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 Coll unveiled her "closer to home" strategy for restructuring health care. The target: elimination of 2,500 beds by 1993.

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.

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

A S 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 Science 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 Cub on Feb. 2 indicates how sweeping these 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 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 destruc tive if our precious universal medicare system is undermined through waste, poor planning and ill-considered initiatives.

By changing 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 forthcoming 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 defend a different approach.

British Columbia knows 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.

Comment

by CARMELA ALLEVATO

The Guardian welcomes letters to the editor. Please be brief.

Write to 2006 W. 10th Ave., Vancouver V6J 4PS.

Friends of May Bennett thank you for support

The Friends of May Bennett 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 unfailing 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 wish you would like to convey our heartfelt thanks to all of you and to the media, without whose fairness and incomparable coverage, our task would not have met with success.

To the administrators for their understanding and patience during the reorganization to date and to the other government representatives who have worked through a difficult time to achieve fairness, ness and harmony, we extend our sincere thanks.

At this time the final report and recommendations of the government-appointed interim administration has now 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 is the objective of us all.

ALLAN CLARIDGE, Chairpersons

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 stands for. 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 25 years and decided to go back to school, so of course I applied for an HEU scholarship. Aest of course I didn’t get it, for reasons that unions infuriate me.

Hopefully the NAFTA (North American Free Trade Agreement) will not stop us from doing business with our neighbors.

MARIAN N. WENDLER, Prince Rupert

Labour history makes for good reading


Your reviewer, Trish Wubb, aptly observes that many of the issues facing progressives in Golling’s time are still debated today by bargainh g and legislators.

I must confess that it is not what I was writing and researching the book. In fact, it was this very relev ance 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 halts in the month before Christmas, and bookellers 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 CBC’s UBC bookstore, 822-3599.

IRENE HOWARD, Vancouver

Guardian

"In Europe belonging to all those who will be few,"

EDITH WHARTON


corrections

Note that Guardian’s word is clear on this – it is not one segment of society “im-}
What we’re up to
People and events around the HEU.
If you have news for us — a retirement or 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 for a paid lot. 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 Kamloops newspaper, HEU dietary worker Mary Boswell and 19 coworker demanded action from the hospital to put an end to the parking nightmare.

“Lean” Kelowna bosses gobble up fat pay boost
On the same day that Kelowna General’s top boss got a “lean” year “for” 1993 and threatened service cuts, wage boosts averaging six per cent were announced for 65 hospital administrators.

The raises, up to more than $200,000 for the 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 study the cost-effectiveness of every hospital service because of the threat of tight government funding for next year.

KGH local chairperson Maureen Sheppard 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 link on the new contract is long since dry, but this hasn’t stopped workers at two North Vancouver long-term care facilities from continuing to report workload problems.

Kwame Lynn, local chairperson Chris Doris 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. Doris’ 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-law.

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.

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 achieve a 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 HEU, CEER, Government Personnel Services Division, Ministry of Finance, and Ministry of Health plus three members of the general public.

HEU hits decision to close Shaugnus

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

Cull was immediately confronted by HEU members, 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 Shaugnus 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 Swan and the administrators of other hospitals, who will gain services or room to expand from the Shaugnus closure.

Reports now say that 11 other hospitals around B.C. will face closure or major changes.

The announcement of the Shaugnus 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 2.76, and regionalization of services.

HEU secretary-businessman Carmela Allavato predicted that the reduced bed ratio will lead to 2,000 bad closures and more than 4,000 layoffs at hospital and community level.

Allavato called the Shaugnus closure a “prescription for disaster” and promised that HEU will back the Shaugnus workers.

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

Last year, it was the turn of northern B.C. Today, it’s Shaugnus. Where are the community services we bear 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-selected community health councils will replace hospital boards, and regional health boards will also be set up.

In announcing the closure of Shaugnus, 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 Van-

The closure of Shaugnus was announced while HEU, the B.C. Nurses’ Union and the Health Science Association were holding talks with the provincial government on job security protection for hospital workers affected by restructuring in the health care system.
HEU moves ahead on pay equity implementation

HEU is moving ahead on a job value comparison plan which will be used to determine 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 the first 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 process will be 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. locales attending a pay equity meeting in Vancouver watched HEU and employer representatives make their presentations to Kelleher on these issues Nov. 27.

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 its position clear on pay equity adjustments while working toward futh future 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.

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.

Members at 22 facilities to participate in next phase

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 business manager Carmela Allerano.

"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 ILRRA 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 22 facilities involved in 20 HEU locals in the early months of 1993.

Local union representatives will be present at all interviews.

Affected locals will be informed of the interview sites and time and place for the interviews are set.

CCTERA locals prepare for possible BCNU job action

HEU locals in facilities represented by the Continuing Care Em- ployee 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 CCTERA for some months but talks have not been fruitful.

In mid-December, CCTERA local executives were advised to form essential service committees and to meet with BCNU members at the facilities 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. Pulm 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 Allerano 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," she said 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 Norm a strong vote of thanks," Allerano said. "We wish him well."
HEU members at Kamloops’ Ponderosa Lodge kept the heat on their boss in a tough but successful strike/lockout

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 HRU’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 Chryna 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 Allevato, and BCNU president Deborah McPherson.

Just before Christmas, the workers and their families delivered 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 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 HRU and BCNU give up any of the Master Collective Agreement for the CCERA Standard Agreement, which has inferior benefits and classification provisions. To justify its existence with an inferior contract and hoped to force the contract on Ponderosa workers. But during the Ponderosa lockout, the Korpin Commission on the B.C. Public Sector called for one health care employers bargaining agent.

HRU 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 everybody 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 doing, more businesslike, we’d all be better off. That’s been the promise of a propaganda blite 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 the work HEBU members do.

After several years of bringing private sector management methods into hospitals, it is open to question whether those changes have made health care better or even more efficient. At the top, hospital administrators now call themselves presidents and chief executive officers, and they’re 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 supervision.

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 enjoyed.

To make it easier to rob wallets with business people, hospital foundations now go 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.

Will the rape for quality soon cool?

LOCAL PROFILE

SUNNYHILL

Helping kids achieve their potential

Angela Sicin plays a vital behind-the-scenes role in helping physically disabled children at Sunny Hill Hospital. She is a community technical aide working with a team of speech pathologists in the unique neuromotor program at Vancouver’s Sunny Hill Hospital. Sicin 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 tuberculous. 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 or severely hurt in accidents. Developing communications skills, like a basic vocabulary, is an important step in helping the children recover from injury.

A former LPN, Sicin deals with a sophisticated range of compact computer aids. Some are voice activated devices, others provide highly specialized access like the light pointer—a bead on a small infrared light sensitive equipment.

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

Sicin says, “To see what kind of progress the kids make is truly uplifting.”

VITAL ROLE: HEBU members like social work aide Gillian Morri- son and LPN lay Carriag see key players in Sunny Hill Hospital’s unique family-centred care programs for children. But recent layoffs and bed closures have created problems.

Sunny Hill Hospital has an excellent staff and relations with BCNU and HSA members are great.

Dealing with the bosses is amiable, 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 been done with patients is exciting, Morrison says.

“See to what kind of progress the kids make is truly uplifting.”

Walking down a bright corridor, Morrison stops to comment on a 14-year-old Maltese, a long-term resident. Ageded 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.

ON THE JOB

Arranglen aid must be versatile

Activity aide Darlene 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 games, picnics, outings in the lodge’s old-seven-passenger bus to town, tea markets, shopping, and walks to a nearby bird sanctuary in the shadow of Mt. Air Force

She helps feed patients too, since the kitchen is closed, she prepares meals as a liaison—problem solver between residents, their families, and patients 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 beside until family can arrive, or the resident dies.

“It’s a job you feel uncomfortable doing,” she says, “but someone can’t do 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 can’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 when providing stimulatig activities is an important part of quality long-term care, says Whitlock.

“Don’t think anyone is comfortable with it.” Like all activity aides, Whitlock needs more funding, a proper crafts room, an activity area, and a bigger budget.

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 temporarily activity aide position opened in September, she was able to return to the work she likes best.

GUARDIAN • January/February 1993
‘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’ say the leaders 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 the B.C. Federation of Labour convention delegates in early 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 disrupt the restructuring to avoid becoming reactive labour aristocrats.”

He also called for collective bar-
gaining 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 multinational corporations, Naidoo said. “There is an extreme need for workers north and south to be vigilant, to understand that our struggles come from standing together,” he said.

But he warned the divide be-

tween unions in wealthy northern hemispheres and countries and unions in poorer countries in the southern hemisphere, where most of the key labour struggles are taking place, was a roadblock to solidarity and must be overcome.

He called on working people north and south to build their own global movement, 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 Cana-
dian 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.

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

CLASS ISSUE

Yellowknife miners’ wives organize to support union

The miners have faced 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 firm that represents Royal Oak.

Insubordinate anger she talks about the explosion that ripped through the mine early in the morning Sept. 16, 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. Bankruptcy foreclosures on mortgages and terminate credit cards. Six months after the lockout began only 140 of the union’s 246 members remain, and many families have split apart.

For the children of strikers’ families, it has 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 Shaugnessy members sprang into action to show their solidarity.

First, they took a collection at the meeting and raised $1000, which was followed by a $2000 donation from the local for the Canadian Association of Smaller and Allied Workers Union.

Then, in mid-November, local secretary-treasurer Rosemary Baines obtained a list of all 156 names of the strikers’ children. She was concerned about the bleak Christmas the kids could have and 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 Shaugnessy members had given presents — 15 boxes worth, which were quickly stripped 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 of 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.”

Robert believes that the miners and their families have survived thanks to "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 all the min-

ers’ cause can be sent to CLASS (CASAW Ladies Association Support System), P.O. Box 1620, Yellowknife, N.W.T. X1A 2P2.

January/February 1993 • GUARDIAN
The government's closure of Shaughnessy Hospital is just the first step in the elimination of 2,000 beds

THE DAMAGE SO FAR

Here's the impact of last year's hospital budget cuts and layoffs on bed closures:

- Lower Mainland
  - Lower Mainland General Hospital
  - Prince Rupert Regional General Hospital
  - Richmond General Hospital
  - Royal Inland Hospital
  - Slocan Valley General Hospital
  - Vancouver General Hospital

North
- B.C. Cancer Agency
  - Cancer Agency of British Columbia
- Greater Victoria Health Authority
- Northern Health Authority
- Northern Health Authority
- North Island Health Authority
- Prince George Hospital Authority
- Prince Rupert Regional General Hospital
- Richmond General Hospital
- Royal Inland Hospital
- Slocan Valley General Hospital
- Vancouver General Hospital

WHAT HEU IS DOING ABOUT HOSPITAL CUTBACKS

HEU's policy is to ensure that leading to hospital closures, community health services will be made up by a wider range of services and that people will be given a range of choices and referrals to other health care providers.

Peninsula Mike Tomlins told the press Jan. 25 that the government's plans to slash three to four beds per hospital program to hospital programs will result in a "large increase in orders to improve services in those hospitals." However, he added that the government's plan to cut 8,000 beds over the next two years, which will result in a "decrease in health care services in our communities." While the government has decided to continue the existing hospital budget cuts, the Minister of Health announced on Jan. 25 that he will not announce any changes to the existing hospital budget cuts.

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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. 16 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 Call did deny that the facility's fate was sealed, ministry staff prepared letters for distribution to Shaughnessy workers telling them of the decision.

Call'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, Call 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 layoffs.

The beds are surplus to Vancouver's needs, Call said, and will be repositioned to Fraser Valley communities needing improved services. It's all part of the government's "classy 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 Call Feb. 2.

Are the changes real health care reform? Or are they 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 B.C. secretary-business major Camilla 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 Call 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 dissolution of more than 200 HUS members.
Premier Mike Harcourt 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 five-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 determining 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 province has given to dispute with B.C.'s doctors, the struggle over HERU'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.

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 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 Seaton, 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, whose 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.

The 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 HEU 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 other two 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 conference to alert local to the changes and to plan political action strategies;
- additional resources to local to respond to budget problems, layoffs and cutbacks;
- communications strategy to build public understanding of health workers' role in health reforms.

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Roothenays
Cascadelg and District notices served 11 unemployed/unpaid 4

Vancouver Island
Campbell River General bed closures 4 notices served 1 reduced to part-time 1
Port Hardy Hospital bed closures 1

Cowichan District (Owens) notices served 24 unemployed/unpaid 9

Sointula General
bed closures 4 notices served 4 unemployed/unpaid 4

GVMH bed closures 30 notices served 47 unemployed/unpaid 5

Nanaimo Regional notices served 5 unemployed/unpaid 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/unpaid 56

VANCOUVER ISLAND
bed closures 79 notices served 97 unemployed/unpaid 20 reduced to part-time 20 total laid off 21

LOWER MAINLAND
bed closures 587 notices served 928 unemployed/unpaid 237 reduced to part-time 37 total laid off 304

January/February 1983 • GUARDIAN
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.

Mary LaPlante, HEU financial secretary

"I T'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 powerful labor union. As a result, the Institutional Revolutionary 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 Rights' economic policies have left half the labour force unemployed or underemployed.

Since the early 1980's there's been a severe downturn in living and working conditions. Real wages have fallen by 50 percent. 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.

Mexican "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 unions - within the 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 Guadalajara, a city about 100 kilometers southwest of Mexico City, and the home of health care worker and democratic current activist Margarita Dominguez, who spoke at HEU's convention last October.

"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 Guadalajara hospital crammed in 300 beds into a 13-bed ward.

The facility was old, antiquated and unhygienic, she said, and lacking supplies, equipment and even the basics like linens. "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 loaded over 10 foot table heaped with unwashed gloves trying to match-up pairs.

The workload crisis was severe for care providers, who earn about $15 a day, with nurses doing more work than ever. The best care is provided by expensive private facilities that serve the wealthiest 10 percent of the popu-
POVERTY WAGES: With a minimum wage of about $4.50 a day, Mexico is one of the last industrial wage countries in the world. This Juarez shantytown-barrio is home for many maquiladora 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 tedious 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 neighborhood 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 that 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 programs, 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."
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 REU 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 shoehorned 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 demobilize 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 26 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 Domenique Malbon, 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 workers' system, introducing user fees and increasing the importance of community clinics set up in the 1980s.

Allevato told the meeting about Quebec's tough round of bargaining last year, and about how REU 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.

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

EQUAL PAY WINNER: Janice Göttinger (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.

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 $385,000, and $3200 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 places for them, or find a different contractor to run the facility," Hurd said.

Mount Nelson Place residents had been earning about one dollar less per hour than other MSSH workers 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

By NANCY MACDONALD
GUATEMALA, A COUNTRY THAT WAS ONLY A name in Central America until Jose Mouton, our mem-
ber 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 con-
ditions 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 vil-
lage 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 de-
scend 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 in-
habitants.

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 bal-
ance 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. Grus-
elsing physical activity is a way of life.

While the harsh economic and social conditions which the immense majority of the Guatemalan popula-
tion 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 exotics varieties, differing dramatically from village to village.

Upon arrival in Guatemala, we were met at the air-
port by a delegation of 11 people, including Dr. Beny Reyes, our contact person, and her father, who was in-
strumental 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 hospit-
al. 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 where hospitality was out-
standing.

Day two saw us touring the unfinished medical clinic at San Jose, where we were given a very warm wel-
coming by most of the villagers, complete with decorations, fire-
works and a mariachi band. It is located 157 kilometres from Guas-
emal City with a population of 410 families consisting of 4,090 individuals.

The family unit has eight to 12 members.

Living conditions are very precarious as such rudimen-
tary home has only one bedroom and a room for cook-
ing. 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 from some degree of malnutrition and 100 per cent having dental cavities. There is an incre-
dibly high incidence of parasitic and infectious dis-
eases, 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 to work 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 fi-
nances to buy equipment and furniture, clinic materi-
als and for payment of wages to two doctors and two nurses for a period of one year. It is expected the pa-
tients will pay a symbolic, minimal fee for services re-
served. 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 op-
imism of the people of San Jose and found their deter-
mation to reach their goal admirable. We believe this is
a worthwhile project that we can help them to com-
plete 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 be-
tween 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 $8,000, representing contributions made by HEU convention delegates, has already been turned over to the clinic.
Coffee Break

Britain's national health service

decimated by privatization

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

Funding cuts and staff redundancies as high as 45 percent have caused chaos for London's ambulance service, which was combined with the ambulance service in 1991 to form London regional health authorities to cut staff and improve efficiency.

Here are some of the horror stories:

- A new $3 million computer-aided dispatch system has been a complete failure, and is blamed for 25 deaths.
- A heart attack victim was picked up 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?
- Brighten General Hospital in aid condition.

Guardian Believe It or Not

Here's a real-life B.C. example of administrative madness worthy of publication in Coffee Break!

The Guardian editorial comments were 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 cermnic 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 recipients 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 abysmal health and safety practices, after taking job action Nov. 26 to protest wounds received by two workers from shards hidden in dirty laundry.

The laundry workers walked off the job using section 6.24 of the Workers' Compensation Board Industrial Health and Safety Regulations on the right to refuse unsafe work, while local leaders met with managers of the Vancouver Island laundry facility to deal with five major health and safety concerns.

Local secretary-treasurer Terri Roussau 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 tiny 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 fortunate accidents, they were avoidable," Roussau said.

As a result of the protest, and working lists for cataract surgery.

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

Then you have to wait 18 months.

The sky will also fall, says Onion's business community is in such a panic about the new anti-union law in that province that they're predicting worse chaos than might have resulted from a Fly

(See wait a minute, there was a Fly vote.

According to Don Eastman, head of the Ontario Chamber of Commerce, a ban on re-employment clauses for unreasonably retired workers automatically reconstitutes 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 reported more than 200,000 lost jobs in Ontario alone?

Workweek is back on

Newsweek

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 News anchor Wie Clancy.

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 Newsnet 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.

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 to help wealthy individuals.

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 tax more equitable and help children with disabilities.

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

In 1972, Liberals eliminated the federal inheritance tax and introduced the "21-year rule," which exempted up to $1 million in capital gains from 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 of 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," 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. The unclear number of those who have much wealth in private family trusts, but some estimates put their total value as high as $70 billion.

Some of those trusts are held for children with disabilities, for whom whose 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 children of trusts, they could easily draft more specific legislation without giving away the store. - CALM
One person can make a very big difference

By GEOFF MEEGS

There may be no tougher job than the work of a committed caregiver in a system that does not respect, value or care. 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 during the early years of Social Credit.

Her recent book, published by Arsenal Pulp Press of Vancouver, tells how difficult it was for her to give support to hundreds of people whom she knew the government was opposed to provision of basic services. The book was written 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 welfare 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 exposure on the front page, treatment Bennett's government became embroiled in a long struggle over welfare. It was not an easy or simple struggle. Despite widespread public support for her stand, Bridget Moran lost her job, fought depression and was forced to find new paths in her own life. Through all this, she raised four children.

Her battle for a decent welfare system, however, never ended. Ultimately, she would savour some important victories, victories now lost to the 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 chef 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, 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 flaunting of wealth taken place behind the closed doors of the private sector.

Abbotsford retiree glad for the rest

Arrow Derksen 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," Derksen said.

"I've been traveling over the years and have seen all the sights."

Arrows mother also was a housekeeper at MSA General for 19 years. Now she is retired and has seen the world. "I've been to Europe, Japan and many other countries."

Arrows father was an engineer for 40 years. Now he is retired and enjoys his time. "I've been to many places and have seen many things."

Wilton Jolley retires at Royal Inland

Moran and Wilma Jolley are retiring at the end of October after 20 years work as Kamloops Royal Inland Hospital. Local HEU members 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 Chumbers, the snack, and a volunteer at the B.C. Summer Games held in Kamloops last summer, Jolley plans to keep busy and travel to possible destinations.

Activity aide Boys is retired from MSA

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"It was a great place to work," Boys said. "I have a lot of good memories here."

He is retired from MSA and plans to keep busy and travel to possible destinations.

CALENDAR

February 7-10 Sunday to Wednesday, Canadian Union of Public Employees National Health Care Workers' Conference, Montréal.

March 6 Saturday, Conference on Investing in People, Marshalling Public Services, at the Sheraton Landmark Hotel, Vancouver.

April 24-26 Wednesday to Friday, Provincial Executive committee meetings.

May 28-30 Wednesday to Friday, Provincial Executive committee meetings.

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

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"I'm union free and can't live on union free wages," Boys said. "I'm union free and can't live on union free wages.

My boss does not give me a raise. He gives me no raise."

"I don't need a raise."

"He doesn't need a raise."

"They're just not fair to me."

"I'm union free and can't live on union free wages."

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

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

Cull's plan
The health ministry's plan to close Shaughnessy is part of a larger scheme that will affect up to 10 facilities.

We need each other
Mary LePlante reports how Mexican health workers view the impending North American Free Trade Agreement.

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.