



## Interior Health rejects call to keep Royal Inland maintenance and trades staff in-house

The Interior Health Authority has issued a request for proposals (RFP) for the construction, financing and operation of a new patient care tower at Royal Inland Hospital in Kamloops that will result in the contracting out of maintenance and trade staff across the entire hospital campus.

The health authority rejected HEU's request to make the continued in-house provision of these services a requirement of the RFP, which it then issued to a pre-qualified shortlist of bidders on October 30.

Seventeen HEU members in trades, maintenance and related admin support roles will see their jobs eliminated when the project is complete in 2021.

"We are obviously disappointed that the health authority is moving forward with the project on these terms," says HEU secretary-business manager Jennifer Whiteside.

"The 17 positions lost are on top of nearly 20 decent, family-supporting jobs that were contracted out this past summer as a result of the Liberals' privatization of the well-run hospital laundry at RIH."

The Patient Care Tower Project is a public-private partnership (P3) announced by the former Liberal government where a private company will build, finance and maintain the building under a 30-year contract with IHA.

The scope of the project – outlined earlier in the year – included contracting out of the maintenance and trades work not just for the new tower, but for the existing buildings at the Royal Inland Hospital as well.

In seeking qualified bidders, IHA had reserved the right to modify the scope of the project at any point in the selection process, but rejected HEU's request to do so.

"The BC Liberals' use of P3s to build virtually all new health infrastructure has been expensive and resulted in the loss of hundreds of good jobs across the province," says Whiteside.

"We believe that traditional public procurement will reduce capital and operational costs over the long term – and will ensure that health service delivery is not fragmented between public health authorities and private corporations as is the case with P3s."

HEU recently made a submission to the legislature's Select Standing Committee on Finance and Government Services, which included a call to end the use of P3 schemes for health care infrastructure.

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