than a dozen years ago, according to a 1985 volume of the Journal of Hospital Supply, Processing and Distribution.

In an extensive review of EtO, the journal noted that in the mid-70s biomedical engineers were discovering the potential harmful effects of EtO.

Illinois hospital engineer David Kirkey became aware of EtO dangers at a 1976 seminar and quickly moved to isolate the gas sterilizer at his hospital. "I realized then how haphazardly most hospitals use highly toxic, dangerous chemicals," said Kirkey in explaining a raft of safety changes quickly instituted at Condell Memorial Hospital.

Although EtO is widely used, the greatest number of occupational exposures are associated with the use of EtO as a sterilizing agent in health care institutions. Chronic long-term exposure may adversely affect the lungs, liver, kidneys, adrenal system, glands, testes, blood or central nervous system. There is also evidence suggesting that an extended period of exposure to EtO increases cancer risk. Upon inhalation, it will cause nose and throat irritation, nausea, vomiting, abdominal pain, difficulty breathing, coughing, dizziness and unconsciousness.

Skin contact with solutions containing as little as one per cent EtO can result in burns, blistering and, after repeated exposure, skin sensitivity and allergic reactions. Severe eye damage can result if splashed in the eye.

HEU intends to use the WCB changes emerging from the VGH experience to force province-wide improvements in safety in SSD.

HEU report to aid in new EtO rules

Within days after HEU sent a January letter to Health Minister John Jansen critical of EtO sterilizer safety in B.C. hospitals, the union received notice that the Workers' Compensation Board was developing an EtO health and safety booklet.

The WCB requested HEU help in gathering background safety information for a safety practice manual on the use of EtO. The manual, to be completed by June, will be widely distributed among labour, industry and EtO manufacturers.

Details of HEU's recommendations will be carried in the next Guardian.



BARGAINING BACKGROUNDER

Why HEU's pay equity proposals make sense

Hospital employers say HEU's demands are way out of line, but Wage Policy delegates felt differently. Here's why.

WHEN HEU tabled its proposals to achieve pay equity for health care workers earlier this year, hospital employers were appalled.

Bargainers for the Health Labour Relations Association agreed that women health care workers face discrimination, but termed HEU's demands "totally out of line with traditional pay equity concepts."

In fact, HEU's demands flow from the only logical solution to what all agree is the problem: wage discrimination.

Wage discrimination the problem

The demand for pay equity is based on the fact that work traditionally done by women is underpaid and undervalued. That is why women working full-time in B.C. earn 63 cents for every dollar earned by men.

Skilled secretaries usually earn less than unskilled male workers. Health care workers, who are mainly women, are much lower paid than, say, wood workers, who are mainly men. Workers in traditional male jobs, such as engine mechanics, will earn more to care for machines than workers in traditionally female jobs, such as practical nursing, would earn to care for a human being.

The HLRA agrees that wage discrimination is a feature of the health care system.

The goal of pay equity is to raise women's wages so that the income gap between men and women is removed.

The answer is pay equity

Throughout its existence, HEU has been working to reverse wage discrimination against its women members.

The struggle has been difficult, and it was not until the 1970s that HEU won the principle of equal pay for equal work, which increased the pay of many women members. For example, the pay of female practical nurses was brought up to the pay level for orderlies, and the pay for female maids was equalized with male cleaners.

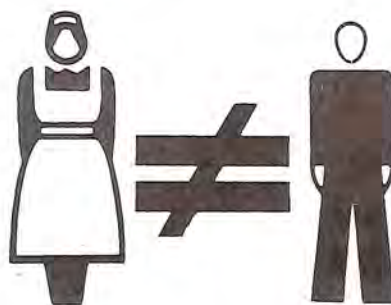
But that was only a first step. Now the goal is pay equity, sometimes known as equal pay for work of equal value.

Collective bargaining is the key

It's easy to talk about wage discrimination. It's harder to do something about it.

There are many ways of reaching pay equity, and the HEU is pressing for a new approach in this year's bargaining.

HLRA has proposed a traditional job evaluation program, which would involve a long bu-



WORK OF EQUAL VALUE, UNEQUAL WAGES: Unions, government and employers agree that women are systematically underpaid in B.C. compared to men doing jobs of equal value. Pay equity demands are designed to close that gap. In B.C., women average only 63 cents for every dollar earned by men.

reaucratic process of comparing jobs done by men and jobs done by women within hospitals prior to adjusting wages.

HEU believes that such an approach is ineffective, and would bring HEU members only part of the way toward pay equity. It would expose health care workers to costly, lengthy job reviews and analysis.

It would postpone justice. We don't want a process, we want results.

Protection for women and men

HEU's answer to discrimination is based on the recognition that all health care workers — women and men — suffer from wage discrimination because most in our industry have predominantly been female.

The union has tabled a comprehensive pay equity program that is based on the concept that all health care workers' wages are depressed because traditionally, health care has been considered 'women's work' and consequently has been undervalued.

What this means is that HEU believes that the wages of all members of HEU, women and men, have suffered because of wage discrimination. A special industry-wide pay equity adjust-

ment should be paid to every member of HEU based on this fact.

As well, HEU proposes reforms to raise base rates, adjust pay rates within the bargaining unit, and to deal with issues such as child care, paid maternity leave, and training and upgrading programs.

The union is proposing the removal of increment steps, which apply only to jobs traditionally done by women. As well, HEU will refuse to accept any settlement that involves the lowering of wages for any individual.

It comes down to money

The differences between the HEU and HLRA proposals are also shown by the length of time they would take to implement. HEU wants much quicker pay equity than HLRA.

The employer is deeply concerned by HEU's pay equity proposals.

This pays tribute to the fact that HEU is leading the way in pay equity. Trade unionists confronted with the fact that the pay gap between men and women remains as wide as ever, are realizing that traditional pay equity methods are not working well enough.

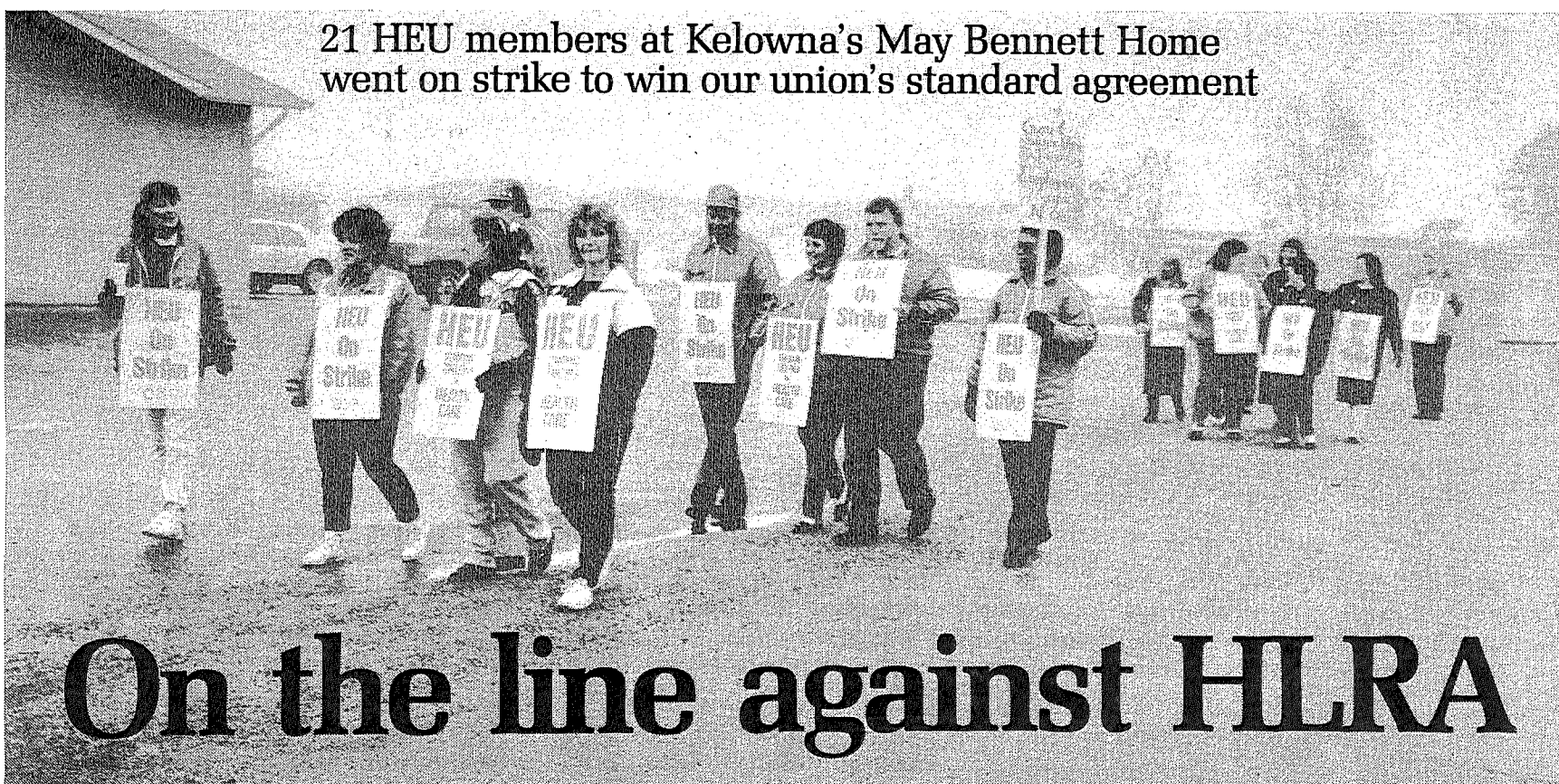
HEU also realizes that pay equity has to be won beyond the bargaining table. That's why HEU is active in Women for Better Wages, a coalition dedicated to obtaining pay equity legislation that will cover all workers.

**Want to know more?
Or help organize to win equity?**

Call HEU's Bargaining Hotline for details of bargaining proposals or information on how you can help the bargaining effort in your local. A Provincial Executive member will be standing by beginning March 15.

**In the Lower Mainland call
734-3431
Elsewhere call toll free
1-800-663-5813**

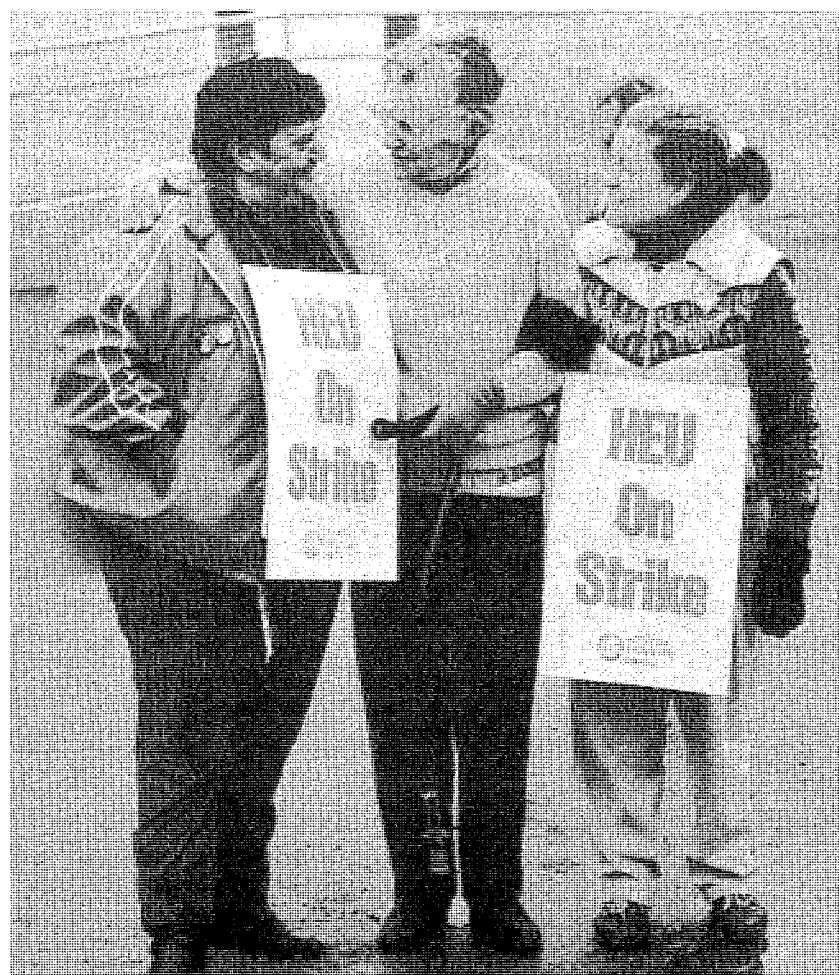
21 HEU members at Kelowna's May Bennett Home went on strike to win our union's standard agreement



On the line against HLRA



STANDING OUR GROUND: In line with HEU tradition, the entire Provincial Executive (at top) joined May Bennett members for the first eight-hour picket shift as the strike began at 6.30 a.m. Feb. 9. Above, discussing essential service designations, are (left to right) May Bennett vice-chair Marilyn White, May Bennett chairperson Rena Kunth, Provincial Executive member Julia Crozier and financial secretary Mary LaPlante.



Several residents joined the picketing in solidarity with members, including (below) Peggy Claxton, talking to Okanagan Region executive member Helen Burnell (left) and May Bennett worker Grace McDuff.

K E L O W N A

AFTER negotiations stretching over several months and a tough 23-day strike, HEU members at the May Bennett Home voted overwhelmingly March 2 to ratify their first agreement.

Their victory not only assured the workers the protection of HEU's standard long-term care agreement, it served notice on the Health Labour Relations Association that HEU is ready, able and willing to mobilize on the picket line if necessary to defend its members' wages and working conditions.

The HEU's 21 May Bennett workers earned wide union support and enthusiastic backing from May Bennett residents in their successful bid to gain parity with the long term care standard. They had been fighting for a first agreement since they joined the union last June.

Key support in the strike came from BCNU members, also recently-certified, who worked closely with HEU to ensure appropriate essential service levels during the job action.

BCNU president Debra McPherson also joined the picket line.

On the picket line there was overwhelming support from other HEU locals and the local labour movement. HEU Provincial Executive members set the tone Feb. 9 as the picket lines went up, walking the first shift with May Bennett workers. Several executive members stayed in Kelowna to support the strikers.

Also on the line that day were members of the BCNU, CUPE locals at David Lloyd Jones and City of Kelowna, and representatives of the BCGEU.

Okanagan Region HEU locals with members on the line included Kelowna General, Noric House, Royal Inland Hospital and Overlander. Strong financial and moral support from outside the region came from many locals. Details will be carried next issue.

HEU president Bill Macdonald, who met the strikers the day before the picket lines went up, promised the union's full support. In addition



STRIKE HEADQUARTERS: May Bennett local secretary Sandy Wilcox signs in picketer Sharon Mitschke at HEU strike headquarters.

to strike pay, the workers had a camper on the picket line and a strike headquarters at the nearby regional office.

Special newspaper advertisements backed up bargaining efforts and informed Okanagan region members about the dispute. More than 1,000 buttons supporting the strikers were distributed in the first week of the dispute.

Pickets had to remain calm despite often-provocative action by management in implementing essential services. By Feb. 26, with the strike heading into its third week, it was time to step up the pressure.

At a major picket line rally by Okanagan region HEU table officers, who were meeting in Kelowna, the union served notice once more it would not back down on its demand for parity with the long-term care standard.

"We're here for as long as it takes," union secretary-business manager Carmela Allevato told the rally, "but we're ready to bargain." Her challenge to the employer to return to the table was answered even before the rally ended.

Arduous talks during the next two days produced a tentative agreement which was ratified March 2.

Under the agreement, workers will receive an increase of 50 cents an hour retroactive to June 7, 1990, an increase effective April 1, 1991 and a final increase June 1, 1991 to bring their wages into line with the long term care standard agreement.

PATIENT VIOLENCE

Why are health care workers taking a beating on the job?

By Dan Gawthrop

'I work in a facility as a care aide. Here are just a couple of examples of staff abuse.

- 1. While I was giving a resident in a gerichair his breakfast, he reached out and grabbed my breast. He pinched and turned his fingers at the same time leaving a large bruise on my breast.**
- 2. A resident, upset by an earlier incident, reached out and grabbed my pin watch - breaking the watch chain - after I'd went to him to try to calm him down. I reached out to get my watch back and the resident bit me, breaking skin and drawing blood. I had to get a tetanus shot because of it.**

These two incidents are the worst that have happened to me but there are everyday things that happen all the time like getting kicked, punched, pinched, hair pulled, scratched and spat at in the face.'

FOR more and more health care workers, the greatest threat they face on the job is not injury, disease or stress — it's the threat of violent attack from the patients they care for.

According to Workers' Compensation Board statistics released last fall, wage loss claims by hospital workers due to acts of violence or force have increased 88 percent since 1985.

More hospital workers than ever are vulnerable to attack, largely due to understaffing. Psychiatry, emergency and admitting reception are the biggest areas of concern but violence is prevalent in virtually every patient care area.

Frustrated in their efforts to seek improved staffing levels and safety training, workers are forced more and more often to take job action for their own protection. At the same time, improvements in working and caring conditions to safeguard the health and safety of HEU members is a key plank in current contract demands.

Al Corson, an HEU member who two years ago staged a sit-down strike to protest inadequate staffing and training in emergency preparedness, recently became another statistic in the disturbing violent trend. Corson was admitted to hospital after being kicked in the groin by a psycho-geriatric patient.

"This person gouges, kicks, bites, she tries to dismember you," says Corson, HEU chairperson at Hardy View Lodge in Grand Forks.

Corson and other employees resorted to job

action when Hardy View management insisted they accept emergency response training from nurses. Management's efforts to discipline HEU members led to a special troubleshooter grievance hearing which upheld the union.

According to a WCB officer quoted in the troubleshooter's report on the case, putting nurses in charge of the training would be like "the blind leading the blind," because nurses are not any better equipped than aides or orderlies to deal with violent patients.

"Our main concern was that this patient was doing damage not only to the employees — scratching them without warning — but also to herself," Corson says.

According to the report on the case, her range of illnesses included chronic brain syndrome, Alzheimer's disease, diabetes, liver disease and arthritis.

Corson says the sit-down strike was inevitable, given the lack of proper resources and outside training.

"We'd given them warnings upon warnings with this patient, and nothing was ever done about it," he says. "That's what caused me to invoke Section 8.24 and pull our members off the job." (Section 8.24 of the Industrial Health and Safety Regulations allows an employee to refuse to work if there is reasonable evidence of a health hazard.)

As the Hardy View case shows, the lack of standard procedure for verbal and physical intervention leaves many HEU members in a state of Catch 22. While families of disturbed patients routinely accuse workers of violent treatment, employees who are assaulted must use the griev-



ance procedure to force the employer to provide a safe working environment.

The lack of standard procedure also leaves hospital employees much more vulnerable to charges of insubordination.

"Management misuses the word 'abuse' to intimidate our members," says Corson. "If we raise our voice at a patient, that's considered 'verbal abuse'."

Mark Atkinson, HEU director for the Kootenay region, agrees management has failed to protect workers from abusive patient behaviour.

PART of the problem, as Atkinson and others see it, is that Victoria's budgetary restraint in health care has led to more chronically ill patients being placed in fewer facilities with fewer staff.

"Places like Riverview are closing down and are sending us psycho-geriatric patients," says Atkinson. "Our members have no training."

Perhaps this explains the dramatic increase in violent incidents in B.C. hospitals. According to WCB statistics, acts of violence or force accounted for the second highest category of wage loss claims by nursing aides and orderlies.

In 1985, violence accounted for 194 claims, nine percent of the total claims. In 1989, there were 364 claims, or 14 percent of total claims by nursing aides and orderlies. Among nurses, the figures are even more staggering: violence accounted for 68 claims in 1985 and 156 claims in 1989, for an increase of 129 percent. The two

occupation groups combined are experiencing twice the acts of violence as compared to five years ago.

Overall, reported incidents of violence at B.C. hospitals have increased from 5,683 in 1985 to 8,306 in 1989 — an increase of 46 percent.

There is evidence to suggest increased training could help ease the alarming statistics. At Penticton Regional Hospital in Penticton, an in-service emergency response training program for hospital employees has resulted in a 56 per cent drop in violent acts since 1985 when the program began.

But the Penticton emergency response training program, which separates defensive actions into verbal and physical intervention techniques, fails to address the core issue of understaffing. And, at the few facilities offering special training, staff are often unfairly asked to contribute their own time to the program.

"The root of the problem is provincial restraint," says Carmela Allevato, HEU's secretary-business manager.

"With certain facilities closing down, more patients are showing up in emergency. If there were adequate staffing, you wouldn't have this situation."

Allevato points to the total elimination of orderlies at Surrey Memorial and acute care facilities as part of the growing trend toward all-registered nurse staffs.

The union also is taking action at the bargaining table. HEU is advancing bargaining demands to improve staff-to-patient ratios designed to ensure safe, quality care for both patients and care-givers.

'There is never a day goes by that staff members are not slapped, hit, scratched, pinched, punched, kicked, bit, spat at and verbally abused.

And, for what? For trying to help a resident get ready for the day (washing, bathing, dressing or toilet preparation).

In our facility, some residents are not responsible for their actions. Others know what they are doing. It's the ones that deliberately set out to hurt you that is most tiring.

Unless something is done about this matter, such as together refusing to work with violent patients under Section 8:24, when and how will it all stop?

I know I'm tired of going home with bruises, scratches. We don't need this abuse.

I am a care giver.'

Bill C-69, Tory budget renew assault on health

By CHRIS GAINOR

The Canada Health Act and universal medicare are in danger thanks to measures contained in a piece of legislation that recently passed the House of Commons and Senate virtually without debate.

Compounding the threat to medicare is the latest Tory budget, which uses the new legislative changes to slash federal support of the health care system.

Bill C-69, the Government Expenditures Restraint Act, was passed over the objections of HEU, other unions and community groups, which are now working for its repeal.

Bill C-69 attempts to deal with very complex federal-provincial cost-sharing arrangements. But what it does, among other things, is reduce the contributions the federal government makes to health care in every province.

Federal Finance Minister Michael Wilson announced the measures in Bill C-69 in his 1990 budget. He defended this round of cutbacks in federal transfer payments as necessary to reduce the federal budget deficit.

Bill C-69 froze health transfer payments for two years and cut back their rate of increase so that inflation will reduce them. In his 1991 budget, Wilson extended the freeze to five years, so that within a few years, direct federal contributions to health care in every province will be zero.

In the 1970s and early 1980s, British Columbians were paying user fees to stay in hospitals or when they went to the emergency department. Ontario doctors were extra billing their patients.

All that came to an end after the federal government passed the Canada Health Act in 1984, obliging the provinces to end user fees and extra billing.

Alternative budget would emphasize jobs, services

When the Tories bring down budgets that increase taxes for lower and middle income Canadians while slashing social services, they claim these measures are the only way to deal with Canada's economic problems.

We heard more of this rhetoric when Finance Minister Michael Wilson brought down his 1991 budget. But a progressive think tank, the Canadian Centre for Policy Alternatives, has prepared its own budget for 1991.

"In a curious perversion of language, a budget where 'tough choices' are made has come to mean a budget which slashes support for the most needy in our society, a budget which neglects our most pressing social needs," the centre's Alternative Budget concludes.

"The truly tough choice is to decide to reject the destructive agenda of big business with its prescriptions of deficit cutting and lower taxes."

Under the Canada Health Act, the federal government can withhold health funds from a province if it fails to meet the five principles of Canadian medicare — universality, comprehensiveness, portability, public administration.

But when there are no health funds to withhold, provincial governments will be free to bring in user fees and more privatization in health care, allow doctors to extra bill, and cut back on insured services and eligibility for medicare.

Wilson promised in his 1991 budget that medicare principles would be protected in new legislation, but social groups and unions took this announcement as proof that their criticisms of Bill C-69 were correct.

"Canada's universal medicare system is in trouble," Dr. Sharon Manson-Willms of the Canadian Council on Social Development warned the B.C. Royal Commission on Health Care and Costs.

That warning was underlined when B.C. Finance Minister Mel Couvelier suggested to a meeting of provincial finance ministers that the provinces move quickly to "disentangle" themselves from federal involvement in medicare.

HEU had already urged the B.C. Royal Commission on Health Care to make a strong statement on federal cutbacks.

In response to Couvelier's action, HEU secretary-business manager Carmela Allevato took part in a December press conference held by unions and community groups against Bill C-69 and Couvelier's "disentanglement" scheme.

HEU has also joined in the criticism of the new round of cutbacks in the 1991 budget.

"If you remove the cash, you remove the ability of the federal government to enforce uniform health standards throughout Canada," Allevato said after the budget was tabled.

In the alternative budget, the centre calls for lower interest rates and a lower Canadian dollar. While federal program spending has actually fallen since the Tories took office, the budget deficit continues to grow because the Tories support a high interest rate policy.

Lowering interest rates would put a real dent in the deficit, and by lowering the value of the Canadian dollar, Canadian products would sell better abroad, creating jobs.

The alternative budget calls for spending on municipal infrastructure, particularly sewer systems and other facilities needed to protect the environment.

More spending is needed to upgrade transportation facilities, particularly transit and rail, and for research and training.

Cuts in social spending should be reversed, and a national assault on poverty is needed.

WORDS ON WORKING

White-out

Frenzied fingers type
faster faster
race the onslaught
of numbing numbers
to get the damned tables done.

But the eyes no longer co-operate.
figures wriggle and blur
in a dance these pupils
never learned

the brain balks, savours four
o'clock — then veers toward fears
of permanent dyslexia
from fluorescent-lit
statistics

Then he trots into the office
bent arm bulging
proofread pages, ticked
with changes
serves my cluttered desk
this extra dish.
Comments how, although
perhaps a bore, he sometimes
wouldn't mind my job:
just sit all day and copy
someone else's work!

Furious
the fingers grip
liquid paper
bloated brush
poised
By Sandy Shreve

Grievance Procedure

I am listening to
a woman worried —
the harassment's there
though often so subtle
it evades articulation.

Not that she wants to grieve
this incident, or that
in union terms

(the concept of defiance
such a threat)

And yet she grieves —
trying hard not to cry, she
apologizes as I
offer tissues:

feeble things, only good
for absorption.

The office trashcan, congested
with such as these,
an archive of pain
collected and dumped
each day

By Sandy Shreve

• Sandy Shreve spent many years as a clerical worker and now works as Program Assistant for the Women's Studies Program at Simon Fraser University. These poems are reprinted with permission from Shreve's recent anthology called *The Speed of the Wheel is Up to the Potter*, published by Quarry Press.

The labour roots of Women's Day

BY MARY ROWLES

On March 8, 1908, 15,000 women marched in the streets of New York City. They demanded an end to the abuse of children through the practice of child labour. They demanded

improvements in the brutal and dangerous working conditions of the New York sweatshops, and they demanded a fair day's wage for a fair day's work — and an end to pay inequities.

This was neither the first, nor last time that working women took to the streets to assert their rights, particularly in an era when women were denied the vote, had no access to the legislatures to effect change, and were scarcely represented in the trade union movement.

As the women marched, they invoked the memory of the women garment workers of New York City who, 51 years earlier, on the same day in 1857, occupied the same streets to protest inhuman working conditions and callous disregard for safety that caused the deaths of 64 women and children in a fire at the Triangle Shirt Waist Factory.

By 1910, March 8 had become a traditional day of protest for working women outside North America as well, and was proclaimed International Women's Day. It has been observed, if not celebrated, in countries around the world since then.

The day belongs to working women, and has brought together trade unions, left and progressive organizations and non-aligned community-based groups to advance demands for the equality of women. Sadly, many of the demands of the demonstrations and marches of 1857, 1908

and 1910 are still featured prominently on the flyers and banners of International Women's Day events a century later. That's great for recycling, but bad for morale.

Granted we have legislated an end to child labour at least in some countries, but we certainly haven't succeeded in halting the exploitation of workers in inhumane, unsafe workplaces, nor have we eliminated wage discrimination against women.

Our economy has little regard for the health and safety of workers, and for women workers this situation is made worse by a sustained disrespect for women. Our work is assumed to be easy, not taxing. It is supposed to be safe, simple and pleasant.

The health hazards of women's traditional workplaces, the hospitals and offices, stores and kitchens, are often unrecognized, as well as unrewarded.

Employers and governments remain uninterested in the long term effects on workers health of the new technologies, work processes, equipment and chemicals introduced to women's workplaces. Sick building syndrome, even repetitive strain injuries, are still regarded by many "authorities" as the products of women's imagination.

Far too many working women continue to be victimized, harassed, and verbally and physically assault-

ed by employers, by members of the general public, by clients and patients, and unfortunately by co-workers.

The wage inequalities between men and women workers have changed little over the past century. The practice of paying women a lower wage for the same work is no longer accepted, but it persists in many workplaces in a hidden way.

Often the identical nature of the work performed by men and women in a single workplace is camouflaged by a difference in job titles that justifies a substantial difference in pay.

Over the past century, wage discrimination has been institutionalized in our economy. Men and women are segregated in different occupations. There are men's jobs and women's jobs in our economy, and there are men's wages and women's wages.

This allows government representatives and economists to say, with a straight face, that women receive lower wages because they work at lower paid jobs. It's an explanation that neatly avoids any examination of the fact that women's jobs are lower paid simply because the work is done by women.

In 1911 women earned 53 percent of men's wages; now, in 1991, women earn 64 percent of men's wages. In the intervening years, the gap has sometimes narrowed and then widened again within these two limits. Permanent improvement has been slight.

In 1857, the women garment workers returned from the streets to their workplaces and organized themselves into a union. The lesson for women in succeeding years has been to organize the power unionization brings. This has been the

Women's call to end pay discrimination is more than a century old

greatest tool in achieving permanent improvement in the lives of working women.

Women have secured some important legal rights. We have the vote. We have some presentation in the Legislatures. The legal balance of power has changed to a degree, but the most important change in power has been the organization of women into trade unions. The power unionization brings has been the most important tool in achieving permanent improvement in the lives of working women.

At the bargaining table, women workers are securing pay increases, pensions and benefits, health and a safety protection, family leave provisions, child care provisions, and access to training and jobs. And trade unions have helped secure these

improvements in legislation.

But there still is reason to march.

This year at International Women's Day in the Vancouver area, women will be demanding peace, pay equity and an end to poverty.

There is a clear link between the three.

Militarism and the war effort divert money for social spending throughout the world. In our own country, there is no money for a national child care scheme, little money for training and retraining, for health programs, social programs, and education that could lift many women out of poverty. Yet the government can easily find millions each day for the planes, ships, and soldiers in the Gulf war.

Pay equity, that long-standing demand for an end to wage discrimination, will end the poverty of working women.

On International Women's Day, we still march for bread and roses, as the lyrics of the old song go. We march for wages, for a better life for working people, and "a sharing of life's glories."

• Rowles is Director of Women's Rights for the B.C. Federation of Labour.



Coffee Break



Astonishing power of the media conspirators

We've all heard of subliminal advertising — the hidden messages in television advertisements designed to provoke uncontrolled spending. But has the media learned how to do subliminal programming?

That's the profound and troubling question posed by Vancouver resident Bill Tieleman in a recent letter to *The Province*.

"Has anyone noticed that the media conspiracy against Bill Vander Zalm included unusual programming during and after his television address last month?" asks Tieleman.

"At the time the premier went on air, viewers could have watched *You Can't Do That On TV*, *Wheel of Fortune* or *Jeopardy*."

"And after the premier's show came *Great Expectations*, *Back to the Future — Part 2*, *Who's the Boss* and *Rescue 911*."

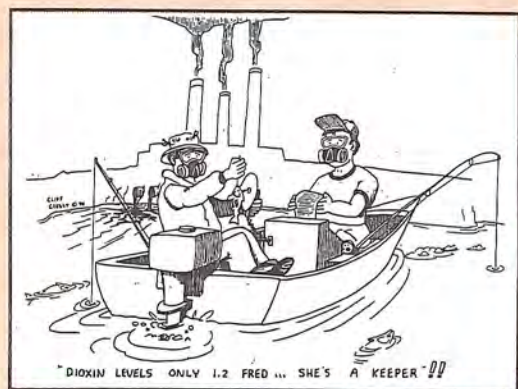
"I've heard of subliminal advertising," Tieleman concludes. "Did the media stoop to subliminal programming?"

Taking time to waste time

Since it was set up a year ago, the B.C. Royal Commission on Health Care has come in for criticism from several sources, including the HEU.

But one of the more unusual criticisms came in a six-page submission from the Comox Valley Provincial Liberal Association, who feel that the commission is a waste of time and took the time to say so.

"It is important to state that the presenters believe that there is no



need for a Royal Commission on Health Care and Costs," the Liberals said.

"Some current members (of the commission) have career-based entrenched views of the system that offer little hope for new insight," said the brief, which was given by Dr. Gordon Saunders, a physician, and Alicia Burns, a Registered Nurse.

Saunders and Burns called in their brief for elected hospital boards, choice on abortion, and charging users of the health care system for services.

There's laughs in that sludge

As more and more of our coastal waters are closed to shellfish harvesting because of pulp pollution, fishermen are finding it harder and harder to see a silver lining in the clouds over their industry.

Their solution: a pulp pollution cartoon contest. Sponsored by the United Fishermen and Allied Workers Union, the contest drew entries from all over B.C. The judges were Terry Glavin, writer for the *Vancouver Sun*, cartoonist Adrian Rae-side and native leader Lavina White. We're hap-

py to reprint two — by Cliff Cressy of Revelstoke (above right) and Peter De Tina, of Vancouver (below).

\$20 and costs for fatal attack on robin

The cold-blooded murder of a robin netted a \$20 fine and enormous public embarrassment for a Smithers man last spring. Court transcripts show that on April 25, 1990, a Miss H. was in the kitchen of her home when she saw the accused pick up a rock, throw it at a robin and kill the robin.

"Are you proud of yourself now, you idiot?" she called out. "Yeah, I am," he replied. The police attended at the scene and recovered the robin's corpse. Charges were laid by a provincial conservation officer.

Seeking to avoid a fine, the accused took an ad in the *Interior News* apologizing to bird lovers, saying he was embarrassed and ashamed. He also posted a sign in his front window saying "A robin-killer lives here."

After considering all the evidence, the court levied a \$20 fine.

U.S. politicians: reaching to put the touch on you

A recent police assessment of corruption among New York State officials found that 105 out of 106 accepted bribes offered by undercover agents. Only one honest man? No, he thought the bribe was too low.

Take State Representative Don Kennedy, who only moments before taking a \$55,000 bribe joked: "Are you sure there are no hidden cameras up there?" The undercover officer replied "Wave to the cameras." Kennedy declined, but was arrested anyway.

COMPILED FROM CALM, NEWS REPORTS, THE ADVOCATE



COMMISSION TESTIMONY: Evergreen Local executive member Kathy Dinning (right) was one of several HEU members who made submissions to the Royal Commission on Health Care and Costs as public hearings would up earlier this month. Listening is commission worker Susan Reade.

HEU locals testify on long-term care issues

By CHRIS GAINOR

The concerns of workers in long-term care facilities were highlighted in one of the last oral submissions from HEU before the Royal Commission on Health Care and Costs, which has reached the end of its hearings.

Katherine Dinning, chair of the Evergreen local in White Rock, discussed educational and staffing concerns in long-term care facilities at a Royal Commission hearing in Surrey.

The six-member Royal Commission is ending its hearings a year after it was set up in February, 1991, and now it is beginning to formulate its recommendations for a final report which is due in September.

HEU was one of the most visible participants in the Royal Commission process, with oral and written submissions from more than 25 locals and two presentations on behalf of the Provincial Executive.

Dinning, who has been a care aide for 10 years, told the commission that province-wide standards are needed for nursing courses at all levels.

"Long-term care aide and Licensed Practical Nurse Courses have to be credited," she added, so that experience and training as a care aide can count toward qualification as an LPN, for example.

Many welfare recipients are being funded by the provincial government for training in for-profit training schools, and when they arrive in the workplace, they are often not well prepared for the work, she said.

Dinning told the commission that she had taken a course at Kwantlen College on dealing with psychogeriatric patients. She paid for the course herself, but she received no academic credit and no recognition of compensation from the employer.

Several locals have also sent the commission written submissions.

The Malaspina local in Nanaimo prepared a detailed submission on work routines and patient needs in their private facility.

"Too much control is given to the administrators of such homes on

the type of care that is imposed on the residents," said the brief, which was prepared by Barb Dibblee, with the help of Doreen Adamson, Val Hamilton and Marlene Robinson.

"Persons in charge of departments within the home should be checked on a regular basis by an outside source to see that they are meeting the requirements of the resident."

The Gibsons local, whose members are employed at the Kiwanis Village Intermediate Care Home, told the commission that the number of residents and their need for care has increased, but the number of staff hasn't kept pace.

The brief, prepared by Joyce Stuble and Mary Frisch, criticized government policies that close off other facilities such as adult daycare and achievement centres to residents of intermediate care homes.

The submission from the Maple Ridge local also addresses questions of long term care. The brief, from local chair Iris Reamsbottom, called for utilization of LPNs in extended care facilities.

"Residents in long term care facilities should be able to live out their last days or years in a pleasant and comfortable atmosphere and not be subjected to complications that arise from psychogeriatric patients. The government should continue to utilize facilities such as Riverview Hospital, where the trained staff and the special facility are designed to meet the needs of these patients."

Anne Mowry of the Nursing Team Committee at the Royal Columbian local told the commission that LPNs are not being allowed to use their skills to the fullest extent.

A cutline in the February issue mistakenly identified Victoria HEU members who testified to the Royal Commission on Health Care and Costs. Those shown were Marty Terpinning, Diane Uyttersprot, Jim Munro and David Lowther, of HEU, and Susan Reade, of the commission's staff.



PUZZLE

A C C U M U L A T E D D N A L D N U O F W E N A
B A I A C D E F G H I J K L W E R D N A O R M N
L B S O R E A D I N G P F R A N C E S C R N Q R
A B A T S L A B O U R T U D N U V B P T K I W X
K A B Y O Z T A B C D E A I F G L H O O I E J K
E G L R M R N O P Q R N S S T I U G R R V W X D
V E Y E O Z E A N B A U C D Z E F N T Y B G E H
I T I S J T K L M C A N O Z P Q R I S S T I U V
E O W U X Y H Z A L A B A C D E F P G H R I L J
W W K M L O R E M O Y R T N U O C O N R O P Q L
R N R E U S E G R O D T D U V W X H A Y Z A B C
I D E S F G H N E H H I J S K F A M I L Y L M N
T O E P Q R T O T C S B L Y T S E F I L S T U V
E L W X Y Z A K U S A B C D V E F B G H D I J K
L O O N O P E G P H Q R S T U I V W O X Y R Z A
B I D O E F W N M G G H S E O L S I J J U N E K
K R M N H O O O O I P Q R S T U K I V W X T Z N
O A B C D C N H C H I N A E G F I G T H I I K L
F T M N M E S O P Q R S T U N V L W N X Y S A B
I N C D Y I E L D E D E D F I G L J A M A I C A
H O I J L K L L M N O E P Q D R S S T T U V W X
Y R G G A Z A L B C T D E E A F G H R I J K L M
N U N O I P Q R I A S T D U R V W T O I L E T S
E E I X D Y Z A C E B A C D G E F G P H M I J K
D L W M O T N U O P R Q R S P T U V M W O X Y Z
A A E G F N D B C T R D E D U C A T I O N E F G
R H I N F E A B E E I D J K L M N O P N T Q G R
T S V I T R U E H V I W Y E A R X Y Z T H A N B
E U R N C E R T S C D E V F G H I J O A K L I M
E N E I N F A O E P Q I R S T U V W X R Y Z N A
R I T A B F C D R D T R O P I C A L E I T F R G
F O N R H I I J C C K L M N O P Q R S O T E O U
U N I T E D S T A T E S A G U A S S I S S I M V

This month's puzzle was produced by Gail Carrozino, who teaches adult basic education in Toronto. The words were taken from stories written by workers in her class, all of whom had recently been laid off following a plant closure. Words may be found going up, down, forwards, backwards, diagonally up or down. This puzzle first appeared in *From the Shop Floor*, Volume 5, published by the Metro Labour Education Centre and is reprinted here with their permission.

Accumulated
Acres
Active
Andrew
Bill
Brother
Blizzard
Carlton Cards
Computer
China
Canada
Country

Children
Cabbagetown
Different
Decide
Education
Educated
English
Ernie
Factory
Frances
Father
Family
Free Trade
House
Hong Kong
Hoping
High School
Important
Interviewing
Jamaica
June
Job
Kofi
Lakeview
Lausin
Lifestyles
Laid Off
Labour
Millie

Mississauga
Morning
Metro
Month
Married
Money
Newfoundland
Ontario
Reading
Resume
Store
School
Snow
Sports
Sloes
Skills
Tropical
Toilets
Training
United States
Union
Upgrading
Visit
Write
Weather
Work
Year
Yielded

CALENDAR

The Guardian welcomes insertions for Calendar. Mail to 2006 West 10th Ave., Vancouver or phone 734-3431. HEU notices will get priority in the space available.

MARCH

8-9 FRIDAY AND SATURDAY.
Breaking the Cycle of Violence, a conference on violence on the job. Sponsored by the Canadian Labour Congress and the B.C. Fed Women's Rights Committee. Westin Bayshore Hotel.

11-12
MONDAY AND TUESDAY
Vancouver Island HEU Table Officers conference in Victoria.

13-15
HEU and HLRA bargaining for new Master Collective Agreement.

18-19
CCERA bargaining.

20-27

HEU and HLRA bargaining for new Master Collective Agreement.

23

SATURDAY Repetitive Strain Injuries: Stopping the Epidemic. Topics include ergonomics, medical diagnosis, treatment, compensation. A conference sponsored by the Vancouver and District Labour Council and the New Westminster and District Labour Council. Maritime Labour Centre, 1880 Triumph at Victoria. \$30. Contact your local chairperson for more information. Speakers include Alanna Lantela, UFAWU; Connie Munro, lawyer; Larry Stoffman, UFCW; Ulrika Wallerstein, ergonomist; Lois Weninger, Women and Work.

APRIL

3-5 HLRA bargaining for Master Collective Agreement.

8-9

Pricare bargaining.

10-12

CCERA bargaining.

23-24

Pricare bargaining.

24-26

WEDNESDAY TO FRIDAY, HEU Provincial Executive meeting in Vancouver.

27

SATURDAY Walk for Peace. Contact your local committee for details.

MAY

1-5

Mayworks Festival celebrating Working People and the Arts, Vancouver.

26-28

WEDNESDAY TO FRIDAY, HEU Provincial Executive meeting in Vancouver.

ON VIDEO!

Now available from
the Hospital Employees' Union

Pay Equity The Time is Now!



Barb Byers, president of the Saskatchewan Federation of Labour.

Pay equity will be a major issue in the coming round of health care collective bargaining. In a keynote address to the 17th Biennial Convention of the HEU, Barb Byers, president of the Saskatchewan Federation of Labour, made a compelling case for pay equity, particularly in the health care field.

This 29-minute VHS tape is a useful education tool.

► HEU – Fight for Democracy

The union's battle against Bill 19, Social Credit's repressive labour legislation. 15 minutes.

► HEU – Working for Better Health Care

The union's submission to the Royal Commission on Health Care and Costs – a summary of where we stand on the crisis in health care. 9.48 minutes.

► HEU 11th Biennial Convention

Originally produced as a film, this 26-minute review of the 1978 convention gives us a sense of our union's roots.

► On the Move for Victory – 1199

In 1989, beleaguered New York city hospital workers ended a period of division in their union and mobilized to shatter their employers' united front. This 20-minute tape, which features appearances by Jesse Jackson and Local 1199 president Dennis Rivera, is an inspiration and a guide to action. Highly recommended.

For more information:

Hospital Employees' Union
2006 West 10th Avenue
Vancouver, B.C. V6J 4P5
Telephone: 734-3431





Victory at May Bennett

HEU members at Kelowna's May Bennett won a tough 23-day strike against HLRA to win a first contract at HEU's standard wages and conditions.

PAGE **13**

Ready for a test of strength

HEU bargaining is under way and the union is ready for a test of the membership's determination, if that is what is required. Strike Manuals and Essential Service Manuals have been distributed.

PAGE **8**



Patient Violence

Why are health care workers taking a beating on the job? HEU members speak out about patient violence and we look at some solutions.

PAGE **14**

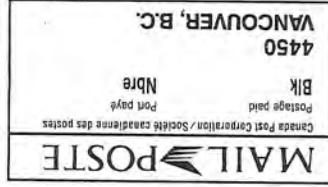
We're on the phone!

Do you have questions about wage discrimination? Bargaining demands? Want to help organize for a good contract? The HEU Bargaining Hotline will be up and running by March 15. Details on back cover.



PAGE **20**

Return address:
The Guardian,
2006 West 10th Ave.,
Vancouver, V6J 4P5



MAN'S DOLLAR WOMAN'S DOLLAR



FACT

For every dollar earned by men,
women earn 63 cents.

QUESTION

Do you think that's fair?

Wage discrimination. Hospital employers admit that wages of all health care workers — men and women — have suffered because of systematic discrimination against women. Want to know more? Or better yet, would you like to help end this injustice?



Call the HEU Bargaining Hotline

In the Lower Mainland call

734-3431

Elsewhere call toll free

1-800-663-5813

