PERKS SCANDAL: HLRA BOSS AUSTIN FIRED

PIECING TOGETHER DEFIANCE

Shawnee nurses are determined to
insure that the mission of this hospital
will continue. Their day-to-day anger
and outrage are recorded on this special
quilt made by HEU member Lydia Shimek
so that their struggle won't be forgotten.
In fact, to the end, they celebrate each
service day to mark their hospital's

NEW DIRECTIONS taking a wrong turn?
The power elites' control of the "closer to home"
structure could send health reform into the ditch.

VICTORIA CLAWBACK
Tightening the screws targets injured workers and budget cuts.

36-HOUR UPDATE
Most HEU members will have 10 more days off a year after shorter work week successfully implemented.
Health care workers must stand on guard after election

By the time HEU members receive this Guardian, Canadians will have voted and we will have a new federal government.

There’s no doubt that health care was an issue that affected how people voted. Health care workers can take credit for this. The nationally coordinated activities on National Medicare Day, Oct. 14 along with the election guides circulated by health care unions helped our members put pressure on the agenda in their communities.

The fact that all political parties, across Reform, NDP, to the Grits, all say they favoured medicare shows that there is a lot of support among Canadians for protecting our health care system.

But regardless of who forms the next government, health care workers must continue to be on guard to defend medicare for Canadians. In all provinces health care restructuring is proceeding at great speed. While details may vary by government, restructuring right across Canada is fuelled by one sole driver: to cut health care costs.

Health care workers outside B.C. who are facing massive layoffs because of service cuts and facility closures are looking at our Employment Security Agreement as a model that can protect workers and maintain quality services during the restructuring process.

But when you get right down to it, the Employment Security Agreement is only as effective as the parties’ commitment to make the implementation process succeed.

One positive sign of that commitment is the implementation of the 36-hour week. The fact that only 320 out of the 5,000 plus new reduced-work-week schedules were disrupted through final offer selection shows that there is substantial support for the agreement on the front lines.

Unfortunately, at health care’s corporate level, the commitment is less visible at some facilities.

There’s no doubt that for restructuring to succeed across the province our non-HLR health care employees must be brought under the Employment Security Agreement as a matter of principle.

For example, the cultures of “untouchables” which has permitted the bargaining agenda of Continuing Care Employees Relations Association employees in the past must be allowed to undermine the protection of health care workers during restructuring.

One concrete way to get all health care employees on line under the agreement for Victoria is to move quickly to establish the new, long-promised single health care employee association.

Now that Gordon Austin is no longer on the scene, the government has the opportunity to speed up the formation of the new agency. Austin’s firing by the HLR will remove one significant obstacle to health care reform. Victoria should utilize the constructive opportunities for change that now exist.

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

Make health an issue at convention

Organizers of the B.C. Federation of Labour’s upcoming general meeting have called for a special resolution to be brought forward by the B.C. Federation of Labour convention in Victoria that would make health care an issue at the convention.

Last year health care issues were pushed to the very end of the convention (Oct. 26). Nor to say that cuts to UCI benefits and the outrageous treatment of our broken knee in Yellowknife are not important. But health care affects all B.C.’s residents. And another year has slipped by with major changes being imposed on our health care system.

I would also hope that our brothers and sisters in other unions will at least pay to hear the health care issues and concerns of our fellow union affiliates.

Last year, by the time health care was brought to the convention floor, well over half of the delegates had left.

I can only hope that this year, when our fellow workers need our health care system that they will still be an accessible, affordable, universal health care system left to serve them.

SUSAN BURGENS, Pentican regional local

Art workers need for project

Thanks for the coverage of our exhibition, “Day jobs – Invisible Labour” this summer on Granville Island (Guardian July/Aug. ’93). Close to 1,000 visitors passed through the gallery in July and saw a range of art about people working.

I would like to organize a similar show again in the future, with a wider selection of occupations represented. If any HEU members who do visual art in their spare time would like to contact me, I’d be happy to hear from them. I am interested in painting, drawing, photography, printmaking, sculpture, collage, and fabric.

BILL HORN, Vancouver

CAW workers who canned Kim Campbell like The Guardian

I have enjoyed The Guardian, especially your coverage of the May 15 demonstration in Ottawa. I am from CAW Local 1220 in London, Ont.

One of the things that impressed me about the national coverage we’ve received for our Kim Campbell soap opera is that it was designed by me and another union activist. That’s me on the right holding up the can in the demo in the picture on page 10 of your May/June issue. I would like a copy of your scrapbook.

Thanks again and keep up the good work.

JEAN SIMPSON, London, Ont.

A print of the picture is on its way to editor Simpson.

Admission forms reflect gender bias in our society

It struck me one day how our society is so oriented that it is especially in our hospitals. If I were to be admitted to a hospital, my occupation was noted on the form this way: nursing, unemployed or retired.

But I was a woman and entered the same hospital; the admission form would look like this: married homemaker or retired.

The hospital system is riddled with gender bias.

My wife ran into this situation. She has been a widow for 10 or 15 years of her life and a sign language interpreter for about three years. Just because she has not worked for approximately two months until she is considered a homemaker, she is not unemployed.

Needless to say, if a male unemployed single parent walks into emergency, he is unemployed.

We need to treat everyone as a person, not a number.

When my wife has gone out of town to work for two weeks at a mill, I was more than happy to become a homemaker or househusband.

IRVIN ROSS, Kelowna, B.C.

PSAC leader forced by employment accord

- HEU secretary-business manager Cameron Aylesworth recently received the following correspondence:

Thank you for forwarding details of the framework agreement. I read the packages with interest and wish to congratulate your union on the job security provisions now entrenched in the collective agreement.

In the event of privatization, and reductions, our first and foremost objective must be to achieve the best possible employment security for our members. The agreement recognizes this provision in part for no-bid, going-out-of-business layoffs under the terms of the agreement. I wish you every success in future negotiations.

DARYL T. BEAN, National President, Public Service Alliance of Canada Ottawa
A step closer to pay equity justice

Arbitrator decides on $100 million for adjustments

Pay equity arbitrator Stephen Kelleher has opened the door to setting out a schedule for implementing pay equity adjustments for HEU members that could be worth up to $100 million. Kelleher's decision, which comes under the provisions of Article 69 of the Master Collective Agreement, deals with differences between HEU and the Health Labour Relations Association over several issues relating to compensation and relative job values.

Six days before Kelleher heard arguments from both sides on these issues, the HEU tabled an offer worth $100 million. Moments before the hearing began, HEU tried to replace the offer with one worth only $63 million.

Kelleher decided to reject HEU's second offer, and used the first offer as the basis of his award with some changes. This resulted in a final award worth $106 million.

He also rejected HEU's proposals to cut 41 wage rates. As a result, no HEU wage rates will be reduced and no HEU members' wages will be re-ed circular.

The manner in which the employer made the decision was roundly criticized by the two unions who were not represented.

Fairness, equity needed in new employment law

A shorter work week and a much higher minimum wage were at the top of HEU's list of recommendations on how the provincial government can change the Employment Standards Act.

HEU secretary-business manager Carmela Alvarado called on the government to reduce the work week to 35 hours and set the minimum wage at 75 percent of the average industrial wage, in a Sept. 29 presentation to a government panel reviewing the act.

The act sets minimum workplace standards for non-union workers.

In arguing for the changes, Alvarado said that a reduced work week would boost productivity and create more jobs. She argued that a higher minimum wage would benefit B.C.'s working poor and would stimulate the economy.

The act also calls for limits on overtime worked, and for all workers to have access to health and dental benefits and pensions.

The union demanded tougher enforcement practices so workers were treated fairly and equitably in workplaces across the province.

Alvarado also said that the act should protect all workers without exception, and the current discriminatory practices against domestic and farm workers, workers with disabilities and students and youth should be stopped.

Not a bad idea

The employment security accord has been pretty serious stuff. But that doesn't mean that there haven't been any lighten moments.

Take for instance the following conversation heard at the Fort St. John local employment security council's annual meeting earlier this year.

"So what we do is get over to 28-year-old's to job site and then get them to apply for early retirement?"

Solidarity spirit funds Guatemalan health clinic

Donations from 29 HEU locals to help build a primary health clinic in the small rural town of San Juan, Guatemala, have now topped $3,000.

Solidarity is the contacts of HEU members who were forced to flee Guatemalan because of political repression in the past, the union has developed ties with the community and local activists behind the project. Post-president Bill Macdonald visited the community of 400 families, southeast of Guatemala City last in

1992. He was struck by people's determination to organize health services for their community, in a country where only the urban rich enjoy access to health care.

HEU Provincial Executive has been providing a sustaining donation of $200 a month to help fund construction of the one-room clinic, purchase equipment, supplies and drugs, and provide staff. The appeal for funds was sent to all locals earlier this year as a follow-up to the close to $4,000 raised through donations at last November's union convention.

What we’re up to

Four new locals in union ranks

Welcome to four new HEU locals that were certified in September.

Twenty- plus workers at Orion Immediate Care, Homo, a 40- bed private- facility with government funding, joined the union Sept. 8. On the same day workers at two mental health group homes, Pioneer House in Vancouver and Wanda’s Village in Kamloops also came on board. Three workers at Cranbrook Community Living joined Sept. 29.

Eva Nellis, scheduling wizard

With minor exceptions, union and employer agreement on scheduling the 24- hour week was reached smoothly in the North.

Most of the credit for the global in Eva Nellis, chair of the Pouce Coupe Local. In addition to her own facility, Nellis helped HEU’s Williams Lake, Riske Creek and Peace River locals develop their scheduling proposals. She even led a semi- nar for employers in the northeast region. She’s earned some well- deserved plaudits for her work that she provided on her own time.

“She would never have done so without Nellis’s assistance,” writes Toby Cooper, Rory’s. Minor chairperson.

“Thanks a million, Eva!” Nellis was a valuable universe of help in the Prince George office. “To put it mildly, she’s a wizard at scheduling,” said staff representative Kathy Jessee.

Bevan boss attacks workers, patients

After easily beating an employer- led decertification drive, the 60 HEU members at Bevan Lodge who have been struggling since last year to win a fair contract, now face layoffs.

Even that the Abbotsford long- term care facility is operating at full capacity, four care aides, two deputy nurses, two housekeepers and one activity aide were laid off in mid-September. The care aides’ layoffs leave Bevan three and below the maximum required by law.

HEU, which is taking action at the Labour Relations Board to obtain a contract, slammed the lay- offs, which it called “pathetic and disturbing,” and demanded the notices be rescinded.

“These layoffs are not only an attack on workers, they are a direct attack on the wellness of Bevan resi- dents,” said HEU secretary- business manager Carmela Allieco.

Early in July, the union local had backed the decertification move by an overwhelming margin.

The Bevan employee’s hard- line approach to bargaining, coordinated with rather newly unionized employers, is a symbol of the least being driven by bosses in bargaining for firmer contracts for a number of new HEU locals.

Calling Unifil: Stuff your loonies!

That was HEU’s response to a slick, free- promotion promotional in August angi about health care advertisement that ran in the last of the latest issues.

When the CBC reported plans to set up the interview—a six- minute piece that ran Sept. 8—local leader Terre Rousseau was “scared to death.” But despite the initial stage fright, local members pulled it off quite capably.

A video copy of the CBC interview along with an earlier story on HEU’s television program Working TV were shown at the local’s Sep- tember meeting. “There wasn’t a dry eye in the place,” after clips were shown Rousseau said.

“I think members’ feelings— all the emotions, the fear, every- thing they go through,” in dealing with hazards.

Since the CBC television piece aired there’s been one small step forward in the K- Brock local’s fight to end the problems of asbestos in laundry from the three Vancouver Island hospitals they serve.

The local has antennas at its radio and television stations for members to discuss the issues and get their message out.

Campbell River Hospital is now using a copy of the news piece in its orientation programs and health and safety training.

HEU is awaiting the recommendations of a government study looking at ways of controlling biomedical waste like sharps.

Layoff busters

HEU’s K- Brock Local was the centre of province-wide media attention in August after CBC television and other media outlets picked up on the dangerous waste facilities that ran in the last of the latest issues.

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Guardian sharps story attracts media attention

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Union scholarships awarded

Close to $8,000 in HEU scholarships have been awarded by the Provincial Executive to full- time union members and members’ family members to pursue post-secondary studies.

Ten scholarships ranging from $300 to $1,000 were awarded to the following members: Rhonda Richman (Maple Ridge), Donna Briggs (Surrey), Donna Derozin (Langle), Stephanie Dwyck (Cedarview), Fiona Flinnegan (Shaugnessy), Monica Gaggin (Cancer Control), Arleta Keppeler (Royal Jubilee), Victoria Krieger (Nanaimo), Sheila Poole (UBC), and Mont Peel (Kamloops).

Six scholarships ranging from $300 to $500 were awarded to the children of HEU members: John Benedek (Victoria Gen- eral), Carl Fine (Parkview), Neil Goddard (Pioneer Villa), Jennifer Lee (Persia- ton), and Jean McVee (Trail).

The scholarships, which are funded by the Provincial Execu- tive and 11 HEU locals, are awarded annually.

Kootenay Lake District Hospital

This is the story of how a media action campaign in early September to boost back to work的通知s. The efforts led to the resignations of local union officials, including the local president, who were forced to resign due to the negative publicity.

The local union said the media action was a success, with the hospital confirming that it would continue to provide safety and health training to its workers.

The local union also thanked the community for its support and said it would continue to fight for better working conditions. It also called for support from the provincial government.
Agency adjusts Shaughnessy mess

More than 300 HRU members at Shaughnessy Hospital are hearing a little easier after the new Health Care Labour Adjustment Agency moved in and arranged temporary accommodations for them to other Lower Mainland facilities.

The successful efforts of the joint union-employer agency in placating the workers, who had been left in limbo by the anti-worker Shaughnessy transition plan, underscores the important role it will play in implementing the employment security accord, says HRU secretary-business manager Carmen Allevato.

"If it weren't for the agency jumping into the Shaughnessy situation at the last minute, it would have been a terrible mess," Allevato said.

"This joint agency gives health care workers some real power. We're on board the labour adjustment process."

Agency co-chair Sharon Yandle acknowledges her group has had "Shaughnessy, Shaughnessy, Shaughnessy on our plate," in the short term. But now the agency is moving ahead with the voluntary options for acute care workforce reduction.

Requests for early retirement are now being reviewed and approved. Based on the results of a recent survey, interest in job sharing is substantial, she said, and guidelines for the job sharing program are being set up. Guidelines for retraining program guidelines are expected to be established soon.

Yandle says that getting local labour adjustment committees (called health care reform committees by HRU) up and running across the province is a priority.

"We think it's absolutely essential that this committee structure work," she said, because the agency "is not a substitute for the union, nor a substitute for the collective agreement."

LOOK BACK

Left-leaning Liberals lacked political will for health care plan

By TRISH WEBB

B.C. history shows that no matter how far to the left Liberals are forced, they always answer to the powerful interest groups that support them.

In the B.C. election of 1983 Liberal leader Duff Patullo stole heavily from the new Canadian Commonwealth Federation to form his platform because the new socialist party was so popular.

Patullo promised economic development, health insurance, education reform and expansion of social services. The Liberals won a landslide victory, and the CCF formed the opposition.

Premier Patullo relied on the issue of health insurance to maintain power. Large numbers of jobless people unable to pay doctors' fees and hospital bills had created a crisis in health care delivery. However, Vancouver General repeatedly sought government bail-outs to avoid bankruptcy, and doctors often worked for free when patients couldn't pay their bills.

The Liberals appointed University of Toronto professor Harry M. Cassidy. Although his bosses didn't know it, Cassidy was co-author of the Regina Manifesto of 1935, a document that called for a radical reformation of social policies and redistribution of wealth.

Cassidy drafted the Health Insurance Act, which was passed March 31, 1936. But the act was never put into effect because the Liberals caved in to pressure from their traditional and powerful supporters.

First a delegation of businessmen met with premier Patullo and offered to pay for a study of the plan if he would delay its implementation for a year. Although Patullo refused, he could not hold out for long.

Doctors in Vancouver and Victoria were next to voice their opposition. They announced they would not work under the plan. They objected to the payment scheme which offered a fixed amount of money per patient per year, rather than fee for service.

SOCIAL PROGRAMS

TOP AGENDA: Workers and the unemployed fought back and became a powerful political force in the 1930s with their demands for jobs and social programs like medicare.

MEDICARE DEBATE: NDP candidate Betty Baxter and Liberal hopeful Hedy Foy debated health care issues at St. Paul's Hospital.

Health care workers across Canada protest cuts, protect medicare

BY CHRIS GAINOR

Thousands of health care workers from all over Canada took part in National Medicare Day, the Oct. 14 event designed to raise concern about the future of medicare during the federal election campaign.

HEU members joined other B.C. health care workers in wearing special "stop all cuts to medicare" badges in the workplace on the day. The union also sponsored a province-wide advertising campaign to support National Medicare Day and to fight further cuts to health funding.

As well, federal candidates in the Vancouver Centre riding took part in a meeting at St. Paul's hospital, where they fielded questions about medicare.

In the absence of Tory candidate Kim Campbell and an ill Reform candidate, New Democrat Betty Baxter and Liberal Hedy Foy outlined their parties' positions about how to finance medicare in the future.

In Victoria, HEU fourth vice-president David Ridley joined politicians and other union representatives at a medicare rally at Royal Jubilee Hospital.

"Cut the waste, cut the profits to the drug companies, cut the middleman but don't cut medicare," Ridley told the rally.

In Ottawa, Canadian Labour Congress president Bob White and representatives from the Canadian Health Coalition, Action Canada Network, National Action Committee on the Status of Women, and the Canadian Union of Public Employees, called on the leaders of federal political parties to sign a "Medicare Declaration."

The declaration calls for an end to federal funding cutbacks to medicare and restoration of adequate funding.

It also calls for enforcement of the Canada Health Act, especially against user fees, and repeal of controversial drug patent legislation which is boosting the price of drugs.

National Medicare Day activities, including candidates' meetings, demonstrations and candidates' tours and other events, took place in every province. "We cannot afford to continue to see more cuts to health care by the federal government," said HEU secretary-business manager Carmen Allevato.

Faced with withdrawal of support from business and doctors, many Liberal cabinet members began to object to the health insurance scheme. By February 1947, Patullo ordered that implementation of the Art insurance scheme be postponed indefinitely.

It was not until 1948 that a Hospital Care Insurance Act, was enacted and implemented in B.C. That act was modelled on one developed by the CCF government of Tommy Douglas in Saskatchewan.

Douglas solved the problem of disgruntled doctors by hiring British physicians instead. Saskatchewan's health insurance scheme became a building block for the medicare system Canadians rely on today.
Accord a turning point for HEU and health restructuring

BY FRED MUZIN

The July 30 ratification of the employment security agreement was an important day for both HEU and health care restructuring in B.C.

The deal is unique in a number of ways. The negotiations marked the first time that health unions have bargained face-to-face with the provincial government. The three health unions also negotiated together, despite different specific interests.

Working people have much in common and the solidarity that has developed at a provincial level between the BCNU, HSA and ourselves is a long term benefit. Building on this, our strength can only increase in the future.

Another unique element is that the accord recognizes that effective health care reform is impossible without the cooperation of all health care workers and their unions. The job security provisions reinforce this because any fear of unemployment impedes positive change.

Putting the accord into action will not be easy. The Provincial Executive, local activists and staff all realize the enormous amount of work required to implement, monitor and enforce the document.

Our hurdle is to get employers who will make accord implementation difficult. The deal calls for creativity, problem solving, trust and cooperation, but the Health Labour Relations Association is bent on delaying progressive changes by stonewalling towards workers and attempting to frustrate employee input at every step.

We must reach out to other unions and community organizations - in B.C., across Canada, and internationally.

The next few years will be a time of renewal. As provincial president, I intend to visit as many locals as possible right across the province in order to learn from you and to assist in this process of transition. We must improve and adapt local organization, education and communication.

Our health care system needs innovation, practical solutions and meaningful dialogues if high quality services are to be maintained. Because of our knowledge, strength and determination HEU can lead the way.

PERFUSIONISTS

Perfusionists keep beat under the knife

By Trish Webb

All perfusionists in B.C. belong to HEU but since there are only 24 in the province, many HEU members have never met one.

Perfusionists run the heart-lung machines that keep patients alive during cardiac surgery and transplants. This complicated fluid pump maintains a patient's blood circulation and controls body temperature through a heat exchange unit. Draining and surgically the perfusionist causes circulation to bypass the liver to avoid massive blood loss.

It's a specialized job requiring years of training and continuous study.

Heart surgery patients may never think about the person who sets up and monitors the heart-lung machine, but that worker is a vital part of the surgical team.

Francois Perron is a perfusionist at VGH, one of the largest perfusion centres in Canada.

"The body is not meant to work by machines. We temporarily fool it to do operations, then we go back to the natural systems," Perron said.

"We temporarily fool the body during operations"

Perron trained for three years to be a respiratory therapist, and worked in that field for eight years. When he decided to become a perfusionist he took a further two years of course work at VGH through Cariboo College and after a successful interview with a panel of surgeons, did a one year internship.

Before training as perfusionists, candidates are usually respiratory, cardiac lab, hemot and bio-medical technicans. A few are nurses.

"This isn't the sort of work where you can take a year off and come back to it. You have to maintain your skills constantly," Perron said.

Guardian • September / October 1993
Ontario labour vows to fight to change NDP

Within days of the ratification of the Employment Security Agreement in British Columbia, the Ontario government of Bob Rae rambled through a "social contract" that stripped public service workers, including health care workers, of wages, contract conditions and the right to free collective bargaining. Strongly opposed to the "social contract" by the Ontario Federation of Labour, a pillar of the Ontario New Democratic Party, issued this statement soon after.

OUR relationship with Ontario's NDP government, tomorrow and future tomorrows will never be the same.

The social contract legislation, which the OFL opposed from its start, will have a long, lasting impact on the relationship between this government and labour movement.

This legislation allows the government and employers to destroy what union members have taken years to build.

The government says it must speak for all the people. But Bill 48 speaks only for the powerful.

This is a painful moment for the labour movement.

We know the members of this government.

Some have been, and still are, union members. They have been our allies and friends for many years in and in many struggles. Legislation like this, passed by any government, would be reprehensible.

The pain is more intense because it is an NDP government that has violated the principle of collective bargaining and opened up existing collective agreements.

It is hard to believe that so many unionists in the government voted as they did.

The New Democratic Party does not belong to the 71 members of the NDP caucus. The New Democratic Party belongs to its members.

We have the power to choose their replacements -- a new generation of leadership that understands why we have to put Ontario back to work and make communities work for people.

Sixty years ago this summer, labour delegates joined other activists in Regina to form the Cooperative Commonwealth Federation, the predecessor of the NDP. We were there again in Ottawa in 1961 when the NDP was formed.

We remember that history. We remember the conventions where the new democratic vision was forged, the nomination meetings where we campaigned and entrusted those we thought were the best to carry our vision to Queen's Park.

We remember knocking on doors on cold winter nights and hot summer days.

And we remember the euphoria when the NDP was elected in Ontario in 1990.

That election gave this government the opportunity to make a real difference in the lives of working people.

In the shadow of Bill 48, we remember and acknowledge the good things that this government has done -- the wage protection fund and the spirited fight for labour law reform.

But these victories do little to lessen our sorrow and our anger today. As we would with any government, we will intensify the pressure and the scrutiny we place on it.

In terms of the New Democratic Party, the labour movement will lead the fight for the renewal of social democratic principles and programs.

This means changing directions. We will provide working people and their families with what's necessary to overcome the obstacles before us today.

Labour

WCB should accept stress claims for compensation, workers told

Workplace stress and long-term burnout should be added to the list of job-related disabilities covered by the B.C. Workers' Compensation Board, say two lawyers who specialize in WCB claims cases.

John Steeven and George Coualtien told a meeting of the Telecommunications Workers' Union that B.C. is lagging behind some other jurisdictions by continuing to exclude work stress and burnout as compensable disabilities.

Almost two years ago, an article in the Globe and Mail said some jurisdictions in North America were accepting short-term stress claims.

It noted, "California led the way in allowing such claims, but the various provincial boards in Canada differ widely. British Columbia and Manitoba specifically disallow stress-based claims while Saskatchewan looks at them on a case-by-case basis."

Steeven noted that while the B.C. board allows claims based on post-traumatic stress disorders and on physical disorders resulting from post-traumatic stress, it refuses stress claims based on workplace stress.

He explained the distinction by referring to two recent cases. The first involved a firefighter who suffered post-traumatic stress after attending a car accident in which two friends of his daughter were killed. His claim was accepted.

The second involved a salesperson who suffered severe depression as a result of an increasingly heavy workload. His claim was rejected.

This policy of excluding the third category of work stress is based on a WCB claims decision from the 1970s, and it is time for the WCB to rethink its policy, Steeven said.

Asked why the board is reluctant to change, Steeven said the argument made is that it is difficult to show the stress was caused by work, and the employee may just need a break from work.

• TWU Transmitter, CALM

NAFTA side deals 'worthless' – CLC

OTTAWA – The NAFTA "side deals" on environmental and labour standards are a fraud that won't help a single unemployed worker, says CLC president Bob White.

White argues that the "side deals" are little more than an attempt to whitewash a corporate agenda to move jobs and opportunities around at their whim and without consideration of the national interest.

"What Canada really needs is a responsibly managed trading relationship with the U.S., Mexico and the rest of the world," says White, "that will enable us to foster economic development in accordance with our own needs and potential while cooperating as much as possible with the development strategies of other countries," White adds.

"After the loss of hundreds of thousands of jobs since the negotiation of the Canada-U.S. free trade deal, Canadians are tired of political opportunism.

"The last hour attempts by prime minister Kim Campbell to portray herself as independent of U.S. interests simply exposes her as a spokesperson for Canadian business interests," White says.

In the process, she has created a toothless tiger that will be detrimental to working people in all three countries."

The government says it must speak for all the people. But Bill 48 speaks only for the powerful.

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That election gave this government the opportunity to make a real difference in the lives of working people.

In the shadow of Bill 48, we remember and acknowledge the good things that this government has done -- the wage protection fund and the spirited fight for labour law reform.

But these victories do little to lessen our sorrow and our anger today. As we would with any government, we will intensify the pressure and the scrutiny we place on it.

In terms of the New Democratic Party, the labour movement will lead the fight for the renewal of social democratic principles and programs.

This means changing directions. We will provide working people and their families with what's necessary to overcome the obstacles before us today.
is NEW DIRECTIONS
taking a wrong turn?

Health workers and the
community may be shut out as
the system's power
elite tries to take over the new
closer to home' structure
Health workers and the community may be shut out as the system's power elite tries to take over the new 'closer to home' structure.

By GEOFF MEGGS

YTTON LPN ANN Crawford is so committed to Victoria's New Directions reform of health care that she arranged to work a midnight shift so she could attend daytime planning meetings.

But when Lytton hospital administrator Doug Calder stood up at a community health planning meeting Sept. 20 to announce the names of a steering committee to create a community health council, Crawford's name wasn't on the list.

Nor did administrator Calder see fit to include a single health care worker of any description on the 12-member committee to set up the council, which will control health services in the Fraser Canyon between Boston Bar and Spences Bridge. Calder himself was on the list, as were three current or past members of the hospital board.

"He said we weren't entitled, that we had no rights," Crawford said the next day, still outraged by Calder's action. "As far as I'm concerned, this is a very bad joke." Crawford wasn't alone. Many at the meeting felt that Boston Bar, Spences Bridge and native bands deserved better representation.

There was such an outcry at the meeting that health ministry officials decided to call an open community forum to determine who should sit on Lytton's new board. According to Alice Mah Wren, a health ministry official who was at the meeting, Lytton may drop off the list of communities expected to be among the "fast start" health councils to be set up this year under the NDP's New Directions health care reform if the problem can't be resolved.

A subsequent community meeting debated long and hard, however, and agreed to appoint two union representatives (one from HEU, one from BCNU, with ISA as alternate) to serve on the committee which will develop the governance structure for Lytton's community health council.

The controversy in Lytton is symptomatic of a province-wide crisis in the reform strategy that could send New Directions into the ditches.

Civic politicians, activists in the disabled and mental health communities, and all of the three major health unions share growing concern that the implementation of the New Directions strategy is so chaotic that the reform process may be compromised.

In many cases, the process has been dominated by hospital boards, businessmen and members of the health care establishment.

"Among the warning signs that New Directions is taking a wrong turn:"

- an angry community meeting of at least 1,000 residents in Trail Sept. 28 to protest alleged plans to close the Trail hospital;
- a hurried last-minute and top-down effort to put community health councils in place in New Westminster and Coquitlam, whose former NDP health minister Dennis Cooke is driving ahead with plans to establish a regional board despite protests from many segments of the community;
- a long queue of angry municipal politicians at the microphones at last month's Union of B.C. Municipalities meeting demanding answers from new health minister Paul Ramsey and slow progress in the formation of an interim City of Vancouver board to manage $1.2 billion in ministry spending within city boundaries.

A key element of the New Directions strategy was openness and accountability to the community," says HEU secretary-business manager Carmela Allevato. "If that is lost, the reform will fail."

As this issue of The Guardian went to press, deputy health minister Lawrie McFarlane announced a major reorganization of the health ministry, including elimination of 25 senior administrators, to support the New Directions strategy. Ministry insiders say the shake-up will include a dramatic centralization of the reform process in Victoria as the government attempts to control the mounting confusion. The tight deadlines to change the management of health care will remain in place.

Across the province, HEU members and other health care workers have been doing their best to take part in the reforms, which will transform the health care system. The government's plan, set out in the Health Authorities Act, is to turn operation of the system over to about 31 regional boards. Half of the members of each board will be appointed by Victoria and half by community health councils in the region. The councils will be the smallest unit of the new system. They will combine hospitals and all other health services in a community under a single board. One-third of the board members will be elected, one-third appointed from Victoria and one-third appointed by local bodies like the city council.

The ministry's work will be reduced to issuing a list of core services which must be provided and handing over the cash.

One of the four main points of the New Directions strategy was to build respect for caregivers.
MINISTRY OF HEALTH - These folks do two things: tell boards what services they must provide and hand out enough money to do the job, at least in theory.

Here's the spending ceiling: this whole reform process is about saving money by spending our existing health dollars "more effectively," to do that we have to move decisions and services "closer to homes."

Regional boards - These folks are half appointed by Victoria and half appointed from elected bodies, in the areas they serve. They try to streamline services but have no taxing authority.

by implementing pay equity, assuring employment security and giving health workers a real voice in the process. That kind of involvement was necessary, the government said, to ensure that the drive for efficiency was not at the expense of quality services or increased workload.

But like Crawford, health-care workers are generally finding their way blocked by hospital administrators, members of the business community and representatives of existing health care boards, all of whom are determined to maintain their control of the system.

In extreme cases, like Dennis Cock's Simon Fraser board, union representation is simply prohibited because of an alleged "conflict of interest" if workers seek to participate in the council for their own area.

When HEU members in Nelson found themselves cut out of the community health process, two activists stood for election as community reps at a town meeting and won hands down. But now that Karen McDermid and Alison Hutchinson are on the inside, they doubt that Victoria's new approach will give their community more control.

"We haven't been able to do anything, partly because there's no money for planning," says Hutchinson.

That was the message municipal politicians

IN THE BACKDOOR: HEU activists Karen McDermid (left) and Alison Hutchinson were elected by their community to serve on the council after being shut out in a bid to be among those appointed to represent health-care providers.

Rationalization services was Rod Clark, a North Vancouver councillor who has sharply opposed a labour proposal to have four unions - HEU, RCNU, HSA and the BCGERU - represented on the north shore steering committee.

"There are a few too many bodies at the table," Clark told the UBCM meeting, "but we'll work through it later." He added that he welcomed the changes as an opportunity to "look at health care as a business, set goals, develop a business case scenario, make a decision and execute it."

Clark's desire to speed up the process and start making "tough decisions" is disturbing members of the community far beyond health unions and municipal politicians.

R
gerative of these community-minded health organizations held a joint meeting of HEU, RCNU and HSA staff Sept. 8 that they are as confused and concerned as everyone else.

"We fear politicizing for scarce resources will be brought down to the community level," said Catherine Hums, of the Canadian Mental Health Association.

In many cases, she said, a single representative on a community board will be expected to represent all people with disabilities. That person "may or may not have accountability to various groups in the community." John Silver, a director at REACH, a Vancouver community clinic, said his organization has "no more information than anyone else."

Although the clinic society remains very supportive of New Directions, Silver said, "we have heard of no new funding within the whole process and it will cost money to develop community health services."

The government will have to make a commitment to the community health councils which they haven't done to date," Silver concluded. "That should be a concern to all of us."

Many community groups now want to step back and reassess their role in the reforms, said Christine Gordon of SPARC, a Vancouver social planning group.

"It's been a top-down process so far," she said, "which has enabled the bureaucracy to gain advantage. Now people in the community are taking a step back and saying it is not worth being here if we are not heard in a meaningful way."

Because the proposals are meeting bureaucratic needs, not human needs, "it is actually dangerous for people's health," Gordon said.

"For the process to succeed, we need to start from the ground up. We must enable people most affected to be at the centre of any decision-making processes we begin."

Despite their qualms about New Directions, Gordon said, community groups "don't feel strong enough in their own minds to say 'stop.' We feel if we are not on the train, we will be left out."

"But sometimes you need to get off the train, to stay on will be worse. If this approach continues, it will come to naught."

September/October 1983 • GUARDIAN
Clawing back health care funds

Two-fisted approach targets injured workers and millions in budget cuts

By GEOFF MEGGS

Injured workers who fail to file WCB claims must now pay for their own hospital bills as Victoria tightens the screws on the health care budget.

Sick and injured workers are targeted in just one of a series of recent health ministry initiatives, which could result in new premiums and increased deductibles. The saving game comes at the direct cost of health care services and the impact of the changes is as yet unknown.

The process is on despite the announcement Sept. 10 by outgoing finance minister Glen Clark that he had achieved more than $40 million in mid-year cuts from health budget allocations for the second straight year.

Last year’s savings of more than $43 million were achieved largely by the government’s inability to hire and deploy new community health workers as planned in 1992.

But ministry spokespersons are unable to say where this year’s cuts were made.

Finance ministry statements claimed $57 million in savings this year due to “administrative efficiencies” and $33 million in “delay of operational expenditures.”

Ministry representative Bob Pearce said the savings included administrative inefficiencies in new programs due to construction delays, deferred purchases of office furniture, reduced travel and “the normal recruitment lag in the hiring of new staff.”

But asked to say whether or not the savings had been achieved by deferring community programs, Pearce said “I can’t get you the answer to that.”

The savings promise, the ministry moves to the other fronts to reduce funding demands on hospitals. In a circular to all hospitals July 22, acting hospital care division head Dave Baillie reminded administrators that workers who are entitled to benefits under the Workers’ Compensation Act should have their health costs paid by the WCB.

Where workers say their injury is work-related but fail to file a claim—perhaps because of employer intimidation—the hospital has usually absorbed the costs. Not any more.

“Commencing immediately,” Baillie wrote, “all hospitals and diagnost and treatment centres... should bill the patients directly for services rendered in respect of work-related injuries where patients indicate that they are not prepared to file a claim with WCB or where WCB rejects hospital claims because of lack of compliance by employees or employers.”

“This is the wrong approach,” said HEU secretary-business manager Carnela Allevato. “The hospital should simply advise WCB and WCB should then inspect the worksite to determine whether or not an accident has occurred. To bill bills to injured workers is not acceptable.”

Baillie declined to comment further when contacted last month.

In a second initiative, the ministry has begun auditing hospitals to determine if they are billing the Medical Services Plan for diagnostic services and tests performed in emergency wards.

Since 1989, the ministry has insisted that all such services be provided outside of the hospital’s own facility and has deducted MSP billings from the subsequent year’s budget.

This summer, however, some hospitals received invoices for immediate repayment of the MSP funds from the current year’s budget.

Dew Annis, president of the B.C. Health Association, said his organization wants the government to clarify “which pot the money comes out of.”

“If we are billed from MSP, will the hospital budget be adjusted?” Annis said hospitals were surprised by the sudden billing and believe that “repetitive recovery of the money is totally inappropriate.”

Between $7 and $10 million is at stake, according to Dr. Ed Donovitch, who is supervising the audits for the ministry’s medical consultation branch.

Hospitals have known since 1991 that they must fund emergency diagnostic services from their existing budgets, he said.

TASK FORCE TALK: LPN Christine Trudon, left, told the Prince George task force, centre, LPN’s role must be restored. Below, Shaugnessy local’s Blair Thomas and assistant secretary-business manager Chris Allnutt presented HEU’s case at the Shaugnessy task force hearings.

GOVERNMENT health care came under last month at public hearings held by two NDP-appointed task forces investigating the closure of Shaugnessy Hospital and the bleak situation of Prince George Regional Hospital.

In Vancouver, the abrupt and arbitrary decision to close Shaugnessy has led to reduced services and imposed unexpected pressures on community programs, says health officials monitoring the impact of the decision.

A Shaugnessy physiotherapist and two representatives of the Vancouver health department made the comments at presentations Sept. 20 to the task force reviewing the disposition of Shaugnessy’s services and the and the process that led up to the closure decision.

Gillian Hobbs, former head of physiotherapy at the site and a spokesperson for the B.C. Physiotherapy Association, said there is “very much a feeling by non-physiotherapists that the decision-making was done without the other health care disciplines.”

The speed of the process meant that physio services not tied to specific programs were lost, Hobbs said, forcing those patients to seek care from private therapists who lack the same care facilities available at Shaugnessy.

Michael Sorochan, of the Vancouver health department, said the “closer to home” philosophy can work but needs careful study and implementation.

He and colleague Jo Wearing testified that the steady closure of beds in the Vancouver area has not been matched by the assessment programs and pilot projects needed to develop the best possible community alternatives.

Blair Thomas, former chair of the Shaugnessy HEU local and now a member of the Provincial Executive, delivered a lengthy briefing on the Shaugnessy process.

“We need to learn from this experience,” Thomas said. He called for a special effort to preserve jobs and services at the Oak Street site.

Meanwhile, at a Sept. 14 meeting in Prince George, where health care workers blamed service cuts for low morale and a workload overload situation for hospital staff.

Mary Pat Wiley, Provincial Executive northern region vice-president, told the task force that the hospital’s ability to meet the needs of the region is being eroded.

In 1978, FURH had 340 beds, but now operates only 209 beds. Wiley also warned that increased use of daycare surgery and pressure to reduce lengths of stay was resulting in patients having to be readmitted after discharge. Community services aren’t in place to replace services cut by the hospital, she said.

FURH LPN Christine Trudon criticized the hospital’s reduction in the use of LPNs in the last 23 years. Newlin called on the task force to restore the role of LPNs to provide cost-effective health.
By STEPHEN HOWARD

Gordie Suggitt wants to be a shop steward in Ottawa, and she’s in the race of her life to win the four-way election battle for Member of Parliament for the riding of Kanata centres and the NPC mainline. She’s running as an NDP candidate. Suggitt is an NPC staff representative out of the union’s tank and file, and based in the Nelson office. She’s running because she’s frustrated by the threat of free trade and the Tory’s corporate agenda. She’s worried that rural life will disappear.

When you’re born in a rural town on the Trans Canada Highway and the CPR mainline, you have a different take on life, Suggitt says. "Things like the post office, health care and the CBC are important and we’re going to lose them unless we fight." "I’m not prepared to give my country away to the multinational-als of the world." It’s a training ride – a seven hour drive from the southern end close to the U.S. border to Mica Creek in Revelstoke. The area is also diverse, from the big one-industry towns like Trail to cattle-crop preserves like Argenta.

Suggitt, a single parent of two teens, knows the riding and the people who live in it because it’s part of the turf she patrols for HEU. With NDP support flagging right across the country, Suggit has gone back to the basics, portraying herself as the best candidate to represent the riding.

"I asked on a doorstep, "are you voting?" and I said "Me!""

Her HEU job has been good training to serve in Ottawa, she says. "It’s been good in terms of the rigours of travelling and working with people to solve problems. That’s what an MP is supposed to do." She’s been campaigning since July. Before the election call came, Suggitt had visited every community in the riding. On this day in Montrose, a small town outside of Trail, she was meeting voters outside the town’s surprisingly busy post office. She warns them their post office could soon close because of privatization. The response is good, the people friendly and talkative.

As a woman candidate, Suggitt hasn’t felt hostility. "But women’s issues aren’t big on the doorstep." Surprisingly, early in the campaign health restructuring, many people just weren’t aware of what’s happening to Medicare, she said. "Reform Manning’s attacks on the fundamental principles of Medicare would come later in the campaign.

The good news is that the Conservatives are not as bad as the NDP, and now it’s a four-way race with the two parties running neck-and-neck with the Liberals. It’s a frighteningly slick Reform campaign.

Suggitt’s lucky because her riding has been targeted as winnable by the NDP campaign. So she’s been given resources to conduct polls which set her support at about 23 per cent with a large number of voters still undecided.

She wants to be shop steward in Ottawa

RURAL MESSAGE: The key issues for NDP candidate Heather Suggitt are free trade, medicare and preserving rural communities and lifestyles. She raised the issue of post office closures with this voter in Montrose, near Trail.

Election front: Here’s how HEU was involved

HEU has been active this fall on two election fronts, federal and municipal. The goal has been to inform members about key issues, raise health care issues in campaigns, help out candidates who support HEU issues, and to encourage union members to run.

On the federal scene, HEU prepared a comprehensive 16-page election guide to outline the positions of parties on 19 key issues. At the beginning of the campaign 10,000 copies were distributed across the province.

Free trade is an important issue that affects health care. HEU also supported the efforts of the Action Canada Network’s “Don’t Vote For Free Trade” campaign.

Another element of HEU’s political action plan was to counter attacks on our medicare system from parties like Reform and the Tories, and demand a halt to health care funding cuts. On National Medicare Day, Oct. 14, HEU members and health care workers across Canada wore special badges on the job and participated in rallies, forums and other actions.

The union also provided financial and staff support to candidates who backed union issues and were committed to being accountable after election day. Candidates like HEU’s Heather Suggitt and Vancouver Centre NDP hopeful Betty Baxter received donations for their campaigns.

But on election day, the union took a different approach, says president Fred Muizin, and did not automatically fund all B.C.’s NDP candidates.

"Blanket funding based solely on party policy was not acceptable because of some unhappiness with provincial government decisions," he said.

Instead, funding was targeted to support politicians that HEU is confident will support the issues of health care workers, and who will be accountable “more than one every four or five years.” These contributions would be based on a detailed questionnaire sent to candidates.

With health care restructuring giving greater decision making power to municipal governments, civic elections are now even more important for HEU members. So HEU is targeting elections at this level. The union will be raising health care issues in civic contests and will be encouraging HEU members to run for their communities. Financial support will also go to supportive civic candidates.

In a broader context, Muizin says HEU has to step up its day-to-day political action work between elections. To do that the union has hired a full-time assistant to the Provincial Executive’s political action committee to do grass-roots work with HEU locals and to encourage members to get active politically and run as candidates.

BATTLE LINES: HEU supported campaigns to preserve medicare and to fight free trade—two key issues in the federal election.
Defiant to the end
Shaughnessy workers celebrate their contribution to B.C.'s health care system

By CHIRIS GAINOR

F or the hundreds of health care workers who gathered in Shaughnessy Hospital's auditorium, Sept. 30 was a day to look back in anger and in warmth.

Many who came together to celebrate their pride in Shaughnessy on the 74-year-old hospital's last official day of operation had new jobs to look forward to which started the next day. Some face a more uncertain future.

Chief shop steward Glen Whitetide's thoughts went back to 1974, when Shaughnessy ceased being a veteran's facility, the federal government, and became a general hospital run by the province.

"It was a hell of a lot better working for the feds than the provincial government," Whitetide said. "There was a lot less management stuff and a lot more workers in those days."

Whitetide, a patient escort who will stay at Shaughnessy until December, when the spinal cord unit is moved to Vancouver General Hospital, feels "anger and frustration" that will keep him from voting again for the NDP.

Joyce Fitzgerald, whose 25 years in the mail room will end later this year when she moves to VGH, vividly recalled the press conference when Elizabeth Call, then the health minister, announced that Shaughnessy would close.

"I was there on Feb. 19, and I felt like I'd been kicked by a mule. I still feel bad. I'm going to miss the place. I've got lots of friends here - even the dog in the psych ward at Children's," she added.

Call's announcement was followed by an unprecedented eight-month community campaign to save the hospital. First was the struggle to reverse Call's decision, then efforts to make the Employment Security Agreement work at the hospital in the face of the Shaughnessy transition team's poor attitude toward the workers.

"It's been a total nightmare," said Whitetide. "The transition team didn't have the courtesy to tell us anything. People didn't know whether they would have jobs next week."

Activity worker and shop steward Dev Bailey, on her last day at Shaughnessy before going to Surrey Memorial Hospital, said the last eight months have been "hell."

"Some people have been going through emotional times," she said. "We've had to help people with their emotions, while we try to keep our emotions under control at the same time."

"We kept fighting all the way. Unfortunately, the government got its way," Bailey said.

"I've been so numb with all the stuff I've had to do," said Ken O'Keefe, the local chair and a shift assistant with 15 years at Shaughnessy.

"After eight months, we want to get on with our lives. The sad thing is that there are 400 of us who are in limbo."

One of those is Blaine Byens, a casual food service worker who started last November. "I thought I was going to be here for a while, until February. I guess I'll have to look for another job, but it's tough."

Peggy MacLeod, with 12 years of experience in admitting, was going the next day to a new job at Surrey Memorial Hospital. But MacLeod was looking forward to her new job. "I hope they're as good in Surrey as they were to me here."

Patient escort Shaida Bains had a different way to describe the closure of Shaughnessy: "This is part of our family they're taking away from us. It's like an eviction."

Bains is angry because she only has a part-time job for the fall after 14 years of full-time work at Shaughnessy, and an uncertain future after that.

"This is a part of our family they're taking away from us";

Those who came to the last day's celebration of Shaughnessy swapped stories about their lives at Shaughnessy, and applauded those who were moving into retirement with the hospital's closure.

The celebrations were marked with a special scroll, a button marking the pride Shaughnessy workers felt, and a special cake, which was cut by one of the veterans who still lives on the hospital grounds.

Amid the stories, the quilt, the photos and the drawings marking Shaughnessy's past, members of the soon-to-be disbanded Shaughnessy local planned the first of what will be annual reunions of local activists, scheduled for next Feb. 15.

Hospital workers also plan to have an annual reunion of Shaughnessy alumni, and one worker has a history of Shaughnessy in the works.

Maintenance mechanic Todd Smith, who wrote the scroll marking Shaughnessy's closure, put his feelings this way: "You work in a place that has so much history and has so many specialties - you feel that it's not a regular hospital. That's why it hit everyone so hard. It's a special place."

1910 - 1993

To all who have passed the staff's doors, there are no strangers.

Your patience, friends, our memories.

Dedicated to our doctors.

One day at a time.

A valiant hospital in decline.

Shaughnessy, first for Trans.

1910 - 1993

Endowed for"wonderful well

Expanding many times her size.

The century's work 1941.

Endowed for "wonderful well

An endless battle for old wall.

The year, yes, it!

To serve the foam of many years

To lend the"burning"a home.

I wonder how many Shaughnessy souls

Our Shaughnessy did serve.

I'm glad I got to know her place

Before she made her grave.

9. Smith
September 29, 1993

PARTY: These were the instructions, above, draped across the hospital Sept. 23. Below, HEU local leaders Rosemary Beene, left and Bob Rogers, centre, assist BCNU's Cheryl Kristoferson with cake cutting duties.
An envelope filled with secrets brings down HLRA president Gordon Austin

By STEPHEN HOWARD

The Health Labour Relations Association fired its president Gordon Austin Oct. 31 amid a storm of media controversy about Austin’s spending habits and the announcement of a government probe into HLRA’s financial affairs.

Austin’s downfall was caused by 100 pages of confidential documents in a brown paper envelope leaked to a Vancouver Sun reporter Oct. 13. The documents provided a week-long expose of outrageous perks paid for by taxpayers, violations of the organization’s management policies, and evidence of the hypocrisy of double standards in health care—costs of the board and another one for health care workers.

In the leaked documents, HLRA finance director Maureen O’Conner outlined serious charges against her boss, including:

• Excessive expenditures on restaurant meals, including $250 spent on two different visits on the same day in a posh French cafe in downtown Vancouver;
• Using his HLRA credit card for personal purchases, and setting up an accounts receivable of $17,000 to pay for these purchases out of HLRA funds;
• A series of lease agreements for expensive trucks outfitted with fancy gadgets, like a $6,500 stereo, paid for by HLRA;
• Excessive equipment worth $80,000 that Austin had set up in his Coquitlam home. According to “unwritten” HLRA policy, after three years the equipment would legally be Austin’s.

O’Connor also fingered HLRA chair Ronald Mulcahey, the president of St. Paul’s Hospital in Vancouver, for being complicit in the affair. Leaked documents show that Mulcahey had personal approval almost $10,000 in undocumented expense payments for Austin in 1982.

The HLRA board, which had known about the serious problems since April 1983, was pressed to fire Austin because of pressure from Victoria. The board was warned by Premier H NUIT to not pay any of Austin’s lavish $500,000 severance until the results of the government probe were complete.

Two days earlier, Mulcahey had publicly expressed full confidence in Austin. Hugh McLeod, HLRA’s manager of labour relations services, was appointed acting president.

The leaked documents also raise the possibility of fraudulent activities at HLRA, which is one area of the government probe.

When wind of HLRA’s spending troubles first came up in April 1983, as a result of its 1982 fiscal year audit, O’Conner refused to sign an undertaking for the auditor declaring that there had been “no irregularities involving employees who have significant roles in HLRA’s system of internal control.”

In a letter to Austin explaining her refusal, O’Connor candidly asked “how can the public be assured that there had not been the possibility of fraud, irregularities and error without evidence that possibility is under control?”

Leaders of the three health care unions expressed outrage at the details of Austin’s spending habits and had called for Austin to step aside until the probe was complete. HIU secretary-business manager Carmen Allivoto commended the government for taking quick action in announcing the investigation into Austin and HLRA.

“ar bitrations should not let the board off the hook. “We are concerned that the people who are on the HLRA board are the same people who run our hospitals,” she said.

“If they’re running their employer association like that, one wonders how they’re running hospitals.”

The union also called on the government to expand its probe to include the $15 million HLRA Benefits Trust. The Trust was to be run by 111 million in stock market and investment losses in 1990. Until its firm, Austin served on the Trust board.

AUSTIN’S HOME OUTFITTED BY PUBLIC PURSE

COMPUTER CRAZY: Austin’s Coquitlam home, which he sold in the midst of the government probe, was decked out with close to $80,000 in computer equipment paid for by taxpayers.

GREEN THUMB: When HLRA moved offices in 1992, $3,000 of plants were to be auctioned to staff and the proceeds given to charity. But Austin ordered the plants to be moved to his home, at a cost to the taxpayer of $80, before the charity auction took place.

MURKY TRAIL: According to HLRA’s finance director, $1,000 worth of HLRA-paid office equipment ordered by an employee to her home, then sold back to HLRA, eventually found its way into Austin’s home.

TRUCKIN’: Austin liked trucks. Expensive trucks with fancy gadgets, like trailer hooks, fog lights, a $480 car stereo and a $6,500 car stereo, all paid for by HLRA. In two years taxpayers picked up the lease tab for a $24,000 truck and a $4,000 loss to HLRA’s lawyer, a $27,000 Chevy Blazer, and a $34,000 Chevy pick-up.
Coffee Break

Women in highest stress jobs

According to the University of California at Berkeley, women place the greatest stress on workers are those that demand careful attention to detail but give the worker little latitude for decision making and offer little recognition of effort. Women's jobs often fit this description, thus women often have the added stress of being the primary caregiver for children and carrying the burden of other family and household responsibilities. Workers in jobs with these characteristics have higher blood pressure levels and are more likely to show changes in the heart.

For a change, try the Senate

Vancouver's End Legislated Poverty has this suggestion for people sick of working five days or more each week just to feed the family. Would you like to relax all day and still have all the benefits of a full-time job? If the answer is yes, then you should consider being appointed to the Senate. If you qualify, you can receive a salary of $46,000 a year and $10,000 a free living allowance. The program is not limited to three or six members of the Senates like elected officials. In the Senate you can work all of the until you are 75 years old. After 75 you will receive a portion of the benefits.

Elvis overload mall system

The "Elvis" stamp has overloaded the U.S. postal system with incorrectly addressed mail. The backlog was caused by people purposefully using bad addresses to get their

Letters returned stamped "return to sender."

How tacky can you get?

The International Ladies Garment Workers' Union reports that the manager of a New York's free trade zone is trying to lure multinational corporations by promising them dead workers, who are "highly productive since they don't lose time talking while they work."

So many billboards, so few readers.

$250,000 bill for anti-union foul-up

Sometimes union-busting really pays off. That's what happened when Sacred Heart General Hospital in Eugene, Ore., hired a consultant to smash the American Federation of State, County, and Municipal Employees. The consultant spent $250,000 to found an anti-union employee's association which the boss denied had any links to management. The foul-up is told in several novels that the overuse of jargon in the beginning table alone. For decades most unions have considered political action to mean all-out support for the NDP, pure and simple. HSU has always assessed all candidates and parties based on their support for HSU's policy goals. For many years, that has meant support for the NDP.

Now that relationship is in doubt. In Ontario it may be damaged beyond repair and things look rough in B.C.

Labour can't support the NDP, where does it go?

A new book called Giving Away the Miracle, a comprehensive analysis of the Ontario NDP by George Ehling and Wayne Roberts, casts some light on these problems in what amounts to an autopsy on the government of Ontario premier Bob Rae. Elected in an upset victory in 1989, Rae now finds himself re-elected by a labour movement which worked tirelessly for him.

Rae's vicious attacks on public sector contracts forced a complete rupture between labour and the party. (The Ontario Federation of Labour views the report on page seven.)

The book starts with a list of the party's 16 deadly sins. According to Ehling and Roberts, they include consistent betrayal of social movements, too much catering to the labour movement, a failure to put out the NDP message and a failure to generate relevant economic policy.

The fact that the book begins with the "deadly sins" is a tip-off to the writers' viewpoint. This is a trial in which the accused is convicted and executed. Then the prosecution builds an alright case during a fairly one-sided trial. For B.C. readers, this trek through the "lost dreams" (and broken promises) of the Ontario party can be slow going. There's a lot of gossip about individuals whom a B.C. reader will never encounter. But there are also a relentless amassing of evidence that the NDP has lost for from its socialist socialists. The authors believe the NDP is a political machine first and foremost. Being most of its life in opposition, unashamed compromising the demands of "ordinary Canadians" with the needs of practical politics.

Once in government, however, the machine finds independence from its original constituency. The influence of the crossroads fade away and the exercise of power for its own sake seems to take over. Many will find much to quarrel with in this book — it's out to pick a fight. If there's another side to the story, it's not here.

The labour movement looks bad to Ehling and Roberts, who miss no opportunities to take a swipe at everyone in the "labour brass" from Bob White on down. Unlike leaders of the social movements, labour leaders could normally expect to find the Ontario NDP ready to make big concessions to maintain labour's support. But this, too, the authors argue, often led to betrayal of more fundamental principles.

Where is the NDP going? "Nowhere" is this book's answer. "Now people have to start building all over again," the authors write, "find a new faith and dream new dreams."

It's a bleak assessment. The debate this book hopes to launch is an important one and Ehling and Roberts aren't pulling their punches. If you're concerned about the future of the labour movement and its political arm, this book is well worth reading.

HEU people

HEU'S GRADUATES: Union president Fred Mizzi was on hand in Ottawa for the July Labour College of Canada graduation ceremonies for HEU members Iris Reamsbottom, right, and Kathy Dinning, left. Reamsbottom, chair of the Maple Ridge local, and Dinning, chair of the Downtown local in White Rock, began their comprehensive studies at the CLC school in May.

Catto retires at Parkridge

Beverly Catto, a care aide at Parkridge Private Hospital in Fort Langley, retired in September after 18 years as a union activist. Catto, who began working at Parkridge in 1974, served as local vice-chairperson and on bargaining committees, and her participation on behalf of the members is greatly appreciated by her fellow workers. Active in a number of her golf games, and pursue hobbies like toy making, knitting and sewing.

Gorge Road activist dies

Union members at Gorge Road Hospital in Victoria are remembering Gertrude (Gert) Goldfine, a local activist who died suddenly July 27. An LPN, Goldfine was an active member of the Trail local before moving to Victoria in 1983. As Gorge she served as treasurer, vice-chairperson and chief shop steward.

Smither’s Vince passes away

Gerry Vitea, a ward clerk and nurse aide at Bulkley Valley Hospital in Smithers, passed away July 29. Vince worked hard for the union and represented the local on a number of occasions over a 20-year period. "There was something about her vibrant and outgoing spirit," said local chairperson Donna Schradler.

Vince did many things in her lifetime, including volunteering in war times in Holland, where she was born, raising a family, running a small general store and campground, and her work at the hospital. She was also the first HEU member to win a VCC claim for a heart attack that was shown to be related to her work activities.

Royal Columbian mourns LPN’s death

Staff and friends at New Westminster’s Royal Columbian Hospital were saddened by the passing of long-time LPN Pat Dandekar earlier this year. Born in Saskatchewan, Dandekar had more than 50 years nursing experience at facilities including RCH, Lions Gate, St. Paul’s, and Langley Memorial.

RCH LPN Ayesha Movvy writes that Dandekar was many things — "a hard worker, kind and gentle, generous and especially able to maintain a sense of humour in the midst of crisis. She was well-liked and looked up to by co-workers, friends, patients and their families. She had integrity and a way of making anyone feel special."

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STENOGRAPHER RETIRES: Dorothy Witske, left, who worked in health records at Kelowna General Hospital for 20 years, was honored by the KGH local Sept. 23. Local leader Dennis Brophy, presents Witske with a gift. The retirement of long-time KGH local activist Harry O’Neill was also marked.

Stenographer retires

Dorothy Witske, a stenographer at the Surrey long-term care facility since 1979, retired in August. Roberts, who joined the union in 1996 when Hilton Villa workers were certified, plans to travel, improve

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Hilton Villa aide retires

Margaret Roberts, a care aide at the Surrey long-term care facility since 1979, retired in August. Roberts, who joined the union in 1996 when Hilton Villa workers were certified, plans to travel, improve

Puzzle

"I trust you'll find all my squares in place."

Unscramble the jumbled words using one letter to each square. Then use the circled letters to form the solution and fill the blanks. The jumbled words are prominent buzzwords from the New Directions strategy.

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REPRVOIDS
Pay equity: closer to justice
A recent arbitrator's decision earmarks $100 million for HEU pay equity adjustments. But there's more work to be done to end gender-based wage discrimination.

Taking a wrong turn?
With health bosses trying to take control of new health care reform decision-making structures shutting out health care workers and the community, New Directions could be heading for the ditch.

Shop steward in Ottawa
HEU staff rep Heather Suggitt fought hard to win her west Kootenay riding for the NDP in the federal election. How HEU got involved in the campaign.

Bosses' perks scandal
The ostentatious spending habits of HLRA boss Gordon Austin sparked public outrage. Austin got the boot, and Victoria is investigating.