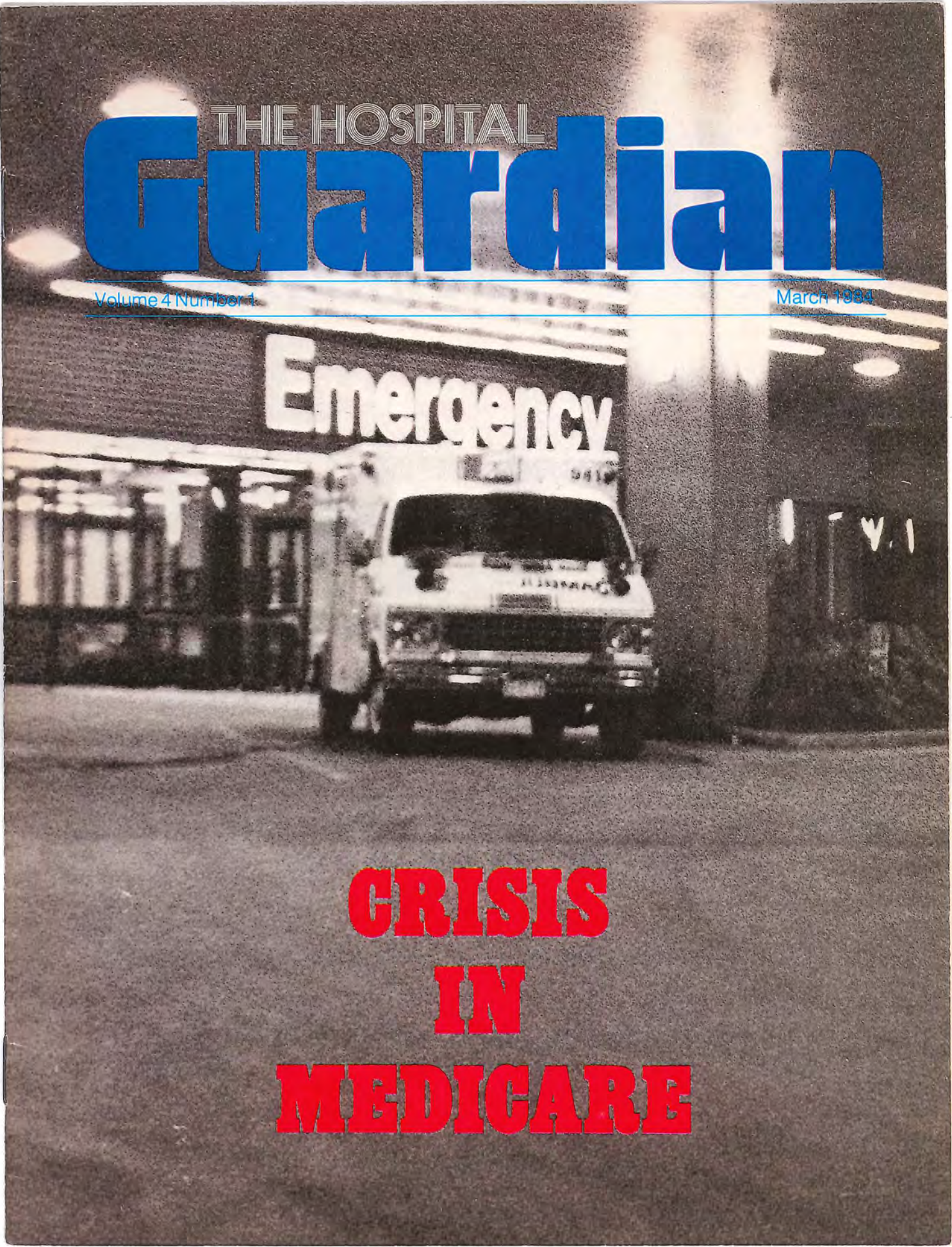


THE HOSPITAL **Guardian**

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Emergency

**CRISIS
IN
MEDICARE**

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

THE HOSPITAL Guardian

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180

COMMENT

Health surtax heading for mega-projects

by Jack Gerow

The recent budget speech delivered by Finance Minister Hugh Curtis offers little hope for the province's battered health care system despite the announcement of a new "medicare surtax."

After ploughing through wave after wave of self-serving Socred rhetoric, the government's true direction begins to become obvious.

The Socreds would like us to believe that this new "medicare surtax" demonstrates their commitment to maintaining our health care system. They would like us to believe that because the Ministry of Health received a budget increase of \$51 million, they have attached a first priority to health care.

But the new medicare surtax will raise \$97 million in 1984. Will the difference between the \$97 million and the \$51 million be used to reopen hospital beds and recall laid-off health care workers? Of course not.

That excess revenue will be used to fund the provincial government's true first priority — mega-projects such as northeast coal. If it were not for massive provincial government subsidies, these projects would surely become mega-bankruptcies.

Health Minister Jim Nielsen has already admitted that more than half the revenues from the surtax

will never even reach his Ministry's coffers.

And this misguided priority should come as no surprise. After all, many British Columbians remember all too well Nielsen's recent remarks about his government's real attitude. "Health care," he said, "is not a right, it's a privilege."

What then are the Socreds really up to besides using new health care tax dollars to pay for the northeast coal blunder?

The provincial Social Credit Party appears to be doing everything it can, whenever it can, to assist its right-wing friends and allies in the federal Conservative Party to win the upcoming federal election.

By imposing the "medicare surtax," by penalizing the B.C. taxpayers and blaming the federal Health Minister, the Socreds hope Brian Mulroney and the Conservatives will be elected as the next federal government. And once the Tories are

elected, the Socreds can count on them to destroy Monique Begin's new Canada Health Act so that user fees, double billing and for-profit health care will be the order of the day.

It's very simple but very insidious.

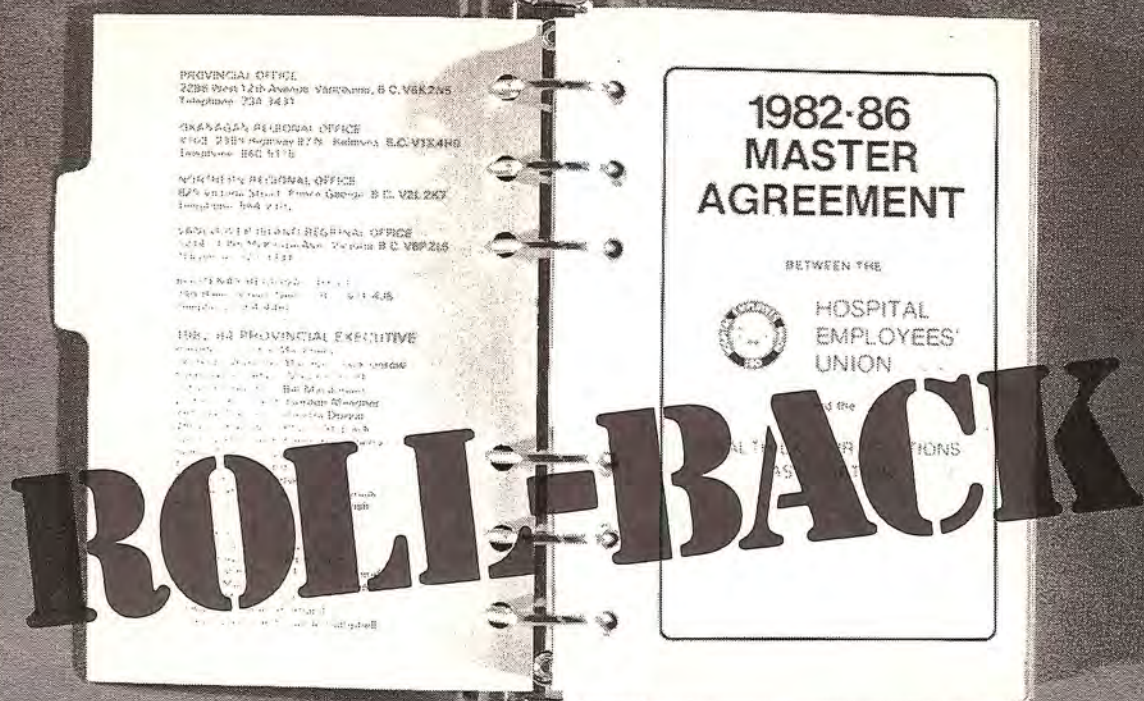
The more the sick and the injured pay out of their own pockets, the more the government will have to reward its friends with mega-projects and privatization contracts.

And what about low income earners and seniors? Their access to quality health care will diminish to the point where health care in B.C. will be delivered on a double standard. The 'haves' will get the best and the 'have nots' will get what's left over.

That is the true direction of the new provincial budget.

What we now have is not a "medicare surtax" at all — what we have is another "mega-project surtax."





settling the score

HEU looks ahead to 1986 and a catch-up contract

"It is, without question, one of the worst collective agreements in the recent history of the Hospital Employees' Union."

Those comments were made in January by Jack Gerow, HEU secretary-business manager, after the union's master collective agreement was radically rolled-back as a result of the provincial government's wage control program.

"Frankly, we think it stinks," says Gerow.

Indeed, it would be difficult to sound positive about a collective agreement that took 26 months to settle, is 51-months long and pays

only 12½ per cent over a period of more than four years.

But no matter how unjust it may be, the HEU master agreement is a reality for the 20,000 members it affects.

And that reality is not unlike the one which faces hundreds of thousands of working people throughout British Columbia.

Dozens of other recently settled collective agreements tie workers to long term contracts with wage freezes in the first year and increases of only three or four per cent in remaining years. A significant example of this trend can be found in the B.C. Government Employees'

Union contract. It offered no increase for the first 12 months and a 4 per cent increase in the second year.

Even private sector workers, who don't face the government imposed wage controls of their public sector brothers and sisters, are faring no better. The three-year IWA settlement is a virtual carbon copy of the BCGEU pact. In fact, it is arguably worse because it's one year longer.

Obviously, the lock-step relationship between these collective agreements is not a coincidence. Jack Gerow and many other trade union leaders see it as a combined effort by both private and public sector

employers to drive down the cost of wages.

This deliberate campaign is being conducted under the guise of restraint — restraint that government says is necessary in order to stimulate the economy and provide jobs.

Statistics show, however, that the government's brand of restraint succeeds only in reducing living standards for working people and creating higher unemployment while allowing profits and inflation to go unchecked.

Between 1982 and 1983, the real wages of Canadian workers declined by 5.1 per cent. During that same period of time, the unemployment rate climbed to 11 per cent.

But as workers' wages deteriorated, business profits soared. After-tax profits for corporations rose by an incredible 75 per cent.

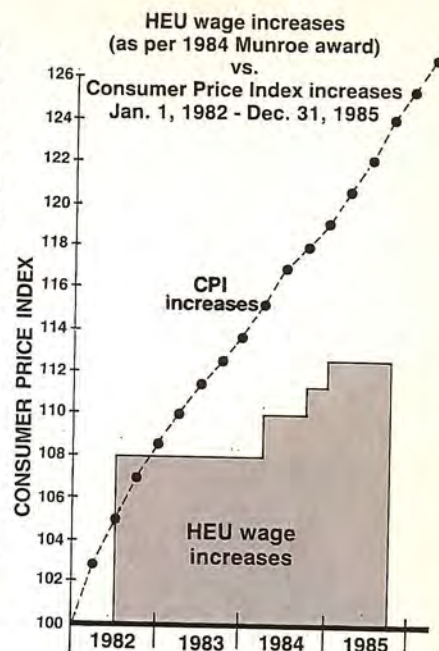
"Government restraint measures are deliberately designed to bring about a lopsided recovery — a recovery that only benefits corporate

giants," says Gerow.

The HEU master agreement is an illustration of how government restraint objectives penalize workers. (See chart right.) With inflation still projected to rise at an annual rate of 5.3 per cent, the real wages of hospital workers will have declined by 12 per cent by 1986, when the master agreement expires.

"This is a totally unacceptable solution to the economic crisis," says the HEU secretary-business manager.

In fact, Gerow and most economists agree that stripping workers of income will only further delay any possibility of recovery. A recent article published in the Globe and Mail newspaper stated that even though the decline in average weekly earnings may seem modest for any one person, the nationwide effect creates a significant loss of purchasing power — which in turn puts a further brake on employment and growth.



Moreover, the drive by employers to lock workers into long-term, sub-standard collective agreements means there is no immediate hope for an upswing in consumer demand.

However, the expiration of the HEU collective agreement in March, 1986 may have its "up-side."

With several other major collective agreements expiring around the same time (IWA, BCGEU, BCTF, and BCNU to name a few) there is an enormous potential for "common front bargaining."

With Expo '86 celebrations set to go off, most observers agree that the provincial government will be hesitant to take on angry workers from the forest industry, health care, and civil service all at the same time.

Any threat of industrial relations chaos during this Socred showcase might be enough to drive even the most right-wing members of the Bennett caucus to adopt a more moderate labor relations stance.

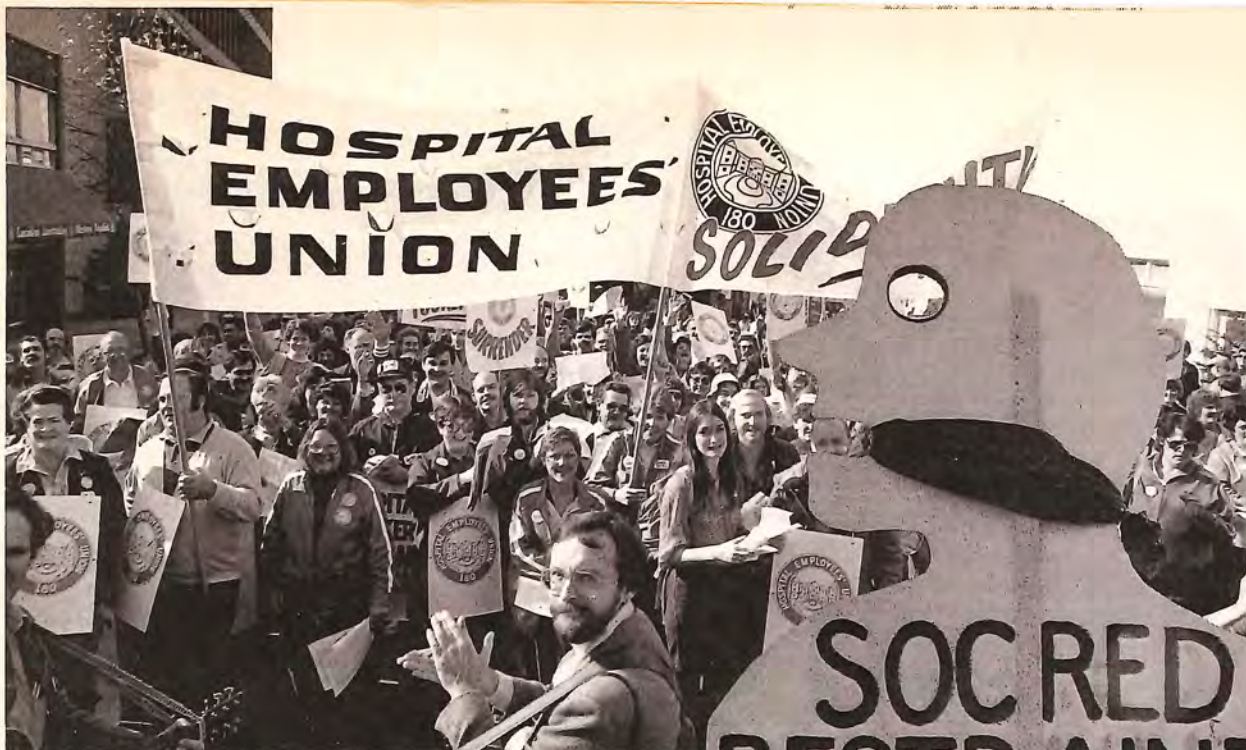
In addition, a provincial election is a likely possibility for 1986 adding further pressure to maintain labor peace.

These factors will be important for HEU's next round of collective bargaining. Undoubtedly, HEU and thousands of other frustrated B.C. workers will be putting extreme pressure on the government and all employers to make amends for its ill directed restraint program.

Stay tuned!

Then and now — a comparison of HEU's master agreement

	Munroe Award (Jan. 1983)	CSP Roll-backs
Length of Contract	27 months from Jan. 1, 1982 to Mar. 31, 1984	51 months from Jan. 1, 1982 to Mar. 31, 1986
Retroactivity	Lump sum payment of \$490.00 — \$70 per month for each of the seven months from Jan./82 to July/82	Lump sum payment of \$350.00 — \$50 per month for each of the seven months from Jan./82 to July/82
Wage Increases	Total increase of 14% over 27 months Aug. 1/82 — 8% Apr. 1/83 — 5%	Total increase of 12% over 51 months Aug. 1/82 — 8% Apr. 1/83 — 0% Apr. 1/84 — 2% Nov. 1/84 — 1% Jan. 1/85 — 1% Wage reopener — Nov. 1/85
Hours of Work	35 hour work week Aug. 1/83	37½ hour work week
Dental Plan	60% coverage for Part B of plan Aug. 1/83 \$500 increase in the lifetime maximum for Part C (orthodontia) of plan	Increased coverage under Parts B and C of plan not effective until Jan. 1, 1984
Extended Health Benefits	Aug. 1/83 Expanded to include eye glasses, and hearing aids	Expanded coverage not effective until Jan. 1, 1984
Trades Rate Adjustment	Apr. 1/83 .40 per hour increase for tradesmen	No trades rate adjustment
Clerical Wage Schedule	Apr. 1/83 elimination of one increment step Jan. 1/84 elimination of second increment step	Elimination of one increment step — Jan. 1, 1986



staying alive

Despite attempts by the media to bury it, Solidarity is in top condition.

On a recent television newscast, a solemn-voiced announcer intoned that British Columbia's Solidarity movement was officially dead. As proof of this pronouncement, the broadcaster cited a visible lack of activity on the part of Solidarity forces in the past few months.

But before you start mourning, it may be wise to stop and consider whether the report of Solidarity's demise is slightly premature.

It seems many observers, especially those in the media, conclude that because Solidarity is not holding mass rallies or mobilizing for a general strike it is no longer functioning.

But Art Kube, chief spokesperson for Operation Solidarity, the trade union component of the organization, disagrees with this conclusion. To Kube, Solidarity isn't ready to be buried but "it is digging in for the long haul."

Kube asserts that Solidarity was formed to oppose the Socreds' plans to implement a radical new approach to the way the province

is governed. There is no evidence that the government has changed those plans so the need for Solidarity still exists, he says.

These sentiments are echoed by George Hewison, secretary-treasurer of the United Fishermen and Allied Workers' Union and an original Solidarity organizer. Hewison explains that Solidarity is more than just a spontaneous outburst against a few pieces of unpopular legislation.

"This is a permanent forum for all segments of the population," Hewison states. "This is not a short-term thing."

Kube says the threat posed by the Socred government is as real now as it was last July 7 when the first restraint budget was launched. Pointing to the latest budget introduced in February, Kube says the Socreds are "continuing their philosophic crusade at the expense of the poor and other victims of the recession."

"For this reason, Solidarity must maintain itself as an extra-parlia-



mentary political force if we expect to stop these attacks," Kube says.

Kube and other Solidarity strategists acknowledge that to some, Solidarity may seem static right now. "We've been on the defensive," Kube says, adding that it is time to change tactics and go on the offensive.

To accomplish this, Operation Solidarity has moved to strengthen its organizational structure. Two full-time organizers have been hired to establish and maintain Opera-

tion Solidarity committees throughout the province. It is felt a strong grass-roots network will help ensure a greater degree of permanence.

As well, Operation Solidarity has established a public relations committee to improve communications with the media and to keep all member-unions informed of Operation Solidarity activities.

Jack Gerow, secretary-business manager of the Hospital Employees' Union, chairs the public relations committee. "We have to remind our members and the public that Operation Solidarity is a viable source of opposition," Gerow says.

Gerow believes there is more to public relations than just good press.

"Let's face it," he states, "the Socreds would love to portray Solidarity as a bunch of wild-eyed radicals bent on destroying the province. It's important to educate people against that kind of smear campaign."

The committee is planning the production and distribution of a Solidarity news service. The service will go to all Operation Solidarity affiliates for distribution to their members. The service will contain articles on the people and issues involved in Operation Solidarity as well as feature stories on Operation Solidarity activities, Gerow says.

On the administrative side, Operation Solidarity has restructured its executive formation. The original executive, established in July, 1983, consisted of Kube as chairperson, Mike Kramer of the B.C. Federation of Labour as vice-chairperson and the leaders of Operation Solidarity's main affiliates.

Kube and Kramer retain their positions in the new executive formation which also includes five vice-chairpersons and six officers-at-large. HEU's Gerow, an officer-at-large on the new executive, says the new executive will allow for greater participation in policy planning by all Operation Solidarity affiliates.

While Operation Solidarity moves to bolster its organizational position, Solidarity Coalition, its com-



munity-based counterpart, has also been active in the first few months of 1984.

The Coalition, made up of more than 50 community groups, has focussed its attention on the government's plans to abolish human rights and tenants' rights legislation. Coalition leaders have met with Labor Minister Bob McLelland and Consumer Affairs Minister Jim Hewitt in an attempt to avert the government's plans.

At the same time, the Coalition has continued to work with Operation Solidarity on the development of a co-ordinated approach to the problems posed by the government.

Coalition chairperson Renate Shearer says that some basic organizational details were overlooked during the crisis days of last October and November. To rectify this, Shearer says the Coalition has embarked on a phase of "educating, lobbying and doing whatever is necessary."

The new phase will involve a six-month plan focussing on the provincial budget. Groups will be developing alternative social and economic policies, Shearer explains. Following this, local Coalition groups around the province will

hold regional conferences where they will examine their own local economies and how the budget has affected them.

Shearer discounts reports that Solidarity is dead. She says there is a logical explanation for the difference between how Solidarity is perceived now compared to last fall.

"During the first five and one-half months, we expended this incredible energy fighting the legislation," she says. "People cannot sustain that level of activity."

Both Shearer and Kube stress that despite a few cosmetic changes to last July's legislative package, much of it still remains in place. Because of this, they say, it is essential that both Operation Solidarity and the Coalition concentrate their efforts on putting forward a social and economic policy that presents a realistic alternative to the anti-people policies of the Social Credit government.

Looking over these developments it is hard to conclude that the life has gone out of Solidarity. If anything, instead of thinking of it as dead, the logical conclusion is that it's alive and kicking.

Granted, there are many in B.C. who would line up to attend the burial of the anti-government alliance. There are even those who would go out of their way to hasten Solidarity's departure from the province's political scene.

In fact, Solidarity leaders point out that it's in the best interests of the government, and its supporters, to push the idea that Solidarity is finished. As HEU's Gerow says: "During those critical months last summer and fall, the only thing that stood between the Bennett government and its attempts to abolish a host of basic democratic rights was Solidarity."

As the province heads into the spring and another round of legislative broadsides from the Socreds, both Operation Solidarity and the Solidarity Coalition are ready to take whatever action is necessary to combat these attacks.

So don't be surprised to hear the same solemn-voiced announcer who declared Solidarity dead telling the story of its miraculous reincarnation.

HEU's education program

Five steps in the right direction



When Bonnie Youngman was elected to the executive of Victoria's Glengarry Hospital in 1980 she didn't know a lot about the Hospital Employees' Union. For that matter, she didn't know a lot about unions.

"The job at Glengarry was my first union job," she says, "so I wasn't that sure what a collective agreement was or how to go about processing a grievance."

Fortunately, Youngman enrolled in HEU's five-step training program shortly after joining Glengarry's executive. She believes it was the best thing that could have happened. "The program helped me to understand what a unit officer is supposed to do. I don't think I could have handled my job without it."

Youngman's experience is probably similar to that of many HEU

members. Her interest and enthusiasm for union activities was not matched by a practical understanding of the issues and problems confronting the union.

That's why HEU's provincial executive has placed such a strong emphasis on developing an education program that will provide as many members as possible with a chance

to sharpen their trade union skills. When it comes to HEU's education program, the old expression "a little learning goes a long way" just doesn't apply. As one provincial executive member says, "The more education and training we can supply our members the better."

In 1984, for instance, the union has scheduled five separate training programs that will be conducted on a province-wide basis and will involve more than 800 HEU members. These programs will cover everything from chairing a unit meet-

continued on page 13

B.C. MEDICARE.

Moving towards the brink



"Unless those of us who believe in Medicare raise our voices in no uncertain terms, unless we arouse our neighbours and our friends and our communities, we are sounding the death knell of Medicare in this country."

— Tommy Douglas

These impassioned words from Canada's champion of Medicare are cause for alarm. Not only because they come from a man who was instrumental in the drive for a universal health care system, but because they call on each and every one of us to recognize that Medicare is starting to crumble.

Critics of government health care policies insist there is no master plan being followed. The principles which once safeguarded our system of universal medical coverage (comprehensiveness, universality, accessibility, portability and public administration) have all but been abandoned by most provincial governments. In their place are bureaucrats and elected officials recklessly

slashing away at health spending to fulfill ideological commitments to economic restraint.

Consider, for example, these comments from Stan Dubas, B.C.'s senior assistant deputy minister of health:

"Four years ago, who would have believed that the health ministry would have the political courage to suspend a provincial dental program? Sacred cows are no longer sacred!"

"The ways of dealing with budget problems are very different today and in the future than it has been in the past. No option is considered unthinkable anymore."

Many would argue the unthinkable is already happening. Waiting lists for needed surgery are getting longer each day, and yet hundreds of hospital beds remain closed. British Columbians go without medical services while government cutbacks send qualified health care workers onto the unemployment rolls. New hospital construction continues un-

abated even as existing facilities are starved for cash.

Clearly, the system is in a state of trauma.

"Running a hospital under the current budget restraints is like maintaining a car without servicing," says the executive director of the Royal Inland Hospital in Kamloops. "You can keep it going with bailing wire, just cutting back and getting along, but something is going to give. It's like changing the oil. If you don't, it catches up with you."

But it is not just hospitals that are suffering. There are cracks appearing in almost every sector of health care. And not surprisingly, the sick and the injured are among the first to suffer.

According to Ministry of Health estimates, there are currently over 5,000 British Columbians who have been waiting more than eight weeks

for elective surgery. More than 1,000 will have to wait six months to a year for elective surgery. And several hundred have been waiting up to six months for open heart surgery. Procedures deemed as "elective" include cancer detection, open heart surgery, cataract removal and joint replacements for the elderly.

Undoubtedly, these government figures are conservative. In January, the Kelowna General Hospital alone reported it had a waiting list of well over 1,000 and that the bed shortage situation was worsening. In addition, the hospital is regularly forced to divert intensive care patients to the emergency department because of an overloaded intensive care unit. Hospital board members in the Okanagan city warn the shortage could result in a tragedy.

And while line-ups for needed medical care increase, so too does the price tag. User-fees and double billing by physicians take some \$106 million annually out of Canadians' pockets — up from \$53 million in 1978. The B.C. government, which has some of the highest hospital user-fees in the country, nets \$35 million annually from the sick. Ontario doctors who have opted out of the provincial health plan double bill for about \$50 million annually, while Alberta physicians extra bill for roughly \$14 million.

Both the doctors and provincial governments are adamant in their defense of these policies and have threatened strike or court action in response to federal government attempts to outlaw the practices.

The latest furore erupted after the government unveiled the contentious new Canada Health Act in December. The act will impose a "dollar-for-dollar" penalty on federal transfer payments to provinces that allow hospital user fees or double billing by doctors.

B.C.'s Health Minister Jim Nielsen said the province will consider taking Ottawa to court before bowing to the terms of the new act. Nielsen and some of his other provincial counterparts across Canada have warned that any loss in funding because of the act's "dollar-for-dollar" penalties would have to be made up by service cuts or increased medical plan premiums.

The reaction from doctors to the new act was even more acerbic.



(Vancouver Sun photo)

Canadian Medical Association President Dr. Everett Coffin initially described the act as "dictatorial" and the "dogmatic thrashings of a government desperately seeking a way to get re-elected." He said the CMA would support any doctors' strikes to protest the bill.

Since then, however, the doctors have softened their stand somewhat and have asked for meetings with federal Health Minister Monique Begin and the Prime Minister.

Begin, however, has said she simply will not change the essentials of the act.

B.C. doctors have been somewhat less militant in their opposition to the proposed act. This moderate position may result from the fact that they have never enjoyed the extra-billing privileges of other Canadian doctors. However, last fall the B.C. Medical Association reached an agreement with the provincial government allowing doctors to opt in and out of Medicare, although the agreement has not yet become law.

Central to the provincial/federal wrangling over Medicare is the funding issue. Both the provinces and doctors claim the Feds are starving Medicare for funds.

For their part, doctors view extra-billing as the only way around provincial governments that refuse to negotiate higher payment schedules for doctors.

Dr. Leon Richard, a former president of the Canadian Medical Association, has said the elimination of extra-billing would "destroy the economic and professional freedom of the medical profession."

In fact, Richard and others have described the Feds' opposition to extra-billing by doctors as a "socialistic philosophy." They claim that extra-billing is an essential feature of a democratic country because it allows for "patient participation" in the medical system.

Provinces, on the other hand, say they must levy extra health charges because of inadequate federal funding.

There is undoubtedly some merit to the provincial complaints.

A complicated new funding formula introduced in 1977 ties the federal contribution to the Gross National Product, rather than to actual health care costs. Some critics of this formula claim that linking Medicare funding to the GNP means immediate health care cut-backs whenever there is an economic recession. And, unfortunately, this formula fails also to take into account legitimate increases in utilization.

Many provinces favor the previous funding formula where the federal government covered a straight 50 per cent of provincial health care expenditures.

But the federal government is not alone in its efforts to put a cap on Medicare spending. Provincial governments across Canada have been cutting and slashing at health budgets with an unprecedented vigor.

Between 1977 and 1982, provincial expenditures on health actually became a smaller proportion of total spending in four out of ten provinces (P.E.I., Nova Scotia, Quebec and Alberta).

B.C., however, is quick to claim otherwise. It estimates provincial



The payroll for B.C. doctors uses up more than a third of the annual health care budget.

health care expenditures have increased from 24.5 per cent of total government spending in 1976 to over 30 per cent in 1981.

B.C. government critics cry foul at these figures and suggest these increases result from wider coverage under the provincial health system rather than increased expenditures on existing programs.

For example, by rolling in new pharmacare, denticare and long-term care programs, the government can artificially inflate its commitment to health care spending.

The manipulation of facts and figures by both federal and provincial governments is plainly confusing to most Canadians.

According to David Schreck, B.C.'s foremost health economist, both sides must shoulder some of the responsibility for the chronic ills of Medicare.

However, because the British North America Act gives provinces sole responsibility for health services, Schreck says provincial governments must accept more of the blame.

Hospital user-fees, extra-billings and health plan premiums are the brain child of provincial governments and have always met with strong opposition from the federal government, says Schreck.

These tactics are strictly the result of provinces that refuse to meet their financial responsibilities to a universal health care system, Schreck maintains.

"Ultimately, the B.C. provincial government has to face its own priorities between monuments such as Automated Light Rapid Transit, B.C. Place, and north-east coal, and the well-being of its own population.

"These projects may be perfectly justifiable on their own, but not at the expense of jeopardizing anyone's health care through underfunding," Schreck says.

Combined with the B.C. government's misplaced spending priorities is its unwillingness to come to grips with doctors. Doctors' billings to medical service plans have increased dramatically all across Canada. In B.C., for example, doctors' billings have risen by 88 per cent over the past decade while the population has increased by only 26 per cent.

Last year alone, B.C. doctors' fee-for-service billings increased by 25.9 per cent. With the average salary of a general practitioner now estimated by the Ministry of Health to be \$130,000 annually, many peo-



Vancouver Sun photo



Province of British Columbia Ministry of Health

Honourable J. Nielson Minister

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Misguided priorities. New hospitals continue to be built while existing facilities are starved for cash.

ple have come to question the amounts being billed by doctors.

Last year, the total health ministry budget was \$2.45 billion. Roughly one-third of that total budget (\$800 million) goes directly to the Medical Services Plan, the payroll for the province's medical profession. It is impossible for any government to talk about controlling health care costs without examining this very fundamental drain on the system.

It would, of course, be unfair to suggest that excessive doctors' fee-billings are the primary cause of the current crisis in Medicare. However, it is certain that the government refuses to tackle this obvious problem and instead keeps shifting the burden onto hospitals and health care workers.

In 1982 alone, the provincial government closed 1300 hospital beds and eliminated 2200 health care jobs.

More bed closures and layoffs are forecast for this year as a result of anticipated spending cuts from the health ministry. Without question, health care workers will be forced to bear more of the strain. Already, there is an alarming increase in on-the-job injuries experienced by health care workers. Back injuries especially are becoming a serious occupational hazard in hospitals.

In addition to increasing workloads, health care workers are facing a concerted government attack on their wages and benefits. The recent roll-back of the Hospital Employees' Union master agreement is one graphic example. Registered Nurses and paramedical profession-

als have faced similar wage restraints.

Ironically, at a time when the government is unprepared to adequately staff or fund existing hospitals, it continues to build new health care facilities. Capital construction costs actually increased from \$57 million in 1982-83 to \$76 million in 1983-84.

Equally difficult to justify are government cutbacks in the home nursing care budget. With hospital beds increasingly difficult to come by, combined with an overall aging of the population, the government chose to reduce its home-care budget by \$1.5 million in 1983-84.

It seems obvious from some of the above examples that most of the problems plaguing health care today are caused by financial factors. Bed closures, layoffs, double-billing, user-fees and service cuts are all the direct result of financial decisions made by the government.

The question that needs to be addressed is whether government cutbacks in health care are motivated by ideological considerations rather than economic problems.

A government that channels millions of dollars into coal projects and bankrupt ski resorts is not short of funds. It is instead making a conscious decision to spend money in private sector areas of the economy rather than on health care and other socially useful programs.

The B.C. Health Coalition, an umbrella organization representing health care interests throughout the province, has repeatedly called on the government to re-examine its spending priorities.

Together with its national affiliate, the Canadian Health Coalition, they have called for sweeping reforms in the organization and delivery of health services in order to preserve the original standards of Medicare.

The two groups have identified the changes needed to preserve these standards which include:

- * Universality of coverage — Insurance premiums must be eliminated in B.C., Alberta, and Ontario. No person should be denied coverage for failing to pay premiums. Health services must be funded through general revenues.
- * Comprehensiveness of services — All essential health care services should be incorporated into the Medicare plan. In particular, the Canadian Health Coalition is pressing for the inclusion of pharmaceutical, full-scale dental care, optical care, functional aids and prosthetic devices.
- * Accessibility to insured services — Double billing by doctors and hospital user fees must be eliminated.
- * Portability of benefits — Individuals must be guaranteed full access to medical services anywhere within Canada and abroad.

* Non-profit public administration of all health care services.

In addition, the two groups maintain that along with the protection of the standards of Medicare, there also must be protection for the rights of health care workers. They say that governments must guarantee full collective bargaining rights for all health workers and finance the health system so that it can fairly compensate these workers for their services.

These are the changes needed to preserve our universal system of medical coverage. But presently there is no assurance that these changes will be made.

One thing is certain. The decisions required to bring about these changes are essentially political. Health care experts agree that Medicare is a creation of the federal and provincial governments. It is these governments who have allowed Medicare to deteriorate. What concerns most supporters of Medicare is whether these governments have the political will to confront the anti-Medicare forces actively campaigning for an end to Canada's public health insurance system.

The answer to that can probably be found in the words of Tommy Douglas who counselled all those who believed in Medicare to raise their voices in its support. If that advice goes unheeded then it won't be long before we hear the death knell of Medicare in this country.



(Vancouver Sun photo)

continued from page 8

ing to unravelling tangled contract questions.

The most extensive is the five-step program, the flag-ship of HEU's education fleet. Designed to prepare individuals to function as unit-level advocates, the five-step program has been in effect since 1978 and has been well-received throughout the union.

Members taking part in this program attend five two-day sessions over a period of 8 to 10 months. Each session concentrates on a different topic with specific attention paid to contract analysis and interpretation. Other topics covered are: the role of the shop steward, communications and union history.

Instructors from the labor studies program at North Vancouver's Capilano College assist with the five-step sessions. That particular course of studies is acknowledged as one of the best of its kind in Canada.

A graduate of the five-step agenda is ready to tackle almost any problem that may arise at the unit level. The emphasis is on union rights, knowing them and standing up for them.

The advocate training element of the five-step program can't be underestimated. In the opinion of Alice Jones, a member of the provincial executive and a strong proponent of membership training, this is the most important part of the program.

Jones, a member of HEU since 1970, believes that as times get tougher economically, the need for education among the membership becomes even more essential. "Ten or 15 years ago things were different," Jones says. "Now with cutbacks and government interference things have changed.

"Management has gotten tougher and as a result there are more grievances and arbitrations. That's why it's so important to have shop stewards and unit officers who are well trained."

To this end, the union will conduct two new training programs in 1984 to accommodate the need for knowledgeable stewards and table officers. A series of table officer seminars will be held throughout the province for newly-elected chairpersons and secretary-treasurers. The two-day sessions will cover parlia-

mentary procedure, issues confronting HEU, building a strong unit and conducting a unit meeting. HEU president Gordon MacPherson, secretary-business manager Jack Gerow and financial secretary Maurice Smith will attend many of the seminars.

The third part of the union's education program is introductory shop steward courses which are carried out around the province. As with the table officer sessions, the stewards' courses will take two days and will concentrate on contract analysis and advocacy training.

The importance of the union's training program in developing capable advocates at the unit level is stressed by another member of the provincial executive, Phil MacLeod of New Westminster's Queen's Park Hospital. MacLeod is particularly qualified to comment on the effectiveness of the union's membership training, not only as a member of the provincial executive, but also as a graduate of the five-step program.

"The courses covering contract analysis and interpretation are invaluable," MacLeod says. "These are the tools a union advocate needs when dealing with management."

Both Jones and MacLeod say that a sound understanding of the collective agreement puts a unit officer on an even footing with management personnel. That's particularly important according to Jones because to successfully solve unit problems an officer needs confidence.

"There's no reason why a union officer should feel inferior when dealing with the employer," Jones states. "The training our members receive teaches them to cope with management on an equal basis."

All those involved in the education program, either as students or instructors, agree on one thing. In order for the program to be effective, there has to be an opportunity for members to put what they have learned into practice. Without practical application the training sessions have little value.

To cope with this, the five-step program progresses to a one month internship at provincial office in Vancouver. This portion of the training operates as a mini-apprenticeship and allows each graduate a chance to deal with specific duties normally handled by a servicing representative.

"The internship portion of the training was a real eye opener," says Glengarry's Youngman. "It gives you a broader view of the union and the problems facing the members."

Those members completing the five-step program scheduled to run from September, 1984 to May, 1985 will be given the opportunity to take part in a residency session at Capilano College. In the planning stages at this point, the residency will be a one month intensive training session.

And of course no training program would be complete without a diploma. A special certificate for all graduates of the five-step program is presently in production.

Ultimately, the goal of HEU's education program is to develop a better-informed, more knowledgeable membership. If this can be accomplished, then HEU's members will be better able to cope with the growing complexities of the health care industry without getting buried in a landslide of misinformation.



convention call

It's more than six months away but preparations for HEU's 13th biennial convention have already started. The five-day event starts Sunday, Sept. 30 and runs till Friday, Oct. 5, 1984. As in past

years the convention will be held at the Richmond Inn.

This year's convention marks HEU's 40th anniversary and to celebrate the occasion a number of special preparations are being considered. Official convention call and delegate selection information will be sent to all units in the near future.

'privatization'

The big business of corporate hospitals is booming south of the border. Here in B.C., there are plenty of supporters of that system, including the Social Credit government. Is the prospect of American-style health care closer than we think?



Hustling health care — Americans have been doing it for years . . .

A recent newspaper story told the tale of a Florida man who offered to sell one of his kidneys to raise enough money for a heart transplant he needed. The story quoted 41-year-old Richard Wood as saying, "I can live with one kidney but I can't live without a heart." His asking price for a kidney — \$250,000.

Wood was forced to resort to this grisly tactic because his private medical insurance didn't pay for heart transplants. And under Florida's privatized, for-profit health system, no coverage means no treatment.

Here in B.C. the idea of health care privatization has gained great popularity recently. Mention the high cost of hospital treatment and chances are you'll hear someone sing the praises of privatization as the miracle cure for all that ails the province's health care system.

Privatization, or the operation of hospitals on a for-profit basis, is seen by many as the only way to cope with climbing expenditures. The proponents of privatized health

care argue that if the free enterprise principles of the business world were applied to the business of hospitals, then many of the financial ailments hospitals suffer from would be eased.

Moreover, those in favor of privatization maintain that non-profit hospitals funded from the public purse are fiscally irresponsible and inefficiently operated. They contend that profit-motivated hospitals run by private industry would have a greater incentive to operate in a cost-efficient manner.

And most times, anyone touting health care privatization usually cites the American system as the model on which B.C. hospitals should be patterned. But after reading about Richard Wood and his kidney sell-off, it's only natural to wonder if the American system of privatized health care is all it's cranked up to be.

More than 600 facilities, or 10 per cent of all American hospitals, are corporately owned and operated on a for-profit basis. Originally, these types of hospitals were small facilities usually owned by one or two doctors. But in the late 60s, several large corporations saw the advantage of buying these private hospitals and forming hospital chains. Today, for-profit hospitals typically belong to investor-owned chains.

Two of the largest, the Hospital Corporation of America and American Medical International, control more than 60,000 beds in 400 facilities throughout North America. AMI has opened a Canadian subsidiary which was recently awarded a contract to manage an acute-care hospital in Hawkesbury, Ontario.

The reason American-style privatized hospitals are so attractive to private enterprise is their startling ability to make vast amounts of money.

A recent article in the Economist, a British news magazine, reported that revenues for American investor-owned hospitals have skyrocketed from \$2.6 billion to \$16.4 billion in the past decade. Profit-wise, the investor-owned chains displayed the same remarkable growth trend. Business Week magazine reported that in 1982 the Hospital Corporation of America racked up profits of \$171.9 million, a 55 per cent increase over the previous year.


And while the number of non-

The ad below recently appeared in an American newspaper. In a for-profit system, health care has to be marketed like any other commodity — even if it means wasting valuable medical personnel on examining dolls!

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profit hospitals in the U.S. dwindles due to cash shortages, for-profit chains grow by leaps and bounds. According to the Economist, hospitals owned or managed by private corporations increased by 43 per cent in the past five years. In 1983, for-profit chains opened 82 new facilities.

But despite the profitability of American corporate hospitals, there are critics who say this type of system results in higher costs per patient, lower quality health care and the emergence of a multi-tiered health care system based on the size of a patient's wallet rather than genuine medical need.

A recent study carried out in California confirms some of these suspicions. The study surveyed 149 non-profit hospitals and 131 profit-seeking hospitals of similar size and treating similar patients. The results, published in the New England Journal of Medicine, showed that the for-profit hospitals charged patients

higher costs per day and had higher operating costs than non-profit hospitals.

The study also confirmed that all the for-profit facilities accomplished their primary objective — they all made a profit. The report also detailed how these hospitals managed to make their profits. The most common tactic employed by the for-profits is to charge higher rates for ancillary services (x-rays, prescription drugs, physiotherapy) and to over-utilize these services. Extending a patient's stay to increase per day charges is another profit-making tactic mentioned in the study.

The California study concluded that the profit-making skills of corporate hospitals had nothing to do with better, more efficient management. According to the study, these skills depended on price-gouging, overutilization of expensive services and minimizing costs through staff cuts. As businesses, privatized hospitals excel at generating income for their owners. But as hospitals they are less cost-efficient and more expensive than their non-profit counterparts.

Higher patient costs are not the only adverse affect of privatized hospitals. The quality of medical care often suffers at the expense of a more attractive balance sheet. Francis Moore, professor of surgery at Boston's Massachusetts Hospital summed up this dilemma when he said: "They (corporate hospitals) must think first of their stockholders. But a hospital's first obligation must be to the sick."

The potential conflict between profit-making and patient care is better understood when one examines the attitudes of corporate health executives.

Thomas Frist is the chief executive officer of the Hospital Corporation of America, the largest multi-hospital chain in the world. He is also a doctor. He recently told an interviewer from Business Week magazine that one of his primary concerns "is to keep Wall Street happy by maintaining a nice upward slope in HCA's earnings per share." In the same interview, Frist said he hopes that by the year 2000, HCA will attain the same stature as General Electric or IBM and become one of America's top five companies.

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While Frist dreams of corporate hegemony for his hospital chain, the president of Humana Inc. has a more startling goal. Humana is the third largest hospital chain in the U.S. with revenues exceeding \$1.5 billion. Humana's president says he wants to create a product as uniform as a McDonald's hamburger!

These attitudes are alarming, but a more tangible measurement of the way health care quality suffers in the American system of corporate hospitals can be found in the ratio between patients and personnel.

A consistent feature of all corporate hospitals is that they strive to maximize revenues by reducing staff costs. So when AMI's Canadian subsidiary took over the Hawkesbury hospital in Ontario it pledged to save money by chopping 10 per cent of the patient care staff. A 1981 study in Texas and Florida concluded that investor-owned hospitals employed significantly fewer staff per patient than non-profit hospitals.

But probably the most damaging aspect of the for-profit health system in the U.S. is that it caters to affluent well-insured patients while ignoring patients from lower income brackets or from social assistance categories. This effect is so apparent in the U.S. that the phrase "wallet biopsy" has been coined to describe the way corporate hospitals screen prospective patients to ensure they can afford the going rates. An example of how this preferential selection process functions is illuminating.

Suppose an unemployed worker with no private medical insurance shows up at an HCA facility to have a gall bladder removed. HCA staff will check to see if the person qualifies for federal government assistance and will even help fill out the necessary forms. If the patient doesn't qualify, the hospital will recommend a bank loan to cover the cost of treatment. If that doesn't work, it will point the way to the nearest non-profit hospital and wish the patient good luck.

The California study identified this process of "cream skimming" and listed some of the strategies privatized hospitals employ to make sure they attract only profitable patients and exclude anyone else. These included: locating in areas less likely to be inhabited by lower income

More ads for American-style health care. Putting price tags on health services causes restricted access, especially among low income earners.

patients (try to find a corporate hospital in a Detroit ghetto); recruitment of physicians with financially "desirable" patients; and the outright denial of all but emergency services to patients unable to demonstrate an ability to pay.

Apart from the discriminatory nature of this process, it overburdens the non-profit facilities. The New England Journal of Medicine reports that "cream-skimming" by for-profit hospitals means a greater number of patients for non-profit hospitals creating a greater demand on their already limited resources.

The ill effects of the American system of for-profit health care are well documented. But critics of this system say it causes greater problems than just economic hardship.

Dr. Arnold Relman, editor of the New England Journal of Medicine, believes there are some valid reasons for this conclusion.

Relman argues that health care is a basic right to which all citizens are entitled, regardless of income or status. For-profit chains subvert this right, he says. Furthermore, Relman asserts that these chains often benefit from medical advances paid for from the public purse. As an example, he points to new health technology or medical research, both heavily subsidized by public funds. Finally, Relman maintains that health care cannot be treated as a marketable commodity, the same as Pepsi-Cola or lawnmowers, because it doesn't operate according to the

rules of the market place.

Yet these factors are overlooked by health care entrepreneurs. And that's what worries Relman and many others. They view health-care-for-profits as a disturbing trend with broad social implications. In Relman's words, when health care becomes just another commercial product to be bought or sold on the open market, then "the possibilities for abuse and social distortion are obvious."

Pro-privatization types scoff at Relman's fears over the growing influence of what he calls "the new medical-industrial complex." But it's not hard to find those who feel the same way. Just ask heart transplant-patient Richard Wood. That is if he's still able to answer.

... and now it's happening in B.C.

But what does all this mean to B.C.? What are the chances of American-style, corporate health care showing up here?

Most observers agree that the growing push for privatization in B.C. is bringing American-style health care a lot closer than the 49th parallel. The big business approach to the business of health care is gradually appearing in B.C. A number of recent developments threaten to accelerate that trend.

Probably the most distressing development is the provincial government's fascination with the whole concept of privatization. It is no secret that B.C.'s Socred leaders favor private enterprise over public. And since the restraint program of last July, a host of government services have been sold off to private companies.

Health Minister Jim Nielsen has repeatedly stated that he favors privatization in health care as a way of cutting costs. To get an idea of how Nielsen feels about universal medicare one need only consider this quote from the minister: "Health care is a privilege, not a right." To government critics this means if you have the money, you can afford the privilege. Nielsen's attempts to introduce hospital user fees and higher Medicare premiums is proof of this belief.

Health ministry officials report that the government has had discus-

sions with a number of for-profit health care companies both in Canada and the United States. These discussions have led to speculation that the government would like to introduce a greater degree of privatization in acute-care facilities. One scenario has the new Eagle Ridge hospital in Coquitlam, due to open this fall, managed by a private for-profit company the same way Hawkesbury Hospital in Ontario is run by AMI Canada. Whether this happens or not, most observers agree that when Eagle Ridge opens its doors, many of the non-medical services such as laundry, dietary and security will be handled by private companies.

Contracting out of non-medical services is not restricted to new facilities like Eagle Ridge. It's happening in established hospitals as well. Perhaps the one group most acutely aware of the contracting out problem is the Hospital Employees' Union. HEU has opposed this practice for a number of reasons. Contracting out threatens the jobs of HEU members, it reduces the quality of services and most importantly, it paves the way for full-scale privatization.

Despite the union's opposition, at least five acute-care hospitals, including Vancouver General, St. Paul's and Mt. St. Joseph's, have sold off parts of their operation to private companies. An indication of how

widespread the situation is can be found in the comments of the Health Labour Relations Association, bargaining agent for more than 140 B.C. hospitals. During contract negotiations with HEU in 1983, HLRA submitted a brief on the question of contracting out which said: "... there is a considerable amount of contracting out. Indeed, it would be safe to say that probably every facility (in B.C.) contracts out at least something."

But it is not just the government and the major health care employers who support the idea of privatization of B.C.'s health care system. Many of the province's doctors also endorse the idea.

Dr. Gabor Mate is a Vancouver physician and a critic of for-profit health care who has written numerous articles detailing the disadvantages of this type of system. Dr. Mate says there is strong support both within the B.C. Medical Association and the Canadian Medical Association for a two-tiered health care scheme. This type of arrangement would provide for universal coverage but would also allow for private coverage without any billing restrictions. This type of private coverage would provide deluxe medical care to those wealthy enough to afford it.

The problem with this type of set-up, Dr. Mate contends, is that it would gradually attract more and



Sign of the times? Provincial Executive members Carole Campbell (left) and Gordon Meagher campaign against Sacred zero budget plans.

more practitioners because of its greater potential for profit-making. Eventually, the universal system would suffer from a shortage of physicians, Mate says. As proof of this assertion, Mate points to Great Britain where such a two-tiered arrangement exists. He says that in Britain there is now health care for the "haves" and lower quality health care for the "have-nots."

Nowhere in B.C., however, is the trend towards for-profit health care greater than in the area of long term care.

Nursing homes and private hospitals which provide health care to seniors have long been run on a for-profit basis. In the past, facilities were licensed by the government and were then free to charge whatever the traffic would bear. Naturally, the hospitals charged top dollar. But this created a problem. Because licensed hospitals attracted only wealthy seniors they were chronically short of customers. And because only wealthy seniors could afford this type of care, there was always a demand for less expensive care.

Finally in 1978 the government set up the present long term care program. Under this system the

government leases beds from private operators and pays them a fixed rate for each bed on a per day per patient basis. A government registry screens and refers seniors to these facilities. Today, private operators in long term care have a regular supply of customers and a guaranteed income.

In order to turn a profit, these hospitals attempt to reduce costs whenever they can. As in the American system, when costs are cut to boost profits, lower quality care is the natural result.

This system has attracted entrepreneurs to seniors health care as a profitable business enterprise. Malaspina Lodge in Nanaimo is a good example of this. Its operator was recently involved in a labor arbitration with HEU. During the hearings it was revealed that Malaspina's owner was not a genuine health care operator but, in fact, a real estate entrepreneur who had purchased the hospital as a land investment. In his award, the chairman of the arbitration panel suggested that Malaspina's owner had little interest in providing health care and viewed the long term care business as a way of reaping a quick profit.

A more alarming trend in this regard is the appearance of large corporations in the long term care field. One such firm is Extendicare which operates a seniors facility in Kamloops. Extendicare is a Toronto health care conglomerate that owns nursing homes and medical laboratories throughout Canada. It also owns Crown Life Insurance and several computer processing companies.

Another example of this is the Trizec Corporation. This multinational real estate giant owns the Pacific Center in Vancouver, the Royal Center in Toronto, hotels in Hawaii and condominiums in Florida. Trizec also owns Windermere Lodge, a long-term care facility in Vancouver.

The presence of corporate behemoths like Trizec and Extendicare in long term care worries many observers. They see these companies putting pressure on the government to allow them to expand from long term care into acute care. Given the government's free enterprise philosophy and its fixation with privatization, this worry may not be totally unfounded.

In fact, critics believe that what's happening in long term care is the

leading edge of a move towards more and more privatization. And support for the move is growing.

One of the strongest and most influential advocates of health care privatization is the right-wing Fraser Institute. For a number of years it has promoted the idea of eliminating universal Medicare in favor of a totally private health care system just like the United States. In its publication, *The Health Care Business*, the Institute proposes that B.C. should have a "market oriented health system," in which all hospital services would be paid on the basis of user-fees. Walter Block, the Institute's chief economist, was recently quoted in the *Vancouver Sun* as saying that Medicare "is flawed at its core and must be rethought."

The Fraser Institute, however, is

more than just a group of anti-Medicare types voicing opinions. Its direct involvement in helping to draft last summer's restraint budget is evidence that the Institute has a great deal of impact on government policy.

Two other groups in B.C. are actively lobbying the government for a greater degree of privatization in health care. One of them is the B.C. Health Association which represents 158 hospitals and health care institutions. BCHA has stated on many occasions that fewer health services should be paid for from public funds and that hospitals should be operated on a private, for-profit basis. The 155-member B.C. Association of Private Care Facilities, known as Pricare, has openly endorsed the government's stance on health care privatization.

Contracting-out, for-profit long term care, user fees, Trizec, Pricare, the Fraser Institute . . . taken individually each of these is a particular threat to our present system of health care. But when you put them all together you have what one health care critic calls "the foundations of a privatized health industry."

How close is American-style health care? Closer than most people think. The mistake people make, according to Dr. Mate, is thinking that the change from our present system to corporate health care will be a sudden one. "It won't happen overnight," he says. "Bit by bit changes will be made until Medicare disappears."

In the meantime, privatization proponents continue to construct a solid foundation for the edifice of corporate medicine.

PEOPLE IN FOCUS

HEU member visits Nicaragua

A 24-year-old HEU member from Burnaby General Hospital is among a contingent of British Columbians who have gone to Nicaragua to help with the country's coffee and cotton harvests.

Ron Jagpal left Vancouver Feb. 6 and will spend four weeks in the war-torn Central American nation. Jagpal is part of the 25-member B.C. Nicaraguan Solidarity Committee.

For the past two years, Nicaragua has been involved in a bitter struggle against American-backed rebels attempting to topple the country's socialist government. Because of this struggle, Nicaragua relies on international volunteers, known as brigadistas, to help with the all-important harvests. The B.C. committee has already sent over \$1 million in medical aid to Nicaragua, Jagpal explained.

Jagpal said he expects to spend three weeks

doing agricultural work near the Nicaraguan-Honduras border, an area where heavy fighting has recently taken place. After that he will spend a week touring Managua, Nicaragua's capital. While in Managua, Jagpal intends to make contact with Fetsalud, the country's health care union, and to visit several medical facilities.

Jagpal said the committee's involvement in Nicaragua is a positive move. "These are tough times for Nicaraguans and it's important that they know they're not alone."

Jagpal downplays the danger factor connected with working in a war zone. He said this has been sensationalized by the media. "We're not going down there as cannon fodder," he said. "We're trying to do something concrete for the people of Nicaragua to show them we support their struggle."

Jagpal denied reports that brigadistas are being used as a shield against the threat of a rebel invasion, or worse an American invasion. "That's just anti-Nicaraguan propaganda," he said.

Jagpal has previously

worked with Oxfam Canada helping to raise money and supplies for Nicaragua. When the chance to go there came up he jumped at it.

"This is a once in a lifetime experience, he said."

Helping out

When walking became a problem for Stella Ross, HEU members at Burnaby's Fellburn Hospital offered a helping hand.

Ross suffers from multiple sclerosis, a disease that attacks a person's nervous system. Until recently she worked as the night registered nurse at Fellburn. But as her condition worsened, she required canes to get around and had to stop work. Finally, she learned she would need a wheelchair.

That's where Fellburn's HEU members came in.

Wheelchairs are an expensive item so HEU

members pitched in and collected money from all the staff at Fellburn to purchase a wheelchair for Ross. Kathleen Boyd, secretary-treasurer of HEU's Fellburn unit, said the collection from the staff raised several hundred dollars. "But we were a little short of the total so the Fellburn members donated the balance of \$350."

Boyd said the generosity displayed by the Fellburn members was well-deserved. "Mrs. Ross helped us all a lot," Boyd said. "She was a real hard worker and we didn't mind helping her a little."

For Stella Ross, that "little" help will go a long way.

PEOPLE IN FOCUS

HEU awards bursaries for 1984

The Hospital Employees' Union will spend more than \$3,000 this year helping its members and their families to get a higher education. That's the amount the union has awarded in academic bursaries for the 1983-84 school year.

Each year HEU awards seven bursaries ranging in amounts from \$1,000 to \$350. The bursaries assist HEU members, or the sons and daughters of HEU members, to obtain a post-secondary degree. Recipients are selected on the basis of financial need and scholastic achievement. This year's winners include:

Margaret Forsyth, a patient

care aide at UBC's Health Sciences Center. Forsyth was awarded the James Ashmore Memorial Bursary which is sponsored by the union's Surrey unit and the provincial executive. Forsyth will use the \$1,000 award to complete first-year law at UBC. The Provincial Executive Bursary of \$500 was won by Kathleen Batchelor. She is a fourth-year student in rehabilitation medicine and previously worked as a pharmacy technician at Vancouver General Hospital.

The Lions Gate Unit Bursary went to Virginia Ross. A housekeeping aide at West Vancouver's Alta-

mont Hospital, Ross will use the \$500 grant to finish her third year of rehabilitation medicine at UBC. HEU's Vancouver General unit sponsored two bursaries of \$350 each. The first went to Kim Martin, a dietary aide from St. Paul's Hospital and a second year medical student at UBC. The second was won by Sheila Swope, a first-year medical student at UBC. Swope worked in the Cancer Control unit as a medical statistics technician.

Mykle Thompson, a second-year nursing student at UBC, won the \$350 Royal Jubilee bursary. Thompson's mother, Deanna, is a laboratory

technician at Nanaimo General. The final award went to Donald Richards, a second-year law student at the University of Victoria. Richards, son of Larry Richards of the Vancouver General unit, won a \$350 bursary sponsored by the Victoria General unit.

The HEU bursary program is administered by the financial awards office at UBC. Final selection is determined by a union committee. Members interested in applying for the 1984-85 bursary program should send their applications to UBC with an explanation of their affiliation to HEU.

Northern unit emphasizes involvement

People often ask 64-year-old Stan Feren how he has managed to remain such a staunch member of the Hospital Employees' Union for the past three decades. During that 30-year period, Feren, an employee of the Prince George Regional Hospital, has held every elected position in his unit from conductor to chairperson. To this day, as he approaches retirement, he still maintains an active interest in all union issues.

To explain his long involvement with HEU, Feren recalls an incident that took place in 1954 when he first started working at the Prince George Hospital. Things were different then Feren says. Instead of a modern high-tech facility, Prince George Regional was a collection

of army huts left over from the Second World War. Wages were also different. As an orderly, Feren received \$150 a month. One day Feren decided he needed a raise. After much deliberation he approached the hospital administrator and asked for a five-dollar-a-month increase. The administrator turned him down.

Feren says the refusal angered him. But instead of getting mad, Feren figured out a way to get even. Officials from the Hospital Employees' Union were trying to organize the workers at PGRH and Feren says he did what he could to help. HEU was eventually granted certification and a first agreement was hammered out. "I still remember old Bill Black (former HEU busi-

ness manager, now deceased) pounding on the table in front of the hospital board," Feren says grinning. When the contract was signed orderlies got a pay boost of \$45 per month. "I couldn't have done it alone," Feren says. "The union did it for us then and it's still doing it for us today."

Stan Feren symbolizes the spirit of HEU's Prince George unit. It's a spirit of dedication that is firmly rooted in the belief that the only way workers can hope to achieve anything is through united action. Whether helping a fellow HEU member, walking a picket line with other trade unionists or organizing a Solidarity sit-in, Prince George unit members consistently display that kind of spirit.

The Prince George members of HEU have developed a reputation for being involved. Led by a dedicated executive, PG members are known for their involvement in activities both inside and outside the hospital. Inside the hospital, the unit concentrates on ensuring that its members are protected. One way this is accomplished is through education. Joyce Dawson, PG unit vice-chairperson, explains that the rapid growth of the hospital in the past several years has created a more complex labor relations climate. This in turn has meant a greater need for member education.

"We have to make sure our members know their rights," Dawson says. "That's probably the most important part of educa-

PEOPLE IN FOCUS

tion."

On a more personal level, unit members frequently pitch in to help fellow members in need of help. Like the time the unit raised \$500 for a member who had suffered a partial stroke. As Andy Kozyniak, unit chairperson says: "We're very good at helping each other here."

But it is probably their community activities which best characterize the members of the Prince George unit:

One of the best examples of this is the assistance Prince George members have provided to striking members of the Retail Clerks' Union. Over the winter, the Retail Clerks' have been on strike at Canadian Tire in Prince George in an attempt to win a first contract. PGRH unit members have manned the picket lines with the Retail Clerks', often in temperatures reaching -30, as a way of demonstrating their support.

HEU members provided similar support to striking members of the International Brotherhood of Electrical Workers, walking the picket line in the middle of winter.

Another area where the Prince George unit has been particularly active is in the northern city's Solidarity movement. Kozyniak is a member of the Prince George Solidarity committee and takes a vigorous role in all its functions. Both Kozyniak and Joyce Dawson promote Solidarity within the unit. During last fall's province-wide protest action by Operation Solidarity, members of the Prince George unit staged a successful sit-in at the regional hospital. Following the sit-in, Prince



HEU members from Prince George unit walk the picket line in support of Retail Clerks' strike.

George members, along with their HEU counterparts from Simon Fraser Lodge participated in a mass rally.

It would be a mistake, however, to create the impression that every single one of HEU's 500 members at PGRH is a dedicated trade unionist. Like many HEU units around B.C., the Prince George unit has to cope with the problem of member apathy. "Sometimes you have to bust your ass off just to get people to attend a meeting," Kozyniak says.

One thing the Prince George unit does to attract more members to its meetings is to hold what is known as a Snowball draw. Each meeting five names are selected from a list of all members. The names are read out and if one of the members is present they win \$100. If none of the five drawn are present the \$100 goes back in the pot and another \$10 is added. This process goes on at each meeting until someone wins. Kozyniak says it is an incentive not a bribe. "Sure it's a gimmick," he says.

"But if a few extra people show up then it's worth it."

But member apathy doesn't discourage the PGRH unit. One of the reasons, most members say, is because of the hard work put in by Kozyniak. Fellow executive members describe Kozyniak as a tireless worker who is always available for unit activities. Kozyniak, who is also a member of

the provincial executive, sets the example for the rest of the unit, they say.

But Kozyniak refuses to accept full credit for the strong spirit of the Pr. George unit. "There are some very conscientious people involved in this unit," he says. "And they are very good at getting involved." When asked to give a reason why the Prince George unit maintains such an enthusiastic level of activity, Kozyniak says it's a matter of good leadership. "We have two excellent staff representatives here (John Hurren and Steve Koerner) and they act as the catalysts."

Kozyniak acknowledges that union work may be discouraging at times, but that doesn't bother him. "When you believe in something strongly you just don't give up," he says. And it's that kind of attitude that makes the Prince George unit one of HEU's most spirited.

LETTERS

Editor:

Our compliments to the Hospital Employees' Union and the Hospital Guardian editors for the 'new-look' Hospital Guardian. Your new format in the November issue deserves top marks not only in terms of appearance and preparation but also in terms of content and subject coverage. I found the articles on Solidarity, the media and the Fraser Institute well written, timely and the best coverage provided by any publication to date. Sincerely,
David B. Fahey, Trade Union Research Bureau

Dear Brothers and Sisters:

On behalf of the Hospital Employees' Union members at the Royal Columbian Hospital, I would like to thank the units and members who donated money to the Royal Columbian unit when we were locked out for five days in May, 1983.

Your donations were greatly appreciated.

William Hasselaar
Chairperson,
Royal Columbian unit

FRONTLINES

Union battles bottle change

B.C. brewery workers are afraid of getting canned. But that fear is not because breweries are losing money and cutting jobs. It's because of the growing trend towards using cans instead of bottles in the beer-making process.

John Langley, the secretary of the 1800-member Brewery Workers' Union, charges that since September, B.C.'s major breweries have engaged in a

media blitz to persuade people to buy canned beer. Langley also contends that the provincial Liquor Distribution Branch is collaborating in the campaign by setting a lower deposit rate on canned beer making it cheaper to buy than the bottled variety.

So what's wrong with canned beer? Langley's union has prepared a report showing that canned beer has a negative effect

on jobs. The report attributes this effect to the fact that the majority of cans used by B.C. breweries are manufactured out of province. In breweries alone, the report states, 30 per cent of the current work force could be eliminated if the use of cans increases. But it is not just brewery jobs that are affected. The report says workers in other industries such as glass, pulp and trucking would also lose jobs.

Beer cans also have a negative impact on the

environment. The union report says that because cans aren't recycled the way bottles are, they become another part of the growing undisposable waste problem.

Langley and his union are fighting the move to canned beer. They see it as a threat to B.C. workers and the B.C. environment. For more information on how to avoid getting canned, contact the Brewery Winery and Distillery Workers' Union, 4717 Kingsway, Burnaby.

Annual peace march ready to go

April 28 marks the date of Vancouver's annual Walk for Peace and preparations for the massive anti-nuclear demonstration are well under way. Colleen Bostwick, executive member of the End of Arms Race Committee which sponsors the rally, says this year's edition promises to be just as successful as last year's.

In 1983 more than 65,000 Vancouverites took part in the march. Pictured above is a portion of HEU's large banner-waving contingent. HEU has endorsed the Walk for Peace campaign and rally organizers are looking forward to a large turn-out by HEU members this year.

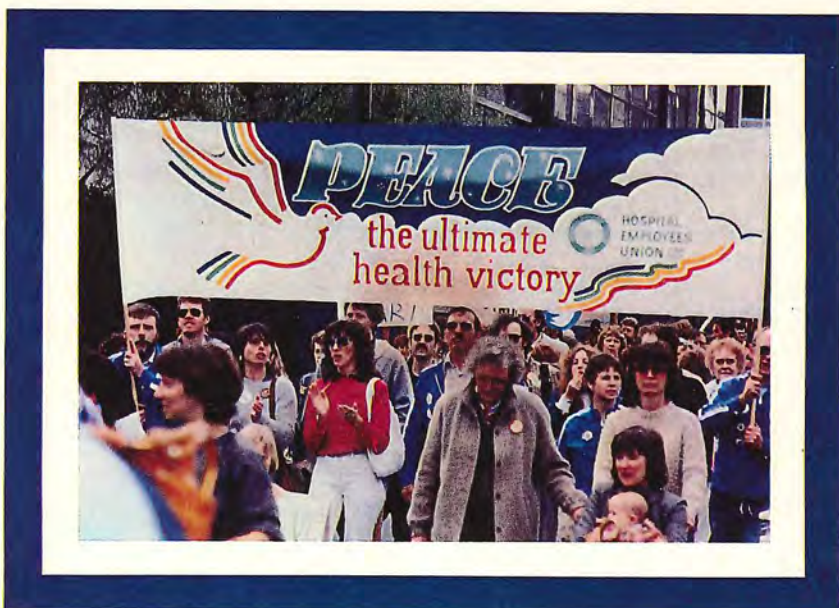
Bostwick says the committee is not planning any major changes to the format of the rally. The same route as last year will be used from Kits Park to

Sunset Beach via the Burrard Street Bridge. The committee has arranged for several prominent speakers to address the rally including film star Joanne Woodward who, along with her husband Paul Newman, is a staunch

anti-nuclear activist. Former federal cabinet minister Walter Gordon will also address the rally.

Bostwick says the committee is also planning a peace fair prior to the march. The fair will feature films and literature on the

peace movement and will be held at Robson Square, April 13 and 14. For information on both the fair and the march, contact the End the Arms Race Committee, 1708 West 16th, Vancouver, 736-2366.



FRONTLINES

HEU attends Fed conference



The spirit of co-operation generated by Operation Solidarity was evident at last year's 28th annual convention of the B.C. Federation of Labour held

in Vancouver.

The most obvious indication of this was the attendance at the convention of a number of non-affiliates, including the

Hospital Employees' Union. The non-affiliates were invited to the convention because of their involvement in Operation Solidarity. The 1983 con-

vention marked the first time HEU has attended a B.C. Fed convention for its full duration since the union's disaffiliation with CUPE in 1970.

The third day of the five-day convention was declared Solidarity Day and featured speeches by Renate Shearer, vice-chairperson of Solidarity Coalition, and Jack Gerow, HEU secretary-business manager. Gerow and Maurice Smith, HEU's financial secretary, along with other members of the provincial executive, were granted fraternal delegate status and were allowed to speak on issues before the delegates. Also in attendance from HEU were members of the provincial executive and the union's staff.

HEU continues to co-operate with other Fed unions through its active involvement in Operation Solidarity.

MILESTONES

Amelia Fukala, a member of the dietary staff at Kootenay Lake District Hospital, retired last fall after 13 years as an HEU member. Sister Fukala was always an active member of her unit and held the positions of chairperson and secretary-treasurer. She is also active in community affairs and is a member of the Canadian Legion and the Catholic Womens' League. A resident of Nelson, Fukala enjoys golfing and curling. Now that she is retired, Sister Fukala plans to do some travelling.

March marks the last month Sister Wendy High will serve as an office assis-

tant at the Cumberland Diagnostic and Treatment Centre on Vancouver Island. After 13 years as an HEU member at Cumberland Sister High is leaving following her husband's transfer to the small logging community of Eve River on the north end of the Island. Sister High, who formerly served as secretary-treasurer of the Cumberland unit, says the move is not actually a retirement. "I'm too young for that."

Peggy Heinze, long-time HEU activist at Prince George Regional Hospital, is slated to retire April 30, 1984. Heinze, a member of HEU since 1957, has

held a variety of positions within her unit including chairperson, trustee, warden and chief shop steward. A nursing unit clerk, Heinze has also served on the provincial executive as regional vice-president and as a member of HEU's provincial negotiating team. Retirement plans include travelling and volunteer work.

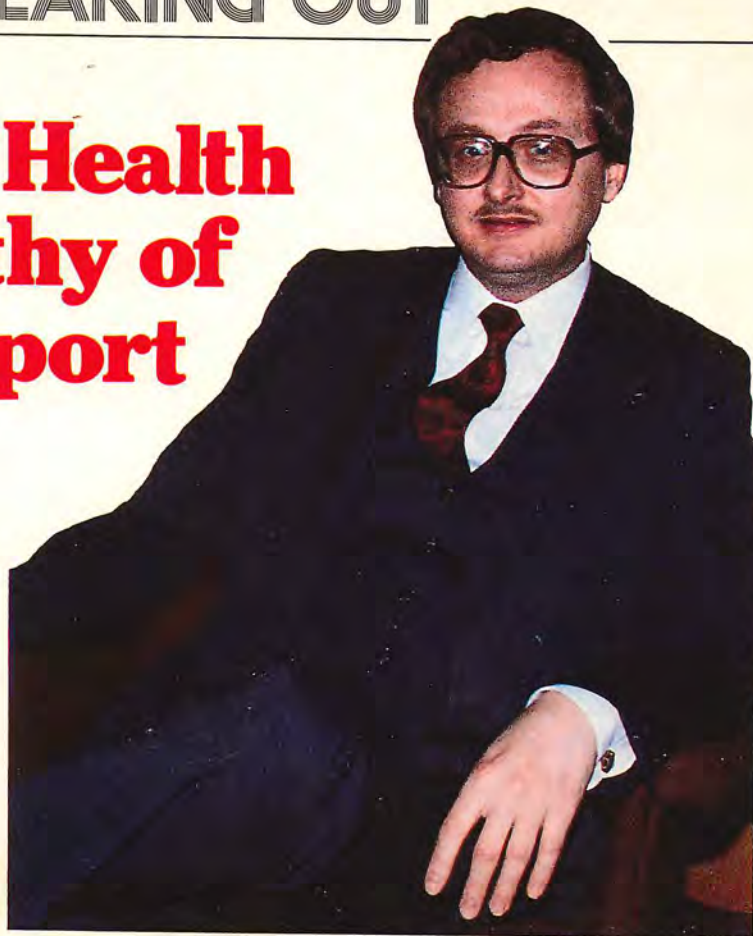
Five members of the Dawson Creek Regional Hospital recently retired. They include: Marie Leschert, ward clerk and HEU member for 20 years; practical nurse Doris Crumley an HEU member for 21 years; Ann Jeffrey, cook and HEU member for 13

years; Lillian Beaulieu, also a cook and a member of HEU for 20 years; and Annie Popp, dietary aide and HEU member for 11 years.

Olive Priddy of the Lillooet District Hospital retired Nov. 30, 1983 after 23 years as an HEU member. During her tenure with the union, Sister Priddy served as both chairperson and secretary-treasurer of her unit. Originally a practical nurse, for the past 18 years Sister Priddy worked as a dietary supervisor. Sister Priddy says she is thoroughly enjoying her retirement and keeps active with travelling and arts and crafts.

Canada Health Act worthy of public support

by David Schreck
General Manager CU&C
Health Services Society



Canada's system of Medicare is held together by a cost sharing agreement between the federal government and the provinces. Medicare is basically provincial insurance for hospitals and physicians. The federal government originally agreed to pay half the cost as long as the provincial programs were universal, accessible, comprehensive, portable and publically administered.

In 1977 the federal government negotiated a change in the cost sharing arrangements for Medicare. In place of 50/50-cost sharing, the new arrangement of block funding established a base and a method of increasing payments as the economy grows but unrelated to how health costs increase. Most significantly, the new block funding provided no means by which the federal government could insist that the provincial plans met minimum conditions. At the time, critics argued that the provinces would allow Medicare to erode.

Erosion is what has taken place. In British Columbia hospital user fees were increased from \$1 a day in 1975 to \$8.50 a day in 1983. Other provinces have toyed with the idea of allowing user fees. All provinces except Quebec and B.C. have tolerated (some would say encouraged) extra billing by physicians. These extra charges violate the condition of accessibility. The charges are nothing more than a tax on the

sick, and they can stop low income people from receiving needed health care.

It is the three richest provinces that allow the most extra charges. B.C. is estimated to collect \$35 million in hospital user fees while Alberta allows an estimated \$13 to \$14 million and Ontario as much as \$50 million in extra billing by physicians. It is also these three rich provinces that charge premiums which prevent Medicare from being truly universal.

The Canada Health Act is an attempt to correct these problems. The federal government has no authority over health care but it can determine the conditions for its cost sharing. Under the Canada Health Act any province that allows extra billing or user fees will lose one dollar in federal funds for each dollar of extra charges.

It is doubtful whether the penalties will stop extra billing and user

fees, but they will deter even greater reliance on such charges. It will no longer be in the interest of a province to tax the sick with hidden charges if they lose an equal amount from the federal government.

The Canada Health Act will not solve very many problems, but by stopping the growth in user fees and extra billing it will prove worthy of public support. The B.C. Health Coalition has urged federal Health Minister Monique Begin to also consider expanding the Act to provide for federal cost sharing in an expansion of Medicare including Pharmacare, Denticare, occupational health and public health as well as federal incentives to expand the range of health personnel.

We look forward to the day when health services will be routinely delivered through community health centres using not only salaried physicians but also nurse practitioners and other health workers.

Even if the tens of thousands of warheads in the world's nuclear arsenal are never used, British Columbians will be the victims of the arms race. We are paying the economic cost today, every day.

Of course, in the event of nuclear war, British Columbia would sustain a devastating nuclear strike. An independent study by Swedish analysts identified at least a dozen economic and military targets in our province, including Esquimalt, Nanoose, Comox, Prince Rupert, Kamloops and Vancouver.

Dr. Tom Perry, of the University of British Columbia, estimates that a one-megaton bomb burst in the air over Vancouver's city hall on a weekday would kill 400,000 people outright. A further 300,000 would die within the month and 20,000 would be horribly burned. There are only 2,000 burn beds in all of Canada and the continental United States.

But we already are paying the price of the nuclear arms race with lost jobs and a declining economy. The fight for peace also is a fight for jobs and a strong economic future.

Canada is mired in the arms race up to its eyebrows. The latest national budget forecasts almost \$100 billion in expenditures, including a staggering \$9 billion for defence.

When transfer payments to the provinces and payments on the national debt are excluded, Canada's military spending will soak up more than 30 percent of the national expenditures for 1984 to 1985.

Billions of this amount are for the purchase of F-18 fighter planes, elaborate gadgets that will be utterly useless in the event of nuclear war. No wonder our government is running a deficit.

The fact is, Canada's defence budget is growing annually faster than the rate of inflation.

In the U.S., too, the rising deficit is directly attributable to unprecedented arms spending. The U.S. accounted for half of the \$600 billion in

world armaments expenditures in 1982. Today, it is buying arms at the rate of \$1 million a minute. Military research budgets outstrip research spending on health, energy and outer space combined.

Diversion of the United States' vast resources into arms manufacturing is reducing the amount of raw materials available for consumer goods. This is fuelling inflation. The record investment in the military is tightening the money supply, forcing up interest rates. And the lack of investment in productive sectors like housing, energy, transportation and the service sector is cheating the economy of literally hundreds of thousands of jobs, reducing purchasing power.

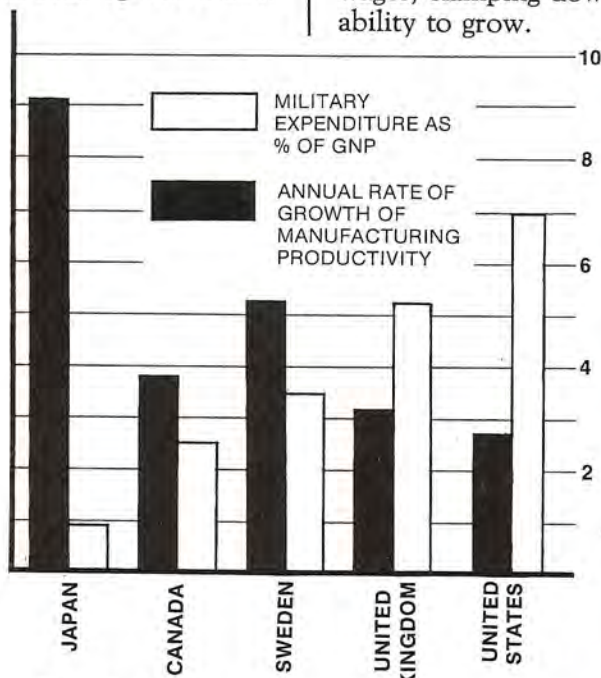
"I'm walking for peace because I believe in stopping the arms race. Money spent on arms doesn't create jobs. We face restraints and rollbacks and don't see any jobs."
Caroline Lee, CUPW

Recent studies have proved that countries with low levels of military spending are experiencing strong economic growth. Japan is

the prime example. The United States, the United Kingdom and our own economy, a virtual captive of the American system, reflect the slumping productivity that accompanies heavy arms expenditure.

Capital spent on arms is taken out of the economy. Capital spent on new machinery, peaceful research, education or health is returned to the economy to reproduce more wealth.

That's a simple fact of life our governments ignore. Rather than trim arms expenditures, they cut social services and wages, clamping down on our economy's ability to grow.



• There is a direct relationship between growth in the economy and military spending.

Source: World Military and Social Expenditures, 1982

"The money is there to build houses, ships, hospitals, schools or whatever, but it's going into the arms budget instead. Until we invest in people, not arms, we won't beat unemployment."
Colin Snell, Carpenters

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END THE ARMS RACE BEFORE THE ECONOMY COLLAPSES!

Unwilling to cut arms expenditures, western governments have been squeezing working people.

Wage controls, "restraint programs" and continued high unemployment are the solutions that government and big business have advanced to reduce inflation. Rather than tackle the problem at its source, they transfer wealth from services and growth to military spending.

There is no money for education and health care, but billions are available for fighter planes. For the cost of an F-14 fighter, nine schools could be built.

There is no money for housing, but hundreds of millions for new Leopard tanks. The cost of a Leopard tank is the same as the cost of building 36 three-room

apartments. One billion dollars spent on housing construction could generate more than 100,000 jobs. The same expenditure on the military produces only 75,700 jobs.

There is no money for a Canadian merchant marine, but billions for new navy frigates. There is no money for reforestation or salmon enhancement, but hundreds of millions for new military reconnaissance aircraft.

Far from preventing war, the new weapons our government is buying and testing make a nuclear

holocaust more likely. The Cruise missile, now being tested in Canada, takes us a dangerous step closer to nuclear war. Flying below radar and striking with great accuracy, it is a weapon of surprise and first strike, not one of deterrence and retaliation.

Our economy is being starved to death by the arms race. Until we deal with the question of arms spending, our economy can never recover. We will not be able to offer our children a job, decent health care or proper education if we do not reduce arms spending, achieve nuclear disarmament and secure peace.

MILITARY SPENDING COSTS JOBS!

• Every billion dollars spent on conventional or nuclear arms is a direct loss of jobs from our economy. One billion dollars spent on the military creates about 75,700 jobs. In construction, it could put more than 100,000 people to work. Far from stimulating employment, military spending actually reduces it.

\$1 billion spent on

EDUCATION
creates 187,299 jobs

HEALTH CARE
creates 138,939 jobs

CONSTRUCTION
creates 100,072 jobs

MASS TRANSIT
creates 92,071 jobs

THE MILITARY
creates 75,710 jobs

"The fight for peace has got to be a priority. When we walk for peace, we don't just say no to war, we say yes to jobs, schools, a decent future."
Don Jantzen, IWA

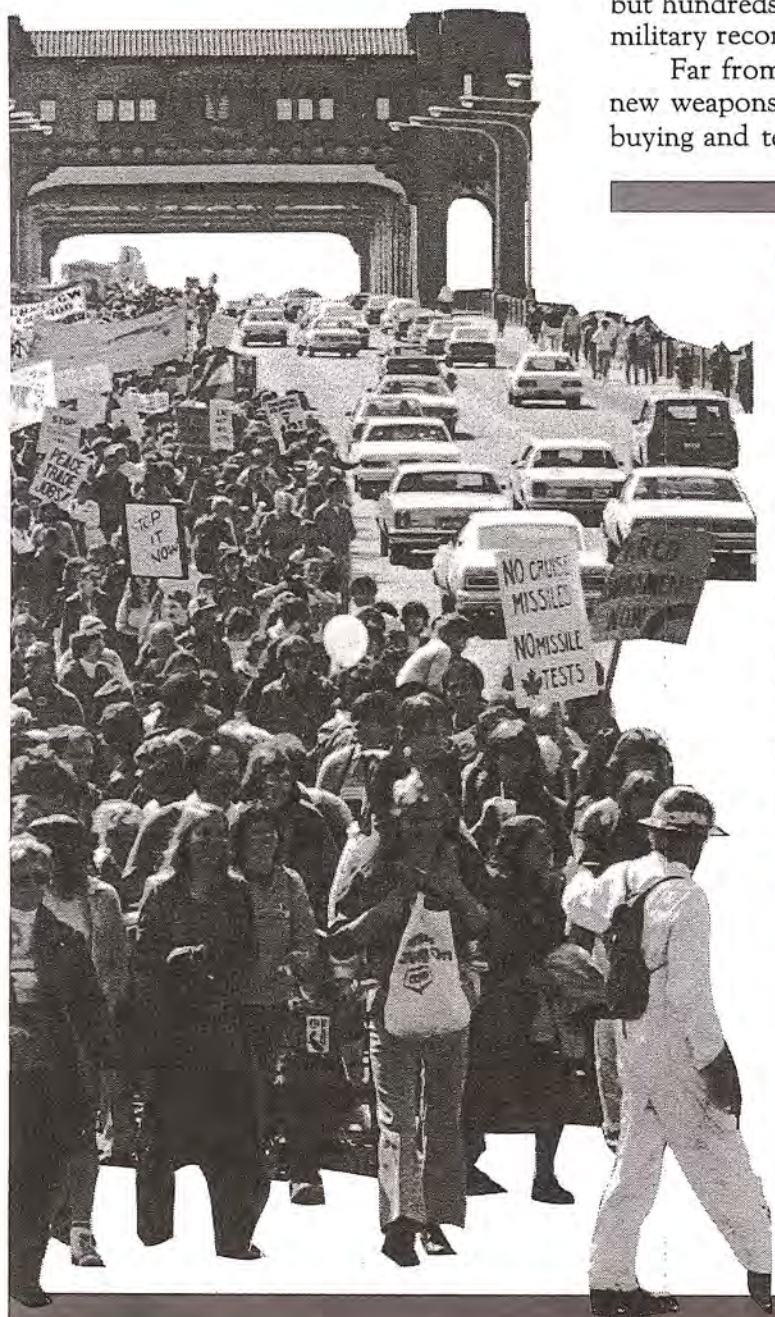
WHAT CAN I DO?

You can make a difference. The worldwide marches for peace have made disarmament the critical issue of the day.

The B.C. Federation of Labour and the Canadian Labour Congress have both dedicated the trade union movement to the fight for peace. We can make a difference by demonstrating our concern and our support for immediate negotiations aimed at a balanced, mutual and verifiable program of disarmament. We can fight to stop Cruise testing and to make Canada a nuclear-weapons free zone. We can support the Peace Petition Caravan being organized this summer to call on Parliament to end cruise testing, to declare Canada a nuclear-weapons free zone, and to divert arms spending to human needs.

But first of all we can join the End the Arms Race Walk for Peace in Vancouver April 28. Our lives and our livelihoods are at stake.

WALK FOR PEACE APRIL 28



• This special feature produced by the Trade Union Peace Committee in association with your local union. Design: J. Bradburne. Editing: G. Meggs.