We’re close to an agreement with CUPE

A PROPOSED AGREEMENT confirming HEU’s membership in the Canadian Labour Congress through the Canadian Union of Public Employees should be ready for ratification at HEU’s September local membership meetings, says HEU secretary-business manager Carmela Allevato.

Final details of the proposed affiliation agreement were being negotiated at Guardian press time.

"The final text will be placed before HEU’s Provincial Executive and CUPE’s National Executive Board for approval by the end of the summer," Allevato said. "If all goes well, the text will be distributed to locals for review and ratification during September."

Allevato said the agreement meets HEU’s goal of maintaining its structure, name and constitution intact while linking HEU members with tens of thousands of other health care workers represented by CUPE across Canada.

FOR MORE DETAILS, SEE PAGE 3

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PATIENT-FOCUSED CARE

cutting corners on care

This latest management fad is a radical change in patient care. It’s forcing HEU members to cut more corners on quality health care.

Fighting Goliath

HEU is no longer a powerless David to business giants. PAGE 19

VANCOUVER HOSPITAL RALLIES BCNU’s Sherry Parson and HEU’s Leo Bibo, centre, are warning the public about service cuts at B.C.’s biggest hospital.
COMMENT

Strengthening the hand of health care workers

by Carmela Allevato

- Can you imagine a government-appointed commis-

sioner ruling on who HEU could organize? Or limiting our ability to

negotiate fair wage increases for underpaid community health work-

ers? Or forcing HEU into involuntary bargaining relationships with

other unions from outside the traditional health care field?

Believe it or not, that is precisely what could happen as the result of a

surprise piece of legislation passed by the government in mid-July.

Fortunately for HEU members, decisions made by the last con-

vention -- particularly the direction given to the Provincial Execu-

tive to conclude a final agreement with the Canadian Union of Public

Employees -- should minimize any negative fallout.

But the whole episode underscores how important it is for HEU

members to be forward-looking and flexible as the health care sys-

tem is changed around us.

With employers and cost-cutting governments across Canada look-

ing for any opportunity to reduce costs at the expense of caregivers,

frontline health care workers have to hang together or risk hang-

ing separately.

As hospitals, long-term care homes and many other agencies are

merged into new regional boards and community councils, employees

want to reduce the number of unions they bargain with and increase

their ability to resist demands for wage increases in the community sec-

tor.

letters

THE GUARDIAN WELCOMES LETTERS TO THE EDITOR. PLEASE BE BRIEF. WRITE TO 2006 WEST 10TH AVE., VANCOUVER V6H 4P5.

Closer to home

a pain in the back

• Here's part of a letter sent by Salman Arm Pioneer Lodge HEU

activist Angie Farquhar to health

minister Pauline Routley that was sent to The Guardian.

I had to cause our use of medical system since the changes to

our health care in B.C.

I underwent back surgery in

October 1993 in Vernon. On the

third day following surgery myself and my roommate received very,

very little nursing care. We even had to make our own beds.

On the fourth day we were both

sent home by ambulance, I could

only walk on flat areas which was

very difficult since getting into my

house I had to go up steps.

My husband had to stay home

from work to look after me. This

was difficult both physically and

financially.

I could not go to the bathroom

unassisted or get off or on the

bed unassisted.

I was released from the hospital before home support nursing was

set up.

When the home support nurse came she was upset because there

really was no one available to do my care and she had to squeeze

me in between others. The care was to be daily changes of the

dressing but she only came once and then to remove the staples.

I waited for almost two years to have back surgery. I must now

have the surgery redone.

I question if the reason the surgery was unsuccessful was be-

cause I was forced to get up too soon on my own. I am still

in a great deal of pain but now

I am again on a wait list for surgery.

I understand that since the federal government has stopped the

transfers payments to the provinces health care has suffered but I also

believe that national health care is forced on the way it is.

It left them with a very difficult situation with the emissions from

No I believe that this isn't our solution to the pan health care

problems. It is time to start using the coporations to get funding to

support our social programs if they threaten to leave Canada then let

them go. They only cost us money supporting them and all our tax

exemptions.

ANGIE FARQUHAR,

Salman Arm

The next step in bloated waste management

• This letter was sent to HEU's

secretary-business manager Carmela

Allevato.

Thank you for your letter of May 11, 1994, expressing your unions' support for the recom-

mendations of the waste reduction commissioner for the management of biomedical waste.

The report and recommendations of the waste reduction commissioner (Dorothy Caddell)

are currently being reviewed by staff from the Ministry of Health

and the Ministry of Environment.

Upon receiving staff comments, I will work with my cabinet

colleagues to develop a formal action plan to manage biomedical waste in the province.

Regarding your specific concerns, we agree that the current situation with emissions from the existing hospital inciner-

ators must be eliminated. In cooperation with MOH, we are developing a strategy to

manage the upgrading or phase out of these incinerators.

Thank you for your letter of assistance in the event of any pilot implementation project.

MJD SHOHTA, Minister of the Environment

Working TV a hit in New Brunswick

I had the opportunity to view your organization's videos relating to

health care, hospital administrators and the like.

They provided me with a great boost through their comic but also

together too sad portrayal of some of the players in our health care

system.

I am interested in being able to share these productions with

members of the New Brunswick Nurses' Union.

THOMAS MANN, Executive Director, New Brunswick Nurses' Union

Guardian

"To health's doleful tune at all those who fail to live.""
HEU, CUPE finalize text of proposed affiliation pact

A PROPOSED agreement to confirm HEU’s membership in the Canadian Labour Congress through the Canadian Union of Public Employees is close to completion, says HEU secretary-business manager Carmen Allevena, and will be ready for membership ratification in September.

Three days of around-the-clock negotiations in Ottawa July 4, 5 and 6 produced a draft agreement that resolved almost all outstanding issues, Allevena said.

"The agreement we have worked out with CUPE will maintain our name, identity, constitution and structure intact, but assures us access to the resources of the national union, including the defense fund," Allevena said. HEU’s team has been careful to structure the deal to ensure there will be no need for a dues increase. At the same time, HEU will have access to improved technical and support services offered by CUPE which would enhance the services already available to HEU members.

The union's Provincial Executive sees the tentative agreement as the fulfillment of a convention directive in 1992 to "seek permanent status in the House of Labour."

The full text of the agreement and an explanatory background paper will be distributed to HEU locals well in advance of September local meetings.

The agreement, if ratified, would formally bring HEU's 38,500 members into the national union, opening the possibility of co-ordination of campaigns and bargaining among health workers from coast to coast. CUPE already represents more than 50,000 municipal and public sector employees in B.C., most of whom are members of the union’s B.C. government.

Allevena said the agreement includes significant features confirming HEU's Master Agreement as the standard for health care workers in the province. It also provides for co-operation and co-ordination between the two unions as health regionalization moves forward.

Victoria demands talks on jurisdiction

The NDP government delivered a sharp ultimatum to unions in the health sector last month: decide who will represent health workers or we will do it for you.

The demand came in a bill introduced at the end of the legislative session which contained amendments to Bill 45, the 1993 law which established regional health boards and community health councils. The amendments require unions in the health field to negotiate with workers they will represent — their jurisdiction — under the new regional health care structure.

If the unions can't agree to a voluntary arrangement, the new law gives the government the power to appoint a commissioner to divide the turf.

The commissioner's recommendations may be altered by cabinet.

"HEU's position is that we have the right to organize and bargain for health workers wherever the service is delivered," said HEU secretary-business manager CarmenAllevena.

The union endorsed action by the B.C. Federation of Labour to demand changes to the bill, including a clause which will allow wage control.

The government refused to make major changes, however, and it was passed by the Legislature.

At Guardian press time, unions affected by the law were meeting to plan their next step.
Victoria adds $50 million to hospital budgets

In response to concerns expressed by the HEU, BCNU, and HSAs and protests at Vancouver Hospital, health minister Paul Ramsey announced July 15 that an additional $50 million in funding for B.C. hospitals would be made available this year.

The minister's announcement proves that the government is committed to better health care for British Columbians, said HEU secretary-business manager Carmela Allavuo.

"Since this year's budget was announced, we have expressed our concerns to the government about funding levels for health care, particularly to hospitals which are experiencing population growth or are already highly efficient," Allavuo said. "The announcement that additional funds will be directed to these facilities demonstrates a strong commitment by this government to better health care for British Columbians."

The Employment Security Agreement has allowed health care facilities to make major adjustments without throwing more workers into the ranks of the unemployed, she said.

Ramsey said Vancouver Hospital will receive an additional $10 million, the Greater Victoria Hospital Society will get $15 million, and $1.72 million will go to cancer clinics. Other hospitals are being invited to apply for additional funds.

Ramsey's announcement came a few days after members of the HEU, BCNU and HSA held a major rally at Vancouver General Hospital to protest service cutbacks at the hospital.

Allavuo said she hopes administrators will now concentrate on reducing unneeded management jobs, and stop blaming the Employment Security Agreement for budgetary problems.

HEU is calling on the government to include front-line hospital workers in the ministry/industry committee which will allocate funding to hospitals applying for additional funding.

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**Healing herself**

By facing a difficult past, HEU’s Minnie Dennis is working for a better tomorrow

by Chris Gatmor

HEU Minnie Dennis came to face with her past six years ago, she made changes in her life that are allowing her to work for a better tomorrow.

Dennis spent much of her childhood as a ward of the provincial government, being brought up in foster homes and suffering abuse. Because the law governing aboriginal status discriminated against women, Dennis did not gain official aboriginal status until the law was changed in the 1990s.

She was brought up off the reserve, separated from her people, the Gitksan.

"I really didn't belong in either community until I got my Indian status back," she said. "When I got the letter from Ottawa saying I was an Indian, I had a real sense of belonging."

Since then, Dennis, an activity aide at Peninsula Regional Hospital and secretary-treasurer of the Peninsula local, has been educating herself about the ways of people, the Wolfs clan of the Wet'suwet'en.

About the same time, Dennis also sought counselling to help her deal with the abuse she faced when she was growing up. This abuse was part of a cycle, which Dennis said affected her two marriages and her children.

This realization led Dennis to meet with her children and other family members. She urged her children to give her back the pain she had passed to them.

"I've let go of the past, and I've had to return all the pain I felt from the abuse I suffered."

The three children from her first marriage are grown up, and she now shares custody of her 15-year-old daughter from her second marriage.

"I'm now the example of the family. It can work as long as we keep an open mind, and are honest."

As part of her healing process, Dennis has become active in her community.

"I really didn't belong in either community until I got my Indian status back."

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**More union organizing gains**

HEU organizing staff have revealed the province's progress in bringing benefits to more B.C. workers in both traditional union and non-union service sectors. The ten staff at the Tumbler Ridge diagnostic and treatment centre joined HEU on July 1. The same day, 65 workers at the Northeast Care Centre, a 72-bed facility primarily serving long-term care facility in Surrey, signed up.

At the beginning of July, 15 staff at the Abbotsford Care Centre in Kelowna joined HEU. Their facility is a unique 12-bed facility to treat severe head injuries. The Canadian Mental Health Association Prince George employees are also part of HEU. The 23 community care staff joined in late June, as did the 50 care group home staff who work at Sisu Services Ltd., which operates four group homes.

Welcome to all our new members.

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**A poke is no joke for HEU laundry workers**

Shut-up, shut-up, shut-up. That's one of the slogans submitted by members of HEU's Vancouver Island & B.C. laundry local in a contest to develop creative ways of raising the workers' concerns about workplace violence.

"Our hope is that our concerns will be shared with others in a positive, humorous light," says local chairperson Terri Rosaslu.

Rosaslu says her local wants to work to "eliminate the hazards and surprises we find in the linen."

Talks between owners of the facility and area hospital bosses on bringing the laundry back into the public sector continue.
WHAT WE'RE UP TO

Workshop for supervisors

The role of supervisors within the union will be explored at a special two-day Vancouver workshop for HEU supervisors, Sept. 21 and 22. Application forms were sent to all local secretaries-treasurers earlier this month. Set to take part in the workshop are a number of union officers who work for supervisors, who will share their experiences from the workplace.

Press those political contacts

All HEU locals are being encouraged to appoint a local representative to be responsible for political action. Local officers are also encouraged to arrange meetings with your MLA's to raise concerns about problems at your facility.

Pricare members, bosses okay ESA

HEU's 1,800 long-term care workers at private facilities represented by the former B.C. Pricare have ratified the Employment Security Agreement by a 94 per cent margin in province-wide voting that finished on June 23.

On the same day, long-term care health employers ratified the agreement by an 89 per cent result, the Health Employers Association of B.C. announced.

The long-term care bosses' vote was a much wider margin than the acute care collegues, where HEU members in the facilities which were formerly represented by the Continuing Care Employee Relations Association had earlier ratified the agreement by a similar 94 per cent vote.

The employer at one former Pricare facility, McDonald Lodge, has not ratified the agreement. HEU is taking steps to protect those workers.

Talks to extend the ESA to facilities with independent agreements are continuing.

The ESA extends collective agreements for HEU and B.C. Nurses Union members in the long-term care facilities by two years, to March 31, 1996. HEU members in these facilities will receive wage increases equivalent to those already negotiated in the HEU Master Collective Agreement.

As well, workers will have employment security, and their wages and benefits will be protected as the system structures.

The agreement will be reduced to 35 hours a week from 37.5 hours. Because the long-term care workers did not get the reduced work week until long after HEU members in the master agreement got it, long-term care workers will receive a retroactive wage adjustment of 2.8 per cent on all hours worked from October 1, 1993, to the date the 36-hour week takes effect.

This ratification is an important milestone for HEU members and for health care reform, said HEU secretary-business manager Carmela Alle- vato.

VH troubles sign of reform crisis

"There's a crisis in health care restructuring," says HEU's secretary-business manager Carmela Allevaro, and at a July 12 Vancouver Hospital rally she encouraged health care workers to raise the alarm bells for all of B.C.

The tri-union event was organized by Vancouver Hospital activists as part of their campaign to warn the public about the impact of tight funding, VH service cuts and the lack of community services to pick up the slack.

BCNU rep Sherry Parkin outlined some of the arbitrary measures the hospital has implemented to deal with what it calls a $30 million deficit: cut 800,000 staff hours (400 full-time equivalents), close more than 100 beds, and pare operating room time back by about 25 per cent.

She warned 'community support services are not there and we're already slashing services," which "threatens the viability of health care reform."

HEU activist Mike Berkert told the rally Victoria must be pushed to make an orderly change to community services. He urged the formation of a social movement to defend workers.

Days after the rally, health minister Paul Ramsey announced a further $50 million in funding for cash-strapped hospitals, a move which HEU praised.

VH's share of the new money is about $10 million, and top hospital boss Murray Martin says critical care and surgery will be some of the priority areas for consideration for additional cash.

Union executive decides transfer, amalgamation policy

Because health care restructuring has led to a number of amalgamation and transfer agreements between locals which, over a range of different circumstances, the HEU Provincial Executive has adopted a set of guidelines for these agreements.

Because of the unique circumstances around each amalgamation, the policy calls for consultation between the local from which the service is being transferred, and the local receiving the service.

No agreement can go below the provisions of the Collective Agreement or the Employment Security Agreement.

The policy calls for meetings with all affected members, including those in receiving locals, before discussions with management, during discussions, and before the signing of any tentative memorandum of understanding.

Representatives from affected locals must be given paid time off by the employer to prepare for discussions and meetings with management.

Memoranda of understanding with management are necessary before any transfer or amalgamation, and these agreements must be ratified by majority votes of the affected locals.

These tentative agreements should then be sent to the secretary-business manager for approval by the Provincial Executive.

Copies of this policy have been sent to all locals.

Honouring Ginger Goodwin on the anniversary of the Canadian labour activist's murder by the RCMP are HEU leaders Fred Munn and Linda Hargreaves.

SOUNDING THE ALARM Vancouver Hospital workers alerted the public about service cuts at a July 12 rally.

After being roundly criticized by local tri-union leaders for refusing to consult, the hospital has promised to meet with the VH labour adjustment committee.

The hospital has driven criticism for its spending habits from outside health union quarters.

A recent feature in the Georgia Straight newspaper, took hospital bosses to task because they spent all of last year's $9 million surplus on privacy capital equipment.
CUPE and our next 50 years

by Fred Mintz

The important decision that HEU members will be making this autumn about permanent affiliation to the Canadian Labour Congress (CLC) and to the Canadian Union of Public Employees will impact on the strength of our union over our next 50 years.

Daily work pressures and the endless demands on our local activists make it easy to lose long-term vision. We have to ensure that this does not happen.

HEU has been a house of Labour on a trial basis since 1984. During that time, many of our locals have affiliated to their labour councils, attended B.C. Federation of Labour and CLC conventions and educational programs, and developed working relationships with activists from other unions.

We have shared our knowledge about health care and social issues and have learned a great deal about workers in other industries. We have all concentrated on organizing those who have been denied the benefits of union membership by other than delicate members, thereby creating a stronger labour movement.

HEU has a long proud history as a principled and independent organization. We negotiate our own contracts. Our Master Agreement is the standard for health care in B.C. We provide aggressive servicing to enforce our rights. We determine our own constitution & bylaws to decide our local and provincial structures.

HEU's autonomy is non-negotiable. Allowing to CUPE as a service division will preserve those rights. As well, representation at a national level will allow us a greater ability to defend our members against the global attack on quality medicine.

Any affiliation agreement costs money. The figures currently being discussed amount to about 10 per cent of HEU's annual income. Our October convention will debate several ways to accommodate these costs to minimize the impact on our currently budgeted programs.

The more important union duties do negotiate and enforce contracts.

"HEU belongs in the House of Labour permanently. We must seize this opportunity." Workers seek out representation to improve wages, benefits, working conditions and employment security. Our affiliation with CUPE will enhance our ability to provide this essential service, especially given the negotiations in 1996 that will be a powder keg.

CUPE, with over 400,000 members across Canada, provides strike pay from their national defense fund, beginning on the 10th calendar day of a strike. As well, this fund is available for strike-varying actions, public relations campaigns designed to protect us against contract-cutting, privatization and other attacks on our health care jobs and services.

The ability for our locals to link up with Solent, CUPE's computer communications network, will enable us to share timely work-related information. CUPE's strong, supportive voice will resonate with our members. We must seize this opportunity. The challenge we face this fall is making it work.

Summer school a valuable experience for new member

by Dee Houze

As an aboriginal woman, my history is filled with genocide, death, and change and conquer controlling tactics from the dominant oppressors. As a history of continual transgressions against the land and the First Nations people by corporate interests and their willing allies in the provincial and federal governments.

It's a history of betrayal and excess, enforced dependence, watching hovers on a people whose way was to seek wholeness and consent.

For years I had a weak self-identity. I lived with despair and self-destructive behaviour, trying to find the place inside myself where I belong.

The quest brought me on the run to Queen's, into formal education, into the endeavour of my own healing.

"I found a whole new world for me again"...

Finding comradeship with all people and all pain, I began to grow into my job as an addiction counselor.

When I experienced the inner workings of the society, I wonder how I ever got to be inside what clashes so much with my own personal values and beliefs.

When our team went "union shopping" I found a whole new world for me again. Yet meeting with HEU staff representatives Kathy Jessome and John Humen was exciting and somehow familiar.

They are the struggle, the brother and sisterhood, the fight against those in power and control. The ones making decisions that hurt people and those who do the front line work of health care workers.

Summer school was a total eye opener. To learn and be able to pinpoint the systematic plottings of those of the elite, pawning us into a deadly game of our demise.

We are working into a two tier system of rich and poor. Selling us to the highest bidder, no thought to the sacredness of human lives, equality, rights and freedom.

To be with over 200 people in education and honour for our jobs and values was truly an empowering teaching. I gratefully thank you all, for reinforcing the strong sense of belonging and truth. We need all we are.

* Houze, an alcohol and drug counsellor in Queen's, attended HEU's annual summer school in Vancouver. She and her four co-workers recently joined HEU.
NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Where Manning stands on labour

REFORM'S PARTY LEADER
Premier Manning spoke recently to a Labour convention. No he didn't share the podium with Bob White at the Canadian Labour Congress convention. Instead, he spoke in only May to members of the much-smaller Canadian Federation of Labour, a federation of U.S.-based international construction unions.

Manning was asked from the convention floor what his position was on the mandatory payment of union wages on government infrastructure projects. He rejected the idea, "No, we feel the more government intervention, the worse off you are.

-When Manning was asked what he thought about anti-slab laws, he answered, "We would not support legislation that prevents alternative types of

workers." (In other words, he supports letting employers use scabs during labour disputes.)

What the delegates didn't know was that statement by Manning over the past couple of years reveal more about Reform's labour policy than its policy book.

On an April 1992 open-line show, Manning was asked what the minimum wage should be. It should be determined by what the market will bear, what the consumer of labour is prepared to pay...not by government regulation.

"Up against the Wal' Mart campaign starts

Wal-Mart is poised to take the Canadian retail industry by storm. This American retail giant is bigger than Sears or K-Mart. A lot bigger. It operates more than 2,000 warehouse-store outlets across the U.S. and has 940,000 employees.

Every second day a new Wal-Mart is opened in North America. And the company has just taken over 122 Canadian Woolco stores, and is planning to open another 60 outlets across the country by the end of 1993.

If current growth continues, by the year 2000 Wal-Mart will become the largest corporation in the U.S., surpassing Exxon and General Motors.

According to Wal-Mart, its success emerges from a philosophy based on giving superb service, a wide assortment of quality merchandise and the lowest possible prices every day.

While this message is at best a marketing myth, at the heart of the Wal-Mart philosophy is greed. It satisfies this by shortchanging local competition, free-loading off communities, predatory pricing, exploiting employees and using child sweatshops in the Third World.

Last year alone this philosophy was worth Wal-Mart $3.5 billion in profit.

Many consumers may be attracted to some of Wal-Mart's prices, variety and convenience. But these benefits are offset by higher social and community costs as hundreds of American towns have already discovered.

Are there not other considerations, such as preserving community values and vibrant downtown cores? What about jobs, and local economies?

For information on this Council of Canadians campaign contact Peter Eyer at 613-333-5773, fax 613-233-6776.

LABOUR

WESTMIN SOLUTION These Campbell River miners, members of the Canadian Auto Workers' Union, are holding their heads high after the solidarity they maintained through a 13-month employer lockout forced their bosses to agree to an arbitrated contract settlement. The miners are pictured above at a rally at the company's shareholders meeting earlier this summer. Binding recommendations will be issued Aug 15 and they'll be back on the job right after Labour Day. The CWA's Jess Succomore says thanks for HEU's solidarity and support for the miners.

L.B.C. sides with employers in key pulp decision

B.C.'s two pulp industry unions are "angry and dismayed" with a recent Labour Relations Board ruling on centralized bargaining and master agreements that could have repercussions for HEU.

In late July, the board ruled in favour of Northwood Pulp and MacMillan Bloedel who are the movers and shakers behind an employer bid to arbitrarily end decades of central bargaining.

LAB labour chairman Stan Larnum said two locals of the Communications, Energy and Paperworkers' Union (CEP) were bargaining in bad faith by refusing to begin local negotiations until a protocol on industry-wide talks was reached. The board also ruled that a strike vote or job action to fight the employers' arbitrary bid to end central bargaining would be illegal.

"I'm angry and dismayed with the decision," said CEP vice-president Brian Payne. "The L.B.C. has chosen not to recognize the vital interests of our members and the right of the union to defend those interests.

Stan Shewasy, national president of the Pulp, Paper and Woodworkers of Canada lambasted the board for helping pulp employers. "This decision interferes in the collective bargaining process," he said.

At press time the two unions were mapping out an action plan, and HEU has levied no doubt of its support for the pulp workers' cause.

In a letter to Payne, HEU secretary-business manager Carmela Allevato pledged the union's full solidarity. "A province-wide master agreement has been a cornerstone of HEU's bargaining policy," Allevato wrote. "In deferring your master agreement, you are helping to defend our hard-won wages and working conditions.

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Quality cutting bosses push patient-focussed care, a radical change for our workplaces

We have to make decisions about what corners to cut, what needs can’t be met

Quality cutting bosses push patient-focussed care, a radical change for our workplaces

Quality cutting bosses push patient-focussed care, a radical change for our workplaces

Australian battle forces change in the PFC agenda

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?

What are we doing about it?
en long-term care worker says Budge thinks about patient-focused care, she thinks about ways to improve the quality of care she's able to provide to her residents.

"To me, it should mean spending more time with residents," says Budge, a former LPN, "to help them write a letter, to talk to them, to do an activity."

But her employer has entirely different views on what this kind of care really means. Chilliwack General Hospital, where Budge works, is one B.C. health facility that's looked south of the border for U.S.-style solutions to deal with tight budgets that have been part of health restructuring across Canada.

The hospital and its Parkholm Lodge and Heritage Village long-term care facilities are B.C. testing grounds for patient-focused care (PFC), a new management concept which redesigns the delivery of health care so that the focus of all patient care and support services is the patient rather than the provider.

It relies on classic total quality management techniques like employee involvement, elimination of non-value added labour, and multi-skilling.

PFC radically changes how health care workers provide care. Traditional departments are dropped, and workers are assigned to teams and perform a variety of jobs. Support services are located in the unit, not in outlying departments.

Patients are grouped by the commonality of care required, not medical diagnosis, and patients and their families are involved in all aspects of their care plan.

STAGNANT GOVERNMENT FUNDING is the driving force behind PFC because for health care facilities like Chilliwack the traditional approach of simply closing beds to cut costs is no longer viable. Further closures could jeopardize a hospital's ability to meet the needs of the community.

In the profit-based U.S. health care system where PFC originated, waste and inefficiency are defined as services for which the patient cannot be charged. The goal of PFC is to eliminate the "waste" and increase billable time.

Now of course in B.C. hospitals aren't yet profit-driven, so the elimination of waste takes the form of reducing costs, in most cases decreasing paid hours.

Reducing costs and cutting patient care "waste" was the goal of Chilliwack administrators who made the move to PFC in September 1993 to deal with a $1.8 million deficit.

Fortunately the Employment Security Agreement and the dozens of jobs that opened up at the new Heritage facility helped ease the shock that ensued when many HEU members were displaced and their old jobs reposted with strange new titles and widely changed job duties.

HEU immediately grieved all elements of Chilliwack's PFC implementation.

The new jobs have names like patient care associate (housekeeping aide), clinical associate (LPN), care associate (rehab assistant), and administrative associate (unit, admitting clerk) and come with big job description changes too. A basic core of duties - multitasking - is found in all job description. Management's goal is to never hire anyone anyone say it's not in my job description."

Budge's new position, resident care associate, covers four former benchmark: activity aide, nursing assistant, housekeeping aide, and laundry worker. It pays at the highest PCI (activity aide) rate.

The Heritage facility where she works is specially designed for PFC. Each floor is called a neighbourhood, no nursing stations exist, only team rooms, and there are no centralized departments.

Budge's 12-hour day means caring for the complete needs of six residents. She turns out her shift with her little basket of personal care items, walking her residents, getting them bathed, groomed and ready for breakfast. The day's first meal is prepared in the facility's central kitchen (run by Marriott), but served by Budge, who must also cut up food, feed, and then clean up the tables. She also has to feed those residents who are bedridden.

Personal care and incontinence follows, and by 11:15 a.m. Budge is making, changing and disinfesting beds. She collects personal laundry, which she will wash, dry and return later in the afternoon. Then it's back to the eating area, where she prepares for lunch. After residents have finished lunch, they're toiletted and put down for naps, while she does their laundry and cleans toilets and walk. More toilettng and grooming follows, and while her residents are at an activity, Budge prepares for dinner, clears the tub room and then serves the meal. She cleans up and with the evening

'We have to make decisions about what corners to cut, what needs can't be met'
Quality cutting bosses push patient-focussed care, a radical change for our workplaces

activity underway, finishes laundry, stocks her cleaning cart and personal care basket for the next day. By 8 p.m., when her shift is over, most of her residents are in bed.

For both Budge and Parkinson long-term care worker Rita Wensler PFC means an uphill battle to meet the care needs of their residents. Budge says their workload problem is compounded by an increase in the care needs of residents, which she says are too often at the extended care level rather than the mix that is supposed to be provided under multi-level care.

"We have to make decisions about what corners to cut, what needs can't be met," they say.

Both are clear though, that if there's not enough time to get the work done, they make the residents' needs the top priority and let other jobs slip. "If they gave us another side for each unit, then the situation would improve significantly," Budge said.

Another shortfall of the new system is the lack of adequate "training. Former housekeeping department workers faced a big challenge in coming to grips with their patient care responsibilities. But only recently did the hospital send all of the new patient care attendants — about 25 workers — to a specially designed long-term care side course.

The training initiative is "step forward," says Budge. "But why didn't they do this from the beginning?"

Her background as an LPN also makes Budge feel uncomfortable with the housekeeping tasks in her new multi-skilled job. She would like to see housekeeping staff brought back to do the cleaning, so that she could "get back to nursing."

Whether or not PFC has any staying power, or dies on the shelf like so many of its cost-cutting predecessors in anyone’s guess.

Capital costs involved in making the change to redesign facilities and buy new equipment could prove prohibitive.

What is certain is that in our bosses' never ending campaign to provide cheaper, not better care, consultants will continue to create some sore fire "corners" to rid hospitals of so-called inefficiencies.

Yet, the survival of multi-skilling is almost a certainty. From the management angle, studies of employees in hospitals have found that they "waste" 76 per cent of their time scheduling, coordinating or documenting care or sitting idle. Bosses believe wasted time

UPHILL BATTLE

For Chilliwack health worker Mary Budge, patient-focussed care doesn't mean higher quality care for long-term care residents. It just means more corners get cut as health employers seek to slash care costs. Budge struggles to look after the total care needs of six residents, which includes bathing, top left, and cleaning, above. She says the addition of another side for each new PFC unit would allow health workers to provide better care.

Australian battle forces change in the PFC agenda

HEALTH CARE workers in Australia are finding some powerful responses to hospital bosses who are holding up to the United States for cost-cutting "solutions," like patient-focussed care.

There, health unions have worked hard to "change the patient-focussed care agenda of hospitals," Jan Armstrong, a leader of the Health Services Union of Australia, told a June NEU summer school gathering.

The union succeeded in having one hospital serve as the testing ground for implementing PFC. While all eyes are on the facility, once the trial period is over the results will be reviewed and discussed with employers before any further implementation takes place.

Armstrong's union, which is much like the HEU, has also won employer agreement that central departments will be maintained in the down under version of PFC. They also succeeded in increasing the number of workers attached to each new unit to safeguard quality care and reduce workload pressure.

The HSU also took a different approach to multi-skilling, which has been implemented more broadly and independently of PFC. They pressed employers to implement it.

"It's important to know that multi-skilling wasn't imposed on us," she said.

Faced with widespread cuts, an employer had to eliminate full-time jobs and severe contracting out threats, multi-skilling proved the best way to protect her members. The union fought back by "skilling" members, because, Armstrong says, the less skilled the job, the easier it is for a private contractor to take it over and profit handsomely from it.

"We captured the multi-skilling agenda," Armstrong said, winning control of the training process and keeping workers' participation voluntary.

What they did was take three classifications in dietary, housekeeping and nursing and combine them in a patient services assistant job. The new job was paid at the higher nursing assistant rate.

The union won a two-month mandatory training program, and ensured that members who spoke English as a second language received special education programs.

At first, Armstrong says her members "blanched because they thought we'd combined the workload of three jobs into one. "Now members like the new classification — not just because of the pay boost, but because they enjoy their jobs more and have better access to skills development and training," she said.

Armstrong admits that not everyone likes the change, "but we have to do the best thing in the best interest of our whole membership."

* This article by The Guardian's Stephen Howard was based on a research paper prepared by HEU research analyst Brendan Dick.
How 135 B.C. health care workers are taking on Toronto tycoons to win pay equity and a fair first contract

Story and photos by STEPHEN HOWARD

Imagine that your boss works thousands of miles away high up in a financial district skyscraper, where he slaps backs with some of the biggest corporate tycoons in Canada. That's a financial wheeler-dealer—a cowboy capitalist—who's lost close to $27 million in pay, bonuses and special deals from his company since 1991.

This is the path he's taken he lives in, in one of Toronto's most fashionable areas, and the fact that he's your boss as long as health care provides a healthy profit margin for his multi-national company.

For 135 new HEU members plus a dozen BCU nurses this image of a fatcat, greedy boss isn't some bad dream. It's reality, and it's one that's backed up by a special union investigation.

The union members work at two privately-owned long-term care facilities, Courtyard Gardens in Richmond and Hawthorn Park in Kelowna. They're the David who've run smack into a tough fight for justice with Silber in the form of their boss, financier Allan Silber and his Toronto-based Counsel Corp.

HEU poked around into the affairs of Silber and his health care and real estate management companies, and found more outrageous financial deals than you could shake a stick at:

- Sky-high salaries that make the wages of B.C.'s dollars for Silber's public health care bosses seem like pocket money by comparison;
- Special deals like a consulting agreement and stock and dividend arrangements that legally let Silber take millions more to the bank;
- A tax avoidance scheme so that Silber, like many other wealthy Canadians, can legally avoid paying his fair share.
- Millions of dollars of interest free loans for Silber and other top bosses.

"If anything like this ever happened in B.C. public health sector, it would set off a live-alarm equity," said HEU secretary-business manager Gualtiero Allevato. "These special deals are outrageous. But it's the private sector, so it's all entirely legal," she said.

This article is based on information and documents obtained by HEU through the U.S. Securities Exchange Commission, the Ontario Securities Commission, the Toronto Stock Exchange Library, and from corporate searches carried out in B.C. and Ontario.

Silber has also surrounded himself with some of Canada's wealthiest tycoons and corporate chieftains. Like developer Albert Reichmann, one of the three billionaire Reichmann brothers of Olympia and York fame, who owns about 10 per cent of company stock. Reichmann's son, Phillip, sits on Counsel's board of directors.

Other board members include Paul Godfrey, the former top political politician for all of Metro Toronto and current president of the right-wing Toronto Sun Publishing Corp.

"The problem is that these powerful Toronto businessmen are standing in the way of pay equity and justice for poorly paid health care workers," says Allevato. "They should be ashamed. They really are bad corporate citizens."

Silber's workers joined HEU in early 1993 to win a decent contract. Their pay, benefits and workplace protections are well below the prevailing B.C. standard. In terms of wages, they make as much as $7 less than the going rate.

$27 MILLION MAN

Health care boss Allan Silber, above, earned that much since 1991. He lives in this fashionable Toronto mansion. HEU members, like those at Silber's Hawthorn Park in Kelowna, top left, are in a tough fight for a fair first contract.

• Allan Silber controls all the levers of power at Counsel Corp. He's the biggest shareholder, chairs the board of directors and sits on the committee that sets pay and perks for top bosses like himself.

• Big interest-free loans to purchase more company stock are a corporate perk for Silber. For instance, in 1989, he had $3.6 million in interest-free loans outstanding.

• In 1991, Silber's company declared what amounted to a special $3 per share dividend. Silber owns 4.6 million shares. His take from the corporate decision: $14.4 million plus additional annual dividend payments of $1.5 million.

• Here's a classic, but legal double-dip. Silber is chairman of the board of directors of Divestrun, a subsidiary, and a member of the committee that set pay rates for its top guns. He struck a deal to pay himself nearly $400,000 yearly as a consultant to a company that he was already paid to oversee.

• Silber has a family trust, which is a legal way for rich people to avoid paying a fair share of taxes. He's able to avoid paying taxes on hundreds of thousands of dollars each year.

• He and his wife own a castle-like mansion valued in the millions. He pays more in just mortgage payments for 12 months than four of his full-time Courtyard and Hawthorn employees gross in a year.

ASTONISHING LEGAL FACTS
They're fighting for just the basics in a first contract: pay equity, medical and dental coverage, sick leave, a pension plan and a grievance system to solve workplace problems. Some of them need to work two jobs just to make ends meet for their families.

The average for a $20,000 a year isn't a problem, he has to face. HEU estimates that Silber's pay and bonuses topped $5 million from Jan. 1, 1991 until the middle of 1994. That's an average of $1.4 million a year. At $2,000 a week, it's more than an HEU member earns in a full year. By comparison, the top boss at Vancouver Hospital, Murray Martin, makes in the neighbourhood of $250,000 a year, one-fifth of Silber's pay. The hospital, B.C.'s biggest, has a budget of close to $450 million, much more than Counsel's annual revenues of $320 million.

Other top Council executives also pull down salaries and bonuses way out of step with the public sector.

But that's not all. Silber cashed in big during the corporate gravy days of early 1991. The company declared an extraordinary dividend equivalent to 5% a share. Dividends are the way a company shares profits with shareholders. For Silber, who as the company's biggest shareholder owns 4.8 million of these shares, it was a $14.4 million bonus. Silber has also taken $6 million to the bank in the form of dividend payments from his stock holdings. Including the value of stock options and the right to buy shares at fire sale prices it all adds up to $17 million.

Throughout lengthy and unproductive negotiations at the bargaining table, the boss and his expensive Toronto-based labour relations experts have balked at a fair settlement and refused to discuss the industry standard agreements.

Despite high salaries, Counsel pleads poverty. It claims that "investors" haven't yet received a nickel in return. At the bargaining table, Silber and BCNU reps have been lectured about the need to accept lower standards that are the norm in the corporate world of profit-based health care south of the border.

But Alfaro said there's no way Silber can plead poverty because profits are up and his company brings that it has money in banks.

Occupancy rates at both facilities are high — 94 per cent at Hawthorn and increasing, and 103 per cent at Countryside — as are rents, a minimum of $2,000 a month.

The latest developments

At press time, Countryside Gardens members had served a notice letter on their employer and declared a bargaining period to prepare for a strike. They were preparing to put a creative actions plan into place to press their employer and minimize any impact on patients.

The employer has issued 72-hour lockout notice. Meanwhile, at Kelowna's Hawthorn Park, HEU members voted unanimously on May 25 to hold a strike vote, which will be held in early August.

"Our members are confident in what we're doing," said Countryside's bargaining committee chairperson Sally Selman, a care aide who's worked four years at the facility.

Her members make up to $5 an hour less than the industry standard. Sahota was shocked by the

SKYSCRAPER SALARIES

Counsel Corp. top houses average annual pay, 1991 to 1993 (salary, bonuses, plus other reported perks)

NAME
Allan Silber, Chairman, CEO
Edward Sunshine, O.C. Counsel Mgt. Services
Barry Rotenberg, Executive VP
Morris Perlitz, President
Dr. Charles Blakut, President, Diversicare Inc.

YEARS AVERAGE
$1,404,333
$575,508
$494,384
$385,057
$376,519

"Strikes, this company has the expertise to set up deals to make them look like money losers," Alfaro said, "On paper, they could make the Canadian Mtn Shoot and ride." An example, she says, is that one Counsel Corp. subsidiary owns the facility. It enters into a contract with another Counsel subsidiary to provide management services. The facility owner pays all staffing costs for management services, plus six per cent of all revenues as Hawthorn and five per cent at Countryside. Counsel got into the Canadian long-term care field more than a decade ago to supplement its main interest of trust companies and the big-money world of commercial real estate. In the 1980s the company entered the U.S. market, buying out smaller companies. Since then, its health care business has grown considerably in long-term care and in home health care services the health care cash cow of the future. Through its U.S. subsidiary Diversicare Inc., it owns and manages 71 long-term care facilities with more than 9,100 beds in the U.S. and Canada, including Countryside Gardens, Hawthorn Park, HEU's Seven Lodge in Abbotsford, and an unorganized facility, Birchwood, in Chilliwack.

Countryside's home health care company American Home Patient — is the fifth largest in the U.S. It specializes in home-based infirmary and respiratory therapy and equipment sales and service.

HEU's Alfaro warns that companies such as Silber's that are active in the U.S. should be monitored as B.C.'s health care reform continues.

"It's companies like this that pose a big privatization threat to our public health system. They provide home care services, train patients and their caregivers, provide 24-hour emergency services and even monitor patient compliance with treatment plans," she said.

In April, in a complex stock market deal, Counsel Corp. set up a new U.S. company to run most of long-term care business, maintaining ownership of only a handful of Canadian facilities, including Countryside and Hawthorn. The move nettled Countryside, many hundreds of dollars in

CARE AS A COMMODITY Here's how Counsel Corp. sets up its subsidiaries to maximize its profits in both Canada and the U.S.

COUNSEL CORPORATION

100% Counsel Health Care Assets Ltd.
100% Diversicare Investments Ltd.
100% Counsel Care Ltd.
100% Diversicare Corporation of America
72% Diversicare Incorporated
100% American Home Patient Ltd.
100% Diversicare Management Services

JULY/AUGUST 1995 • GUARDIAN 11
Making workplaces safer

Proposed WCB ergonomics rules would fit the job to the worker.

With her experience working as a licensed practical nurse and in housekeeping, Vicki Morrison knows what is involved in lifting patterns. “A person has to make themselves safe,” she said. “We have to know just what to do.”

But Morrison, who belongs to the Delta local, believes that few people who aren’t directly involved in patient care understand what lifts can do to workers. Among those who don’t know are administrators, who could easily fund equipment to help lift patients, but hardly ever bother to do so.

When Morrison was asked by her local branch of the Canadian League about possible equipment donations to the hospital, she suggested they donate money for lifting equipment. Hospital management wouldn’t think of asking for money for such equipment.

“They don’t understand how many lifts people do in a day,” she said. “At the end of the line (for equipment) are the people who are doing the work in the ward.”

All workers in patient care develop ways of avoiding back injuries, usually after their first injury. They can use lifting equipment, make sure there are enough people involved in each lift, or simply avoiding lifting, something which is difficult to do, she said. As part of her work to make her workplace safe for herself and her sisters and brothers, Morrison will be appearing at hearings this fall by the Workers’ Compensation Board into new ergonomics regulations.

What is ergonomics? Simple. It’s studying a job and the tools that go into it to make it fit the worker instead of making the worker fit the job. It involves taking a new look at things like staffing levels, scheduling, allocation of resources, and the design of equipment and work stations to fit the people who work in them.

HEU has worked hard with other unions to get the WCB to put these new regulations into place. These regulations will allow HEU members to oblige employers to make sure that the proper equipment for lifting is available.

As well, regulations will ensure safe workplaces for other HEU members.

On the other hand, the Health Employers Association of B.C. is leading the charge against the regulations. Health care employees are saying to the public that they’re prepared to let this waste of talent and money continue.

HEU members concerned about dealing with workplace injury should take part in the WCB’s learning. Hearings will take place during September in Richmond, Victoria, Campbell River, Prince Rupert, Terrace, Prince George, Fort St. John, Kamloops, Kelowna, Castlegar and Cranbrook.

HEU is urging locals to register to demand effective regulations that protect us against injury. Locals can register by calling 1-800-661-2112 local 7386. HEU is prepared to offer assistance to members who wish to take part in these important hearings. All locals registering should inform HEU, Pords and information on the hearings and on a special B.C. Federation of Labour conference on Occupational Health and Safety have been sent to all locals.

It can be done

Surrey Memorial Hospital is one health employer that’s been pressed to take positive ergonomics actions.

Faced with a high injury rate and a WCB audit, the hospital literally measured all its food service workers and looked at how they did their jobs as part of the design process of its new $1.7 million kitchen facility.

What’s even better is that it didn’t send costs skyrocketing. In fact, according to SMH director of food and nutrition services Phil Skillman, there was no additional cost to the hospital for taking workers’ health and safety into account in planning, construction and the purchase of new equipment.

What it meant is that counters and work stations will be lowered by as much as five inches and the movements required in doing the work figured into the design. The stripping line where dirty dishes are rinsed will be narrower, and new machines will eliminate some of the injury-causing repetitive movement.

The changes mean SMH dietary workers, who now face a high injury rate, will have better odds of not being hurt by their jobs. HEU Surrey local is happy with what their boss has done: “The employer has made an honest attempt to keep workers from being injured,” said Mary Jackson, local vice-president.

HEU secretary-business manager Carla Allinson also gave two thumbs up. “Surveys is a positive example of how these changes can be implemented,” she said. “But too many other employers oppose measures that would keep workers from being hurt by their jobs. That’s why we need tough regulations.”

Helping kids to play ball

Three HEU locals play a community role in special baseball team sponsorships.

Children with disabilities in the east side of Vancouver get getting time on the baseball diamond this summer, thanks in part to three HEU locals.

The Tsawwassen Little League set up a Challenger Division for the first time this summer, which allows children with disabilities to enjoy a sport they had only been able to watch.

Tom Knowles, secretary-treasurer of the St. Paul’s local, who umpires Little League baseball, was approached by Bob Campbell, who was setting up the Challenger Division at Tsawwassen. This led to the St. Paul’s local sponsoring a team and paying for uniforms for the kids on the team. Soon, the Children’s local and the Burnaby local were also sponsoring teams in the Challenger Division.

Having someone sponsor them for uniforms makes them feel like regular kids,” said Knowles. “The kids feel like big time ball players.”

In the Challenger Division, the children have a range of disabilities that prevent them from playing in a regular league division. They are allowed to have “buddies” on the field to help them out. The ball can be delivered to batters in various ways, and having fun takes priority over scoring.
REAL HEALTH CARE REFORM

10 steps to better health for Canadians

Across Canada, provincial governments are cutting services, closing beds and laying off workers. That's not health care reform. The Canadian Health Coalition, a national organization of churches, seniors' groups, community health groups and unions like HEU, says real health reform takes 10 simple steps

1 CREATE GOOD HEALTH
We should create the preconditions for good health. We need public policies that make for healthy people: jobs, housing, a strong social safety net, a clean environment and safe workplaces. Let's distribute our country's wealth more fairly. Concentration of wealth in the hands of a few means more risk of poor health for the rest.

2 STRENGTHEN THE CANADA HEALTH ACT
Universal access to comprehensive health services provided by non-profit, public agencies everywhere in Canada should be our goal. The federal government must enforce national standards and maintain sufficient cash transfers to the province to make equal access to health services a right for all Canadians.

3 MAKE THE HEALTH CARE SYSTEM DEMOCRATIC, AND REPRESENTATIVE
Let all Canadians participate in health decision-making, not just private corporations and undemocratic boards. Bring everywhere - including health care workers - into the reform process. Members of health and hospital boards should be elected. Health workers should be fully involved in workplace decision-making, not just harnessed into 'quality management' schemes to cut costs at the expense of appropriate care.

4 INTEGRATE WITH THE COMMUNITY
Transform our existing institution-based system into a truly community-based system, providing a continuum of care from large establishments to the home. Provide quality care and appropriate treatment where the health care users want it. That means expanding non-profit services in the community, not just downsizing institutions. Health care reform should improve and increase services to seniors and the community.

5 FAIR WAGES FOR HEALTH PROVIDERS
Skilled, caring health workers deserve fair wages. The burden of health care provision is being shifted to poorly-paid or unpaid workers and family caregivers in the home, most of whom are women. They deserve parity of wages and working conditions with workers in existing health care facilities.

6 PROTECT OUR INVESTMENT IN THE SKILLS OF HEALTH WORKERS
We have built up a tremendous resource in the skills and abilities of health care workers. Employment security agreements help transfer these skills to new community-based care services. We should encourage unionization of health workers so they can participate effectively in health reform.

7 ELIMINATE PROFIT-MAKING
Public administration of Medicare has saved Canadians billions of dollars. The practice of "deinstitutionalizing" health services by eliminating them from Medicare coverage, the move to user fees, the creation of profit-making health centres - these changes create a two-tier health care system. There is no room for profit and inequality in health care.

8 TACKLE HIGH PRESCRIPTION COSTS
We can reduce costs dramatically by reducing our reliance on prescription drugs. We need to repeal Bill C-91, which extended drug patent protection, with genuine patent law reform that promotes lower drug prices.

9 STOP FEE-FOR-SERVICE PAYMENTS
We should move to pay more health workers on a salary basis, not the fee-for-service system used by physicians and private labs. Fee-for-service encourages over-billing, over-prescribing, over-treating and the concentration of physicians in urban areas at the expense of rural areas.

10 EXPAND THE ROLE OF NON-MEDICAL HEALTH PROVIDERS
We must develop alternative health care models that expand the role of non-physician health care providers. Nurses, midwives and others can handle many procedures in the full scope of their profession, especially in areas neglected by the medical profession.

This is the program health workers across Canada will be urging Prime Minister Jean Chrétien and provincial premiers to implement when the national health care review begins in September.
So this is health care reform?

by Geoff Meggs

When Mike Harris's new Demo-
crats were elected in 1998, they quickly put health care reform at the top of their agenda. Harris himself was committed to reform, sources said, and his views were heavily influenced by a best-selling

book on health care called Second Opinion. Now the authors of that book, Dr. Michael Rachlis and Carol Krischer, have written a sequel. It's a book which, despite its flaws, is important reading for all health care workers. Strong Medicine, How to Save Canada's Health Care System, goes far beyond the first book, which merely summarized the problems afflicting Medicare. Rachlis and Krischer have set out how they believe the system should be changed and there's every indication that their advice is carefully considered in Victoria.

The new book is thick with useful and intriguing information. Did you know, for example, that 80 per cent of our nation's drug expenditures are spent on people over 65? Or that the average person over 65 is taking four different drugs at any one time? This huge dependence on drugs creates at least 200,000 fatalities annually which could be avoided, thus saving the system millions of dollars. Rachlis and Krischer are equally hard on the medical profession, which has taken the fee-for-service system and turned it into a bottomless gold mine that Canadians can no longer afford. They tightly criticize provincial gov-

ernments, including the one in Victoria, which have yet to tackle this financial obstacle to real medical care. HEU members would welcome the recommendation that employment secu-

rity agreements, like the one here in B.C., be extended to all health care workers in the course of reform. But they will part com-

pany with Rachlis and Krischer on their hot button of management fees like Total Quality Management. They will disagree vio-

lently with their prescription for a greater role for the physician in the medical system. They will question their commitment to regionalization as a cure-all for top-

down decision-making. Strong Medicine goes far beyond a prescription for health care reform, but the solid analysis of the system's existing problems make it worthwhile reading for anyone involved in health care.

EXCERPT

The rich get richer, the poor get sick.

"The debate raging now over social and economic policy in the 1990s sounds a lot like the rhetoric of two hundred years ago. A federal paper on social pol-

icy leaked during the 1960s-decision criti-

cized Canada's social safety net as a barrier to people leading active and re-

warding lives. This is virtually identical to the cri-

tique that proponents of philosophical necessity used to overturn the Poor Laws. Supports to the poor are held out as bad economics and not in the best interests of the poor. We're told we have to cut social benefits in order to liberate the needy from their 'dependency.' As already mentioned, a mountain of evidence from epidemiology, sociology, and immunology supports the conclu-

sion that widening the gap between rich and poor increases illness.

These findings, however, are largely ignored in the current economic debates about social policy in this country. Indeed, Canadians are being urged by some quarters to adopt American-style social policies. In fact, we've already started. For example, in early 1993, the Mulroney government changed the rules for unemployment insurance, making it more difficult for people to qualify for it and reducing the amount of the payments from 60 per cent of prior earnings to 57 per cent. David McLean, a business leader, championized these changes. "People who quit work for no good reason or who are unemployable because of their own mis-

conduct do not have the right to expect to be supported by working Canadians." But, of course, without jobs to go to, lower benefits and a shorter period of eligibility will only increase poverty and shift more and more people into welfare. • From Strong Medicine, page 85
HEU people

Durand Manor’s loss

“The Durand Manor Local in Golden, B. C. suffered a major loss when activity aide Patt Roberts died suddenly,” writes local secretary-treasurer Lindsay Ferguson.

“The employer in all their wisdom decided the position was not needed and that the LTC aides could take over the duties. Under the Employment Security Agreement Patt was given a variety of demeaning tasks which included being sent to an unventilated basement storage room for a week to do employer paperwork. Patt resigned. A short while later and has since gained meaningful employment.”

“While employed at the Manor Patt was actively involved in the union as chairperson and devoted a great deal of her time to developing shifts for the 36 hour work week, setting up essential services and doing whatever else was required of the local executives. We feel that Patt was treated unkindly and we continue to miss her at the Manor.”

Mount Nelson Place’s McBride retiring

On July 31, 1994 Mount Nelson Place of Invermere will be saying good-bye to Margaret Sylvia McBride, a long-time employee and union member. Sylvia began at Purcells January of 1980 as a full-time caregiver. With the exception of a year on the casual shift in April of 1988 to March of 1989 she has been a faithful full-time employee. She is well loved by the residents and is known for her practical jokes. They are always delighted to find a carrot in their shoe or a potato in their jacket pocket. Sylvia has been a very supportive union member who very rarely missed a union meeting or function. Local leaders say that she’ll be missed, and they wish McBride all the best in her retirement.

BADLY TREATED That’s what happened to Golden activist Patt Roberts, pictured above with a Durand Manor resident.

MOB RIDE

Olive Devaud’s Kathleen Gray is going places

After 20 years as a nurse aide at the Olive Devaud Residence in Powell River, activist Kathleen Gray has retired. Gray has been in the people care field for 40 years, starting out as a nurse aide at a provincial home for the aged in Vernon shortly after she arrived in Canada as a 16-year-old from Ireland. Her career took her to the Kootenays, back to Vernon, down to the Lower Mainland, and then up the coast to Powell River. She also served as a shop steward and local trustee.

Gray, who will be missed by the residents who came to appreciate the fun and caring ways she showed them, is part of a larger group of people who have made significant contributions to the Invermere and area community. She was a regular at the local union and safety committee representative, and active in her local Women’s Institute and the United Kingdom.

“I’ve enjoyed my job and the challenges it presented,” she writes, “but I’m glad to be retiring because of the cutbacks and uncertain future of health care.”

Gray also plans to take a trip to Ankara in 1995, garden and visit family.

SNOW WON’T STOP US HEU temporary organizer Nancy Lang, from the Prince George local, at left, and organizing director Gay Burdileen braved a summer snow storm to get to Tumbler Ridge in north-eastern B.C. and sign up new union members. Ten workers at the local diagnostic and treatment centre joined HEU July 12. Welcome!

ASHCROFT DUO RETIRE Phyllis Gray, left, and Hazel Tuohy have stepped down after many years of service at the Ashcroft District Hospital.

Phyllis Gray wants to be taken out to the ball game

Takings in some Toronto Blue Jays games is at the top of Phyllis Gray’s list of things to do now that the cook II has retired after 17 years of service at the Ashcroft and District Hospital.

Gray, who was a local union member and safety committee representative, is active in her local Women’s Institute and the United Kingdom.

“I’ve enjoyed my job and the challenges it presented,” she writes, “but I’m glad to be retiring because of the cutbacks and uncertain future of health care.”

Gray also plans to take a trip to Ankara in 1995, garden and visit family.

HEU LESBIANS AND GAYS

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Confidential Service of HEU Lesbian and Gay Issues Group

PUZZLE

Unscramble the words, then unscramble the circled letters to discover the two words missing from the cartoon caption. The scrambled words are all found in the 10 steps to better health article on page 13 of The Guardian.

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JULY/AUGUST 1994 • GUARDIAN 15
They love it in New Brunswick!

Working TV airs this fall with two new episodes each month. That means more features about working people, more music, and yes, more comedy. Working TV, which has drawn rave reviews from New Brunswick health care activists, will also plug into fine union videos from across Canada and beyond.

CUPE pact close
HEU and CUPE are a whisker away from finalizing an affiliation agreement that will go before local union meetings in September.

Manning on labour
Working people and their unions wouldn’t have many rights under a Preston Manning labour code.

Cutting corners on care
Patient-focused care is bringing radical changes to B.C. It means an uphill battle for HEU members to provide quality care.

Fighting goliath
135 new union members are taking on powerful Toronto corporate tycoons to win pay equity and a fair first contract.

Produced by the Democratic Media Division of the Slim Evens Society, with funding from the Hospital Employees' Union, the B.C. Teachers' Federation, Canadian Auto Workers, Canadian Union of Public Employees and the Vancouver and District Labour Council. Want to see us on your local cable channel? Call Working TV at 604-880-4353.