Mickey Beagle has blazed a trail for hundreds of women in the union activists following her path. Born in New Westminster in 1935, Beagle was a worker, a mother, a union activist, an advocate for women's rights.

Beagle took her mother to migrant work camps during the 1930s depression in California, where she ended up in men's press camps in the B.C. fishing industry. She joined the union and also worked in a sawmill, where she continued her work.

Along that road, she faced significant challenges balancing her own career with her family's needs and caring for her Alzheimer's-stricken father.

The key to her success, Beagle believes, was strong support from her father and later her husband, both of whom she credited for their understanding of her passion.

For Beagle, the struggle for justice for workers was always linked to the struggle for women's rights. Beagle's story is the first installment of "Balancing it All," a new Guardian series devoted to the contemporary challenges women face as union activists, within HEU and the labour movement.

**THE QUALITY PILL**

Is the TQM approach a wonder drug or snake oil? **PAGE 7**

**BARGAINING BATTLES**

HEU and BCNU members make common cause to win employment security for long-term care workers. **PAGE 10**

The Come Share local, one of 27 new union locals without a first contract, takes strike action to win first contract. **PAGE 3**

**SPECIAL REPORT**

Government health reforms promise to bring care 'closer to home.' But one side effect from this move will be more work for women. **PAGE 12**
Challenges to mark HEU's 50th anniversary

WITH this last 1993 issue of The Guardian, I want to extend to all the members, activists, executive and staff of the Hospital Employeés' Union and their families, season's greetings and best wishes for a successful 1994.

In 1994 we will be celebrating the 50th anniversary of the founding of the Hospital Employeés' Union. There were good reasons why Locals 4 and 20 of the Civic Employeés' Union, each representing the men and women of Vancouver General Hospital in separate organizations, came together in 1944 to form the Vancouver Hospital Employeés' Federal Union, Local 160 of the Trades and Labour Congress (the precursor of the Canadian Labour Congress).

In 1993, we made good strides towards eliminating wage discrimination in our movement. But pay equity will not be achieved in health care until there is recognition that all HEU members have suffered wage discrimination because they are part of a bargaining unit which is 85 per cent female. And it will truly be achieved when HEU members are paid according to the job they do and not on the basis of where they deliver health care.

In 1993 Canadians elected a new federal government. HEU members participated in the federal and municipal elections held last fall. In British Columbia the victory of so many Reform party candidates who ran on a platform to eliminate the federal deficit in three years is of tremendous concern to all who care about the kind of country we have. Flexion with reducing the deficit at any cost means thousands of Canadians who, like HEU members, work to provide services that are paid for through taxes would be out of work and all the people who receive our services would have to pay for them out of their own pocket.

In the coming year HEU members will continue to be active in every community to protect health care services as the health council and regional boards are established. We welcome the fact that the new minister of health Paul Ramsey is ensuring that health care providers are legitimate participants in the local planning committees for health care restructuring. Only with the full participation of health care workers can the move to closer to home be achieved in a manner that is progressive and democratic.

1994 will also be the 100th anniversary of HEU’s return to the House of Labour, the Canadian Labour Congress. After an absence of 14 years, in October, 1894, HEU and the Canadian Union of Public Employees, which HEU helped to found in 1903, made an agreement that provides for HEU's representation to the CLC. That agreement expires in October 1994 and HEU is committed to working with CUPS and the CLC to finalize our affiliation so that we can continue to participate fully in all the structures of the organized trade union movement.

CARMELA ALLEVATO

COMMENT

by CARMELA ALLEVATO

The Guardian welcomes letters to the editor. Please be brief. Write to 2006 West 10th Ave, Vancouver V6H 4P5.

Bill says thanks

I am writing this note of appreciation in response to the expressions of good will I received from so many of you when I resigned. The amount of letters and cards from locals and individuals makes it impossible for me to reply to all of them. I want you to know I appreciate each and every one.

Being president of our special union was rewarding and enjoyable and I am honoured to have had your confidence for so long. I really did enjoy the job.

Thank you again.

BILLY MACDONALD

May Bennett local aids Hawthorn Park's struggle

We, the May Bennett local, are supporting our local in support of the Hawthorn Park local, with a wine and cheese Wed. Nov. 24 in Kelowna.

Hawthorn Park is a new local in Kelowna. This new local of HEU members was certified in March and has not achieved a first agreement. Bargaining with the hospital between sessions. We are trying to raise enough funds to present these brothers and sisters with blue HEU jackets as a show of support. Please raise whatever additional financial contribution our local can afford and please plan to attend.

RENA KUNTH

May Bennett local

Members of the May Bennett local staged a long, successful fight of their own to win a first contract in 1991.

Cheywhond local

privileged to provide bursaries

We are a small local (approximately 32 members) and this year five of our members children had applied for our usual bursary.

For about 10 years our local has made a bursary available for a graduating student and we have enjoyed presenting this.

This year we still receive our own "apply". The local made enough money available to give each student a $200 bursary upon their acceptance to a college of their choice. The only other requirements was that they be enrolled for one month of the bursary was granted.

All applicants successfully met the requirements and our local was privileged to help these students come one step closer to their goal.

Giving a bursary from our own local is gratifying and publicity for the HEU. We also encourage applications to our provincial bursary program.

JEAN POHL

Cheywhond local

Guardian

"As humble dedications to all those who told to live." — Eleanor Roosevelt

GUARDIAN • November/December 1993
What we're up to

People and events around the HEU.
If you have news for us — a retire- ment, an election, a rally, a vote or whatever — please, let us know.

There's power in the union
That was one of the conclusions drawn by HEU members attending recent ship stewards meetings in Kelowna and Richmond.

In Kelowna, about 25 ship stewards joined a lunchtime support picket Oct. 5 for the National Association of Mechanics members who were locked out by Babcock Steel in June. Coincidentally, a settlement to the dispute was reached the next day.

In Richmond, the presence of 150 HEU stewards was enough to enable management of the hotel where they were meeting to opt for its official stewards training instead of the craft's own training program. Also on the agenda was the launch of the new 202-0000-0000, a two-year collective agreement that will take effect Jan. 1, 2003.

Despite 1992 profits of more than $1 billion, Rogers locked out its union stewards and technicians in the spring of this year.

Local elections
A reminder that nomination and election of office holders for all HEU locals takes place at the next regular meeting of 1994, usually in January.

Proposed guidelines for conducting the elections were adopted by locals at their regular meetings in November.

Education programs expanded to meet needs
More than 500 union activists upgraded their skills to deal with the challenges of the workplace at a series of ship stewards training seminars held across the province between mid-September and early November.

The seminars included some two-day sessions for advanced stewards and chief stewards.

In addition, 16 activists from New Brunswick, Nova Scotia, and Newfoundland and Labrador participated in a two-day session in St. John's.

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LEARNING NEW SKILLS: These union shop stewards were among the 517 stewards who attended union education programs this fall.

BACK ON THE JOB: HEU staff rep Heather Suggitt, at left on the campaign trail, wasn't successful in her bid for election to Parliament.

These most recent moves have helped HEU develop one of the most comprehensive membership education programs of any union in B.C.

Suggitt not successful
She put up a tough fight, but HEU staff rep Heather Suggitt wasn't in the winner's circle on federal election night, Oct. 25.

Suggitt, the NDP candidate in Kamloops-Thompson, lost the Reform candidate, sharing the same fate that befell many of the B.C. NDP hopefuls.

After three weeks break that gave her a chance to get her feet up and rest at home, Suggitt's back on the job.

Despite the loss, Suggitt is glad to be back to work. "You can't let these things get you down," she said.

Come Share fight for fairness part of New Directions struggle
The 14 members of the HEU local at the Come Share adult day care program in Surrey and White Rock went on strike Nov. 3 to win a first contract.

The Come Share Local was organized last April, but repeated attempts by the employer to bargain seriously have so far failed.

Wages are $3.50 an hour below the industry standard, and benefits do not include medical coverage, pensions, or dental coverage for dependents.

While HEU is demanding a new contract which meets the industry standard, the employer has cut staff at the facility and is seeking concessions.

"Facilities like Come Share are where health care services are being moved 'closer to home,'" HEU secretary-business manager Car mela Allivato said. "We believe that the people who work in these facilities are entitled to the same pay and benefits as other health care workers."

The workers deliver adult day care services to clients out of a location in White Rock and an- other in Newton. The White Rock location is on the same site as Evergreen Baptist Home, which is staffed by HEU members.

If Evergreen runs the service dispensed by Come Share, savings from the elimination of administrative overlap would be sufficient to pay full industry wages and benefits to the workers at Come Share, Allivato said.

Casuals' protest hits bosses on Shaughnessy secondment failures
HEU members at Royal Columbian Hospital have been handed letters of reprimand and, in some cases, one-day suspensions for a two-day job action Oct. 18 to protest the treatment of casual workers.

The job action resulted from the secondment — temporary placement — of a Shaughnessy Hospital employee to Royal Columbian's dietary department in the wake of Shaughnessy's closure earlier in the month. (The discipline was delivered but the employer's actions were upheld by an arbitrator.)

The Royal Columbian situation was the sharpest conflict in a wave of controversies that swept through Lower Mainland facilities as Shaughnessy workers were seconded to new facilities.

"It should be clear that the protests were not aimed at the Shaughnessy bosses," said HEU secretary-business manager Carmela Alivato, "but were intended to protest the failure of employers to use all the tools of the Employment Security Agreement to avoid loss of work."

The union condemned the Shaughnessy transition team for its failure to plan the shutdown of the hospital in a way that would avoid this disruption.

Unions offered worked around the clock in special negotiations earlier in October in an effort to slow the downsizing until new permanent placements could be found.

But the government's determination to shut Shaughnessy forced the Labour Adjustment Agency (LAA) to seek Shaughnessy workers to other facilities while the hunt for permanent placements continued.

The result was some loss of employment for casuals in those facilities.

Alivato said HEU will continue working with the LAA to help speed placement of Shaughnessy workers in permanent positions to minimize the impact on casuals.

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What we're up to

NEW MEMBERS: Workers at Gordon Manor, above, a 24-bed mental health group home in Kamloops, joined HEU in November, as did staff at the Legion Lake Health Centre, at right.

Victoria office on the move
To better serve the needs of HEU Vancouver Island members, the HEU office has moved to larger quarters at 415 Gorge Rd. East, Victoria. V8T 5K7.
The new phone number is 480-6513, and the new fax number is 480-6544.

More workers join HEU
The union continues to make headway organizing health care workers, winning new certifications since Oct. 30, covering 75 workers. On Dec. 4, the 140 patients of Cariboo Privia Hospitals, a government-funded long-term care facility in Vancouver, voted to leave another union and go with HEU.

Shawa Nessy
Local's Christmas spirit lives on
Last year, members of the Shaawtessy local undertook a project to make Christmas a little brighter for the 160 children of miners locked out at Royal Oak Mine in Yearling.
Despite the turmoil, about 400 members have been through in the past 10 months, they're doing it again this Christmas. Local secretary-treasurer Rosemary Bower said she was sending a fax of the children's names, so Shaawtessy members would draw a name and purchase an appropriate gift in time to make their long sleigh ride north.

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BALANCING IT ALL

During a union organizing career that took her from New Westminster to migrant workers camps in California, then to Vancouver sawmills and finally to B.C.'s coastal salmon canneries, Mickey Beagle had plenty of challenge to face in her family's needs. Although Beagle modestly insists "my life doesn't make much of a story," she was a pioneer who helped blaze a trail for hundreds of women union activists who followed in her path.

During the 1930s she worked and organized in southern California, where she was among those to receive the first union charter from the Congress of Industrial Organizations for a woodworkers' union in the company town of Westwood.

That was just the beginning of Beagle's long organizing career, which later included drives for the International Woodworkers of America and the United Fishermen and Allied Workers' Union here in Canada. Beagle ultimately rose to the rank of vice-chairman in her UFAWU and served for many years as an organizer.

For Beagle, labour activism was always linked to the fight for women's rights. In 1967, she helped submit the UFAWU's brief to the Royal Commission on the Status of Women, the only brief submitted by a union in this province. Their submission made national news with its call for jobs equal pay and adequate childcare.

During all this intense work, she also was able to raise two children. Still vital and active at 87, Beagle believes the key to her success was strong moral support and practical assistance she had from her father and then from her husband, Marvyn, a woodworker and firm believer in women's equality.

Both encouraged her activism and helped make it possible by their strong commitment to do their fair share of family work.

"I was fortunate to have a husband who was not a male chauvinist," she recalled some years ago. "He believed that women should have full equality in every respect and strive to do whatever they wanted to do."

Although Beagle trained as a nurse, she never accepted the narrow career path society then left open to women.

It was in the salmon industry where Beagle made a particular contribution for the UFAWU, where her favourite grievance were the cases solved right on the job.

"We had a grievance over tallying the production of the workers," she recalled, "an insidious method of causing divisions. We took the whole crew, about 100 women, to see the boss. When he asked if this was a strike, we said no, this is an enlarged grievance committee! We won that one."

In 1957, native and non-native women borrowed the tradesmen's tools at a mid-coast cannery to rip down the signs that designated washrooms as "native" and "white." After years of fruitless grievances, that direct action eliminated a vicious form of racism.

Alongside those battles with the bosses were many equally difficult fights for real respect and equality with the union movement. It was only the action of women themselves that put equal pay on the UFAWU agenda, Beagle says, and

IN ACTION: As an organizer for the fishers' union in the 1960s, Mickey Beagle was part of the campaign to fight the unjust labour laws of W.A.C. Bennett.

Beagle blazes trail for women activists

men in the membership and the union leadership "needed convincing" that women's demands required the union's full support.

Nonetheless, Beagle remains convinced that the union movement can play a crucial role in the fight for women's equality.

"It will take years of struggle and education to bring women into full equality with the other half of the human race," she wrote in 1975.

"We have made some significant improvements. Let's get on with it."

LOOK BACK

VANCOUVER SCHOOL BOARD MEDIA SERVICES & TECHNOLOGY DEPARTMENT

The origins of team nursing

During the Second World War registered nurses were in short supply, sparking the demand for practical nurses to provide for the comfort of patients. In 1946 the first formal training program for licensed practical nurses was established at Vancouver Technical High School and later moved to Vancouver Vocational Institute. Training took 12 months, with four months devoted to theory and laboratory work and eight months in clinical work in hospitals. Although the Practical Nurses Act was passed in the B.C. legislature in 1951, it was not proclaimed until Dec. 7, 1965.

Florence Wilson was awarded License #1 in honour of her efforts to have the act proclaimed.

The Guardian, November/December 1993. © GUARDIAN
On the road: HEU snapshots

By FRED MUZIN

OUR THE past two months I've been able to visit a number of locals and to meet many union members. The province looks a lot different from outside the Vancouver region.

During a week in the Kootenays—Castlegar, Cranbrook, Trail, Nakusp, Nelson—you develop a heightened awareness of how isolated many of our activists feel from the Provincial Office and how much the close sense of community plays in everyday life.

Also, you learn that the Employment Security Agreement has different implications in facilities where full-time postings are infrequent and where there is little turnover of staff.

At a community meeting in Trail, the main topic was the economic impact that moving the regional referral centre to Castlegar would have. Health care facilities are major employers in these communities, and, the contribution our members make to the local economy is a major factor, especially in times of recession.

In Nakusp, our activists personally know many hospital workers and access to them is easier than in the urban centres. Smaller facilities often serve as the training ground for administrators and supervisors who may have formal education but little experience. It is important to impress on them that our union is 38,000 members strong and that we stand together.

On national Save Medicare Day, Oct. 14, 1,000 people with Napano members. The Kiwanis Lodge local, although physically separate from the regional hospital, is part of the Napano local. This creates unique servicing problems, especially since the employer tries to discourage stewards functioning at both sites. The situation highlights problems that the Provincial Executive will have to solve in considering new members.

The employer is also heavily into team concept schemes and we have to provide the tools and education for our activists and members to deal with these programs while still providing traditional union advocacy.

In the Okanagan, our Princeton local, nestled in the valley east of Manning Park, brings another perspective. Smaller locals usually require a less formal organizational structure for the stewards and/or executive. Most people run into each other daily. However, this can limit the available breathing space and recharging time that activists require and extra effort must be taken to accommodate this.

Our members residing in major urban centres like Victoria have better access to educational programs offered by community colleges and the Canadian Labour Congress. There is a greater ability to network with other HEU locals and with other trade unionists.

These snapshots of HEU and the tremendous willingness of our activists to share their experiences will significantly contribute to us becoming a stronger union. We must never fail to be responsive to the changing needs of our members.

Overall, it's been a challenging year for HEU, BCGEU and HSA.

Once again, the dedication and support of our activists has been solid.

As the holiday season approaches, take time to say thanks to these people who serve us every day of the year.

And don't forget that it's also time to care for the caregiver—all of you.

Have a safe and healthy holiday season and a wonderful New Year!

COMMUNITY ROLE
HEU member and Clearwater volunteer firefighter Mike Leblanc takes his community responsibilities seriously.

Clearwater cook wears many hats

In small towns across B.C., communities survive because people pull together to make things better.

That's the case in Clearwater, population 2,500, where HEU member Mike Leblanc plays an active role in his community. Mike is a cook, Fat the 10-bed Dr. Helencken Memorial Hospital, the only facility between Kamloops and Jasper on the Yellowhead Highway.

When Leblanc's not working, he wears a number of different hats. He's a volunteer firefighter, a union activist, chairperson of the board of the local home support agency and a member of the New Directions Interim Planning Committee in his region.

As a volunteer firefighter, Leblanc is on call 24-hours a day, with practice sessions every Thursday night. Last year, a local motel burned to the ground, and those years ago he fought a house blaze in which three children died. "It was grim," he said about the search for bodies after the fire was extinguished.

Weating another hat, Leblanc also helps bring security to people's lives. He's the chair of the NDP defeat creates new challenges for Canada's left

By MARJORIE GRIFFIN COHEN

The NDP — the party that has traditionally championed the cause of progressive groups — is now a negligible force in Canada's Parliament. The NDP's election defeat doesn't signal a major shift to the right in the country, but we need to understand the party's failure nonetheless.

While the NDP has never formed a government in Ottawa, it was seen as the party that could be counted on to support social programs, a progressive tax system, full employment and anti-discrimination measures.

The Liberal majority that was elected on Oct. 25 has pledged to create jobs and maintain social programs. Whether those promises will be kept remains to be seen.

On the right, the Reform Party will be clamouring for deficit reduction, cuts to social programs, and privatization.

And none of the major parties elected to the House of Commons is willing to oppose free trade or the proposed North American Free Trade Agreement (NAFTA).

Progressive forces on the left are not dead in Canada, but their strengths and issues were not reflected in the election largely because the NDP no longer seemed a credible option.

Most damaging to the federal NDP has been its association with unpopular provincial NDP governments. Bob Rae's social contract provoked hostility from traditional supporters in Ontario. So did the treatment of environmentalists by the NDP government in B.C.

The NDP in power seems focussed on tempering the right's agenda to make it more palatable to their supporters, rather than offering something alternative and different.

So during the federal election there was a huge gap between what Audrey McLaughlin was offering and what NDP provincial governments are delivering.

Still, the very strength of women's groups, aboriginal peoples, rural minorities and trade unionists indicates a desire for new directions in Canada. It will be difficult for these groups in Ottawa because their traditional political vehicle for change was almost wiped out.

But this is not insurmountable. These groups can continue to influence public thinking and to pressure all levels of government. The task for popular groups will be to build support in parliament either by revitalizing the NDP, or by beginning again. And if the progressive forces seem very strong and present a convincing case, maybe even the new Liberal majority government will listen.

Marjorie Griffin Cohen is a university economist and analyst for the National Action Committee on the Status of Women.

GUARDIAN • November/December 1993
wonder drug
or snake oil?

BY JOHN PRICE

Health bosses are pushing hard to make Total Quality Management the law in our workplaces. Behind the quality label is a sophisticated system to reorganize work in ways that pose serious threats to Medicare and health workers.

Adopting the TQM
Vision is like a Religious Conversion!!!

Philip Hasem, president of St. Joseph's Health Centre in London, Ont., and author of Fix for Hospitals, thinks he has the prescription that will help cure Canada's ailing health care system.

It's called TQM or Total Quality Management, and according to Hasem, TQM promises to maximize "human skills, creativity and resourcefulness, customer satisfaction, employee involvement, effective and efficient use of resources, continuous improvement of all processes large or small, and the consistent achievement of high standards of service and productivity."

Administrators across Canada are buying Hasem's prescription, which is often called Continuous Quality Improvement, or CQI. Among the front runners:

- B.C. hospitals such as St. Paul's, Royal Columbian, Surrey Memorial, Greater Victoria Hospital Society, Langley and Penticton Regional as well as extended care facilities such as Juan de Fuca hospitals in Victoria are among the dozen of facilities that have established quality programs in the last year;
- Ontario's largest hospitals have implemented TQM/CQI programs and are plugged into a $400,000 government-funded CQI network; and
- Manitoba's government has retained a U.S. TQM consultant. Her assignment: carve between $45 and $65 million from hospital costs for a rumoured $6.5 million fee.

Some administrators and consultants want TQM/CQI to become the new benchmark for quality assurance programs in hospitals. They are lobbying hard to have the Canadian Council on Health Facilities Accreditation adopt the method. 

Cont'd on page 8
TQM/QCI as an integral part of its accreditation standards, obliging all facilities to implement TQM/QCI programs in order to receive certification which qualifies them for provincial funding. As workers and unions in health care facilities are exposed to the new programs, doubts are emerging about whether TQM can deliver on its promises. Is TQM the answer to the drug that some claim, or is it a new band of snake oil with some nasty side effects for health care workers and for Medicare?

What will TQM deliver?

No one can argue with quality. But can TQM/QCI deliver on its promises? Before governments, policy makers and even union leaders rush in and embrace this exercise it may well be time to step back and seriously consider the issues.

There is more to TQM than meets the eye. Behind the quality label is a sophisticated, comprehensive system based on new production techniques being used in the private sector. For health care workers and their unions, it is important to go beyond the quality label and understand the numerous concepts and issues that TQM addresses.

TQM/QCI programs readily appeal to the desire on the part of health care providers for some real input and control over their work. The emphasis on the importance of human resources, examining processes instead of individuals, comparing why some hospitals or regions perform excessive numbers of caesarean sections, and so forth, are developments which can and should be welcomed. But there are other aspects to TQM/QCI that are extremely troubling.

Quality concerns or cost cutting?

In many cases, TQM seems to have more to do with cutting costs and jobs than with improving the quality of health care. Hassens, Canada’s foremost TQM advocate, believes the main threat to Medicare and that “runaway health care costs may actually threaten Canada’s ability to compete in world markets.” TQM, he states, will help recover the “30 per cent of [hospital] resources lost to waste and inefficiencies.”

By exaggerating health care costs and targeting waste and inefficiencies (the heart of all TQM programs), Hassens and other quality advocates conveniently sidestep key aspects of health care economics. For example, Conservative government elimination of transfer payments, inappropriate medical interventions, and increased pharmaceutical costs have all contributed to budget problems. At St. Paul’s Hospital in Vancouver, for example, drug costs have been the single, largest factor responsible for budget increases over the past two years.

TQM advocates refuse to address such issues. Instead they promote TQM as a means of streamlining operations and eliminating workers’ jobs. The more honest quality gurus acknowledge it. “You are headed for downsizing and layoffs anyway. Why not have a proper plan?” one quality management salesperson told a Manitoba conference.

Layoffs may reduce costs but are they a means of improving the quality of patient care? This is not to say that workers and unions should not be concerned about unnecessary costs, waste and inefficiencies. But let’s not mix apples and oranges. TQM should not masquerade as a “quality” movement when in many instances it is a cost containment strategy with a strong anti-union bias.

Commercializing Medicare

Is TQM/QCI only about cutsback? No, the programs do talk about quality. But to make the quality peg fit the efficiency square, quality takes on a specific meaning according to TQM/QCI gospel. To most quality experts good quality is “conforming to customer requirements.”

Applied to health care, this concept means patients are now customers. In the market system the customer is the person who pays the bills. Demand is determined by the paying customer.

Such a concept poses a real challenge for Medicare, where health care services are socially determined, not market driven. Introducing such a “customer-driven” definition of quality is a way of introducing market concepts into health care. It is not hard to conceive of a proposal to spend limited funds to upgrade some rooms as deluxe accommodation for those “customers” who can afford some of the extras.

Is this not giving consumers a choice and serving the upper end of the market? It could easily facilitate the development of a two-tier health care system.

Our health care system is based on the principle of universality. This means that Canadian citizens and residents have a right to decent health care, they are not shoppers looking for the best deal. Is someone in heart failure going to consult the sales catalogue for the best buy?

Patients, health care providers and their unions have little to gain from the new customer-driven concepts that are integral to TQM plans.

Quality improvement or continuous speedup?

The basic element of TQM/QCI programs is the organization of project teams to study a designated work process with the objective of continuously improving it. On the surface of course such a proposal sounds good, but when put in the context of diminishing resources and the customer-first mentality, continuous improvement can become a means for speeding up the work process to the detriment of the caregiver or service provider.

This is particularly true when waste is defined as reducing “unnecessary” labour time. What might appear to be unnecessary from an efficiency perspective, for example a nurse or aide taking a few minutes to stretch, may be essential if the person just finished lifting heavy patients.

Often teams will be given training in the use of statistical methods. There may be a role for such things but how does one measure the smile on a patient’s face for the extra time taken to chat?

Workers are often asked to undertake task analysis but under TQM the purpose of such projects is seldom to enrich their work or develop their skills. It is usually to see how to reduce the number of people necessary for a procedure, how to get workers to take on more tasks, or how to devolve the work to lower paid workers.

The danger exists that TQM projects will lead to the intensification of labour particularly since the threat of unionization management programs in hospitals is to decrease the length of stay for most procedures.

TQM/QCI programs often call for a new partnership between management and labour and for the empowerment of staff. But an examination of how TQM programs are being implemented reveals that while management may talk about partnerships and empowerment, in fact, they refuse to “waltz the talk.” At Queen Alexandra Hospital in Victoria, for example, the administration created four quality task forces, recruited employees to sit on the committees, and began deliberations without even consulting the three health care unions on site.

I’m sorry I can’t stop to say hello – CHATTING WITH PATIENTS IS UNNECESSARY LABOUR TIME!!
At the Greater Victoria Hospital Society, management began to implement a similar program that would have seriously affected the collective agreement. They did this without consulting the unions or employees. They then asked the three unions to accept one position each on a steering committee made up of 17. When the HUI objected to such an arbitrary action and refused to sit on the committee, the administration abandoned the program. A few months later, this same face was being rejected. GVHS management informed the unions in July that it had instituted a TQM program and invited the three unions to send one delegate each to sit on a committee of 12.

In a number of cases, TQM programs bypass the unions entirely and try to create divisions between workers and the union by recruiting volunteers to sit on committees that are often dealing with collective issues.

Obviously there is nothing wrong with teams and work groups in and of themselves. The nursing team, for example, has always been part of the care delivery system. But teams and self-directed work groups take on a specific role under TQM programs.

The real function of TQM teams is to set up a competitive ethic among workers by taking advantage of workers' legitimate worries for recognition and then manipulating group dynamics. This can have a devastating impact on the workplace.

This process can begin by making workers self-evaluators. Self-evaluation can be the first step towards workers taking on peer performance appraisals. For example, under the shared governance program at Campbell River, nursing team members were asked to evaluate their peers.

Questions in this confidential, peer evaluation included: "2. Seldom complain about work? 7. Adapts easily where patient acuity and workload increases? 22. Performs mundane duties cheerfully?" Clearly, such questions reflect management's concept that a cheerful, unquestioning workhorse is their model employee.

The result, of course, is that it makes it much more difficult for a union to fight against the policies of a personnel director that has helped him.

More power or doing the bosses' dirty work?

Another assignment often given teams is to develop their own work schedules. Many workers and unions embrace this idea but under the TQM program at St. Joseph's in London, teams not only self-scheduled but undertook a "no-sick leave-replacement program." In other words, if a team member is sick, other team members must cover the work.

To fight TQM, unions will have to innovate and articulate their own quality vision

Because team members know that their co-workers will have to cover for them if they are sick, many workers come to work when they should be resting at home.

This type of program is a classic case of manipulating peer pressure in order to reduce the cost of sick leave.

Peer pressure is often facilitated through the use of incentive programs. Prizes are awarded for teams with the best attendance record or for having submitted the most suggestions for improving operations.

At the extreme, the incentive programs develop into a sophisticated bonus schema, a form of pay-for-performance. In many cases, TQM programs openly call for a performance-based wage system.

TQM cult: the tyranny of change

Most people would agree that delivering health care is different from making cars. Yet this rather reasonable perspective is construct as obstructionism under TQM programs.

At Caretas Health Centre in Edmonton, workers are told they must change and that "If we are committed to Caretas, our mission and values, these excuses are no longer acceptable." Included in the list of no longer acceptable excuses are "not enough staff," and "the union will scream.

Taken to their logical extreme, TQM programs can become the qualities of a cult. When professional conformance is expected and digression is construed as deviance. One quality expert put it bluntly: "Adopting the quality vision is in some respects like a religious conversion. It is a religion in which mistakes and negativity are unacceptable.

Unions and union activists can easily become targets if this type of TQM tyranny takes hold in the workplace. Equally disturbing is the strong American bias of many TQM programs.

Where are we headed?

With restructuring of B.C.'s health care system well under way, most health care workers have been concentrating on issues like user fees, community versus hospital care, and the effects of free trade and NAFTA on Medicare.

But the greatest threat may well come from within the system itself.

"We're talking about emulating the market system," said Carol Clemenshagen at the opening session of the Canadian Hospital Association annual convention earlier this year. "There should be competition." TQM now looms as the vehicle of choice for actually bringing the market into Medicare.

Canadian hospitals are joining the quality movement just as its defects are becoming more obvious. More and more studies reveal that many of the quality programs have met a dismal end.

Another study has shown that the key ingredient in productivity is whether or not an enterprise is unionized.

Unionized workplaces are more productive. And physicians and health care administrators do not all agree on the merits of TQM.

Does this mean that unions can dismiss the TQM fixation as the latest 'flavour of the month' and just say 'no' to invitations to participate in employee involvement schemes? Hardly.

But between just saying 'no' or enabling these schemes is a gaping chasm.

In order to bridge this gap, unions will have to innovate, go beyond traditional collective bargaining strategies, articulate their own quality vision and bring this vision right down into the workplace.

• John Price is a Vancouver labour researcher who has just completed his Ph.D. thesis on quality programs in Japan. Much of the information in this article was compiled as part of a research and educational project on TQM undertaken by the HEU.

The full text of the report, from which this article was taken, is available from the Provincial Office. Price would like to work with the HEU and its staff, particularly staff representative Anne Barlow, who worked on the TQM project, for their insights and advice on TQM in health care.

HEU'S APPROACH TO TQM

The HEU will oppose any unilateral effort by health care employers to impose employee involvement plans, TQM Quality Management schemes and similar projects, according to guidelines adopted by the union's Provincial Executive in October.

The guidelines for participation programs, circulated to union staff in November, authorize union teams to enter into negotiations on employee participation under very strict conditions.

Locals may enter into such negotiations provided:

• the secretory-business manager, the union's chief bargaining spokesperson, is informed in writing;
• the secretory-business manager or he/she representative is part of the negotiating team;
• the letter of agreement is voted on by the local union;
• the agreement is signed by the secretory-business manager on behalf of the union.

The guidelines also require negotiated terms of reference between employers and employees where such programs are already in place.

If such programs are imposed by employers without appropriate negotiations, the union may give the matter.

Copies of the complete text of the guidelines are available from union officers and staff representatives.

November/December 1983 • GUARDIAN
Union demands review of Kamloops adult day care program

HEU is calling for a government investigation of senior Ministry of Social Services staff in Kamloops over the handling of the Beau Vista adult day care program contract that resulted in union members losing their jobs after they went to the ministry with concerns about quality care.

“Our Beau Vista members stood up for their clients,” said HEU secretary-business manager Carmela Allevato. “But senior social services ministry staff used them, and then let them hang out to dry.”

In August, the ministry made a decision to terminate the contract with Beau Vista Enterprises at the end of September, prior to the normal expiry date. Tenders for a new program operator were sought, and another operator took over the program Oct. 1. HEU members then received layoff notices.

Allevato said three local union members approached ministry staff starting in February 1993, after lengthy efforts to make their boss improve the programming they provided to 12 mentally challenged clients proved fruitless.

“Our members presented to ministry staff a series of legitimate concerns and problems relating to the operation of their program, and they sought advice on how to proceed,” she said.

“Ministry staff did nothing, claiming that because they were at ‘arms-length’ from the program operator they were powerless.

“So they contacted our members to put their own necks on the line by blowing the whistle on their boss.”

The call for an investigation is just the start of an HEU campaign to get to the bottom of the situation and raise key issues in the mental health sector. Allevato said there are not enough controls in place to ensure that the primarily for-profit program operators are accountable for the public funding they receive and that quality care is provided for clients.

The union is demanding that the investigation also look into the other government-funded programs that Beau Vista owner Pam Fridelli and her business associates are involved in. Documents obtained by HEU show that Fridelli and her partners, operating a number of different companies, received more than $4 million of social services funding in 1991/92.

Allevato said the situation also shows the need for whistle blower protection for all health care workers, so that they can raise legitimate quality care concerns without the threat of losing their jobs.

HEU is also taking action at the Labour Relations Board, with a successionship application to win back the members’ jobs.

The local members are set to meet Kamloops NDP MLA and cabinet minister Art Chernoff, to seek his support.

Unions join forces to win employment security

HEU, BCNU bargaining campaign targets CCER facilities

By CHRIS GAINOR

HEU and B.C. Nurses’ Union members working in long-term care facilities belonging to the Continuing Care Employee Relations Association (CCERA) will be working together to help win extension of the Employment Security Agreement to their facilities.

The groundwork for this campaign was forged at an unprecedented joint bargaining conference in Vancouver Nov. 17 that was attended by more than 200 HEU and BCNU activists from CCERA facilities across the province.

Talks to extend the Employment Security Agreement to CCERA facilities began in July, but have been stalled by the government’s refusal to properly fund pay equity increases for HEU members in CCERA facilities.

CCERA employers have also opposed bringing their contracts into line with the contracts for facilities belonging to the Health Labour Relations Association.

Both CCERA and HLRA are soon to be joined, into the Health Employers Association of B.C., but CCERA employers are trying to maintain a separate contract with inferior conditions covering their facilities.

“It is not acceptable that negotiations to extend the employment security agreement to all members have taken this long,” HEU secretary-business manager Carmela Allevato told the meeting.

“All of the resources of our union are available to put maximum pressure on the employer. You are entitled to the master and nobody, but nobody, is going to stop you from getting it,” she said.

BCNU treasurer Marie Macleay said her union would join the battle to win master agreements.

“We are serving notice on the employers that BCNU members will fight hard alongside HEU members to win province-wide master agreements for both unions,” she said.

Bargaining with CCERA is scheduled to resume in early December, and both unions want to wrap up agreements in these meetings.

But Allevato said that if there is no agreement by Christmas, pressure will be stepped up leading toward March 31, when the existing agreements with CCERA facilities expire and the unions are in a legal strike position.

She said both sides are working together at the bargaining table, and added that HEU and BCNU members will work together in their facilities to put pressure on employers.

Hawthorn Park local gets lift as bargaining resumes

Members from HEU’s new Hawthorn Park local got a boost in their fight to win a first contract at a special solidarity event in Kelowna Oct. 24 attended by union activists from up and down the Okanagan.

“All the membership is behind you,” HEU president Fred Muzin told the 30 Hawthorn Park local members who attended along with about 30 activists from as far away as Oliver and Penticton.

Muzin also reported on the union’s efforts to press the Labour Relations Board to use the first contract provisions of the labour code to help the Hawthorn local and members from other new locals who face hard line employers.

The show of support was a real morale booster for Hawthorn local president John Prox, who said chairperson Blaine Prox.

“It will help us get what we want,” she said, describing their bargaining situation with their employer, Diversicare, a big Ontario corporation, as “difficult.”

With negotiations set to resume Nov. 29 for two days, Prox was confident that Hawthorn members would vote to approve strike action if it was needed.

The 80 members at the Kelowna facility, which offers intermediate care, residential care and market housing for seniors, have been trying to win an industry-standard settlement since they joined the union March 4. Currently, they’re paid $4 an hour less than the prevailing standard and have no pension plan, limited benefits and no health and safety protection.

At their only previous bargaining session in the summer, the employer tabled significant concession demands.

The special event was spearheaded by the union’s May Bennett local, which has raised funds to present the Hawthorn members with the distinctive HEU blue jackets.

Hawthorn member Roby Baker was impressed with her jacket.

“Thanks, it’s great,” she said.
Labour sees silver lining in election defeat of Tories

The federal election signals a rejection of the Conservative party's corporate agenda, said Canadian Labour Congress president Bob White the day after the vote. "The Tories and the Reform Party tried to make deficit reduction at the expense of social programs and jobs the main theme of the campaign," argued White in a morning-after statement. "But instead voters wanted jobs, protection of social programs and hope for the future." Nobody should interpret the election of Reform Party MPs as a move to the extreme right, said the CLC leader. "Thousands of frustrated Canadians were mad as hell at what has happened to them," he argued, "and the Reform Party was the beneficiary."

White said he was disappointed at the drop in the NDP vote, but praised Andrew McLoughlin who, he said, "conducted a campaign in very difficult circumstances with enormous credibility and enthusiasm."

He also lamented that voters didn't express opposition to free trade and the North American Free Trade Agreement. But he predicted the free trade issue won't go away, and with the US mounting trade actions against Canada, "the new government will have to represent Canada's interests much better than in the past."

He urged English Canadians to accept the election of Bloc Québécois MPs without rancour. "If it is acceptable for B.C. or Alberta to send significant numbers of regionally-based Reform Party MPs to Ottawa, then it has to be equally acceptable for Quebeckers to make their own democratic choices," White said.

"Mr. Chretien and the Liberals won the election on the issues of jobs, protecting social programs, elimination of the GST, and giving Canadians hope for the future," concluded White. "We urge the new Liberal government to proceed with this agenda quickly."

FREE TRADE

Langley firm exports jobs to win U.S. contract

By DAN KEETON

Free trade is supposed to be a two-way street, but a Langley firm won't be able to supply lighting, sound and communications equipment for the latest phase of L.A.'s rapid transit system. But under the U.S. Federal Buy America Act, the jobs created must go south of the border.

"It's a bit of a bummer for us," commented Ledalite owner Peter Murphy in an interview. "It's not efficient for a company to operate that way."

CAW representative Jeff Keighley compares the situation to the Brain Drain, where a talent is sapped from Canada to serve U.S. industry, "Canada's effectively selling its intellectual property, but none of the nuts-and-bolts work to go with it."

The Buy America Act stipulates that labour, parts and materials supplied for federally funded projects must be located or purchased in the United States. It is exempt from the anti-protectionist regulations in the Canada-U.S. Free Trade Agreement, under which Canada is prohibited from enacting similar legislation.

Murphy said the firm went "all the way to the top" lobbying the U.S. Trade Department in an effort to include Canada in the Buy America Act, to no avail. He said lower tariffs under free trade allowed his company to bid competitively, but the act prohibits Canadian manufacture. "It's one of those Catch-22 things."

Ledalite will re-open a plant in Kent, Washington, near Seattle, where some manufactured products for phase I of the L.A. rapid transit system in 1991. It will be a union shop under certification with the International Brotherhood of Electrical Workers. The company has been allowed to do some design training in Canada.

Ledalite got its start designing and producing trackbed lighting for Skytrain, where its technicians "gained the expertise they used for a successful bid for the Los Angeles system," Keighley remarked.

ACN analyzes election, pushes policy options

By MAURICE SMITH

The Action Canada Network analyzed federal election results and said good bye to long time chair person and free trade foe Tony Clarke, who stepped down at its 22nd national assembly in Ottawa Nov. 5 to 7.

The ACN, a national coalition of unions and community groups that has waged a long struggle against the North American Free Trade Agreement, saw a clear rejection of the Tories' corporatist agenda and trade policies in the recent federal election.

The network pledged to keep up pressure on the new Liberal government to act on its key election promises. Delegates to the meeting, at which HEU was represented, also made a commitment to continue to fight the economic and social effects of the corporate agenda and build public support for alternate economic and social policies.

Clarke, formerly of the Conference of Catholic Bishops organization, has been chair or co-chair of the ACN for six and one-half years. Anticipating Clarke's departure, a paper had been prepared entitled The Making of a Movement, a document that laid out the many struggles the organization has been involved in -- the national campaign on federal budget cuts, UIC program cuts, the Gulf War, Medicare, free trade, drug patent bill, NAFTA and others. It also included information on the mass mobilization around the 2.5 million ballots signed by people against the GST in 1990.

The assembly also adopted measures to expand the ACN steering committee to be more inclusive and include at least three provincial coalitions. A hiring process is now underway to replace Clarke. The next national assembly will be held in Ottawa in late January or early February 1994.
More work for women

In a report prepared for HEU, York University professor Dr. Pat Armstrong says Victoria’s health reforms that will bring care ‘closer to home’ will have serious consequences for women.

Caring can also cost women jobs. An Ontario study showed that a significant proportion of caregivers had to take time away from their jobs in order to provide care. In 1992, more than eight times as many women as men lost an entire work week at their paid jobs due to “personal responsibilities.”

T ODAY’S health problems and prac-
tices are assigning more care serv-
tices to the home that have never
been provided there in the past.
Many are recent inventions and even the older ones have traditionally been performed by trained health care workers. Much of it requires considerable skill, and involves considerable risk to the patient if done inappropriately.

In detail to washing, bathing, dressing, lifting, turning, feeding, walking and toileting, and changing, many of those who are now sent home require such services as monitoring of vital signs, apnea and heart monitors, assessing the chest, performing or supervising renal dialysis, providing tracheotomy care, giving tube feedings, administering total nutrition, physiotherapy, cardiac pulmonary resuscitation and injections and supervising the use of ventilators.

Study after study has demonstrated that care by family members and community is really another way of saying care by women. Women are the overwhelming majority of caregivers and they provide the overwhelming majority of care. It is women who regularly prepare meals, do laundry, clean the house, and maintain the social contacts, even if they have another job in the labour force. They simply reduce their leisure time and do some tasks less often. In dual-earner households with small children, women contribute almost 30 hours a week more than fathers to household demands.

Most of the personal care, meal preparation, emotional support and doctor’s appointments are done by women. This is precisely the work that is to be sent closer to home. Caring work is women’s work and it is clear that closer to home will mean more work for women.

In 1992, 72 per cent of women between the ages of 25 and 44, and 73 per cent of those between 44 and 54 were in B.C.’s labour force. It is the women between the ages of 25 and 54 who would have to take on additional caring work, but only a small minority of them are at home to do it.

Most of the women who have paid jobs have little choice; they work outside the home because they need the income.

Caring work often costs women in terms of their health, their social relationships and current and future employment possibilities. It usually costs them financially as well.

Caring for the elderly and disabled means a 24-hour commitment. Sleep is regularly disturbed and other chores around the house increase.

It costs women emotionally. It is often more difficult to provide intimate care to a close relative than to a stranger and provision of care often conflicts with past relationships. Many of those who are cared for are violent or abusive, subject to frequent mood changes and irritability.

The stress of caring often leads to physical illness. Studies indicate that caregivers suffer from fatigue, headaches, inability to concentrate, hypertension, chronic obstructive lung disease, and an overall decline in physical health.

Caring can be a dangerous way of saying care by women.

“Care by family members and community is really another way of saying care by women.”

There are the problems of caregivers themselves becoming ill. Moreover, care by an amateur, no matter how much they

PROTECTING WOMEN

A number of safeguards are necessary to ensure that closer to home works the way it is supposed to. Here are some of HEU’s suggestions to government:

Women’s groups should be given a voice on community councils and provincial decision-making bodies, to ensure that health care reform do not result in further exploitation of women.

The provincial health council, if it is set up, should specifically monitor this question.

Organizations of persons with disabilities should be given a voice on these bodies to monitor and report on the level of informal caregiving of persons with disabilities.

Caregivers must also be trained on these decision-making bodies. Most caregivers are women, yet it’s predominantly male administrators and physicians who are running the show.

“Care by family members and community is really another way of saying care by women.”

Today, informal caregivers are expected to handle complex equipment and procedures without receiving much formal training. The risk of causing temporary or permanent damage to the patient rises along with the risks required.

If patients survive, they may end up back in the institution, increasing the costs of the system. While lack of training can lead to inappropriate treatment, the stress of caring work can lead to neglect or even abuse.

Sending patients closer to home is justified by government in terms of better care and lower costs. However, people do not necessarily receive even decent care at home. In part because women are already so overburdened. And there is a whole range of hidden costs which may, in the end, serve to increase both the social and economic expense, especially for women. Under current conditions, closer to home conflicts with a commitment to equity in access to health.
NOTEBOOK

Tory drug deal
behind NDP plan
to cut Pharmacare

By CHRIS GAINOR

ONE of the major reasons for the Premier Tory government to protect federal
highly profitable multinational
drug companies from competition provided by Canadian-based
pharmaceutical firms is the decision by the former Tory government to fund
health care programs.

The blueprint for this plan comes from the Pharmacy Review Panel, which the provincial
government set up earlier this year, and which
recently delivered its report after hearing from a
number of individuals and groups, including
HEU.

Some of the panel's 34 recommendations are
positive, including pressing for a review of the
drug legislation to reduce competition, curtailing
the distribution of free drug samples to
physicians, and using bulk purchasing to bring
drug costs down.

But the panel also proposes that Pharmasave
plan aimed at senior citizens, residents of long-
term care facilities, welfare recipients, medically
dependent children, and all other British Columbians,
be replaced with a single plan "based on the
ability of B.C. families to pay for prescription
drugs."

Since 87 per cent of the cost of Pharmasave is
spent on the seniors' plan, and since the other
groups will likely continue to receive Pharmasave
care benefits as usual, this panel's proposal for
Pharmasave probably means that many seniors
will no longer benefit from Pharmasave because
they will be deemed to have the "ability to pay"
for their drugs.

On the surface, this seems to mean that rich
seniors will have to pay for their drugs. But to
put a real dent in Pharmasave spending, which is
clearly what the panel and the government want
to do, many seniors who aren't so rich will have
to shell out for increasingly expensive drugs.

Seniors have become a favourite target of cost
cutters in every government.

The federal Tories invented the infamous pension
"clawback," and the B.C. government now
charges long-term care fees that take 85 per cent of
the minimum pension.

Most provinces, including B.C., are taking
away drug benefits from senior citizens.

In spite of rhetoric that these actions "target"
benefits to the most deserving, these cuts will hit
the many seniors who find that their retirement
years are a time of poverty.

The major reason these cutsbacks are taking
place is that really rich Canadians and large
corporations are no longer paying their fair share
of taxes.

And history has shown that the only popular
social programs are universal ones. When programs
are not available to everyone, public sup-
port fadés and programs die.

This means that many younger people of today
for whom seniors' issues don't matter may well find
that today's social security net is gone by the
time they retire.

Government investigation of Austin, HLRA broadened

Victoria studies more
cadillac expense payouts, stock market losses

The provincial government has broadened its
investigation of the spending habits of Gordon
Austin and the Health Labour Relations Associa-
tion to include another employer organization
and the $115 million HLRA benefits trust.

However, there's no word from the health min-
istry on when the investigation, which began last
summer, will be completed and the results made
public.

The B.C. Health Asso-
ciation and its boss He-
man Cowen came under
Victoria's scrutiny Oct.
29 after copies of Cowen-
son's salary and expense
payments were reviewed
by the provincial auditor
general, who had re-
ceived an anonymous
telephone tip.

According to information obtained by The
Guardian, Cowen racketed up close to $160,000 in
expense payments in the three years between
1989 and 1991. In addition Cowen's salary ballooned
from $99,500 at the end of 1989 to $140,000 in 1991.

Other BCHA bosses also racked up big pay
boosts way out of line with the health sector
pattern for workers.

The organization also dropped $430,000 at
pace Vancouver hotels and ran up credit card
charges of $330,000.

Cowen vigorously denied any wrongdoing,
and said his big expense account reflected exten-
sive travel costs.

Doctors' pact deinsures health services

SETTLEMENT of the 18-month
long battle between B.C. doctors and the provincial government has
raised questions about the future of Medicare in B.C. because of plans to remove
certain services from Medical Services Plan
coverage.

Under the terms of the agreement between the
government and the B.C. Medical Association,
the two sides agreed to bring down costs by $370
million over the next four years.

These savings will be made by holding doctors' total billings within a cap set by the
government, and by more monitoring of doctors' billing.

Health care costs related
to motor vehicle acci-
dents will now be paid
by ICBC premiums rather
than from the health
budget.

But the most contro-
versial feature is a new
trend to deinsure certain services. These services
would no longer be covered by the Medical Serv-
ces Plan. Under pressure due to federal health
cutsbacks, many provinces are deinsuring certain
services from Medicare, a move endorsed by
former federal health and welfare minister Mary
Collins.

In B.C., the health minister has announced that
"certain types of cosmetic surgery" and "dupli-
cate tests" will be deinsured under clinical
guidelines to be set jointly by the doctors and the
government.

Critics fear that more and more health services
will be deinsured over time, leading to two-
tiered medicare and the return of private health
insurance to Canada.

Earlier in October, health minister Paul Ramsay
agreed to an HEU request to look into the activities of the HLRA Health and Benefits Trust, after the union presented evidence that the trust lost more than $10 million on the stock market in 1992.

Just prior to the public announcement of the
investigation of Austin, the trust's chairperson, Fraser Valley accountant David Dreyer, resigned Sept. 24. Austin was also a member of the trust board.

A trust spokesperson, Nan Bennett, said Dreyer left for "personal reasons" that had
nothing to do with the government investigation.

However, Bennett acknowledged that like Austin, the government will be checking on Dreyer's expenses.

Documents obtained by HEU showed the trust, which primarily funds the health indus-
try's long-term disability plan, budgeted for 1990 investment income of $11 million, or a 19
per cent rate of return.

But by year's end, the $11 million had dwindled
down to a strange $100,000.

One of the trust's investment counsellors was
replaced, while others were not legally registered
as such.

Subsequently, the trust made up for the
losses by what it called "favorable claims termination"—cutting injured workers' LTD
benefits.

News of Victoria's initial investigation of
Austin and HLRA surfaced earlier in October, after the Vancouver Sun obtained internal HLRA
documents implicating the former hospital boss
with widespread financial impropriety.

Austin was then fired by HLRA's board.

A ministry spokesperson said Victoria had re-
ceived the same documents in the summer and
ordered the provincial comptroller general to
begin a forensic investigation.

The deinsurance trend is spreading
cross North America

"The trend to eliminate certain kinds of cover-
age is spreading across North America," said
HEU secretary-business manager Carmela Alle-
varo. "We will very quickly eliminate fat and
frills. Each year a province cuts the public has
direct input into the decision-making process."

Allervato said the deinsurance services could
provide a rich ground for private medical services
outside Medicare.

Setting and administering clinical guidelines
could also require large and expensive bureauc-
racies to administer them.

The battle between doctors and the govern-
ment began early in 1992 when the government
ended a controversial pension plan which had
been agreed to by the pre-
vious Social Credit gov-
ernment, and placed a cap
on total Medicare bill-
ings.

Although the new agreement restores the $23 million a year contribu-
tion to a pension plan for doctors, the doctors are now also contributing to the plan.

Legislation passed by the government last year
includes representatives of the government, doc-
tors, and the public in a revamped Medical Ser-
cices Commission, and the agreement means that the doctors will now participate in the new
commission.

It remains unclear whether doctors who have
opted out of Medicare in protest over the dispute
with the government will now return to Medicare.

HEU has opposed the use of hospital resources
to help doctors till their patients instead of medici-
nes.

November/December 1993 • GUARDIAN
Bosses demand equity with their U.S. counterparts

Canadian Business magazine recently reported that bosses in this country aren't getting a fair shake.

Huh? The magazine pointed out figures showing that Canadian manufacturing workers are among the best paid in the world, right up there with Germany, Japan, Italy and France. But Canadian managers and executives are close to the bottom when compared to the other major industrialized countries.

Here's the bottom line: top Canadian executives earn only 130% times as much as manufacturing workers. In the U.S., the ratio is 26. Wow. That's tough.

What does bosses think about at work?

Corporate executive spend their days making big, important decisions, right?

Wrong. According to a survey of 1,500 readers of Executive magazine, 80% of male executives and 51% of female says they have sexual fantasies at work. Nearly as many, 79% per cent, dream about coming up with the "big idea" that will put them on easy street, and 69% per cent daydream about quitting.

Angry employees confessed to dreaming of kicking the boss' ass and moving on. Another 43% per cent admitted to putting the boss in his place. And 31% per cent would love to see the boss go into the hospital and never return.

When giving your name isn't safe

Name tags encourage sexual harassment of workers and help stalkers figure out where their victims live.

So when Air Canada tried to make all its flight attendants wear name tags, their union -- CAW Local 2033 -- reminded the 75 per cent female membership of their right to refuse unsafe work.

After a couple of months, the airlines backed down.

Memo to boss: get a life and give us a break!

A Washington, D.C., parking lot manager was fired for requiring employees to bring containers to work so they could urinate without leaving their booths.

Who paid for part of the deficit

The federal minimum wage in Canada has been frozen at $4 an hour since 1996. Contrast this with the provincial minimum in Ontario, which by Jan. 1, 1994, will be $6.70. In B.C., the minimum wage now is $6.50.

"We'll bargain with you -- in the next century!"

Twenty-nine years after the Transport Employees' Association Local 1033 at the Port of Vancouver voted to unionize, the National Labour Relations Board still has not ruled on a contract. The employer was able to drug the process by continually appealing the scope of the bargaining unit.

Not so says the CAW.

It is found that Campbell's has discriminated against the Canada Industrial Relations Act and the Regulations, in that Campbell's has at all times since November 1, 1987 engaged in, and at all times through the time of the complaint continued to engage in, a pattern of violation of the Act and Regulation.

A spokesperson said the issue is totally speculative.

Show of support: When the jobs of Kelowna transit drivers were threatened by contract negotiations last year, the team at the Kelowna General Hospital turned out in force to show their support. Thanks to the show of support from the community and the HEU's May Bennett and Kelowna General members, city council gave the drivers a six-month reprieve to allow for further study.

Conference provides ideas for employee assistance plan

By Tom Knowles

A memorandum of understanding contained in the Master Collective Agreement mandates the parties to determine the best criteria for acceptable employee assistance programs and make recommendations to the respective parties.

To that end the Provincial Executive decided to send the members of our committee, namely Barb Anfinson, Simone Halpin and myself, Tom Knowles to Ottawa to see what works in the rest of the country.

Input was held in Ottawa from Oct. 31 to Nov. 3 and enabled the members of the committee to gather valuable information that we are sure will go a long way to shaping our proposal for a model employee assistance program. A 100 participants from all over Canada showed a strong inclination towards the proposal and the rest of the country will be of benefit to you and your family if you require an employee assistance program.

Union staff opportunities

Have you considered applying for a union trade union and technical skills to a staff position with your union? The annual BHEU staff opportunity job posting is now open until Oct. 31, 1994.

When vacancies for servicing representatives, researchers, communications staff, secretaries, accountants, and building and maintenance jobs occur, BHEU tries to fill the positions with applications from the membership.

Conditions are good and the jobs carry a full range of benefits. Wages range from $17.60 an hour for a building service person to $21.47 per hour for secretarial work and $22.81 per hour for a rep/organizer.

When working for BHEU you must be on leave from your facility. If you are interested in working for BHEU, please submit a resume detailing your employment history and union experience, as well as a photograph that presents your personal and professional background.


WCB governors must see it right

A recent Workers' Compensation board appeal ruling is a step forward to proper compensation for workers sustaining eyewight impairments from workplace accidents or industrial disease.

But the appeal commissioner who made the ruling delayed full justice until the WCB board of governors draft new regulations to compensate workers injured in such circumstances.

Prior to the ruling, the WCB had held that if the vision damage caused by injury or disease could be corrected by glasses, the worker was not entitled to any compensation.

The WCB launched the appeal on behalf of a union member who had received a serious eye injury in 1977 at a previous job, and had been denied compensation.
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1994 CALENDAR

January
Canadian Labour Congress winter school.

February

International Women's Day.

March

CCERA contract expires for more than 3,000 HEU members.

April

Day of mourning for workers killed, injured on the job.

May

Day, International workers' day.

May, 15

CLC Convention, to May 20.

June

B.C. Federation of Labour convention, Vancouver (tent.), to Dec. 2.

July

HEU summer school, to June 16.

August


September


October


November


December


THE GUARDIAN
On the line for fairness

The inside story on Total Quality Management and the new ways bosses want to recognize work.

Tackling TQM

HEU and BCNU members working at CCERA long-term care facilities have joined forces to win employment security.

United front

Bringing health care services 'closer to home' will have serious consequences for women, a special report.

More work for women

On December 6, 1989, 14 women students at Ecole Polytechnique in Montreal were killed by a man who blamed them for his failure to qualify for engineering school. That day has been officially recognized as a National Day of Remembrance and Action on Violence Against Women because of a private member's bill introduced by Dawn Black, a former New Democratic Party member of Parliament.