Fight for beds and jobs

HEU Announces "Don't Get Sick" Campaign

HEU Secretory-Business Manager Jack Gerow explained the details of the Union's "Don't Get Sick in B.C." campaign at a press conference at the HEU Provincial Office June 8. HEU plans to inform tourists coming from the U.S. and Europe for the July 4th holiday weekend that "hospital beds in B.C. are in short supply due to government cutbacks."

To settle Master Agreement

Arbitration Hearings

HEU requested an immediate interim across-the-board wage increase at the first hearings of the arbitration board, convened to settle the HEU/HLRA Master Agreement, that were held May 27 and 28 in Victoria. HEU made that request because of the union's anticipation that the arbitration hearing process would be lengthy. In addition, after the arbitration has been concluded, the collective agreement has to be reviewed under the Compensation Stabilization Act by its commissioner, E. R. Peck.

HLRA opposed the HEU request and the arbitration board, chaired by Don Munroe, deferred the request to a hearing at a later date.

Upcoming hearing dates are scheduled for June 28 (at which time HEU will present its case for an immediate interim award) and June 30, July 1, 5, 6, and 8. The June 3rd and July 8th dates are scheduled to be held in Vancouver with the others to take place in Victoria.

The first arbitration hearings took place May 27 and 28 in Victoria.

Clerical Classification

Continuing On Schedule

Classification of HEU's Clerical members is continuing on schedule (Page 6 May Guardian) and the entire clerical classification process (with the exception of Vancouver General)

HEU Waiting For Job Descriptions

At Guardian press time HEU was still waiting for job descriptions from HLRA to get on with non-clerical classification.

HEU has demanded that HLRA comply immediately to a Union request for job descrip-
tions, so that negotiations on non-clerical classification can be resumed without further unnecessary delays.

HLRA's lack of cooperation in providing descriptions has impeded HEU's ability to respond quickly to the proposed job matches and wage rates contained in HLRA's "final" offer of March 12, 1982.

July/August "Summer" Guardian

There will be one edition of The Guardian for the months of July and August. The "summer" Guardian will be sent to HEU units in August.

McAllister Statement "Neanderthal"

A call by HLRA President Peter McAllister in May to elimi-
nate arbitration is a "neander-
thal way of looking at health care collective bargaining in the 1980's," says HEU Secretary-Business Manager Jack Gerow.

"Calling for an end to arbitration is not only punitive but shortsighted. Jack McAllister is really saying he agrees to the Employer's final offer no matter how ridiculous and retrogres-
sive or go on strike regardless of the suffering to employee and patient alike," HEU fought hard to win its binding tribunal rights and will fight even harder to maintain them. Health care unions must continue to have the right to elect arbitration if their members decide that both the Employer's final offer and striking are not acceptable," said Gerow.

These health care workers at Royal Jubilee Hospital in Victoria took part in a peaceful demonstration in May to let the government know how they feel about the erosion of health care in the province because of misplaced government priorities.
HEALTH CARE IS A RIGHT

It seems incredible that in this day and age there are people in our society who do not recognize the importance of a reliable and affordable health care system.

Our health care system in British Columbia is without question our most valuable and precious product. How can you put a dollar figure on being treated safely, regardless of income, in a B.C. hospital or health care facility?

We are the envy of the world when it comes to health care. Well, perhaps we should say we WERE the envy of the world, because now it seems Health Minister Jim Nielsen and Premier Bill Bennett are intent on dismantling what took years to build.

HEU is outraged with the contempt the provincial government has shown toward proper funding of hospitals. And not being a Union that would stand still and watch suffering being inflicted on innocent B.C. residents who have had the misfortune to fall sick, HEU decided to announce its "Don't Get Sick in B.C." campaign this month.

There are some who will criticize HEU for not thinking first about tourist dollars and the state of the B.C. economy in general. Well, it is the Union's firm position that good health must always come before making a fast buck. If we are going to be criticized for placing people's health and well-being ahead of monetary concerns, then so be it.

HEU believes that people with common sense understand that all the tourist dollars this year will not relieve the suffering that a person has to face waiting until next year for heart by-pass surgery.

In point of fact, HEU realizes that many tourists who will be leafleted at the Princess Margaret or the ferry terminals on the July 4 weekend may not turn back once they read about the dangerous state of the B.C. health care system. But they may just drive a little slower on the highways and take more care to make sure they don't land in a B.C. hospital during their holiday.

If, this year, there are fewer than the 7,000 tourists who had to make use of B.C. hospitals last year, then HEU's campaign will be considered a major accomplishment for the B.C. residents on waiting lists or those who would have been displaced from an acute care bed by a misfortunate sick or injured tourist.

HEU has decided to take a stand on this issue of health care. HEU strongly believes that health care is a right and not what Health Minister Nielsen callously terms a "privilege."
Go'nt Seeking "Confrontation"

The provincial government's recent contest demonstrates that its employees, who are members of the B.C. Government Employees' Union, must increase their productivity if they are to remain employed by the government. The government has been clear that it will not tolerate any slowdowns in productivity.

Health Care Protests
A Non-Partisan Issue

The Social Credit government has tried to imply that the New Democratic Party is the party of health care. This is not true. The NDP has always been a proponent of universal health care. The Social Credit government has been trying to divide the NDP from the rest of the province by attacking its record. This is not a partisan issue. It is a question of how we can provide better health care for all B.C. residents.

(Health Minister Jim Nielsen says that quality is not affected by these cuts. That's foolish— "A doctor who can't write a prescription is not a doctor," said Hunt, who is a neurosurgeon.

Hunt was amongst the many HEU members and other health care workers at Lions Gate Hospital who blanketed commuters going into Vancouver for two hours at the bridge's North Vancouver entrance early rush-hour traffic May 31.

About 3,000 leaflets were handed out, marked by Lions Gate Unit members Terry Dukler and Laura Wolens, in the start-and-stop traffic on the bridge. Rush-hour traffic was not disrupted and many motorists gave the leaflets a smile and waved and left the leaflets, which were put together by the Alliance to Save Health Care (of which HEU is a founding member).

Patient Security 'Crucial'

HEU's patient security department is particularly crucial now as hospitals and health care facilities are forced by provincial government underfunding to close beds and lay off qualified health care workers thus undermining safe health care.

HEU members have wanted increased staffing for years. Only with adequate staffing can members provide quality care.

For example, government nursing standards on care quality do have goals such as "maintaining independence for the elderly," that require exercise and activity programs. Official government staffing guidelines for 150-bed extended care units have actually increased from 125 to 132 staff members to reflect these goals.

But government budgetary cutbacks have made a mockery of old and new staffing guide lines and a farce of their own care quality standards.

For example, at Kelowna General Hospital, when extended care staff are being laid off, At Queen's Park Hospitals 25 to 73 persons will be laid off and it appears that the entire active staff will be virtually wiped out. As a result, residents who could respond to human contact and programs will suffer.

If the government and hospitals refuse to guarantee care quality for residents, then who will? That's where the HEU patient security department comes in. In that case in its collective agreement, HEU members could file grievances when inadequate staffing meant care quality standards were being ignored. The clause would let HEU members take on compensation and forced furlough of staff, and more injuries are sure to follow.

Some parts of the patient security department, such as the requirements for monthly fire drills, are already law.

Sad State of Affairs
At Sunset Lodge

(Editors' Note: The following article was submitted to The Guardian by a B.C. Health Minister's Office official as an example of the hundreds of similar situations that have been occurring throughout the province due to government cutbacks.)

By J. D. LINDSAY

Due to the recent cutbacks of staff and supplies at Sunset Lodge we report to The Guardian just some of our difficulties affecting residents:

1. Residents who cannot feed themselves, often do not get fed at all due to lack of sufficient staff in our dining room.
   - 1 Aid to serve beverages
   - 1 Aid to feed the confused and disabled, approximately 25 such residents.
   These confused and elderly residents have been often without meals, or reduced to eating dry cereal.

2. Residents must begin their day at 4:30 a.m. in order for a staff of one to have them dressed and groomed by 8 a.m. We are to have only one Aid on duty in the early a.m. to care and dress for these people.

3. Patient to staff ratio for a.m. care is as follow:
   1st fl. 29 residents ............................... 1 Aid
   2nd fl. 22 residents ............................... 1 Aid
   3rd fl. 34 residents ............................... 1 Aid

   On each floor the one Aid is expected to get all residents washed, dressed, groomed and supervise the entire floor as well as answer bells, rmine toileting and assist confused and sick residents, many of which are Extended Care.

4. Residents arise from 4:30 a.m. and confused and disabled people must be dressed and soiled linens, until without proper attention until 7 a.m. when more staff come on duty to attend them. Even then, due to pressure and lack of day staff, the residents may have to wait until after breakfast for attention.
   Before 8 a.m., not so much as a cup of tea is permitted.

   Due to lack of supplies eg. linen, incontinent pads and clean clothing, these residents very often are compelled to spend the entire night lying in their own bodily excretions until at least 8 a.m.

5. Terminally ill residents linger alone and unattended in their most crucial hours before death, due to lack of staff and our inability to transfer to hospital or proper medical care.

Extended care residents remain for months before proper medical attention is received. No place for them to go, or hospital beds nowhere to be found, and they are returned.

6. We do not have on our premises any mechanical device for lifting totally disabled patients, such as the B.C. Health Minister's Office official claims.
   Due to much heavy lifting, we are now losing some of our best experienced and skilled Aides and LP.N's out of compensation and forced furlough of staff, and more injuries are sure to follow.
   We, at Sunset Lodge, feel the situation is most serious and dangerous to the residents we have on our hands. This is a very sad and devastating situation.
   God help the sick, old and dying in B.C., for our Government will not.

The Hospital Guardian, June, 1982/Page 3
HEU Distributes Brief On Government Cutbacks

In a 44-page brief that has been distributed to HEU Unit Secretaries-Treasurers, to the government, the news media and the commission of inquiry (sponsored by HEU, the B.C. Federation of Labour and the B.C. Teachers' Federation) that toured the province in April and May, HEU has identified to the public the impact of government cuts. HEU members who wish to read the brief are invited to check with their Unit Secretaries-Treasurer.

During the month of May, 1982, the B.C. Federation of Labour held Public Hear-

ings in communities throughout the province, to determine the effects of the Provincial Government's Social and Community Service Cutbacks. Brothers Ray McCreary and Bill Rolfe alternated as HEU's advocates at all of the Hear-

ings. The presentations were an underlying concern for the welfare of patients, and, in particular, the aging persons residing in long term care facilities. The following is an excerpt from one of their presentations:

"And who are these nameless persons we express concern for? "They are the men and women who were the pioneers of the past — the pension-

ers of the present. They are our parents! Yours and mine. Because of their sacrif-

ices — because of their interdependence of preceding societies — you and I have the comfortable opportunity to live within a people-caring society. A society that ensures our children have an education, a society that protects us against the worst ravages of unemployment. A society that ensures we are cared for during our old age. A society that provides us food and shelter."

"But what about the generation that provided us with those protections against society's misfortunes? What will our priorities be regarding them? Will we place a higher priority on football stadium upgrades? Upon convention sub-

sidies for professional societies? Or will we prioritize the needs of the senior members of society? Care for these few residents is not an option."

"The Hospital Employers' Union puts its highest priority on people's needs. The-

en's representatives in those homes are constantly monitoring the welfare of their members."

"You don't know what loneliness is until the distance between you and death you reach a point at which you start to talk to your， but find they have no time."

"We don't know what loneliness is — but we will, Mr. Chairman, we will — if we don't make a stand now and demand the government reinstate in full the health care services the senior members of the community are entitled to and have a right to expect." 

Everyone is an expert

Since Government implemented its Wage and Budget Realignment Program for Hospitals the 'experts' have joined the apologies for the Department of Health in making hospitals more efficient.

Some of the questions or statements made by these 'experts' were answered by the Union's Representatives at B.C. Federation of Labour Hearings. The fol-

lowing is an example:

Bannerman challenged.

"Some, like Gary Bannerman of CKNW, have even gone so far as to suggest that HEU members could be easily replaced because they only perform 'menial work.' This is a derogatory term — one that is resented by the 25,000 men and women who make up the Hospital Employers' Union. We might not do the glamorous jobs — we do the essential jobs."

It is members of the Hospital Employers' Union in the Nursing Department that provide much of the bedside nursing care that patients receive. It is the 'Tech-

ologists who maintain and use the Artificial Kidney Machines. It is the Perfusionists who continue the life-saving processes performed by Heart Pump Machines.

It is the HEU members that are most often unseen but who work in hot, steamy, unpleasant circumstances with dirty and infected lines that are machine driven, who provide the crisply starched uniforms and the sparkling white linens that so impress the public.

It is HEU members that prepare and deliver the meals. It is nurses who ensure hospital standards of cleanliness are maintained and that the prehistoric presence of hospital, staphylococcus infection, no longer shuts down large segments of our acute care hospitals.

It is HEU members that are the voice of the hospital, either as Telephone Opera-

tors or as junior doctors.

It is HEU members in the Medical Records that know the most intimate details of anyone who is a patient, and, yes, it is HEU members that take your money when you leave the hospital.

We do, and we do them well. The work that we perform is dignified by our labour. It is not mental.

Hospitals too clean?

The Victoria Times-Colonist had an editorial posing the questions, "Do hospi-

tals need to change the sheets of even a patient's bed every day?" Do they have The Hospital Guardian, June, 1982/Page 4
Public Commission To Investigate Cutbacks

"I think it's terrible at the hospital now. People waiting longer in emergency and admitting rooms and fewer hot meals for patients. It's the people who get sick who are suffering the most."  
Stella Delange, Prince George Regional Hospital

"It's incredible that the government is doing this to people. What I cannot believe is their attitude to the effects the hospital under-funding is having. They don't seem to care at all."

Rose Poitras, G.R. Baker Hospital (Guessel)

"I hope this commission tells the government everything that is going on at the hospitals. It's a pretty sad story right now, that's for sure."

Terry Siemens, Chilliwack General Hospital

"These cutbacks are causing untold grief to people. I personally know of one instance where a layoff led to the separation of married couple. Now who would want to be responsible for that?"

Kathy Vandergroot, Langley Memorial Hospital

"These cutbacks are not cutting the fat out of the system, they are cutting the heart out of the system. Maybe the premier and his buddies think the people are powerless to stop him, but I can tell you one thing for sure — his day of reckoning will come when the next election comes."

Vanessa Waller, Burnaby General Hospital

"The situation is getting so bad, it's pathetically real. Why can't Bennett and Nielsen realize how much suffering they are causing? What will it take to open their eyes to the fact that they can do something about under-funding of hospital budgets?"

Peter Stokes, St. Paul's Hospital

"The whole thing doesn't make any sense to me. Health care is one of the best resources we have going for us in B.C. That standard of health care must be maintained at whatever the cost."

Helen Burnell, Kelowna General Hospital

"The government has to set its priorities. Does it want a high standard of health care or does it want to create suffering for families who have a sick person to worry about?"

Don Allen, Burnaby General Hospital

"These hearings are important because the people have a right to know what is happening at the hospitals and health care facilities. I don't know where it's all heading, the way it looks now."

Marjorie Teed, Richmond Lions Manor

"The picture is getting darker with each passing day. It seems the government out there in Victoria isn't listening. The hospitals need more money to take care of sick people — what could be simpler?"

Lynn Halsestad, St. Mary's Hospital

"The cutbacks are a step backward for everyone in B.C. What better way is there to spend money than to put it into hospitals?"

Pat Colter, Holy Family Hospital

"Morbile is very low these days. I wish the government would get its priorities in the right order. Health care is a right not a privilege."

Andy Kozyniak, Prince George Regional Hospital

"There is life in extended care when you have things to do and people with time to listen. The more cutbacks there are in extended care, the more useless the residents will feel with nothing to do and no one to share activities with."

Lola Porcher, Queen's Park Hospital

"The Sacred government is getting narrow and short-sighted. If you ask me, British Columbia hospitals need more money at this time, not less. The situation at Chilliwack (hospital) is getting progressively worse."

Vern Jones, Chilliwack General Hospital

"It doesn't seem right to me. They're closing the hospital (MSA in Abbotsford) little by little. The stories that are happening over there every day are terrible. Something has to be done quickly to stop what is going on."

Joyce Malmgren, MSA Hospital

"On two separate occasions last week children got outside the hospital unattended. One boy was 'toddling' around the parking lot in his wheelchair. The other, a little girl, was crawling down 21st Ave., (in Vancouver) when one of the neighbours phoned to let us know. I'd like Bennett or Nielsen to explain to me how our layoffs are going to bolster the sagging economy. Will one IWA member go back to work? Will one small business not have to declare bankruptcy? Must this fare continue until one of our children dies?"

Isabel O'Brien, Sunny Hill Hospital

The Hospital Guardian, June, 1982/Page 5
"Don't Get Sick"...HEU's Brochure

"Don't Get Sick..."

Getting sick in BC...

The B.C. Labour Relations Board has declared that the Essential Services Disputes Act applies to collective bargaining at Rotary Manor in Dawson Creek.

A decision in May, the LRB declared that the number of intermediate care patients at the health care facility at the time of the Union's application to the LRB was such that the facility comes under ESDA. The classification of HEU certified employees as a result of the "Hope award," which, among other things, stated that HEU jobs must be compared to BCGEU jobs, and, when jobs are classified as being of equal value, the pay, etc., also must be equal. Remember that HEU disagreed so strongly with the "Hope award" that it appealed unsuccessfully to the B.C. Supreme Court.

During the current bargaining sessions, the HEU has insisted that all outstanding classification issues must be settled before a collective agreement will be signed with HRRA.

One final point to re-emphasize — hospital management and HRRA do not agree with many of the final outcomes of comparing your jobs with your BCGEU counterparts. We do not agree with many of the outcomes which yield large increases to certain classifications, or with those which suggest roll backs.

However, once the decision was made to compare HEU with BCGEU, we had to accept the total outcome, both the good and the bad.

In addition, hospital management recognizes that previous relationships between jobs have been severely disrupted, often, seemingly, without good reason. Again, this is the result of comparing BCGEU employees (many of whom do not work in acute care hospitals) with HEU employees.

Don't forget that HRRA made a proposal. The final negotiations will be after negotiation and, if necessary, arbitration by Mr. Ed Peck.

If you have any questions, please direct them to your supervisor or to Mr. B. Todd, Director of Personnel Services.

R. C. Sharman
Associate Executive Director

The Hospital Guardian, June, 1980/Page 6

MEMORANDUM TO:
All Employees Covered by HEU Local 180 Certification

Re: Unresolved HEU Certification

On April 8th Mr. Owen Adams distributed to HEU members a management proposal. This proposal, as above, in order to fully understand this particular proposal, the following points are worth noting:

1. The classification of HEU certified employees as a result of the "Hope Award," which, among other things, stated that HEU jobs must be compared to BCGEU jobs, and, when jobs are classified as being of equal value, the pay, etc., also must be equal. Remember that HRRA disagreed so strongly with the "Hope Award" that it appealed unsuccessfully to the B.C. Supreme Court.

2. When one compared BCGEU jobs with HEU jobs, some were paid better, some worse, some the same, and in some cases there was no comparable pay.

3. About 70 per cent of the HEU jobs have been successfully classified, but the remainder are still outstanding. Unfortunately, many of those outstanding jobs compare poorly with their BCGEU counterparts, or do not have any obvious comparison.

4. During the current bargaining sessions, the HEU has insisted that all outstanding classification issues must be settled before a collective agreement will be signed with HRRA.

5. HRRA understood the HEU's concern and therefore, with its final offer was a proposal to resolve all of the outstanding classification issues. This was done for all B.C. hospitals, and other than providing job descriptions to HRRA, Royal Inland Hospital's Personnel and Administration departments were not involved.

6. final point to re-emphasize — hospital management and HRRA do not agree with many of the final outcomes of comparing your jobs with your BCGEU counterparts. We do not agree with many of the outcomes which yield large increases to certain classifications, or with those which suggest roll backs.

However, once the decision was made to compare HEU with BCGEU, we had to accept the total outcome, both the good and the bad.

In addition, hospital management recognizes that previous relationships between jobs have been severely disrupted, often, seemingly, without good reason. Again, this is the result of comparing BCGEU employees (many of whom do not work in acute care hospitals) with HEU employees.

Don't forget that HRRA made a proposal. The final decisions will be after negotiation and, if necessary, arbitration by Mr. Ed Peck.

If you have any questions, please direct them to your supervisor or to Mr. B. Todd, Director of Personnel Services.

R. C. Sharman
Associate Executive Director

The Hospital Guardian, June, 1980/Page 6
From government spokesman

Hospital Funding Propaganda

(Editors' Note: The following is excerpted from a Vancouver Sun story May 3. HEU comments appear after the excerpt.)

VICTORIA — The architect of major changes in B.C.'s $1 billion program of hospital funding says he is surprised by the extent of some of the hospital bed closings and staff layoffs that are being blamed on the new financial policy.

Stan Dubas, senior assistant deputy minister for management operations, said in an interview here, "the hospitals are only being asked to make efficiency improvements that have become routine in B.C. government ministries and in hospitals around Canada."

In an interview, Dubas:
- Disagreed with B.C. Health Association figures on how much money hospitals need this year.
- Revealed that hospitals have been given new freedom to control their revenues and operations.
- Said hospitals will have more money now than ever to buy new equipment, despite budget figures that indicated less money would be available for such purchases.
- The letter promised financial incentives for hospitals that improve cost efficiency through joint purchasing programs, amalgamation of services, more out-patient care, and the conversion of acute beds to chronic care facilities to less expensive, long term care status.

But Dubas said said funding will now be capitalized — equipment will be financed over its lifetime instead of paid for entirely upon purchase — so that this year, for example, the equipment that will be purchased for hospitals will cost a total of $30 million.

"Actually, we have more money for equipment now than ever before."

Hospitals have NOT been given so-called "freedom" to control their revenues and operations. They are being given under eight (8) percent funding, period. (An exception was made atKelowna General Hospital [Bill Bennett's riding] where more than 7.5% was found somewhere by the Ministry of Health.)

Hospitals will have "more money than before, but they will have to work twice as hard as before, and harder than ever before, at some hospitals.

With regard to financial incentives for "cost efficiency," HEU has made it clear it opposes "job sharing or any other such 'deal' that will place the burden of this secret underfunding on the health care workers and not on the government where it belongs.

As for "more money for equipment than ever before," after inflation is taken into account there is NOT "more money than ever before." The truth is there is less money.

Barrie Barnes On 'Restraint'

(Editors' Note: The poem that appears below was written by Duncan Unit member Barrie Barnes, a maintenance employee at Cowichan District Hospital.)

What kinds of thoughts do run about those minds up there who hold the clout: "Restrain"? they say the thing to do
Just add the load to the remaining few.

But, what of the worker who gets the axe? Who there will be able to pay the tax? Is it hospitals, ferries, office or mills? Who then will be able to pay their bills?

I really don't think those beings could care They're probably already millionaires and have the money they can... They're probably already millionaires
They're probably already millionaires
The monster could come and eat you too...

Bruno Roth Retires After 16 Years

Prince George Unit member Bruno Roth retired from Prince George Regional Hospital March 31 after 16 years of service.

Before moving to Prince George in 1962 Bruno worked on a farm.

He was then stationed in the army and went overseas for 3 years and 10 months. On moving to Prince George he was then employed at a sawmill for 2 years before taking a job as a Maintenance Mechanic at Prince George Regional until his retirement.

Bruno was an HEU shop steward for 2 years and Chairperson for 4 years.

Bruno and his wife Hilda, who also retired at the end of March, plan to do a lot of travelling during their retirement years. A trip to New Zealand and Australia for 3 months is in the near future.

For his appreciation and friendship his co-workers gave him a watch at a retirement supper. He also received a silver tray from the hospital. The Unit presented Bruno with a cheque at a meeting as a Unit gift.

Lois Benn Death Saddens Saanich Unit

Saanich Unit members were saddened by the sudden death of HEU member Lois Benn in March.

"Lois was a very popular and valued member of staff at Saanich Peninsula Hospital and we all miss her a great deal," said Unit Secretary-Treasurer Janet Ashmore.

Lois was one of the first staff members to work at the Saanich hospital when it opened in 1974.

"Her kindness, cheerfulness and warmth will always be remembered by all of us who had the pleasure to work with her," said Ashmore.

Lois was an active participant in UNIFOR affairs like dances and picnics as well as holding the office of UNIFOR Trustee for three years from 1974-77.

"It still is a shock to us that Lois is gone. She gave more to her friends, family and co-workers than most of us ever will," Ashmore told The Guardian.

Lione Gate Unit member Hannah Nicholson receives a gift from Unit member Pauline McCullum at a tea for her retirement held recently at the North Vancouver Hospital. Hannah has no specific plans how she will spend her retirement years.

Union Opposes Demonstration

HEU wrote a telegram to Lloyd Axworthy, federal minister in charge of immigration, May 71 to urge the government not to deport a Pakistani woman who was deported by her husband in Canada.

"The 25,000-member Hospital Employees Union urges you to grant immediate permission for Amanli Kaur Sandhu to stay in Canada," stated the Union telegram to Axworthy.

Sandhu was legally sponsored by her husband to stay in Canada but lost that status when her husband left her.

Axworthy rejected public pleas to allow her to stay and she was sent back to Pakistan in June.

Vancouver General Demonstration

About 200 demonstrating HEU members and other health care workers made sure June 7 that guests at the new Vancouver General Hospital's new Laurent Street project were reminded of hospital cuts else where.

The $68 million project, which features a new emergency department and cardiac care unit that is expected to be operative in a few weeks, was officially opened by deputy health minister Peter Bazwski, who stood in for Health Minister Jim Nielsen and Universities Minister Pat McIver.

The health care workers, carrying signs saying, "Who will staff this?" and "Mr. Nielsen 'chicken'!" questioned Bazwski and VGH board chairman George Desbiens about health care underfunding at the beginning of the ceremony.

HEU members also signed a petition protesting inadequate health care funding. The petition was put out all day June 7 near another part of this hospital's project and was sponsored by the Alliance to Save Health Care in B.C. plans to deliver this petition to Health Minister Jim Nielsen at a later date.

The Hospital Guardian, June, 1983/Page 7
**LETTERS**

**Funding “deplorable” says Vancouver doctor**

Dear Sir,

The already deplorable and ignominious condition of the provincial health service in this province has been compounded by the recent BC Liberal government’s decision to cut $22 million from the budget for the BC Lions’ stadium. This is a travesty of justice and a scandalous example of how our government prioritizes spending.

Sincerely,

[Sign Name]

**Healthcare at stake**

[Editor’s Note: This letter appeared in The Vancouver Sun, May 30th.]

**Staff Stretched to Limit**

[Editor’s Note: This letter appeared May 11 in The Vancouver Sun.]

**“Warehouse Logic” Criticized**

Dear Mr. [Jack] Gerow:

I feel that there should be some comment in the news media about the troubles of a hospital unit.

[Sign Name]

**Gov’t. “Butchery” Criticized**

Dear Sir:

Health Minister Jim Nielsen seems anxious to rebrand his government’s budget cuts. His most recent comments on average length of stay and productivity support the argument that the Ministry of Health is being run by the Ministry of Finances or the Treasury Board.

Sincerely,

[Sign Name]

**At Kelowna General Hospital**

Lou Baudisch Works As A Carpenter

Lou Baudisch learned his carpentry skills in a small town in southern Germany near Munich where he knew the time that he would eventually be drafted and he knew that he would have to find something to use someday in far-off Kelowna, British Columbia, the province’s westernmost outpost.

Lou has worked in the maintenance department at Kelowna General Hospital for the past five years and has never regretted settling in Canada.

“I came to Canada in 1951 as a single man, first settling in the town of Kamloops about 40 miles north of Kelowna in British Columbia. I was employed as a farm labourer for a number of years before I moved to Kelowna,” Baudisch told The Guardian in a June interview.

“It was hard work but at least it was a start in Canada and that made all the difference. I left Germany. I was doing everything on the farm feeding cattle to the cows and I couldn’t do that for the city (Kelowna),” he said.

Calgary of the early 1960s offered a different type of opportunity for Baudisch as he looked for a way to start back on his carpentry skills.

“The long Albertas winters finally got to me and my wife Bridgitte so we took our son and daughter and moved to Kelowna in 1974. We had vacated there several times before and we knew what a beautiful city it was.”

At point of fact, the Baudisch settled in Winfield just outside Kelowna and built themselves a house there. “It is the only place in the city in the country and Winfield was perfectly suited to our needs,” they said.

Like many other immigrants, Baudisch appreciate the quality of life in British Columbia but sees a gradual decline recently because of government priorities.

“For example in the area of hospital cutbacks, we are stepping back and moved ahead on. The government should open its eyes and realize that that type of thing (outbreaks) is not progress. Health care is one of the things Canada should be proud of and now I see it getting tarnished.”

Lou also feels that unions are important to the way of life in Canada. “Unions are definitely a good thing. Everybody should be long to a union so that they can have decent pay and be protected from unfair firing or other things.”

“I also think unions are good because they unite people and in these days we need to be united more than ever before.”

Baudisch performs assorted duties in the maintenance department of this hospital, including plasters and woodwork repairs.

“I enjoy the job because of the variety and because the staff downtown is very easy to get along with. That makes it important for a person to be able to do a good job.”

(Continued from page 1)