

PRESIDENT'S MESSAGE

“An injury to one is an injury to all.” That ideal has been the basis of worker solidarity and a cornerstone of the labor movement. Too often, however, such sentiments stopped at the water’s edge.

We all know that the world is far different today. Multinational corporations long ago demonstrated their ruthlessness in exploiting the poverty and desperation of workers in developing nations, hiring men, women and even children for pennies an hour to do jobs once performed by union members in North America and Europe. There is no isolating ourselves from the problems afflicting other workers in other lands. There have been dire warnings from labor about the evils of the current state of world trade, but little that any one group of workers could do about it. It’s time for a concerted, strong, international effort to rectify this global shame.

The first step is to utilize the tools that already exist. The International Labor Organization (ILO) has since its founding in 1919 been a voice for transnational solidarity and justice for working people and for monitoring and documenting the treatment of workers in different nations. The ILO’s new Director-General, Juan Somavia of Chile, has declared that the international consensus to promote open societies and open markets will not hold if

“real benefits for ordinary people and their families are not put into the equation.” The North American labor movement has pledged its support of Director-General Somavia’s announced efforts to promote the rights of workers to organize and bargain collectively and to abolish child labor and employment discrimination. A strengthened ILO could be a major force for justice for workers around the world.

Of more immediate concern is the need for labor to break the bipartisan mindset that exists in American politics today of the need for “free” trade at all costs. The men and women who negotiate for the United States in venues such as the infamous North American Free Trade Agree-

ment (NAFTA) and the World Trade Organization (WTO) would have more backbone in standing up to exploiting nations if there were clear political directives to do so. Jerome Levinson of the Economic Policy Institute, a Washington, D.C. “think tank,” has suggested three policy measures that should be incorporated into the U.S. stance in trade talks.

First, trade preference should be offered only to those countries that enforce meaningful worker rights. Second, incentives that unintentionally encourage the abuse of core worker rights be eliminated. Developing nations currently competing for the pool of investment capital from developed nations have found it to their advantage to brutalize their own workers in a race to the bottom rather than striving to elevate standards for all. Third, Levinson calls for changes in U.S. trade laws to require that the Secretary of Labor, in consultation with the ILO, certify that prospective trading partners allow workers to exercise their basic rights. These are just and practical steps.

The new century will bring an acceleration of the trend toward global economic activity. It is well past time that labor and human rights policy kept pace. A major step will be taken in Seattle, where organized labor is planning a major demonstration when the WTO Ministerial is held there this coming November 30. Working people will be there to deliver the message that the new millennium can and must see the institution of trade policies that allow workers of all nations to share in the benefits of open markets and open societies.



Trading Places

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SECRETARY-TREASURER'S MESSAGE

Health care costs are a dark cloud hovering over an otherwise robust, low-inflation U.S. economy. The problem afflicts our bargaining teams every time we go into negotiations, and studies by the National Coalition on Health Care (NCHC), of which the IBEW is a member, say these costs will continue to accelerate if the United States continues on its current path.

Last year [Secretary-Treasurer's Message, *IBEW Journal*, March 1998], I reported that health care costs were increasing 6 percent a year, twice the rate of inflation. That rate continued for all of calendar year 1998. Public and private spending on health care in the United States totaled \$1.1 trillion in 1998, four times what was spent in 1980. Costs are expected to reach \$2.1 trillion in 2007.

The decline in job-related benefits has been startling. By 1996, working Americans earning between \$30,000 and \$50,000 were making about \$2,000 a year less because of wage increases withheld by employers to meet increasing health insurance premiums. Employers paid almost \$4,000 in 1997 for insurance coverage that cost \$1,600 in 1986. In 1980, 74 percent of employers who provided coverage paid the entire insurance cost, but by 1993 only 37 percent paid the entire cost.

In Canada, even with its national health care system, similar pressures are at work. The federal government has cut its part in cost sharing, leaving the burden largely on the provinces. This has caused retrenchments in access to care and the quality of that care in almost every province.

There's also a growing crisis in the number of people left behind. The ranks of the uninsured in the United States are rising at a steady, dangerous rate. In 1993-1994, when the total number of Americans without health care benefits passed 35 million, it was a rallying cry for a national campaign for health care reform. Now, 43.4 million are without health insurance and the number is expected to grow to 50 million by 2005. Even members of Congress who opposed the Clinton health care initiative five years ago now realize that current trends can't continue.

IBEW members understand quite well why the people left behind are a major concern. Underpaid, under-protected workers are ripe for exploitation by our nonunion competition. We have also learned we cannot trust the free market to cure the health care crisis. It has been half a decade since that most recent effort for health care reform lost momentum, in part because many people let themselves be convinced managed care could iron out at least the most pressing problems. That "solution," if it ever was one, has proven insufficient to the task.

In bargaining, we have been through the alphabet soup of health maintenance organizations (HMOs), preferred provider organizations (PPOs) and other systems devised to hold down costs. Their future is behind them, the NCHC analysts say, because the easy-to-trim costs have now been squeezed out. Clearly, a more comprehensive approach to the crisis is necessary.

Thus we return to a question our Brotherhood has posed for a long time: How can we devise a national consensus behind a health care system that incorporates the principles of universal coverage, improved quality of care, cost containment and simplified administration?

National problems require national solutions. Health care must be kept on the front burner of national concerns in both Canada and the United States.



Still Ailing

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