

Put yourself in the shoes of an HEU member. What's it like on the frontlines now in our health care system?

IT'S pretty stressful for HEU workers. They're working extremely hard, under very difficult circumstances and they are worried about whether they're able to deliver the service that people expect of them, that they want to provide to people. There are days when they go home and they're exhausted and they wonder how they are going to start the next day. I think they are trying to provide excellent service and they understand how important the service is to people.

You've toured the province extensively on health issues. You've said we need a short term plan and a longer term one that provides for some fundamental changes. Sketch it for us.

The first part of the plan is to recognize the foundation for a good, strong public health care system is people. And there is a continuum of care and of talent that has to be applied to patients' needs when they come into the health care system. My plan is to make sure that people get the care they need where they live and when they need it. If I get sick I want to be sure there is a doctor there to diagnose what the problem is. That doctor has to know there are nurses there behind so that they can provide the support. Those nurses have to know that there are Care Aides and LPNs behind them to give them the support so they can apply their professional expertise. We have to have a long-term health plan that looks at human resources, that looks at human resources, at capital plant, and machinery and equipment. If I have heard one thing in our dialogue for health care, it is that there is no plan.

Governments across the country are wrestling with nursing shortages, overburdened hospitals, "bed-blockers" and a lack of long-term care places for seniors. What kinds of solutions would you introduce?

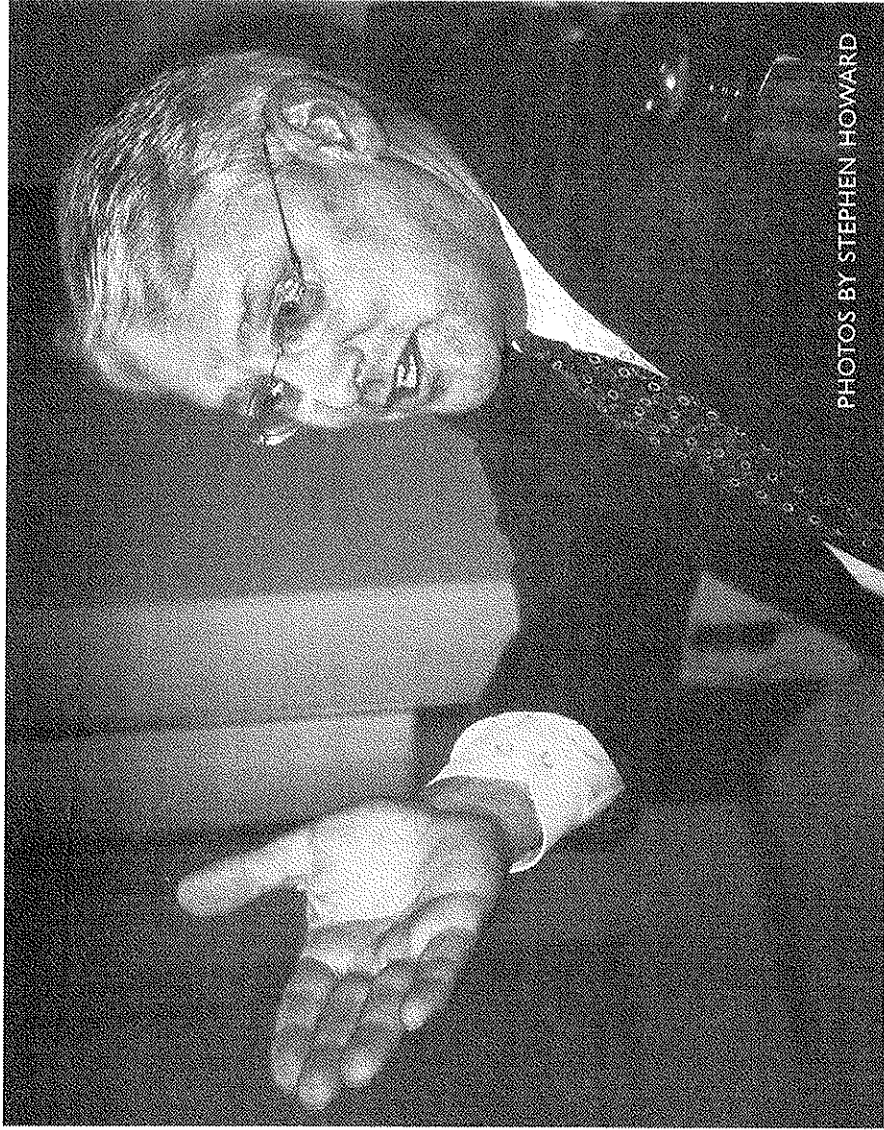
First, we will empower the health committee of the legislature to meet on a regular basis with players in the health care system. Second, you have to recognize a human resource crunch is coming. We have to provide that training within the system. We have to increase nursing training positions, we have to increase LPN training positions. I think the advantage of LPN training programs is that they are much quicker into the system. The advantage of the Care Aide program is that they are much quicker still so that you can build a ladder of expertise and response to deal with nursing. I agree with you in regard to the problem with long-term care users in the acute care system. If you don't provide the home care people need, if you don't provide the facilities so that people can move in, then frankly what you are doing is pushing a lot of health care problems out on to the street. And they're coming back as acute issues, back into the hospital, which we don't want.

What's the role for community health services in our Medicare system?

I think they are a critical part of it. I've talked to lots of seniors in the province who've had their home care cut back. I can remember talking to a senior in Ladysmith. He said "I'm 89 years-old. Everyday I make myself get up and I get myself dressed and go for a walk. Because I do that, they tell me I don't need home care anymore. The fact that I have home care allows me to have the energy to get up and go for my walk." We don't want that senior to get to the point where he's deteriorated so much he has to go into acute care. In fact it's a more cost effective way of dealing with the health of a large part of the population. Mental health is another example of a situation that we try and put in a closet, that we try and pretend that somehow it's different if you break your leg than if you have a mental illness. We have to recognize both of those things are deserving of our support and deserving of a positive human response and that's what real health care is about I guess. If we do those well, I think you start to alleviate some of the problems that we are intensely feeling in the acute care sector.

Would you continue the precedent set by the NDP in terms of increased health funding?

Health care is clearly right up at the top with British Columbians so my point is, you put the dollars into the health care system to meet the needs of the people. We're going to put resources in to make sure we have those nurses we need, that we are training the doctors that we need, getting the Care Aides that we need. I can't tell you what the final cost of that is right now. I can tell you there is enough money in the economy in British



PHOTOS BY STEPHEN HOWARD

MOVING TO

There's still a hard, pro-business edge to B.C. Liberal boss Gordon Campbell and a fixation with tax cuts.

But in an exclusive interview with *Guardian* editor

STEPHEN HOWARD, the opposition leader outlines some big policy shifts on key issues like employment security, privatization and seniors care. Is it calculated political posturing designed to demobilize his opponents? Or a pre-election olive branch? The trust issue looms large.

"I disagreed with the Health Labour Accord. I have never said I would tear up agreements."

Columbia for us to meet that need. Are we going to cut back any health care funding? No we are not. That is not going to happen.

How do you reconcile that with other campaign pledges – in particular making B.C. the lowest tax regime in Canada? How can you reduce revenue by \$1.5 billion in tax cuts and maintain health and education when they are 70 per cent of provincial expenditures?

If I thought we were going to reduce a billion and half dollars in revenue because we're giving people a tax cut then that would be a real issue. I don't believe that happens. And the only tax that we've talked about, for the upcoming election, is personal income tax for the bottom two brackets of the income scale. Your workers in the HEU have watched, well maybe not your workers but I bet they have, their average take home pay has gone down. The average take home pay for B.C. working families has gone down by \$1,700 a year over the last decade. I believe when you cut personal income tax, you are increasing pay cheques for everyone in this province. And they will then spend that money in the local economy which will create jobs. So effectively, you have more people at work, paying a lower tax rate but generating more revenues to government.

What implications does the tax cut pledge have for other important public services that are delivered by provincial government?

I don't buy the argument that a personal income tax cut is revenue cut. I think a tax cut is a revenue increaser. But there are places where we are going to do different things in government. We are going to restore open tendering. We are not going to play around with business subsidies that have cost B.C. taxpayers a billion dollars in the last 18 months. We're not going to spend \$100 million on government advertising. There are places that we are going to cut.

The fundamental premise that a tax cut will generate additional revenues to make up for the tax cut in the first place is an issue that's debated on both sides by economists.

You find economists on both sides. That's absolutely right.

There's a huge list of 9,000 seniors waiting for long-term care beds. The public-private partnerships policy in long-term care is an area where on paper, the NDP and Liberals are in agreement. Yet you spoke earlier about the need to invigorate the not-for-profit sector. Do you favour a P3 development model or a not-for-profit one?

I favour not-for-profit because when you deal with not-for-profit in communities you are actually building communities as well as health care. We have to remember that people want to give to their communities. And when you create the environment that allows them to do that, I think you do more than just take care of the people who need long-term care. You take care of the spirit of the community. You provide a quality of care, and quality of facility that I think is significantly better.

There are groups who are more friendly to your party than to the government who are saying we need to privatize all seniors' care.

THE MIDDLE?

I just don't agree with them that we need to privatize it all. I am certainly not going to close down private seniors' facilities, we need them. I think what we have to make sure is that the quality of care is there for people when they need it.

In long-term care, the mix is now 70 per cent public, non-profit provision and 30 per cent for-profit. So you wouldn't change the mix?

Except for the extent we are providing for more not-for-profit care facilities.

In the context of essential service provisions, health care workers have the right to strike. Would a Liberal government support that right?

Under essential services, yes, absolutely. We are planning no change whatsoever.

You have gone on record as saying that the B.C. Liberals have always supported pay equity. Can you elaborate?

The short elaboration is, as far as I'm concerned we always have. Clearly I don't want people paid different amounts of money because of their gender. I think that this is not right. My mother is a perfect example of why you need pay equity. My mother worked in her job for 25 years and her union consistently asked for an increase in her rate because of what she did. But they were consistently told no. She left and suddenly they put a vice-principal in her place. She was a school secretary. That is not right to me

"I want to get the public system back firing on all cylinders so that [private clinics] become redundant."



and not just because it was my mother. You have to recognize what people do and you have to value their work. I can tell you, you take the words pay equity and you look at every union contract in the province of B.C. and you'll find different definitions in different places but I'm for pay equity as a principle. And I think the public is.

Monitoring the pulse of HEU members, their sense of a Gordon Campbell government would be the privatization of health care services and their jobs.

I don't think they have to worry about it. Their sense should be that Gordon Campbell and the B.C. Liberals recognize the importance of HEU workers to the public health care system. They are frontline workers who are necessary. You can't talk to anyone in the health care system who doesn't recognize that and I want HEU workers, like other workers in the public health care system or in the public service to recognize their value and we will value them.

So you don't subscribe to the notion advanced by the Fraser Institute, the B.C. Business Summit and elements within the BCMA that what we need to do to protect Medicare is to maintain direct patient care services in the public sector and hive off and privatize the "hotel" type services that are also an important part?

I think our job is always to get the best value for patients. In terms of medically necessary services, I think we should be providing those through the public health care system. [When he was mayor of Vancouver] I found that the workers in the city, nine times out of 10, were providing way better value in terms of what we were doing than "private" sector workers would. I would be shocked if HEU workers don't believe that themselves. What they want is a fair opportunity to provide their service in the best possible way and that is what they are going to get.

A 48-year old housekeeper, who has finally, after decades of struggle, come up to the average wage in B.C. Does she have anything to worry about privatization from a Gordon Campbell government?

I say no. What she's going to find is that people in British Columbia and the government are recognizing the value of the work she does. More importantly, she's going to find the quality of work she's able to do is more rewarding and fulfilling.

"The B.C. Liberals recognize the importance of HEU workers to the public health care system."

One of the things that's novel about health reform in B.C. has been the Employment Security Agreement, or the Health Labour Accord. In the past you have said you would rip it up. What's your position today?

First of all, I don't believe in ripping up agreements. I wasn't happy with the Health Labour Accord and I said that quite clearly in 1995. Having said that, I think the question today is how you maintain the quality and the talent of the people who are in this system. I have never said I would tear up agreements. I said I disagreed with the HLA and I did. That's just the way it was. I am not tearing up any agreements.

So there will be no legislative initiatives to remove it from the Collective Agreement?

I don't plan on it, no.

What role should private clinics play in our health care system?

I read the premier's interview in the *Guardian* and I agree with what the premier said. Our job is to make them redundant because the public clinics are doing so well. I want to get the public system back firing on all cylinders so that they become redundant.

Why should HEU members, why should British Columbians vote for Gordon Campbell?

I think the most important thing for British Columbians is that they should have a sense of pride and confidence in their public service. I believe that the vast majority want to have a new sense of opportunity. They're embarrassed by what this government has done in terms of health care. We know that the way to support those critical public services is through an active, vibrant private sector economy, with private sector investment to get our jobs happening in British Columbia again. We think we can do all those things. I want to earn people's trust in doing them.

GENDER BASED WAGE discrimination isn't on, says Campbell, who says the workplace experiences of his mother Peg, a school secretary, are at the root of his support for pay equity. The Liberal leader says criticism of HEU's pay equity plan by some of his MLAs wasn't targeted at our union, but at the NDP, because government wasn't applying pay equity properly in HEU's case.

