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HELPING KIDS DO THEIR BEST: Angela Sison is a communication technical aide at Vancouver's Sunnyhill Hospital, where HEU members help children achieve their maximum potential. See page 6.

KATE WILLIAMS PHOTO

THE PLAN TO CUT HOSPITALS

It's official: sixteen B.C. hospitals are under the knife and Victoria wants to close Shaughnessy Hospital completely.



Finance minister Glen Clark's tight three per cent lift for hospital budgets will trigger province-wide bed closures and job dislocation during the next two years.

Within days of premier Mike Harcourt's announcement of the budget figure, health minister Elizabeth Cull unveiled her "closer to home" strategy for restructuring health care. The target: elimination of 2,000 beds by 1995.

The combination of bed closures and financial restraint will mean the elimination of more than 4,500 full-time hospital sector jobs as work is shifted to the community or eliminated altogether.

In this issue: the plan to cut hospitals.

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TOUGH PONDEROSA BATTLE DEFEATS CONCESSION DEMANDS

It took two months on the picket lines, but HEU members at Kamloops' Ponderosa Lodge defeated employer demands to reduce long-standing contract conditions. Their victory left only one local with contract negotiations continuing to replace the previous contract.

How the fight was won:

PAGE 5



HEU members now must become real health advocates

AS THIS issue of *The Guardian* went to press, your Provincial Executive was meeting to review progress in extraordinary negotiations with the provincial government.

What HEU is seeking – along with the B.C. Nurses' Union and the Health Sciences Association – is real protection for quality health services and health workers in the course of health care reform.

The reform strategy unveiled by health minister Elizabeth Cull on Feb. 2 indicates how sweeping those changes will be.

The target of 2.75 acute care beds for every 1,000 British Columbians means we will close 2,000 beds during the next three years.

Some of those services will move to



COMMENT

by CARMELA ALLEVATO

long-term care. Others will be moved into the community.

Some may be eliminated altogether.

As health workers, we are vitally concerned about these changes. The entire effort will be wasteful and destructive if our precious universal medicare system is undermined through waste, poor planning and ill-considered initiatives.

By coming to the negotiating table, the government is quietly admitting that the reforms cannot succeed without the support and involvement of health workers.

That involvement will not be forth-

coming if health workers face dislocation and unemployment as a result of the reform.

And there will be no confidence in the reform process unless the government gives health workers and their unions the opportunity to work on an equal basis with health care bosses.

That means tough new challenges for HEU members in the months and years ahead.

We'll have to work hard to ensure that our communities understand the implications of the proposals for change.

When the changes head in a wrong direction, we must speak out to demand a different approach.

British Columbians know there are problems – they're looking to us to help find solutions.

We'll have to get out into our communities to participate in the creation of an improved health care system.

Without our participation, the improvements may not emerge.

We'll have to become more than health workers. We'll need to be health advocates.

Letters



The Guardian welcomes letters to the editor. Please be brief. Write to 2006 W. 10th Ave., Vancouver V6J 4P5.

Friends of May Bennett thank you for support

The Friends of May Bennett group wish to extend their most sincere thanks to the residents and staff of the May Bennett Home for their concern, care and loyalty during the past 18 months, during which time many problems and uncertainties were faced and overcome.

The support of the HEU membership and the unflinching commitment of the large number of people who worked so hard for the preservation and enhancement of the May Bennett Home, as a quality intermediate care facility, is something of which every member should be proud.

We especially would like to convey our heartfelt thanks to all of you and to the media, without whose fairness and incomparable coverage our tasks would not have met with success.

To the administrators for their understanding and liaison during the re-organization to date and to the other government representatives who have worked through a difficult time to help achieve fair-

ness and harmony, we extend a sincere thanks.

At this time the final report and recommendations of the government appointed interim administrators has not been completed and it would therefore be premature to speculate on the exact course of future operations.

We are, however, confident that the residents and staff of the May Bennett Home can look to the future, knowing that the quality of life and care will be a credit to the community, which of course is the objective of us all.

ALLAN CLARIDGE,
Chairperson,
Friends of May Bennett,
Kelowna

HEU actions infuriate Rupert member

I am writing to ask you to take my name off your mailing list. I do not agree with a single thing that the HEU voices. What have gay and lesbian rights to do with collective bargaining? Isn't that what I pay dues for?

And speaking of dues – I have been paying them for 23 years and decided to go back to school, so of

course I applied for an HEU scholarship. And of course I didn't get it. It is no wonder that unions infuriate me!

Hopefully the NAFTA (North American Free Trade Agreement) will bring some common sense back to our workforce. What bothers me about unions is that they cannot see past tomorrow!

MARION D. WENDEL,
Prince Rupert

Labour history makes for good reading

Thank you for printing a review of my book, *The Struggle for Social Justice in British Columbia: Helena Gutteridge, the Unknown Reformer*.

Your reviewer, Trish Webb, aptly observes that "many of the issues facing progressives in Gutteridge's time are still debated at bargaining tables and in legislatures today." I most certainly had this in mind as I was writing and researching the book. In fact, it was this very relevance for today that kept me working on the book for 10 years.

Like other authors, I am naturally disappointed if

my books are not always in stock at book stores. In Canada, the trade in new books all happens in the month before Christmas, and booksellers are hard put to keep track of the multitude of new titles. If local stores do not have my book in stock, *Guardian* readers may wish to ask the bookseller to order it from UBC Press, 822-5959.

IRENE HOWARD,
Vancouver

God's word is final on homosexuality

I'm writing to you as the spouse of one of your members with December issue's focus on homosexual rights.

Firstly, why does the union representing those who work in hospitals feel that its place is to dictate societal morality? Secondly, the God I and other "fundamentalist" (not my term) Christians follow states that homosexuality is "shameful" and "wrong." (Romans 1:27)

Note that God's word is clear on this – it is not one segment of society "imposing its morality on another."

Thirdly, would Mr. Cook really be comfortable if his daughters chose a lifestyle that God calls sinful?

Fourth and finally, we are all equally guilty of sin, whether we choose to accept this or not doesn't change the fact. And as for freedom being an issue, it was Jesus that said, "the truth shall make you free." (John 8:32).

KEN AMBROSE,
Abbotsford

• Mr. Ambrose is referring to the comments of HEU convention delegate Kelly Cook, who spoke out on the issue of gay and lesbian rights from his perspective as a born-again Christian.

Guardian

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

EDITOR
Geoff Meggs
ASSOCIATE EDITOR
Chris Gainer
DESKTOP PRODUCTION
Carol Bjarnason
DESIGN CONSULTATION
Kris Klaasen
PRODUCTION & PRINTING
Broadway Printers

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President
Carmela Allevalo
Secretary-Business Manager
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North
Barb Wilkinson
Regional Vice-President
Okanagan
Linda Hargreaves
Regional Vice-President
Vancouver Island
David Lowther
First Alternate
Provincial Executive

Union offices:
Provincial Office:
2006 West 10th Ave.
Vancouver V6J 4P5
734-3431
Okanagan Office:
#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:
1197 Third Ave.
Prince George V2L 3E4
564-2102

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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.

RIH parking saga: nightmare on Columbia Street

Faced with a massive increase in parking fees, Kamloops' Royal Inland health care workers are now crying "ripoff" because hospital administrators sold parking passes for spaces that don't exist.

In October, the hospital boosted parking costs to \$33 a month, and closed a free gravel lot in a bid to raise cash. Then they got greedy and sold two parking passes for each parking space available. So, many workers who purchased passes are forced to park way off site.

In a letter to a Kamloops newspaper, HEU dietary worker Mary Bossio and 19 co-workers demanded action from the hospital to put an end to the parking nightmare.

"Lean" Kelowna bosses gobble fat pay boost

On the same day that Kelowna General's top boss predicted a "lean year" for 1993 and threatened service cuts, wage boosts averaging six per cent were announced for 65 hospital administrators.

The raises, adding up to more than \$200,000 for this year alone, were needed, administrator Wayne Tucker said, to bring KGH salaries up to par with other peer hospitals.

In addition to the pay boosts, Tucker also announced a special hospital task force to scrutinize the cost-effectiveness of every hospital service because of



SENDING A MESSAGE: During the union's late November lobby in Victoria, HEU Prince Rupert local secretary Kim Horbach made sure health minister Elizabeth Cull personally received petitions circulated in her community in November demanding protection of local health services and an end to layoffs.

the threat of tight government funding for next year.

KGH local chairperson Maureen Shephard said health care workers reacted angrily to the pay boost news. A number of letters critical of the move were published in the Kelowna newspaper.

Workload overload documented

Workload was a key issue in HEU's fight for a fair contract last summer, and members were asked to complete workload incident reports to back up demands at the bargaining table for action on the workload crisis.

The ink on the new contract is long-since dry, but that hasn't stopped workers at two North Vancouver long-term care facilities from continuing to report workload problems.

Kiwanis Lynn Manor chairperson Chris Dorais filed five incident

reports for November at the North Vancouver long-term care facility, and another one December 17, all dealing with failure to replace absent workers. Dorais' reports also detail the impact on other workers who have to shoulder additional duties to make up for the failure to replace.

HEU's Cedarview local filed two reports in early January, again documenting the failure to replace workers.

Remember, return election forms

Each HEU local will be electing officers at the first regular local meeting of 1993, as set by the union's constitution and by-laws.

So, after all the votes are counted, locals are reminded that updated list of officers and committee members should be completed and returned to provincial office as soon as possible. *Cont. on page 4*



CONDEMNING UI CUTS: More than 1,000 B.C. Federation of Labour delegates marched on federal government offices in downtown Vancouver in December to condemn Tory cuts in UI, the program which denies benefits to workers who quit. Among the speakers was Gordie Westrand, of the Longshoremens' Union.

HEU hits decision to close Shaughnessy

After weeks of rumours but no consultation with the community or caregivers, health minister Elizabeth Cull announced the closure of Shaughnessy Hospital in Vancouver.

Cull was immediately confronted by HEU members from Shaughnessy who criticized her for not consulting with the people who will be affected by the closure, which is due to take place by the end of September.

While health ministry officials did not deny persistent rumours that Shaughnessy would close, they would not confirm them or allow discussion of the future of the hospital.

Cull was joined at her press conference by Vancouver mayor Gordon Campbell and the administrators of other hospitals who will gain services or room to expand from the Shaughnessy closure.

Reports now say that 15 other hospitals around B.C. will face closure or major changes.

The announcement of the Shaughnessy closure came 13 days after Cull announced a set of 38 policy changes, including imposition of a cut in acute care beds from 3.2 beds per thousand people to only 2.75, and regionalization of services.

HEU secretary-business manager Carmela Allevato predicted that the reduced bed ratio will lead to 2,000 bed closures and more than 4,000 layoffs of hospital workers.

Allevato called the Shaughnessy closure a "prescription for disaster" and promised that HEU will

back the Shaughnessy workers.

"We wonder how many more arbitrary decisions the health ministry plans to make about removing health care services from British Columbians," Allevato said.

"Last year, it was the turn of northern B.C. Today, it's Shaughnessy. Where are the community services we hear so many promises about?"

Cull's policy announcement at the beginning of February marked the end of the government's review process for the Royal Commission on Health Care and Costs.

Many of the 38 policy changes follow commission recommendations. Partially-elected community health councils will replace hospital boards, and regional health boards will also be set up.

In announcing the closure of Shaughnessy, Cull promised that many services will be moved to other facilities in Vancouver. She also promised that new beds would be opened in the suburbs of Vancouver and in the Fraser Valley.

News

The closure of Shaughnessy was announced while HEU, the B.C. Nurses' Union and the Health Sciences Association were holding talks with the provincial government on job security protection for hospital workers affected by restructuring in the health care system.

Korbin report urges single bargaining agent for health

A longstanding demand by HEU for one bargaining agent in health care is closer to becoming reality, but HEU has been excluded from a committee set up to implement the proposal.

Health minister Elizabeth Cull has appointed a 13-member committee to develop a model for a new bargaining agent for health care employers.

Cull struck the committee in response to a recommendation from the Commission of Inquiry into Public Service and the Public Sector (the Korbin Commission), which was set up by the government last year to recommend ways to reform public sector bargaining.

In an interim report Dec. 14, Korbin recommended a single bargaining agent for health care, a longstanding demand of HEU.

The existence of more than one bargaining agent in health care is behind the dispute HEU and the B.C. Nurses' Union recently had

with the employer at Ponderosa Lodge in Kamloops.

Korbin called on the committee to set up the new bargaining organization within three months.

A single bargaining agent could save taxpayers millions of dollars. The B.C. government pays dues for member facilities of the Continuing Care Employees' Relations Association, and indirectly funds the Health Labour Relations Association because member levies come out of hospital operating budgets which are in turn paid for with tax dollars.

The new management organization would be responsible for coordinating collective bargaining, training and staffing. There are eight major health care employer groups in B.C. today.

The committee is made up of representatives from HLRA, CCERA, Government Personnel Services Division, Ministry of Finance, and Ministry of Health plus three members of the general public.



4 **READY AND WATCHING:** More than 200 HEU local representatives were present in mid-December when HEU presented key arguments on its pay equity process to arbitrator Stephen Kelleher. Chris Allnutt (right) briefed delegates before the hearing.

What we're up to

Cont. from page 3

Tape supports Yellowknife strikers

Labour singers and songwriters have collaborated on a fundraising project to aid the fight for justice of striking Yellowknife miners.

The 10-song cassette, called *Flame Against the Northern Night*, is a mix of new and traditional labour music. All proceeds from the sale of the tape will go to the miners and their families. Tapes are \$10 each plus \$2.50 postage and \$7.50 for each additional tape. To order write Slim Evans, 2149 Parker St., Vancouver, V5L 2L6.

CCERA locals prepare for possible BCNU job action

HEU's locals in facilities represented by the Continuing Care Employee Relations Association are forming essential service committees to prepare for possible job action by the B.C. Nurses' Union.

BCNU has been engaged in contract talks with CCERA for some months but talks have not been fruitful.

In mid-December, CCERA local executives were advised to form essential service committees and to meet with BCNU members at the local level to prepare essential service levels.

HEU friend steps down

The widely respected labour leader who played a key role in helping HEU win a contract settlement from

health employers and the provincial government last spring is retiring because of illness.

Pulp mill worker and long-time union activist Norm McClellan stepped down from his regional vice-president position with the Canadian Paperworkers' Union, and as a vice-president of the B.C. Federation of Labour in November.

HEU secretary-business manager Carmela Allevalo said McClellan will be sorely missed by the entire labour movement. "Norm was strongly committed to the needs of working people and to a progressive agenda for social change."

During last year's tough struggle for a fair contract settlement, McClellan served as an intermediary between

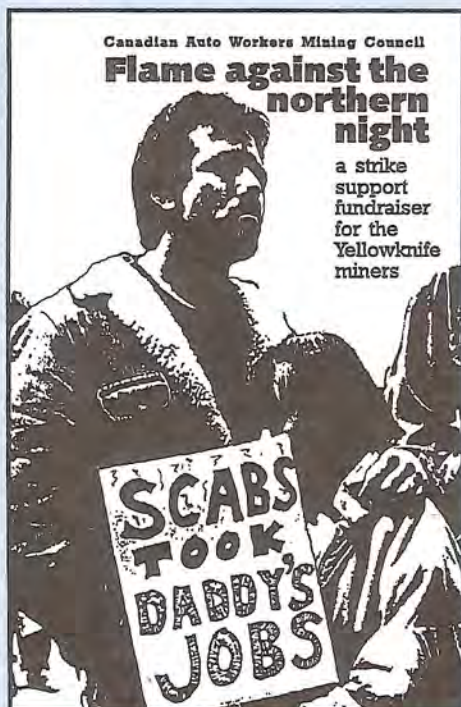
the union and government officials to help facilitate a process for a settlement.

"HEU members send a strong vote of thanks to Norm," Allevalo said. "We wish him well."

HEU issues final wage rate tables

Members can now get final adjusted wage schedules from their local executive. The schedules are available on gum-backed sheets which can be stuck onto blank pages in the back of the Master Agreement booklet.

The wage schedules for April 1, 1991 and April 1, 1992 include pay equity adjustments awarded by pay equity arbitrator Stephen Kelleher.



SINGING SOLIDARITY: Designed to raise funds for striking Yellowknife miners, *Flame Against the Northern Night* is a classic collection of labour music. Details on ordering are above.

HEU moves ahead on pay equity implementation

HEU is moving ahead on a job value comparison plan which will be used to decide future pay equity wage adjustments for HEU members.

The 1991 and 1992 pay equity wage increases were interim adjustments. Before the 1993 pay equity adjustment can be set, a job value comparison program must get under way.

As part of this program, workers at 22 facilities around the province will be interviewed early this year about the work they do. The results will be assessed and used to compare the value of jobs done by different health care workers.

Under the Master Collective Agreement, the findings of this process will be used to calculate the pay equity adjustments for 1993 and future years.

The way for the interviews and other work was cleared by two rulings in December from pay equity arbitrator Stephen Kelleher.

In one ruling, Kelleher decided that the job value comparison plan will reflect the skills of hospital workers and will include a workable interview process.

The information gathering and interview processes are crucial for determining the final outcome of the pay equity process for HEU members.

More than 200 HEU members from Lower Mainland and northern B.C. locals attending a pay equity meeting in Vancouver watched HEU and employer representatives make their presentations to Kelleher on these issues on Nov. 27.

"We are pleased that all aspects of health care workers' jobs will be given equal weight in deciding how much jobs are worth under this pay equity plan," said HEU secretary-business manager Carmela Allevalo.

"It is also important that the arbitrator has given us a workable and fair interview process upon which to base the job value comparison program," she said.

Kelleher rejected an HLRA proposal to give different weighting for the 10 factors listed in

the Master Collective Agreement in the job value comparison plan.

The 10 factors are education, training and experience, physical demands, mental demands, independence, supervision, responsibility, communication, services to people, and working conditions.

As a result of Kelleher's ruling, factors such as services to people and working conditions, which are crucial to health care workers, will be given equal weighting with the other factors for the first time.

Kelleher decided that the interview process will be done by a combination of a written questionnaire and an oral discussion of what workers' job duties involve.

The interviews will cover all classifications and will begin with a pilot project at a large facility.

The interviews will take place at 22 facilities involving 25 HEU locals in the early months of 1993. Local union representatives will be present at all interviews.

Affected locals will be informed once the time and place for the interviews are set.

Members at 22 facilities to participate in next phase

Draft equity legislation unacceptable, HEU warns

Ministry of Women's Equality draft legislation on pay equity is seriously flawed, says an HEU brief.

The ministry requested input from HEU and other unions on its proposed legislation and the union responded with a detailed critique.

The draft law will not help health care workers who want a quick end to years of discrimination, HEU's brief says.

The ministry's plan calls for phasing-in public sector pay equity, but HEU says the plan will only delay justice. Interim pay equity adjustments must be encouraged in the legislation to put money in the pockets of the workers who need it most, HEU says.

HEU has made interim pay equity adjustments while working toward full pay equity plans.

Legislation should be tailored to fit workers in female influenced

situations such as health care to speed up the implementation of pay equity, the brief says. If that is done, all other situations will fall into place.

HEU says female influenced industries must get top priority for funding with wage increases going to the lowest paid workers first.

Because most jobs in health care have traditionally been seen as women's work, all jobs in this industry are undervalued compared to jobs in male-dominated industries.

HEU supports pay equity legislation that enhances existing rights and structures with the right to strike enshrined in the legislation.

Pay equity should be implemented for all workers in B.C. as quickly as possible with strong enforcement mechanisms to ensure that the right to equal pay becomes a reality, the union brief says.

HEU members at Kamloops' Ponderosa Lodge kept the heat on their boss in a tough but successful strike/lockout

Pulling Together

By CHRIS GAINOR

When HEU members at Ponderosa Lodge in Kamloops began job action in late November, they weren't sure if their strategy would work.

Nearly 20 months after their last contract had expired, the 140 Ponderosa local members and 24 B.C. Nurses' Union members at the intermediate care facility were faced with an employer who was determined to wring concessions out of them.

By leaving the Health Labour Relations Association and joining the Continuing Care Employee Relations Association, their boss hoped to achieve cheaper benefits.

And CCERA, which had settled with every other HEU local in the province, hoped to justify its existence by winning that cheaper deal and attracting new business from other health care employers.

Clearly, Ponderosa was a unique dispute.

Instead of putting up picket lines and maintaining only essential services, the Ponderosa local pulled out the laundry, and later other departments, in a series of study sessions.

According to local chairperson Connie Komori, the Ponderosa workers got coaching from their next door neighbours at Royal Inland Hospital, who had carried out similar job actions last spring as part of HEU's province-wide confrontation with health care employers.

Many of the Ponderosa members wondered if they could win their dispute without the traditional tool of picket lines, Komori said.

"Because we didn't set up a picket line, we got people in the community behind us," she said.

One reason is that many residents' family members would not cross a picket line, which would create tension, she said. Another is that management could not accuse the union of cutting off supplies to residents.

The job actions quickly had their desired effect of putting pressure on management. "It drove them up the wall," said local secretary-treasurer Teresa MacIsaac. "They didn't know how to handle it."

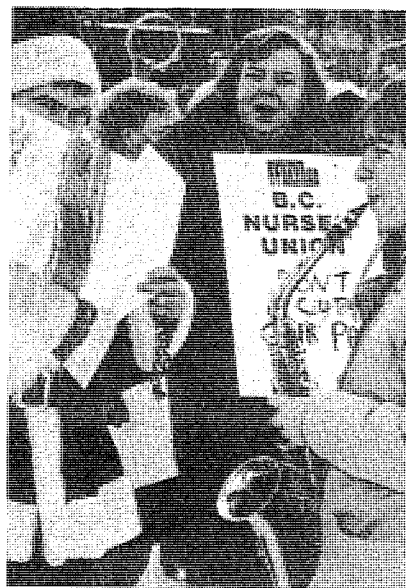
On Dec. 5, 10 days after the job actions began, Ponderosa administrator George Cheyne locked out the HEU members, which meant that only those members needed for essential services would continue working. The next day, BCNU went on strike, although they still did not put up picket lines.

The two unions worked out of headquarters across the street from Ponderosa. During the month-long lockout of HEU, the workers held two rallies, including one on Dec. 12 attended by several Provincial Executive members, including secretary-business manager Carmela Allevalo, and BCNU president Debra McPherson.

Just before Christmas, the workers and their families delivered



ABOVE LOCAL CHAIR: Connie Komori says her members are pulling together in their fight for a no-concessions contract.



LEFT BCNU SOLIDARITY: BCNU president Debra McPherson (in background) was on hand for a joint BCNU/HEU rally after registered nurses at Ponderosa began their own job action. On saxophone is *Get The Name*.

Christmas cards to the residents.

When the lockout was lifted on Jan. 5, the HEU members decided to stay out. "We looked at it and said, 'the place is a mess, management is tired,'" Komori said.

"We decided we wouldn't give them the chance to fill their beds and get rested until we got an agreement."

The dispute ended late in January with a tentative agreement.

Although the job actions and the lockout hit the members' pocket books, HEU strike pay, and the support of other unions and the labour council, helped out.

Over Christmas, many workers

enjoyed Christmas with their families, while management found themselves working over the holidays for the first time.

The dispute had its origins two years ago when Ponderosa left the Health Labour Relations Association and joined the Continuing Care Employee Relations Association.

At the bargaining table, Ponderosa demanded that HEU and BCNU give up the provisions of the Master Collective Agreement for the CCERA Standard Agreement, which has inferior benefits and classification provisions.

CCERA has been trying to justify its existence with an inferior contract and hoped to force the contract on Ponderosa workers. But during the Ponderosa lockout, the Korbin Commission on the B.C. Public Sector called for one health care employer bargaining agent.

HEU has long called for one employer bargaining agent in the hope of putting all HEU members under one contract.

"We just want the same contract we've always had," said Komori, a food service worker in her first year as local chair.

"It's been quite an experience here. I'm very fortunate to have a committee that's so cooperative and understanding. They have taught me a lot of things," she said.

Other members also say that the dispute has pulled the local together, and led to unity between HEU and BCNU members that has frustrated the employer's hopes of dividing workers.

"I think we've got to know everyone better," said laundry worker Diana Van Dyke. "We've learned to pull together."



SANTA'S ELVES: A Christmas season picket line visit saw Santa Claus put the arm on the Continuing Care Employee Relations Association, which represents Ponderosa.

NOTEBOOK

Total quality is latest bosses' fad



By CHRIS GAINOR

IF WE left things to the private sector, and if governments were more businesslike, we'd all be better off. That's been the promise of a propaganda blitz that has gone on for more than a decade.

One group that took this advice to heart was hospital administrators, and the result has been big changes to health care and to the work HEU members do.

After several years of bringing private sector management methods into hospitals, it is open to question whether these changes have made health care better or even more efficient.

At the top, hospital administrators now call themselves presidents and chief executive offi-

cers, and they've hired platoons of vice-presidents and other managers. A B.C. government commission recently found that the overwhelming majority of job growth in health care in the last decade was in management and supervisors.

As *The Guardian* has documented, these managers have given themselves lavish salaries and expense accounts so they can live in a style that their friends in the business community already enjoy.

To make it easier to rub elbows with business people, hospital foundations now go after corporations on fundraising drives. These foundations, which are headed by people earning big salaries, also provide a convenient place to move money around.

Many hospitals tried to contract out work on the promise that this would promote efficiency and flexibility. As St. Paul's Hospital learned the hard way when it contracted out housekeeping management to an American company, this promise was empty.

Management methods pioneered in the private sector have been imported to health care, and the result has been a reduction in direct care to patients and an increase in paperwork.

The latest fad to sweep the business world and

now hospitals goes under a number of labels, but it is usually known as total quality management. This new management method is just the latest in a long line of schemes to make employees think they are part of a "team" with their bosses.

Total quality management is seen as one of the reasons Japanese products outsell others around the world. In spite of the questions about whether making a VCR can be compared to caring for a gall bladder patient, health care managers are accepting total quality management as the key to improving health care.

Delegates to the most recent HEU convention asked the union to investigate quality management programs that are sweeping hospitals and educate members, a process which is under way.

While we hope that total quality management meets its promise of better health care for patients and more power for workers, history suggests that this promise, too, will be an illusion.

As a management consultant recently told a business publication: "What is hot now will be colder than a wet dog in six months. People say 'I think I should (do total quality management) in my company because everyone else is doing it.' It makes me feel ill."

Will the rage for quality soon cool?

LOCAL PROFILE

SUNNYHILL

Helping kids achieve their potential

Angela Sison plays a vital behind-the-scenes role in helping physically disabled children with spoken and written communications disorders.

The HEU member is a communication technical aide, working with a special team of speech pathologists in the unique neuromotor program at Vancouver's Sunny Hill Hospital. Sison is responsible for programming a variety of computerized learning devices with vocabularies tailored for each child's individual needs.

Nestled in a quiet residential area in the city's east end, Sunny Hill was built in 1931 as a hospital for kids with tuberculosis. Later it branched into acute care, changing over the years to meet community needs. It's now designated as the provincial assessment and rehabilitation centre for kids and young adults to age 19 with developmental disabilities.

Hundreds of children across the province are hit by debilitating diseases or severely hurt in accidents. Developing communications skills, like a basic vocabulary, is an important step in helping the children recover and function to their maximum potential once their medical condition is stable.

Many of the hospital's 35 beds — down from 75 in the 1980s — are occupied by long-term residents. So most treatment is provided on an outpatient basis, or through regular visits by the speech pathologists to communities across the province.



VITAL ROLE: HEU members like social work aide Gillian Morrison and LPN Jay Corrigan are key players in Sunny Hill Hospital's unique family-centred care programs for children. But recent layoffs and bed closures have created problems.

A former LPN, Sison deals with a sophisticated range of compact computer aids. Some are voice activated devices, others provide highly specialized access like the light pointer — a head band with a small infrared flash to activate light-sensitive equipment.

Sison also helps children's families set up the computer devices in their homes, and troubleshoots and coordinates repairs when technical problems arise. She also creates non-technical learning aids like picture boards and photo albums.

She's proud of her important behind-the-scenes role in helping children and their families. "They may not be able to see me, but I've helped them."

HEU members like Sison play an important role in the children's rehabilitation programs provided at Sunny Hill, says union local vice-chairper-

son Gillian Morrison.

The hospital has an excellent staff and relations with BCNU and HSA members are great.

Dealings with the bosses are amicable, but not perfect, she says. There are few grievances, and efforts are made to settle formal complaints early.

However, the hospital has just gone through a round of cutbacks. Five beds were closed and three full-time LPN positions eliminated.

What's done with patients is exciting, Morrison says.

"To see what kind of progress the kids make is truly uplifting."

Walking down a bright corridor, Morrison stops to comfort 14 year old Mellisa, a long-term resident. Angled towards the wall in her wheelchair, she's crying, upset because she has to leave the facility for a medical appointment.

"We know all our patients," Morrison says proudly.

"To see what kind of progress the kids make is truly uplifting"

ON THE JOB

Arranglen aide must be versatile

Activity aide Darleen Whitlock has developed strong ties with residents of Arranglen Lodge, an 85-bed facility in a country-like setting north of Qualicum Beach on Vancouver Island.

She does "just about everything" with lodge residents, like exercise classes, bingo, sing-alongs, outings in the lodge's old seven-passenger bus to teas, flea markets, shopping, and walks to a nearby bird sanctuary in the shadow of Mt. Arrowsmith.

She helps feed residents at meal time too because of short staffing, and she serves as a liaison — problem solver — between residents, their families, and patient care providers.

For the lodge's Alzheimer's patients, outings and activities with Whitlock are the only opportunity they have to get out of the special security wing.

Whitlock also fills a deeper emotional role. When a resident with no immediate family present is dying, she'll sit bedside until family can arrive, or the resident dies.

"It's a job you feel uncomfortable doing," she says, "but someone can't die alone. I feel proud I can do it"

Job satisfaction for Whitlock, who serves as vice-chairperson of the Arranglen local, is simple: she values the regular contact with residents, the chance to talk to them, to get to know them, that you just don't get in other positions.

Prior to becoming an activity aide three years ago, she was a care aide, and remembers the only time for patient contact was bath time.

Providing stimulating activities is an important part of quality long-term care, says Whitlock, "but there never seems to be enough money for it." Like all activity aides, Whitlock needs more funding, a proper crafts room, an activity area, and a bigger bus.

Tight health care funding has affected Whitlock's job in other ways too. Her full time job was eliminated last March because of cutbacks, so she was forced to bump into a care aide position. But when a temporary activity aide position opened in September, she was able to return to the work she likes best.



WHITLOCK

Labour

'New World Order' needs global reply

Working people around the globe must develop new means to fight the economic policies of the "New World Order" says the leader of South Africa's largest black trade union movement.

Jay Naidoo, general secretary of the 2.5 million member Congress of South African Trade Unions, told B.C. Federation of Labour convention delegates in late November that unions must take an aggressive, proactive approach to fundamental right-wing economic changes, like the North American Free Trade Agreement, sweeping the world.

"We need to recognize restructur-

ing is happening," Naidoo said, "and intervene strategically to direct the restructuring to avoid becoming reactive labour aristocrats."

He also called for collective bargaining on an international level to fight the power of multinational corporations, to maintain appropriate labour standards and ensure fair competition.

International solidarity among unions must play a key role in fighting the agenda of multinationals Naidoo said. "There is an extreme need for workers north and south to be vigilant, to understand that our strength comes from standing together," he said.



LABOUR CHALLENGE: Only links among world's unions can meet the threat of transnational corporations says Jay Naidoo, of South Africa's labour movement.

new world order, based on peace, democracy and the elimination of poverty, "through struggle, through solidarity."

Naidoo said that the upcoming months were crucial for the process of change taking place in South Africa, and he was confident that African National Congress leader Nelson Mandela would be elected president in the country's first ever democratic election proposed for later in 1993.

Naidoo also paid tribute to Canadian Labour Congress president Bob White for his commitment to the issues of black South African workers. White recently visited South Africa, where he was honoured by Naidoo's union congress.

SHE'S been called an "ignorant little bitch" by some RCMP members and had to deal with the stress and upheaval of her family because of the most vicious labour dispute in decades.

She's gone toe-to-toe on the picket lines at Yellowknife's Royal Oak Mine against the RCMP and a private army of Pinkerton guards to protest the wholesale use of scabs.

But miner's wife June Roberts has stood her ground, and as president of CLASS — the CASAW Ladies Association — she's spearheading the drive to rally public support to ensure miners' families stay clothed, fed, and housed during their fight to defeat concessions and save their union.

"I wasn't too together at the start," says the former government secretary and mother of three about the day in late May when the union-busting Royal Oak Mine boss Peggy Witte locked out the 240 miners, members of the Canadian Association of Smelter and Allied Workers' Union. "But it's been a drastic change in my life from a safe home to such turmoil."

Roberts toured B.C. in late November. She met with HEU's Provincial Executive to seek financial support the miners and their families need to maintain their struggle.

Her husband, an electrician's helper, voted against strike action for financial reasons. Why then is she in the frontline of the struggle? It's simple. "It's the democratic way," she says. "You don't high-tail it and run, you stand and you face it."

Two days after the lockout, and a day after the miners responded with strike action, their wives and girlfriends formed CLASS to protest the company's premeditated use of scabs, on the first shift after the lockout came into effect.

They set up booths at community events during the summer, canvassed door-to-door with a petition, and lobbied all levels of government to ban the scabs.

"They've all failed us miserably," she says bitterly about politicians.



CLASS ISSUE

Yellowknife miners' wives organize to support union

The miners have fared no better with the court system either: the two NWT supreme court justices who handed down injunctions severely limiting the union's picketing rights are from the same Yellowknife law company that represents Royal Oak.

In subdued anger she talks about the explosion that ripped through the mine early in the morning Sept. 18, killing nine miners working behind picket lines. After the RCMP called the deaths homicides, the backlash against the miners and their families was terrifying. Families hid their children in fear.

"A lot of women received death threats. They were told that if they

left their kids alone they'd be killed. I had to hide mine — my picture was in the paper and they knew where I lived."

Then the RCMP dragged the miners, their wives and teenage children in for interrogations that included intimidation, abuse and threats.

The atmosphere of fear, high cost of living in the North, harassment, threats and conflict has taken a toll on families. Banks threaten foreclosure on mortgages and terminate credit cards. Six months after the lockout began only 140 of the union's 240 members remain, and many families have split apart.

For the children of strikers' families, it's been extremely stressful,

HEU local helps strikers' kids

After hearing from a representative of the Yellowknife miners' union at their October local meeting, HEU's Shaughnessy members sprung into action to show their solidarity.

First, they took a collection at the meeting and raised \$100, which was followed by a \$200 donation from the local for the Canadian Association of Smelter and Allied Workers' Union.

Then, in mid-November, local secretary-treasurer Rosemary Benes obtained a list of all 156 names of the strikers' children. She was concerned about the bleak Christmas the kids could have, and she hoped that local members could provide a \$10 to \$25 present for each child.

The response was immediate and overwhelming. By the end of November 156 Shaughnessy members had given presents — 15 boxes worth, which were quickly shipped up to Yellowknife. The presents were unwrapped Dec. 20 at CASAW's Christmas party.

and they clearly sense the anxiety of their parents, she says.

"Older children are aware their father's lives are in danger. Before I came down here, my eight-year-old said 'I wish daddy worked in a gas station so he wouldn't be on strike and you wouldn't have to go away.'"

Roberts believes that the miners and their families have survived the worst. "I want people to know how proud I am of all the men and women who have stayed together in face of all the abuse."

• Financial donations to aid the miners struggle can be sent to CLASS (CAISAW Ladies Association Support System), P.O. Box 1628, Yellowknife, N.W.T. X1A 2P2.

THE DAMAGE SO FAR

Here's the impact of last year's tight hospital budget and layoffs and bed closures.

Lower Mainland	
Burnaby Hospital	notices served 11 unemployed/casual 11
B.C. Cancer Agency	notices served 7 unemployed/casual 6
Fraser Canyon (Hope)	notices served 1 unemployed/casual 1
George Derby (Vancouver)	notices served 21 reduced to part-time 2 total laid off 5
Holly Family (Vancouver)	notices served 37 unemployed/casual 11
Langley Memorial	notices served 4 unemployed/casual 4
Lions Gate (North Vancouver)	bed closures 8 notices served 6 unemployed/casual 5
Mission Memorial	notices served 5 unemployed/casual 5
Powell River	notices served 35 unemployed/casual 27
Royal Columbian (New West)	bed closures 105 notices served 85 unemployed/casual 17
Shaughnessy (Vancouver)	bed closures 155 notices served 146 unemployed/casual 16 reduced to part-time 4 total laid off 20
St. Mary's (New West)	notices served 1 unemployed/casual 1
St. Paul's (Vancouver)	notices served 2 unemployed/casual 2
St. Vincent's (Vancouver)	notices served 4 unemployed/casual 4
Sunny Hill (Vancouver)	notices served 8 unemployed/casual 2
Surrey Memorial	notices served 18 unemployed/casual 18
UBC Site (Vancouver)	notices served 22 unemployed/casual 6 reduced to part-time 2 total laid off 8
Vancouver General Hospital	notices served 29 unemployed/casual 17 reduced to part-time 1 total laid off 8

The government's closure of Shaughnessy Hospital is just the first step in the elimination of 2,000 beds

By GEOFF MEGGS

When it finally came, the New Democratic Party's long-considered strategy to close Vancouver's Shaughnessy Hospital unfolded like a military operation.

The death of Shaughnessy had been rumoured for months, but news reports from Victoria Feb. 10 revealed that the closure of the facility was imminent.

Robbed of the element of surprise, the government hurriedly set in motion a complex public relations program already in place to sell the hospital's closure.

While health minister Elizabeth Cull gamely denied that the facility's fate was sealed, ministry staff prepared letters for distribution to Shaughnessy workers telling them of the decision.

Cull's officials phoned Vancouver General vice-president Bert Boyd and advised him of his new assignment: to close a 330-bed hospital and ready it for demolition within six months.

On Sunday, Feb. 14, Cull confronted University Hospital's board of directors and presented unique Valentine's Day greetings — she dismissed them all and put Boyd in charge.

The next morning, flanked by Vancouver mayor Gordon Campbell and Vancouver's senior hospital administrators, she strode into a Vancouver news conference and made it official: Shaughnessy was closed and its 2,000 workers facing layoff.

The beds are surplus to Vancouver's needs, Cull said, and will be redistributed to Fraser Valley communities needing improved services. It's all part of the government's "closer to home" health care reforms.

The devastating news of Shaughnessy's elimination is just the first phase of a carefully-developed scheme which will see 15 more hospitals heavily cut. The cuts are just a few of the dramatic changes which may flow from the New Directions strategy for B.C.'s health care system unveiled by Cull Feb. 2.

Are the changes real health care reform? Or are they

Okanagan	
Enderby Memorial	notices served 20 unemployed/casual 1
Golden and District	notices served 4 unemployed/casual 1
Lillooet Hospital	notices served 4 unemployed/casual 2 reduced to part-time 1 total laid off 3
Nicola Valley General (Merritt)	bed closures 6 notices served 10 unemployed/casual 3
Pleasant Valley (Armstrong)	notices served 1 unemployed/casual 1
Princeton General	notices served 3 unemployed/casual 1
Royal Inland (Kamloops)	bed closures 7 notices served 95 unemployed/casual 28 reduced to part-time 7 total laid off 35
Shuswap Lake (Salmon Arm)	bed closures 22 notices served 20 unemployed/casual 6 reduced to part-time 2 total laid off 8
Vernon Jubilee	bed closures 29 notices served 21 unemployed/casual 2
North	
Bullley Valley (Smithers)	notices served 3 unemployed/casual 3
Burns Lake and District	notices served 2
Cariboo (Williams Lake)	bed closures 15 notices served 18 unemployed/casual 2
Dawson Creek Hospital	bed closures 8

Kootenays	
Castlegar and District	notices served 11 unemployed/casual 4
Fernie and District	bed closures 8
Invermere and District	notices served 2 unemployed/casual 2
Sparwood General	bed closures 4 notices served 4 unemployed/casual 4
GVHS	bed closures 30 notices served 47 unemployed/casual 5
Castlegar and District	notices served 6 unemployed/casual 6
Fort St. John General	bed closures 32 notices served 8
GR Baker Memorial (Queens)	notices served 6 unemployed/casual 3
Kitimat General	notices served 11 unemployed/casual 9
Mills Memorial (Terraco)	bed closures 22 notices served 19 unemployed/casual 3
Stuart Lake (Fort St. James)	notices served 2 unemployed/casual 1
St. John Hospital (Vanderhoof)	notices served 6 unemployed/casual 3
Prince Rupert Regional	bed closures 22 notices served 17
GR Baker Memorial (Queens)	notices served 6 unemployed/casual 3
Prince Rupert Regional	bed closures 22 notices served 17
St. John Hospital (Vanderhoof)	notices served 6 unemployed/casual 3
Stuart Lake (Fort St. James)	notices served 2 unemployed/casual 1
Prince George Regional	bed closures 4 notices served 8 unemployed/casual 26 reduced to part-time 3 total laid off 29
GR Baker Memorial (Queens)	notices served 6 unemployed/casual 3
Kitimat General	notices served 11 unemployed/casual 9
Mills Memorial (Terraco)	bed closures 22 notices served 19 unemployed/casual 3
Stuart Lake (Fort St. James)	notices served 2 unemployed/casual 1
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Mills Memorial (Terraco)	bed closures 22 notices served 19 unemployed/casual 3
Stuart Lake (Fort St. James)	notices served 2 unemployed/casual 1

Vancouver Island	
Campbell River General	bed closures 4 notices served 1 reduced to part-time 1
Cowichan District (Duncan)	notices served 24 unemployed/casual 9
Cumberland Diagnostic Centre	notices served 4 unemployed/casual 1
GVHS	bed closures 30 notices served 47 unemployed/casual 5
Campbell River General	bed closures 4 notices served 1 reduced to part-time 1
Cowichan District (Duncan)	notices served 24 unemployed/casual 9
Cumberland Diagnostic Centre	notices served 4 unemployed/casual 1
GVHS	bed closures 30 notices served 47 unemployed/casual 5
Nanaimo Regional	notices served 5 unemployed/casual 5
Port Hardy Hospital	notices served 1
St. George's (Alert Bay)	bed closures 26 notices served 10
West Coast General	bed closures 10 notices served 15
Total	notices served 171 bed closures 194 unemployed/casual 56 reduced to part-time 1 total laid off 21

LOWER MAINLAND	
bed closures 268	notices served 442
unemployed/casual 146	reduced to part-time 89
total laid off 155	
TOTAL	bed closures 587
notices served 928	unemployed/casual 277
reduced to part-time 27	total laid off 304



MARKS THE SPOT



government has tied to a deferral of wage increases, as a critical element of the reform package.

The government's reform strategy is drawn directly from the key recommendations of the Royal Commission on Health Care and Costs.

The commission, chaired by Mr. Justice Peter Sooton, argued that more effective health services could be provided by moving resources out of acute care hospitals and "closer to home" in the community.

According to the commission, B.C. could eliminate up to 2,000 of the 11,500 beds in service in 1990 by using the "closer to home" model.

The commission recommended a target of only 2.75 beds per 1,000 British Columbians, well below the 3.1 beds per 1,000 which is now the provincial average and about half of the five beds per thousand that was the norm 10 years ago. (Some communities are above the average and some, particularly in regions of high growth, are below.)

That target, now formally adopted by Cull, is well below the three beds per thousand in the Vancouver area, where population growth is slower than elsewhere in the province.

Aware of the threat to their facility, HEU's Shaughnessy local activists put an intensive plan in place last fall to save their hospital.

Strategic planning documents prepared by University Hospital, which operates the Shaughnessy site, state bluntly that Vancouver administrators have been quietly pressing for a Shaughnessy closure to protect their own institutions during restructuring.

But HEU's local executive, working with the B.C. Nurses' Union and the Health Sciences Association, produced a brief outlining Shaughnessy's potential, and presented it to every ministry official and local politician they could.

Their goal was a community-based plan to take Shaughnessy into the next century in a way that protects services and jobs.

Within days of the closure announcement, medical staff and many important voices in the community had rallied to the cause.

The battle launched by the Shaughnessy local is one that soon will be faced by health care workers around the province.

Will we have true reform, with services and health workers moving "closer to home" to provide more effective, efficient care? Or will it be another massive cut of vital health services? It will take a lot of effort by health care workers to protect our health care system.

Premier Mike Hancock told the province Jan. 21 his government's allocation of a three per cent budget increase to hospital programs provided "modest increases to improve services."

But two weeks later Cull unveiled a government health care reform plan that required the elimination of 2,000 hospital beds in the next two years.

Victoria's far-reaching strategy is already in motion. Major elements of the plan include:

- a commitment to maintain hospitals as "the heart of our health care system" while clamping down on waste and "overuse of acute care beds";
- continued shift of resources and jobs away from the acute care sector into community care;
- the creation of partially-elected community boards to take over from hospital boards and union boards of health;
- development of community clinics to provide a combination of preventive and public health services; and
- creation of an expanded "labour force adjustment" program to assist health care workers during the changes.

"Some of the proposals could be positive," says Allevato, "but without a guarantee to protect quality care through provision of full services both in the hospital and the community, these changes will simply mean service cuts. Our challenge is to make sure the government protects health care services by building up community services before shifting resources from acute care. Because health care is provided by people, that also means protecting the jobs of health care workers."

(The three health unions were moving into their third week of intensive negotiations with the government for a comprehensive job security package for workers in the course of the health care reform.)

Three key government figures are directing the health care reform. The most important is Clark, whose budget decisions determine how serious the acute care cuts must be. Second in command is Cull, who is poised to undertake a province-wide tour to promote the changes. Since the election of the NDP, her main health initiatives have revolved around money: the dispute with B.C.'s doctors, the struggle over HEU's 1992 contract and the controversy surrounding last year's widespread bed closures.

The third is Peter Cameron, assistant deputy minister of health, who has been authorized by the government to seek a sweeping agreement with HEU, the B.C. Nurses' Union and the Health Sciences Association covering wages, job security and union rights during the restructuring process.

Cameron, the former executive director of the HSA, was hired to put some flesh on the bones of the government's pledge not to reform health care "on the backs of health care workers."

He sees the comprehensive job security deal, which the

simply financial cuts to our health care system? "The government's failure to consult the community or Shaughnessy workers about the plans means the entire health care reform process is in trouble," says HEU secretary-business manager Carmela Allevato. "Health care reform cannot succeed without the support and participation of health workers and that support will not be possible in the midst of massive, arbitrary bed closures and layoffs."

Even Cull says bed closures and layoffs are inevitable because of finance minister Glen Clark's tight-fisted budget.

Those reductions come on the heels of the 1992 budget, which forced the closure of more than 500 beds and the dislocation of more than 900 HEU members.

HEU's policy is to insist that funding to hospitals be maintained until an acceptable plan is in place to protect services and jobs during the transition to a reformed health care system.

Convention policy authorizes the use of any means, including job action, to back up the union's position. Measures implemented so far include:

- intensive efforts along with the two other health unions to obtain a job security package to protect health workers during the transition.
- Measures proposed include:
 - early retirement and guaranteed right of transfer to available jobs in the community or elsewhere;
 - regional organizing conferences to alert locals to the changes and to plan political action strategies;
 - additional resources to locals to respond to budget problems, layoffs and cutbacks;
 - communications strategy to build public understanding of health workers' role in health reform.

THE DAMAGE SO FAR

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notices served 11
unemployed/casual 11

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unemployed/casual 6

Fraser Canyon (Hope)
notices served 1
unemployed/casual 1

George Derby (Vancouver)
notices served 21
unemployed/casual 3
reduced to part-time 2
total laid off 5

Holy Family (Vancouver)
notices served 37
unemployed/casual 11

Langley Memorial
notices served 4
unemployed/casual 4

Lions Gate (North Vancouver)
bed closures 8
notices served 6
unemployed/casual 5

Mission Memorial
notices served 5
unemployed/casual 5

Powell River
notices served 35
unemployed/casual 27

Royal Columbian (New West)
bed closures 105
notices served 85
unemployed/casual 17

Shaughnessy (Vancouver)
bed closures 155
notices served 146
unemployed/casual 16
reduced to part-time 4
total laid off 20

St. Mary's (New West)
notices served 1
unemployed/casual 1

St. Paul's (Vancouver)
notices served 2
unemployed/casual 2

St. Vincent's (Vancouver)
notices served 4
unemployed/casual 4

Sunny Hill (Vancouver)
notices served 8
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Surrey Memorial
notices served 18
unemployed/casual 18

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bed closures 8
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Mills Memorial (Terrace)
bed closures 22
notices served 19
unemployed/casual 3

reduced to part-time 4
total laid off 7

Prince George Regional
bed closures 61
notices served 87
unemployed/casual 26
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Prince Rupert Regional
bed closures 22
notices served 17

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CLOSER TO HOME



DEBRA ROONEY ILLUSTRATIONS

MARKS THE SPOT

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Their goal was a community-based plan to take Shaughnessy into the next century in a way that protects services and jobs.

Within days of the closure announcement, medical staff and many important voices in the community had rallied to the cause.

The battle launched by the Shaughnessy local is one that soon will be faced by health care workers around the province.

Will we have true reform, with services and health workers moving "closer to home" to provide more effective, efficient care? Or will it be another massive cut of vital health services?

It will take a lot of effort by health care workers to protect our health care system.



WHAT HEU⁹ IS DOING ABOUT HOSPITAL CUTBACKS

HEU's policy is to insist that funding to hospitals be maintained until an acceptable plan is in place to protect services and jobs during the transition to a reformed health care system.

Convention policy authorizes the use of any means, including job action, to back up the union's position.

Measures implemented so far include:

- intensive efforts along with the two other health unions to obtain a job security package to protect health workers during the transition. Measures proposed include early retirement and guaranteed right of transfer to available jobs in the community or elsewhere;
- regional organizing conferences to alert locals to the changes and to plan political action strategies;
- additional resources to locals to respond to budget problems, layoffs and cutbacks;
- communications strategy to build public understanding of health workers' role in health reform.



Kootenays

Castlegar and District
notices served 11
unemployed/casual 4

Fernie and District
bed closures 8

Invermere and District
notices served 2
unemployed/casual 2

Sparwood General
bed closures 4
notices served 4
unemployed/casual 4

Vancouver Island

Campbell River General
bed closures 4
notices served 1
reduced to part-time 1

Cowichan District (Duncan)
notices served 24
unemployed/casual 9

Cumberland Diagnostic Centre
notices served 4
unemployed/casual 1

GVHS
bed closures 30
notices served 47
unemployed/casual 5

Nanaimo Regional
notices served 5
unemployed/casual 5

Port Hardy Hospital
notices served 1

St. George's (Alert Bay)
bed closures 26

West Coast General
bed closures 10
notices served 15

Total

NORTH
bed closures 171
notices served 194
unemployed/casual 56

reduced to part-time 7
total laid off 63

OKANAGAN
bed closures 66
notices served 178
unemployed/casual 45
reduced to part-time 10
total laid off 55

KOOTENAYS
bed closures 12
notices served 17
unemployed/casual 10

VANCOUVER ISLAND
bed closures 70
notices served 97
unemployed/casual 20
reduced to part-time 1
total laid off 21

LOWER MAINLAND
bed closures 268
notices served 442
unemployed/casual 146
reduced to part-time 89
total laid off 155

TOTAL
bed closures 587
notices served 928
unemployed/casual 277
reduced to part-time 27
total laid off 304

"We need each other"



Just back from a union tour to Mexico, HEU's Mary LaPlante says Canadian, Mexican and U.S. labour activists must work together to defeat the proposed North America free trade deal.



10

Mary LaPlante, HEU financial secretary



"IT'S something that nobody can ever forget." That's how HEU financial secretary Mary LaPlante describes her recent trip as part of a Canadian trade union delegation to Mexico,

to forge common strategies to defeat the North American Free Trade Agreement.

"To actually see the working and living conditions, the poverty, the injustice and peoples' constant struggle to fight against these conditions really hit home," she said. "It's bad enough as it is now, but under NAFTA it will be even worse."

Along with other Canadian public and private sector union leaders, LaPlante was in Mexico for seven days in November on the tour which was organized by the Vancouver-based Trade Union Group.

LaPlante visited public health care facilities



and met with health care workers, toured factories in the existing free trade zones – called maquiladoras in Spanish – and met extensively with leaders from Mexico's independent trade union movement.

To understand what's going on in Mexico about free trade, LaPlante says it's important to know a few things about Mexico's political system, economy and labour movement.

The Mexican government is often called the world's most perfect dictatorship. The same political party – the Institutional Revolutionary Party – has ruled since the 1920's. It maintains power through corruption, coercion, widespread electoral fraud and brute force when necessary. It controls both the media and the "official" trade union movement.

Mexican president Carlos Salinas is strongly pushing the trade deal because it's seen as a solution to Mexico's lengthy economic crisis and a way to provide jobs in a country where right-wing economic policies have left half the labour force unemployed or underemployed.

Since the early 1980's there's been a severe deterioration of living and working conditions. Real wages have fallen by 50 per cent. More than forty million people live in poverty – half of them in extreme poverty, while important social services like education and health have endured massive cuts. The legally set minimum wage is \$4.50 for an eight-hour day.

Mexico's "official" and extremely undemocratic trade union movement favours the proposed trade deal. Smaller independent unions and community groups oppose the deal, as do activist groups – called democratic currents – within the

JOB LOSSES: The North American Free Trade Agreement will decimate jobs in traditional industries like this Mexico City furniture plant, where workers say the trade deal will force their plant to shut down.

official unions. "It's no wonder that Mexican workers are deeply divided about NAFTA," LaPlante notes.

LaPlante saw firsthand the effect of massive health care budget cuts in two facilities in Cuernavaca, a city about 100 kilometres southwest of Mexico City, and the home of health care worker and democratic current activist Margarita Domingues, who spoke at HEU's convention last October.

Free health care is guaranteed by Mexico's constitution, but it's delivered in a three-tier system, where the best care is provided by private, profit based facilities. LaPlante describes as "appalling" conditions at a bottom level facility funded by the government that provides care for the poor. About the same physical size as the Prince Rupert Regional Hospital where LaPlante worked, the Cuernavaca hospital crammed in 300 beds into open, 12-bed wards.

The facility was old, antiquated and unsanitary, she said, and lacking supplies, equipment and even the basics like linen. "There were long lineups for treatment, especially for the elderly," LaPlante said. "But eventually, everyone does get treated."

The second-level facility, which is funded by the government, local factories and unions, provides a higher standard of care for union members. But supplies we take for granted were not available. Disposable rubber gloves were recycled, and LaPlante watched as four workers laboured over a 10 foot table heaped with just-washed gloves trying to match-up pairs.

The workload crisis level was severe for care providers, who earn about \$15 a day, with nurses and doctors earning somewhat more. The best care is provided by expensive private facilities that serve the wealthiest 10 per cent of the popu-

UNEQUAL PARTNERS: Mexican workers say free trade will bring more foreign control of their economy. They want fair trade, not free trade.

POVERTY WAGES: With a minimum wage of about \$4.50 a day, Mexico is one of the lowest industrial wage countries in the world. This Juarez shantytown-barrio is home for many maquiladora workers.

lation. "I talked with a Mexican businessman sitting next to me on a flight," LaPlante said. "His wife had just had a baby at a private hospital. The birth cost him the equivalent of six months pay, but he said it was worth it."

While she was in Cuernavaca, LaPlante came up against the censorship practised by the government-controlled media. The press secretary of the local health care workers' union had set up a radio interview for her to talk about Canadian health care workers' experiences under free trade, with sister-Domingues acting as interpreter. But as soon as the news producer found out what her position on NAFTA was, the interview was terminated, and the station cut away to ads.

"It all happened so fast, I couldn't quite understand what was happening. But it's clear that they don't want to let people know about the effect of the Canada-U.S. trade deal on Canadian workers."

LaPlante was shocked by the stark economic contrasts when her group visited Juarez, a major city and free trade zone across the border from El Paso, Texas, where thousands of workers - primarily young women - toil in unsafe working conditions for \$4.50 a day. "On one side of the street was a bright new factory, with trees and grass. On the other side was a sprawling neighbourhood of shacks, where the maquiladora workers lived."

The tour was useful on many fronts, LaPlante says, and she said it's important for HEU to continue to develop ties with Mexican workers. "I learned from Mexican workers that free trade won't get their country out of its economic crisis. It will only bring them more low wage jobs, further cuts in social programmes, job losses in their traditional industries and more foreign control of their economy."

She said that HEU must continue to work with Canadian groups opposed to free trade, like the Action Canada Network and with unions and anti-free trade groups in the U.S. and Mexico. "It's not a given that NAFTA will happen," LaPlante says. "We can defeat the trade deal if we keep fighting."

HEU fights trade deal

HEU's position, approved at convention last October, is to actively oppose the North American Free Trade Agreement (NAFTA) because the deal will enrich multinational companies at the expense of the jobs and livelihoods of working people in Canada, the U.S. and Mexico.

The union is also committed to work through the Canadian Labour Congress with the Action Canada Network and community groups to defeat the trade deal in the upcoming federal election, says Maurice Smith, HEU Provincial Executive member and the union's representative to the ACN-B.C.

As a lead up to the election, Smith says the ACN, a coalition of community and labour groups formed to fight the original free trade deal between Canada and the U.S., is set to hold special workshops, conferences, and national day of action against the deal later in March.

If NAFTA is allowed to go through, "we'll see more of a changeover to a U.S.-style health care system," Smith said. "HEU members would see the effects on their salaries and benefits and there would be more layoffs and closures," he said.

"The bottom line about NAFTA is that it will not allow Canadians to support our social system."

UNFAIR TRADE

The North America trade deal will keep Mexican workers in poverty

by DAVID LANE

JUAREZ, MEXICO - Alma Molina works 48 hours a week for about \$4.50 a day, assembling television parts at a factory in Juarez in northern Mexico, just across the border from El Paso, Texas.

As a young, single mother, she is glad to have a job to support herself and her one year old son. But she is angry at the low wages and unsafe conditions at the plant where she works in one of the city's free trade maquiladora zones.

In cities like Juarez, poverty and affluence exist side-by-side.

In the maquiladora zones are newly built factories with plush entrances, landscaped shrubs and neat, green lawns. Glossy signs proclaim the dominance of multinational corporations like Toshiba, RCA, Philips, Johnson and Johnson, Zenith, and Honeywell.

In stark contrast is the bleak desolation of the squatter communities sprouting up around the maquiladoras, devoid of trees or vegetation.

Small one or two-room shacks made of discarded wooden pallets, cardboard and old sheets of corrugated tin house families with no where else to go, as the city expands uncontrollably with people seeking jobs at any wage.

The maquiladora zones are symbols of the Mexican government's desperate attempt to reverse a deepening economic crisis and an unmanageable foreign debt.

Set up to attract foreign investment, the maquiladora zones allow foreign companies, mostly from the U.S., to operate assembly plants with reduced tariffs and few taxes. The components assembled are eventually exported to become parts in cars, televisions and other goods manufactured in the U.S. and Canada, with resulting job losses for Canadian and American workers.

Originally located just south of the U.S. border, the maquiladoras have spread throughout the country. There are 320 such factories in Juarez and another 1,500 plants located in every major centre in the country. But job creation is an illusion.

The 450,000 jobs created in the 20 years of the maquiladora program should be an embarrassment to a government that condemns 12 million people to unemployment. Small and medium businesses charge the program has simply shifted work from domestic Mexican companies to foreign companies operating in the maquiladoras. The gains from the program have gone entirely to foreign companies, with no taxes or benefits returning to local communities or workers.

With the imminent signing of the North American Free Trade Agreement (NAFTA), Mexico will be further tied into a maquiladora economy.

Alma Molina earns \$4.50 a day assembling television parts at a Toshiba factory.

That means low wages and impoverished communities in Mexico and further job losses in Canada and the U.S., as manufacturing companies move portions of their production south of the border.

The message the Canadian labour activists on November's trade union tour received from their Mexican counterparts was clear - free trade will not get Mexico out of its crisis, nor will it create decent conditions or wages for workers.

NAFTA will affect Mexico much like the Canadian experience with free trade, the Mexicans said. There will be more foreign control of the Mexican economy, less ability for the national government to set its own political direction, and a direct threat to social programs, workers' safety and the environment.

What Mexicans need, they say, is a strong internal economy, with trade between Canada, the U.S. and Mexico as equal partners. They need fair trade, not free trade.

EXPLOITING THE YOUNG: Working in unsafe and low wage jobs, young teenage women make up the vast majority of the 450,000 maquiladora workforce.



Ontario health workers face massive layoffs, cutbacks

By CHRIS GAINOR

Funding restraint and major reforms of the health care system have sparked a wave of layoffs and service cuts in Ontario.

It all sounded very familiar to members of the HEU Provincial Executive who attended a conference in Toronto put on by the Ontario Council of Hospital Unions (OCHU), the umbrella group for Ontario health care workers belonging to the Canadian Union of Public Employees.

OCHU president Michael Hurley told the conference that many Ontario hospitals will get budget increases of only half a per cent in the coming year, while payments to doctors rise at much higher rates,

and the ranks of health care managers continue to grow.

"There's no community care in place and no money for it. People are being shoved into the hospital system, which is being shut down," Hurley said. The result is that health care workers in the province are losing jobs or are being forced to work harder.

Ontario's legislation governing hospitals is being revised, and hospitals have mounted a major offensive against any moves to democratize hospital boards, Hurley said.

The meeting also heard reports from health care unions in Saskatchewan, Quebec, and from HEU secretary-business manager Carmela Allevato.

Jim Holmes of CUPE Saskatchewan said the issue of boards is a big issue in that province. The NDP government in Saskatchewan wants to replace more than 400 hospital boards with 28 regional health boards.

Holmes said the union is concerned the government will not permit elected boards because they will resist cutbacks which are expected to hit rural hospitals in the province.

In Quebec, health care workers sit on the boards of hospitals and other health care facilities, said Dominique Malboeuf, president of the Quebec Council of CUPE Health and Social Service Workers.

In spite of this, workers do not have as much power as they should, and

administrators try to ignore or frustrate the worker representatives.

Quebec hospital workers are facing overwork as a result of cutbacks in the 1980s, she said. Now the government is reforming the Quebec system, introducing user fees and increasing the importance of community clinics set up in the 1970s.

Allevato told the meeting about HEU's tough round of bargaining last year, and about how HEU is dealing with bed closures caused by the B.C. NDP government's focus on the deficit.

She said health care workers across Canada are facing almost identical problems as they struggle with tight-fisted provincial governments and changes to the health care system.

The HEU delegation joined OCHU members in a demonstration against health care cutbacks outside the offices of Ontario Treasurer Floyd Laughren.

HEU will also be represented at a national meeting of health care workers being put on in Montreal by CUPE in February.

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EQUAL PAY WINNER: Janice Gotinger (right), shown here with two Mount Nelson Place residents, is among HEU members at the facility who have achieved wage parity with the HLRA agreement. The facility is funded by the Ministry of Social Services and Housing.

Wage parity won

Group home workers in Invermere achieve parity with HLRA rates

By TRISH WEBB

INVERMERE — Mount Nelson Place workers are finally going to get parity with HEU members in health care facilities, three years after certification and two years after a community-based campaign that produced a first agreement.

It's an important victory for HEU which will have widespread implications in facilities not funded by the health ministry. It's a growing field where HEU is organizing aggressively.

But the society operating Mount Nelson place now must obtain additional funding to pay for the settlement. HEU has called on Joan

Smallwood, minister of social services, to take action to fund the agreement.

The long-awaited goal of parity was achieved in an arbitrated settlement in November.

HEU members at the home for mentally challenged adults got a raise from \$10.50 per hour to \$14.66 per hour plus a benefit package.

Arbitrator Stephen Kelleher awarded the increases based on a comparison of job duties and responsibilities at Mount Nelson with other HEU facilities in the province.

Unfortunately the Ministry of Social Services and Housing (MSSH),

which funds the home, only allowed a two per cent increase in Mount Nelson's budget.

Windermere District Social Services Society, which runs the facility, is looking for funds to cover the shortfall.

They cut one management position and reduced three part-time HEU jobs to one full time and two casual positions.

"We lost some hours, but none of our people went out the door," said local chairperson Fern Hall.

The HEU victory at Mount Nelson Place marks an important contract precedent

"Things are okay for now, but what happens down the road?"

"We heard that the ministry was saying 'just shut the place down and move the people somewhere else.' Well there's another place in

Nelson that is negotiating for an increase, too. What will they do, just keep moving these people around looking for the lowest wages?" Hall said.

Society chairperson Mike Fraser says the board will not shut the facility down.

"First and foremost is to look after the residents," Fraser said. "Without them there is no need to have a board or any staff."

Fraser said the board is considering petitioning residents in the Kootenay Valley to put pressure on MSSH to increase funding to Mt. Nelson Place.

"The 1991 revenue for Mount Nelson place was \$365,000, and \$265,000 of that was wages," Fraser said. "That's a lot of money in this valley."

Fraser said the society had enough money to cover back pay owed to staff in the arbitration because they had some savings in term deposits.

"We have an accounting firm costing the benefit package which kicks in March 1," Fraser said.

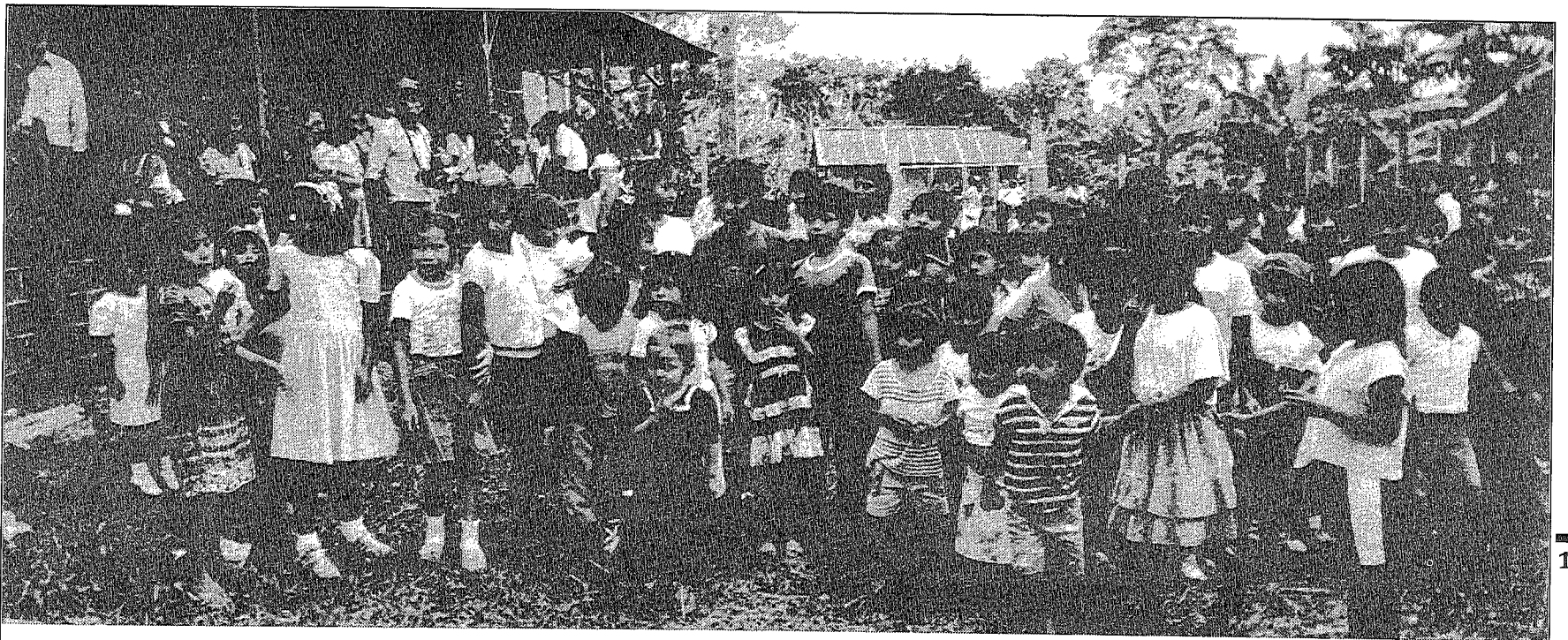
MSSH district supervisor Ted Hurd says that if Mount Nelson can't operate within the budget provided by the ministry, the residents may have to move.

"We might have to find placements for them, or find a different contractor to run the facility," Hurd said.

Mount Nelson workers had been earning about one dollar less per hour than other MSSH wor-

kers in the region. "We made a commitment to raise rates of direct staff," Hurd said.

"Right now we're looking at the possibility of a political solution to the funding problem," he said.



LOOKING FOR CARE: Children in Canton San Jose will directly benefit from the clinic, operated in part with contributions from HEU members.

Nancy Macdonald reports on her visit to a Guatemalan health clinic now receiving HEU support

THE SPIRIT OF SHARING



JUST THE BASICS: Even simple improvements in health care can make a dramatic improvement in the lives of villagers.

By NANCY MACDONALD

GUATEMALA, A COUNTRY THAT WAS ONLY A name in Central America until Jose Monzon, our member from Tilbury local, brought it to our attention at the 19th biennial convention.

As a political refugee due to his union involvement, Jose gave a very moving explanation of the living conditions in his home country.

We, as trade unionists, cannot ignore the request for assistance in establishing a medical clinic that came from the Canton San Jose in Guatemala. Visiting the village personally made an impact on me that words can never fully describe.

In Guatemala's population of eight million people, the division between those of Mayan and Spanish descent is fairly strict. The beauty of the mountainous tropical countryside stands out in sharp contrast to the poverty and living conditions of the majority of its inhabitants.

Agriculture is a primary industry, and men, women and children look for employment around the farms near their community. The average salary for men is equivalent to \$1 a day American (12 hours work), 50 cents a day for women and 25 cents for children.

Oxen are still used to plough the fields. Women balance large baskets on their heads while carrying babies that are tied to their bodies with colourful shawls.

It is not uncommon to see people carrying huge bundles of branches, presumably for firewood, strapped to their backs, often far more than their own weight. Gruelling physical activity is a way of life.

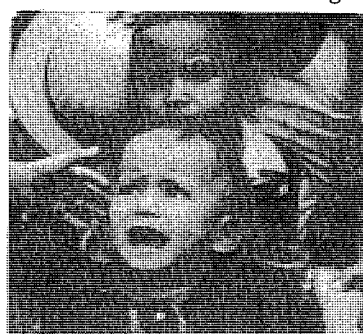
While the harsh economic and social conditions which the immense majority of the Guatemalan population lives under are obvious, their pride in their Mayan heritage is very visible in the traditional dress that is often worn. This handmade, colourful clothing comes in many exotic varieties, differing dramatically from village to village.

Upon arrival in Guatemala, we were met at the airport by a delegation of 11 people, including Dr. Beny Reyes, our contact person, and her father, who was instrumental in the effort to build the clinic.

As we did not speak Spanish and our contacts did not speak English, communication was difficult, but not insurmountable.

In Mazatenango, we were given a tour of a medical clinic, a day care centre and the town's 200 bed hospital. Each facility has only the barest necessities and the hospital resembles a Canadian institution of 75 years ago. We were treated to a typical Guatemalan dinner at the home of Beny's parents whose hospitality was outstanding.

Day two saw us touring the unfinished medical clinic at San Jose, where we were given a very warm welcome by most of the villagers, complete with decorations, fireworks and a mariachi band. It is located 167 kilometres from Guatemala City with a population of 450 families consisting of 4,060 individuals.



The family unit has eight to 12 members.

Living conditions are very precarious as each rudimentary home has only one bedroom and a room for cooking. Only 18 per cent of the houses have latrines, there is no running water service and excrement and garbage are left on the open fields.

The situation for children is extremely severe with 90 per cent suffering some degree of malnutrition and 100 per cent having dental cavities. There is an incredibly high incidence of parasitic and infectious diseases, the most common being hepatitis, diarrhea, dehydration, measles, whooping cough and polio.

The meagre income of the families makes it difficult to seek medical attention in nearby communities. In 1986, the villagers decided to organize a pro-health centre committee with the goal of building their own clinic. Since then they have raised funds through dances, selling cloth, food sales, direct solicitation of funds and were able to purchase the land and begin construction of the clinic. After six years it is now near completion.

The committee has requested assistance for further finances to buy equipment and furniture, clinic materials and for payment of wages to two doctors and two nurses for a period of one year. It is expected the patients will pay a symbolic, minimal fee for services received. The objective is to keep the population involved in the project and to cover some of the costs of running the clinic.

The pro-health committee will continue to be active in raising funds and will be responsible for supervising the resources for the allocated programs.

The total needed to get the clinic operational and to maintain it for one year is \$31,500.

We were inspired by the continued resilience and optimism of the people of San Jose and found their determination to reach their goal admirable. We believe this is a worthwhile project that we can help them to complete with the support of HEU members.

We left their country with unforgettable memories and a commitment to bring their story home to our members and other organizations. Solidarity among working women and men must cross the barriers between countries if we are ever to achieve our goal of equality for all.

• HEU locals have been invited to send contributions to the clinic. A cheque for more than \$3,000, representing contributions made by HEU convention delegates, has already been turned over to the clinic.

Coffee Break



14

Britain's national health decimated by privatization

In Britain, a "closer to home" health care strategy has proven an effective carte blanche for right-wing Conservative governments to privatize and destroy the country's national health service.

Funding cuts and staff reductions as high as 45 per cent have caused chaos for London's ambulance service, which was contracted-out in 1991 to four London regional health authorities to "improve efficiency."

Here are some of the horror stories:

- a new \$3 million computerized dispatch system has been a complete failure, and is blamed for 20 deaths;
- three heart attack victims waited more than 30 minutes for an ambulance to respond — two of the victims died while waiting;
- the ambulance service took 22 hours to respond to a call from an elderly diabetic woman, and was unable to answer the call when a woman collapsed in a department store.

More UK news: sound familiar?

Brighton General Hospital is in sad condition,



except for the lovely rooms overlooking the sea, according to English news reports. No wonder management removed staff and patients to create an administrative office area.

Over in Middlesex, the nation's largest single hospital deficit has forced the employer to hire two more general

waiting lists for cataract surgery.

They now will not schedule anyone for such surgery until vision has declined to 25 per cent.

Then you have to wait 18 months.

The sky will also fall, say bosses

Ontario's business community is in such a panic about the new anti-scab law in that province that they're predicting worse chaos than might have resulted from a No vote.

(But wait a minute — there was a No vote.)

According to Don Eastman, head of the Ontario Chamber of Commerce, a ban on replacement workers dramatically escalates union power to the point that labour will have "the capability to bankrupt any Ontario-based business virtually at will."

Could it be worse than free trade, which has vaporized more than 200,000 jobs in Ontario alone?

Workweek is back on Newsworld

Workweek, Canada's only labour-oriented TV show is back for its third season with a new host and a new format.

The new host is CBC Newsworld anchor Wei Chen.

Workweek is the only television show in Canada which is dedicated solely to the concerns and actions of working Canadians.

Workweek can be seen on Newsworld at 7.30 p.m. Saturday night. Look for it — it's a good antidote to the barrage of business coverage available almost around the clock.



managers. There was no alternative because 150 nurses, porters and receptionists had already been laid off during the closure of 125 beds.

Innovative doctors in the UK have hit on a new technique to reduce the numbers on



Guardian Believe It or Not offers reward for news of administrative madness

Have you got a real-life B.C. example of administrative madness suitable for publication in Coffee Break?

The Guardian editorial committee, aware that B.C. health administrators are often as bad as the worst found in the U.K. or anywhere else, is offering a reward for such items.

A union-made ce-

ramic HEU mug will be sent to those submitting examples which are accepted for publication.

Documentation in the form of memos or news clippings would be appreciated. Names of submitters will be treated with the utmost discretion, but names of their bosses may be published.

K-Bro walkout forces action on Cumberland laundry safety fears

HEU members at the K-Bro Laundry in Cumberland have forced their employer to begin cleaning up shoddy health and safety practices, after taking job action Nov. 26 to protest wounds received by two workers from sharps hidden in dirty laundry.

The laundry workers walked off the job using section 8.24 of the Workers' Compensation Board Industrial Health and Safety Regulations on the right to refuse unsafe work, while local leaders met with management of the Vancouver Island facility to deal with five major health and safety concerns.

Local secretary-treasurer Terri Rousseau said members were fed up with unsafe conditions and the lack of safety training.

Her members were also scared by the serious injuries received by one of the sharp victims, who was stabbed in the hand by a thick anaesthetist's needle with fluid still remaining in the syringe.

The victim was wearing employer-approved gloves bought at her own cost at the time of the accident.

The stabbing incidents "were not unfortunate accidents, they were avoidable," Rousseau said.

As a result of the protest, and

backed up by orders from the WCB, Rousseau said laundry bosses have been forced to act on the following:

- measures to deal with the problem of sharps, blood products and biomedical waste mixed in with dirty laundry;
- adequate safety training for new employees;
- occupational health and safety committee meetings on a regular basis;
- first aid training;
- WHMIS training.

Since the incident, Rousseau said fewer sharps have appeared in the dirty laundry the facility cleans for hospitals in Courtenay, Campbell River and Nanaimo. But she said the employer is balking at buying a metal detector to eliminate more of the sharps.

The Greater Victoria Hospital Society Fairfield Laundry was recently ordered by the WCB to buy a detector to cut down on the sharp problem.

"The employer hasn't fully answered all our health and safety concerns, but progress will be made," Rousseau said. "We want a safe place to work, and we want to make sure we work with the employer to make it safe."

Tories rush to extend loophole for super-rich

With their electoral mandate running out, the federal Tories are trying to push through a new tax loophole for the super wealthy.

At the same time, they are cutting spending for needed services.

At stake is the tax that should be paid on up to \$70 billion of the private fortunes of Canada's rich elite.

On the surface, the Tory move seems to be an obscure and technical change to Canada's tax laws concerning private family trusts.

The Tories claim the changes will tighten the legislation, make the tax more equitable and help children with disabilities.

In reality, it's a billion dollar tax loophole for the super-wealthy.

In 1972, the Liberals eliminated the federal inheritance tax and introduced the "21-year rule," which exempted private family trusts from paying tax for a maximum of 21 years to allow all beneficiaries to reach the age of majority.

After 21 years, the trusts would be taxed on the increase in the value of their assets. The 21 years are almost up.

The private family trusts set up before 1972, some of which have

hundreds of millions in assets, would be taxed for the first time in 1993. But, the Tories do not want to collect the taxes due.

"The Tories have cut services, increased the deficit and raised taxes on ordinary Canadians. And now they want to give their friends another big tax break at the expense of ordinary Canadians," says NDP leader

Audrey McLaughlin.

The Tory proposal would allow the private family trusts to go tax-free until their last child dies, which could be another 70 years.

No one knows for certain how much is held in private family trusts, but some estimates put their total value as high as \$70 billion.

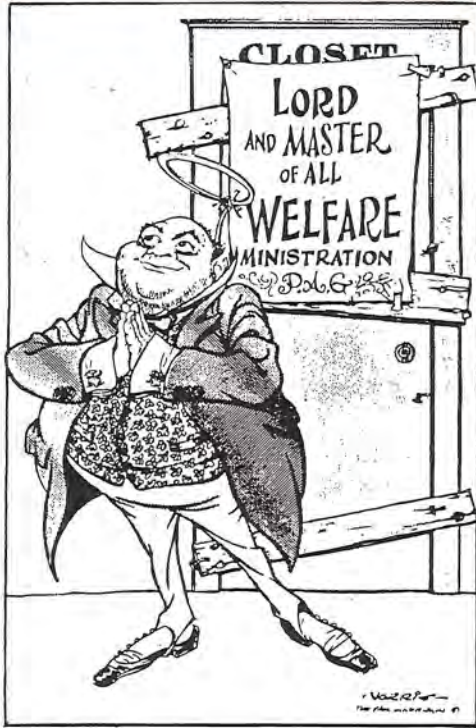
Some of these trusts are held for children with disabilities, for whom trusts were set up at the time of their injury, and some for families of moderate wealth. But the ones that can afford to hold them for more than 21 years belong to Canada's super-wealthy.

If the government wanted to protect the trusts of children with disabilities, they could easily draft more specific legislation without giving away the store. — CALM



SPARE TIME

TRUST ME: This is how Vancouver Sun cartoonist saw W.A.C. Bennett after social worker Bridget Moran was ejected from the legislature for protesting B.C.'s terrible welfare system.



One person can make a very big difference

By GEOFF MEGGS

There may be no tougher job than the work of a committed caregiver in a system that does not respect its patients or clients.

That's the dilemma faced today by thousands of health care workers in a system facing restraint and that was the contradiction confronting social worker Bridget Moran in Prince George during the early years of Social Credit.

Her recent book called *A Little Rebellion*, published by Arsenal Pulp Press of Vancouver, tells how difficult it was

for her to give support to hundreds of people when she knew the government was opposed to provision of basic services.

This was an era when the province contained a single long-term care home — for men only.

Like health care workers today, Moran felt an overriding obligation to the care and well-being of her clients, and like them, she long felt it was impossible to force government attention to the crisis.

Despite evidence that one family left in crisis could produce more than 100 children and offspring in a 20-year span requiring

costly government assistance, W.A.C. Bennett took the view that people should take care of themselves. Rather than accept this immoral stance, Bridget Moran decided to speak out.

On News Year's Eve 1962, she wrote an open letter to Bennett and filed a copy to the *Vancouver Sun*. The paper gave her expose front-page treatment and Bennett's government became embroiled in a long struggle over welfare.

It was not an easy or simple struggle. Despite wide public support for her stand, Bridget Moran lost her job, fought depression and was forced to find new paths in her own life. Through it all, she raised four children.

Her battle for a decent welfare system, however, never ended. Ultimately, she would savour some important victories, victories now endangered by cost-cutting, free trade and all the rest of the assaults on our social safety net.

A Little Rebellion is short, powerful and admirably easy to read. It's a reminder of the fight it took to win decent social services and a challenge to take up the battle to protect them.



Private sector takes lead in bureaucracy and waste

If you still are not convinced that corporate executives are pulling down salaries far richer than their failing enterprises can afford, or if you still believe that increased privatization will lead to a more productive economy, or if you think the free market operates in a rational manner, then you'd better study Herschel Hardin's *The New Bureaucracy*.

The western Canadian author describes the private sector's gross inefficiency and wasteful practices, not the least of which are executives' million-dollar salaries.

As for the stock market, Hardin

cites a number of studies to dispel the myth that it behaves rationally. Close examination reveals that the market is just as likely to respond to the length of women's skirts, crayon colours, or the position of the planets as it is to rely on information about the economy or corporate financial statements.

The New Bureaucracy is a compelling indictment of corporate North America. Clearly, the public sector cannot compare to the flagrant waste that takes place behind the closed doors of the private sector. — CALM

HEU people

Abbotsford retiree glad for the rest

Annie Derkson was a housekeeper at MSA General for 19 years. Now she is retired and happy to just rest for awhile.

"Maybe by the summer I will travel a bit to visit," Derkson said.

Visiting and catching up on things with family and friends is the number one priority for Derkson who has eight children, 20 grandchildren and two great-grandchildren.

"There's one more on the way in April," she says.

She is happy just to sleep in and stay off the icy streets.

"I still wind my alarm clock up, but I don't pull the little button out," she said.

"It was hard work for 19 years, but I made it."

Wilma Jolley retires at Royal Inland

Nurses aide Wilma Jolley retired at the end of October after 20 years' work at Kamloops' Royal Inland Hospital.

Local HEU members



NO TO NAFTA: HEU delegates to the B.C. Federation of Labour convention were front and centre at a noon-hour rally condemning Brian Mulroney's push to approve the North American Free Trade Agreement.

held a special retirement ceremony for Jolley, who worked in central processing and also served as warden for her local.

A member of the Happy Choristers senior choir, and a volunteer at the B.C. Summer Games held in Kamloops last summer, Jolley plans to keep busy and travel.

Activity aide Boyes retires from MSA

Painter and solid union supporter Genevieve (Jenny) Boyes is retiring after

17 years work in the extended care wing of MSA General Hospital in Abbotsford.

An activity aide who's served in a number of local union positions, Boyes was active during last year's job action, attending rallies and meetings, and helping with posters and advertising.

She's also active in her community, a painting club, figure skating and hockey.

Boyes says she'll now be able to devote more time to painting and travel.

CALENDAR

The Guardian welcomes insertions for Calendar. Mail to 2006 West 10th Avenue, Vancouver, B.C. V6J 4P5 or phone 734-3431. HEU notices will get priority in the space available.

FEBRUARY

7-10

SUNDAY to WEDNESDAY, Canadian Union of Public Employees National Health Care Workers' Conference, Montreal. HEU is participating in the planning of this conference.

13 SATURDAY,

North American Free Trade Agreement seminar sponsored by the Vancouver and District Labour Council, the Action Canada Network and the National Action Committee on the Status of Women, to be held at the Martime Labour Centre, Vancouver.

24-26

WEDNESDAY to FRIDAY, Provincial Executive committees/meetings.

MARCH

6

SATURDAY, Conference on Investing in People — Maintaining Public Services, at the Sheraton Landmark Hotel, Vancouver.

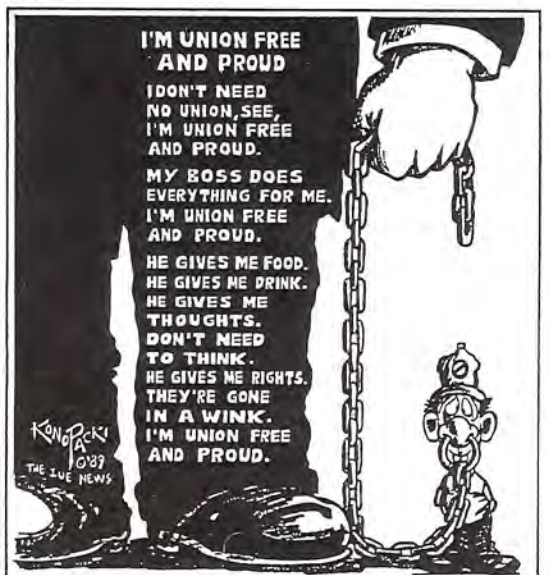
24-26

WEDNESDAY to FRIDAY, Provincial Executive committees/meetings.

APRIL

28-30

WEDNESDAY to FRIDAY, Provincial Executive committees/meetings.



Guardian



VOL. 11 NO. 1 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION JANUARY/FEBRUARY 1993

Keep Shaughnessy open!

HEU, other health unions and the community rally to protect the services and jobs provided by a key health care facility.

PAGE 3

The strike at Ponderosa

HEU's Ponderosa Lodge local in Kamloops hangs tough to defeat concession demands and win a new contract.

PAGE 5

Cull's plan

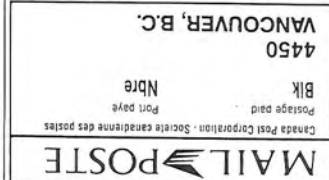
The health ministry's plan to close Shaughnessy is part of a larger scheme that will affect up to 16 facilities.

PAGE 8

We need each other

Mary LaPlante reports how Mexican health workers view the impending North American Free Trade Agreement.

PAGE 10



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The Guardian,
2006 West 10th Ave.,
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V6J 4P5

THE STRAIGHT GOODS ON HEALTH CARE:

CUT WASTE NOT JOBS

Fact: Simply by improving health and safety performance to the average attained by pulp mills and mines, B.C.'s hospitals could save \$5 million a year.



THE HEART
OF HEALTH CARE

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