

Big
spender
Gordon
Austin



PERKS SCANDAL: HLRA BOSS AUSTIN FIRED 13 PAY EQUITY 3

Guardian



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THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SEPTEMBER/OCTOBER 1993



PIECING TOGETHER DEFIANCE

Shaughnessy workers waged an unprecedented campaign to keep their hospital open. Their names, anger and outrage are recorded on this special quilt made by HEU member Lydia Shimek so that their struggle won't be forgotten. Defiant to the end, they celebrated at a ceremony to mark their hospital's official closure. STORY PAGE 12

KATE WILLIAMS PHOTO



Newly appointed health minister Paul Ramsey faces tough decisions as government health policy runs into controversy.

VICTORIA CLAWBACK

Tightening the screws targets injured workers and budget cuts.

PAGE 11

36-HOUR UPDATE

Most HEU members will have 10 more days off a year after shorter work week successfully implemented.

PAGE 3



is **NEW
DIRECTIONS**
taking
a wrong
turn?



The power elites' control of the "closer to home" structure could send health reform into the ditch.

PAGE **8**

Health care workers must stand on guard after election

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

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

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

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



COMMENT

by CARMELA ALLEVATO

Canada is fuelled by one sole desire: to cut health care costs.

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

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

One positive sign of that commitment is the implementation of the 36-hour week. The fact that only 320 out of the 5,000-plus new

reduced-work-week schedules were disputed through final offer selection shows that there is substantial support for the agreement on the front lines.

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

There's no doubt that for restructuring to succeed across the province all non-HLRA health care employers must be brought under the Employment Security Agreement as a matter of principle.

For example, the culture of "uniqueness" which has pervaded the bargaining agenda of Continuing Care Employee Relations Association employers in the past can't be allowed to undermine the protection of health care workers during restructuring.

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

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

Letters



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

Make health an issue at labour convention

Once again it's time for all trade unionists to look forward to this year's B.C. Fed convention. I sincerely hope with the attacks on health care over the past year that health care issues will be given a priority slot (first or second day) on the convention agenda.

Last year health care issues were pushed to the very end of the convention (last day). Not to say that cuts to UIC benefits and the outrageous treatment of our brothers and sisters in Yellowknife are not important. But health care affects ALL of B.C.'s residents. And another year has slipped by with major changes being imposed on our health care system.

I would also hope that our brothers and sisters in other unions would at least STAY to hear the health care issues and concerns of their fellow union affiliates. Last year, by the time health care was brought to the convention floor, well over half of the delegates had left!

I can only hope that if and when their family members need our health care sys-

tem that there will still BE an accessible, affordable, universal health care system left to serve them.

SUSAN BURGESS,
Penticton regional local

Art workers needed for new project

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

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

BILL HORNE,
Vancouver

CAW workers who canned Kim Campbell like *The Guardian*

I have enjoyed *The Guardian*, especially your cover-

age of the May 15 demonstration in Ottawa.

I am from CAW Local 1520 in London, Ont. We're very excited about the national coverage we've received for our Kim Campbell soup can. The label was designed by me and another union sister. That's me on the right holding up the can in the demo in the picture on page 10 of your May/June issue. I would like a copy for my scrapbook.

Thanks again and keep up the good work!

JEAN SIMPSON,
London, Ont.

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

Admission forms reflect gender bias in our society

It struck me one day how antiquated our society is, especially in our hospitals. If I were to be admitted to a hospital, my occupation would be entered on the form this way: nursing, unemployed or retired.

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

The hospital system is riddled with gender bias.

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

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

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

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

IRVIN ROSS,
Shop steward,
St. Paul's Local,
Vancouver

PSAC leader impressed by employment accord

• HEU secretary-business manager Carmela Allevato recently received the following correspondence:

Thank you for forwarding details of the framework agreement. I read the package with interest and wish

to congratulate your union on the job security provisions now enshrined in the collective agreement.

In the face of privatization and reductions, our first and foremost objective as trade unionists must be to provide employment security to our members. The agreement recognizes this provision in part for no bargaining unit layoff during the term of the agreement.

I wish you every success in future endeavours.

DARYL T. BEAN,
National President,
Public Service Alliance
of Canada, Ottawa

Guardian

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

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What we're up to

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

Fairness, equity needed in new employment law

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

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

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

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

HEU also called for limits on overtime worked, and for all



NOT A CARTOON CAPER: Golden Hospital food service worker Lorna Joy penned this cartoon in the summer to show her concern about staff cuts at her facility. The cuts weren't as bad as first feared, she said, though part-time food service workers have had their hours cut.

workers to have access to health and dental benefits and pensions.

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

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

Not a bad idea

Implementing the employment security accord has been pretty serious stuff. But that doesn't mean that there haven't been any lighter moments.

Take for instance the following conversation overheard at the Fort St. John local employment security deal ratification vote earlier this year. "So what we do is to get two 29-year olds to job share and then get them to apply for early retirement!"



Solidarity spirit funds Guatemala health clinic

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

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

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

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

The following locals

have so far contributed: Beacon Hill Villa, Beckley, Cartier House, Castleview, Cumberland, Fort St. John, Glengarry, Grand Forks, Halcyon, Haney, Hardy View, Inglewood, Kimberley Special Care, Kitimat, Kiwanis, May Bennett, Pioneer Lodge, Ponderosa, Port McNeil, Queen Alexandra, Queen's Park, Royal Arch, Royal Jubilee, St. Paul's, St. Mary's, Swan Valley, Tahsis, Vernon, and Victoria General.

Local donations for the San Jose clinic can still be sent care of financial secretary Mary LaPlante.

Cont'd on page 4

A step closer to pay equity justice

Arbitrator decides on \$100 million for adjustments

Pay equity arbitrator Stephen Kelleher has opened the door to setting out a schedule for implementing pay equity adjustments for HEU members that could be worth up to \$106 million.

Kelleher's decision, which comes under the provisions of Article 69 of the Master Collective Agreement, deals with differences between HEU and the Health Labour Relations Association over several issues relating to comparison of relative job values.

Six days before Kelleher heard arguments from both sides on these issues, the HLRA tabled an offer worth \$108 million. Moments before the hearing began, HLRA tried to replace the offer with one worth only \$63 million.

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

He also rejected HLRA's proposals to cut 41 wage rates. As a result, no HEU wage rates will be reduced and no HEU members' wages will be red circled.

"The manner in which the em-

ployer proceeded is regrettable," Kelleher said. "The success of the processes under Article 69 depends upon a high degree of communication and cooperation between the employer and the union."

At the same time, Kelleher also rejected HEU's demands for an industry wide adjustment for every member of HEU, and a gender neu-

News

tral base rate. He also accepted HLRA's ranking of job skills which is being used to determine the pay equity adjustments.

"This decision moves us closer to our goal of pay equity for all of our members," said HEU secretary-business manager Carmela Allevato. "But we still have a great deal of work to do before we end gender based wage discrimination against HEU members."

Several significant issues have yet to be finalized before HEU and HLRA turn to the specifics of which classifications will receive pay equity adjustments retroactive to April 1, 1993.

Hard work bears fruit in 36-hour schedules

The 36-hour work week is now a fact of life for HEU members and other B.C. health care workers.

In the vast majority of facilities, workers agreed on new schedules and then obtained agreement from employers. In the minority of cases which went to final offer selection arbitration, most decisions went in favour of employers.

The majority of workers have opted for a 7.5 hour shift with an extra day off every fifth week, good for 10 extra days off a year. About a quarter of HEU members have eight-hour shifts with a nine-day fortnight, which give workers 26 extra days off a year.

"The successful implementation of the 36-hour week represents real relief from workload problems," said HEU secretary-business manager Carmela Allevato.

"The new schedules are the fruit of some very hard work by dedicated HEU local activists, and good

cooperation with the other unions at every facility," she said.

Arbitrator Colin Taylor has ruled on a number of key issues related to the 36-hour week.

He determined that employee banks will not be reduced in value as employers demanded, but starting Sept. 30, the base day used to

calculate accrued credit will be changed to 7.2 hours.

Premiums for night shifts or weekends will not be increased

under the new schedules in spite of union arguments that the premiums should be increased.

On the question of rest breaks Taylor ruled that breaks should not be extended, so that the total time off in rest breaks remains the same. However, HEU members working 10 hours or more per shift are entitled to three rest breaks in the shift.

The monthly wages of red-circled workers will remain the same.

"It represents real relief from workload problems"

What we're up to



PREPARING TOGETHER: Staff from HEU, BCNU and HSA met together for a special two-day training session in September on implementing the employment security accord and health care restructuring. The joint staff meeting – the first ever – is another sign of the solidarity being built between the three health unions.

Cont'd from page 3

Four new locals in union ranks

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

Twenty-five workers at Orion Intermediate Care Home, a 60-bed private facility with government funding in Vancouver, joined the union Sept. 8. On the same day workers at two mental health group homes, Pender House in Vancouver and Richmond's Westminster House also came on board. Then 14 workers at Cranbrook Community Living joined up Sept. 29.

Eva Nellis, scheduling wizard

With minor exceptions, union and employer agreement on scheduling the 36-hour week went smoothly in the North.

Much of the credit for this goes to Eva Nellis, chair of the Pouce Coupe local. In addition to her own facility, Nellis helped HEU's Williams Lake, Rotary Manor, Dawson Creek and Peace River Haven locals develop their scheduling proposals. She even led a semi-

nar for employers in the northeast region.

She's earned some well deserved plaudits for help that she provided on her own time.

"We would never have done so well without Nellis' assistance," writes Faye Cooper, Rotary Manor chairperson.

"Thanks a million, Eva!" Nellis was a valuable resource for union staff in the Prince George office. "To put it mildly, she's a wizard at scheduling," said staff representative Kathy Jessome.

Bevan boss attacks workers, patients

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

Even though the Abbotsford long-term care facility is operating at full capacity four care aides, two dietary workers, two housekeepers and one activity aide were laid off in mid-September. The care aide layoffs leave Bevan three staff below the minimum required by law.

HEU, which is taking action at the Labour Relations Board to obtain a contract, slammed the layoffs as an unfair bargaining tactic, and demanded the notices be rescinded.

"These layoffs are not only an attack on workers, they are a direct attack on the welfare of Bevan residents," said HEU secretary-business manager Carmela Allevato.

Earlier in July, the union local beat back the decertification vote by an overwhelming margin.

The Bevan employer's hard line approach to bargaining, coordinated with other newly unionized employers, is symbolic of the lines being drawn by bosses in bargaining for first contracts for a number of new HEU locals.

Calling Unitel: Stuff your loonie!

That was HEU's response to a slick, free loonie promotional gimmick sent to the union by Unitel, the new non-union telephone company created by the Tory's deregulation agenda.

HEU president Fred Muzin returned the loonie along with a strongly-worded reply to Unitel's bid to solicit union business. "Companies such as Unitel seek to discount long distance rates in order to secure 'market share,' and then increase local phone rates to compensate for the long distance 'savings.'"

Muzin also slammed the anti-union stance of Unitel's owners, especially the Rogers Cable empire that's locked out its electrical workers to try to win concessions.

HEU locals and members are urged to support unionized telephone workers by keeping their long distance services with B.C. Tel. Let your bosses know that facilities should also stick with B.C. Tel.



CUT THE CAKE: Veteran Arnold Norraine was chosen to cut the cake at the Sept. 23 celebration to mark the closure of Shaughnessy Hospital. Norraine, a long-time resident of Brock Farnie was a strong supporter of efforts to keep Shaughnessy open. In the background are Shaughnessy workers who are retiring because of the closure.

Layoff busters

Nelson LPNs win round one of layoff fight

Kootenay Lake District Hospital LPNs used job action and a media campaign in early September to beat back layoff notices that their employer had tried to sneak through as part of implementing the 36-hour work week at the Nelson facility.

"It was time to stand up and be heard," said LPN Margaret Hogan.

Instead of first canvassing voluntary options prior to layoffs, their boss simply issued displacement notices to five LPNs. But the LPNs got angry, and then, through their local LPN committee, they got organized to fight the move.

The first step was a Sept. 3 cafeteria study session – held right after patients had been served breakfast – attended by almost all HEU members on shift and a host of others who were off work. Threatened with discipline, they voted to stay off the job to try to get the issue resolved.

Finally, the employer agreed to accept a grievance on the layoffs, and with a promise of no discipline and no wage loss the HEU members returned to work 75 minutes later.

The action received good media coverage explaining the issue to

the community. The LPNs followed that up with a lobby campaign of their MLA and former health minister Elizabeth Cull.

A week later the employer rescinded the original notices and promised to canvass voluntary options first.

KLDH local chairperson Lorna Staten said the study session was the first job action on local issues at the facility in recent memory. "Members felt pretty positive about the job action, and LPNs appreciated the support."

LPN activist Joan Harvey says health care restructuring marks a turning point. "The time is right for LPNs to be more vocal. We've got one study session under our belts and we're ready to take on the province," Harvey said.

There's a lesson to be learned from their job action says LPN Lavern Miller. "LPNs have been made to feel demoralized, and not an essential part of health care," she said. "We need to fight for our jobs."

But the LPNs anticipate that the employer will soon try the layoff route again and they'll have another battle on their hands.

Guardian sharps story attracts media attention

HEU's K-Bro Local was the centre of province-wide media attention in August after CBC television and other media outlets picked up on the dangerous waste feature that ran in the last issue of *The Guardian*.

When the CBC reporter phoned to set up the interview – a six-minute piece that ran Sept. 8 – local leader Terri Rousseau was "scared to death." But despite the initial stage fright, local members pulled it off quite capably.

A video copy of the CBC interview along with an earlier story on HEU's television program *Working TV* were shown at the local's September meeting. "There wasn't a dry eye in the place," after clips

were shown Rousseau said.

"It validated members' feelings – all the emotions, the fear, everything they go through," in dealing with hazardous waste.

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

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

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

Union scholarships awarded

Close to \$8,000 in HEU scholarships have been awarded by the Provincial Executive to 16 union members and members' family members to pursue post-secondary education studies.

Ten scholarships ranging from \$350 to \$1,000 were awarded to the following members: Des Balakrishnan (Maple Ridge), Donna Briggs (Surrey), Donna Derouin (Langley), Stephanie Dyck (Cedarview), Fiona Finnegan (Shaughnessy), Monica Ganguin (Cancer Control), Arleta Keppler

(Royal Jubilee), Victoria Kriegar (Nanaimo), Sheila Paoli (UBC), and Margaret Sullivan (Terrace).

Six scholarships ranging from \$300 to \$500 were awarded to the children and partners of HEU members: John Benedik (Victoria General), Cale Birk (Peace Arch), Neal Cook (Simon Fraser), Richard Fehr (Pioneer Villa), Jenefer Lee (Penticton), and Jesse McElree (Trail).

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

Agency adjusts Shaughnessy mess

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

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

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

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

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

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

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

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



YANDLE

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



Health care workers across Canada protest cuts, protect medicare

By CHRIS GAINOR

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

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

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

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

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

Hospital.

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

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

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

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

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

LOOK BACK

Left-leaning Liberals lacked political will for health care plan

By TRISH WEBB

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

In the B.C. election of 1933 Liberal leader Duff Patullo stole heavily from the new Canadian Commonwealth Federation to form his platform because the new socialist party was so popular.

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

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

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

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



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

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

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

Faced with withdrawal of support from business and doctors many Liberal cabinet members began to object to the health insurance scheme. By February 1937, Patullo ordered that implementation of the health insurance scheme be postponed indefinitely.

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

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

FRONT & CENTRE

Accord a turning point for HEU and health restructuring



By FRED MUZIN

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

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

Working people have much in common and the

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

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

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

One hurdle we face is employers who will make accord implementation difficult. The deal calls for creativity, problem solving, trust and co-operation, but the Health Labour Relations Association is bent on delaying progressive change by stonewalling, being antagonistic towards workers and attempting to frustrate employee input at every step.

We can also expect the same from the Continuing Care Employee Relations Association and Pricare employers when the accord is extended to cover long term care workers.

The real tragedy is that patient care services may be compromised. Progressive employers who are committed to medicare and who recog-

nize good employee morale as essential will be tainted by their association with antiquated employer organizations.

While we face many challenges, our strength as a union comes from our membership. We must re-energize and involve more of our members and community organizations in the struggle. We have a responsibility to provide input into and education about the new directions in health. Front line workers know what is possible and realistic.

We must develop local union systems to keep pace with the increasing union workload and build on the solidarity of health unions at local levels.

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

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

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

ON THE JOB

Perfusionists keep beat under the knife

By TRISH WEBB

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

Perfusionists run the heart-lung machines that keep patients alive during cardiac surgery and transplants. This complicated fluid pump maintains a patient's blood circulation and controls body temperature through a heat exchange unit.

During liver transplants and surgery the perfusionist causes circulation to bypass the liver to avoid massive blood loss.

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

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

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

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

Fooling the human body is a delicate business. In order to operate on a heart, its beat must be stopped. The perfusionist does this with an injection of potassium, interrupting the chemical chain of events that makes our hearts beat.

Once the heart is paralyzed the lungs deflate and collapse on either side of the heart.

But a human body without a beating heart and breathing lungs will soon die. That's when the perfusionist's job really begins. The surgeon at-

taches tubes to the blood vessels that normally lead to the heart. The perfusionist manages the blood as it is re-routed through an oxygenator and heat exchanger, then directed back into the body, bypassing the heart.

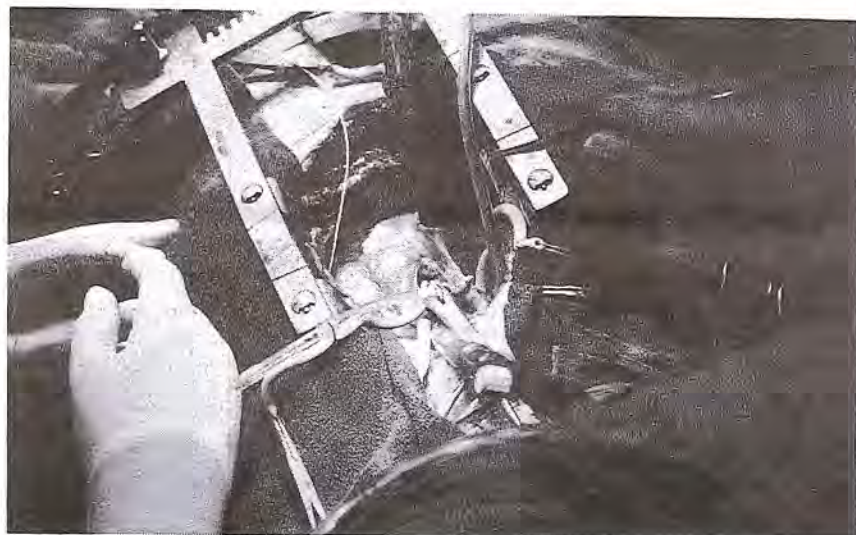
The heat exchanger is used to cool blood so tissue damage is minimized. During surgeries that require perfusion body temperature is brought down as low as 27 degrees Celsius.

When the procedure is complete, the heat exchange unit warms the blood, raising the patient's temperature to a normal level.

The perfusionist works closely with surgeons, anesthesiologists, and nurses before and during surgery. The level of skill and knowledge required to perform the job takes many years to acquire.

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

Before training as perfusionists, candidates are



AT THE HEART OF HEALTH CARE: Cardiac programs once drew heavily on blood banks. Now open-heart surgeries, like the one shown here, can be performed without losing or adding any blood. Perfusionist Francois Perron demonstrates the operation of an oxygenator at Vancouver General Hospital.



usually respiratory, cardiac lab, hemo dynamic or bio-medical technicians. A few are nurses.

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

Labour

Ontario labour vows to fight to change NDP

Within days of the ratification of the Employment Security Agreement in British Columbia, the Ontario government of Bob Rae rammed through a "social contract" that stripped public service workers, including health care workers, of wages, contract conditions and the right to free collective bargaining. Strongly opposed to the "social con-

tract" the Ontario Federation of Labour, long a pillar of the Ontario New Democratic Party, issued this statement soon after.

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

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

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

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

This is a painful moment for the labour movement.

We know the members of this government.

Some have been, and still are, union members. They have been our allies and friends for many years and in many struggles.

Legislation like this, passed by any government, would be reprehensible.

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

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

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

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

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

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

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

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

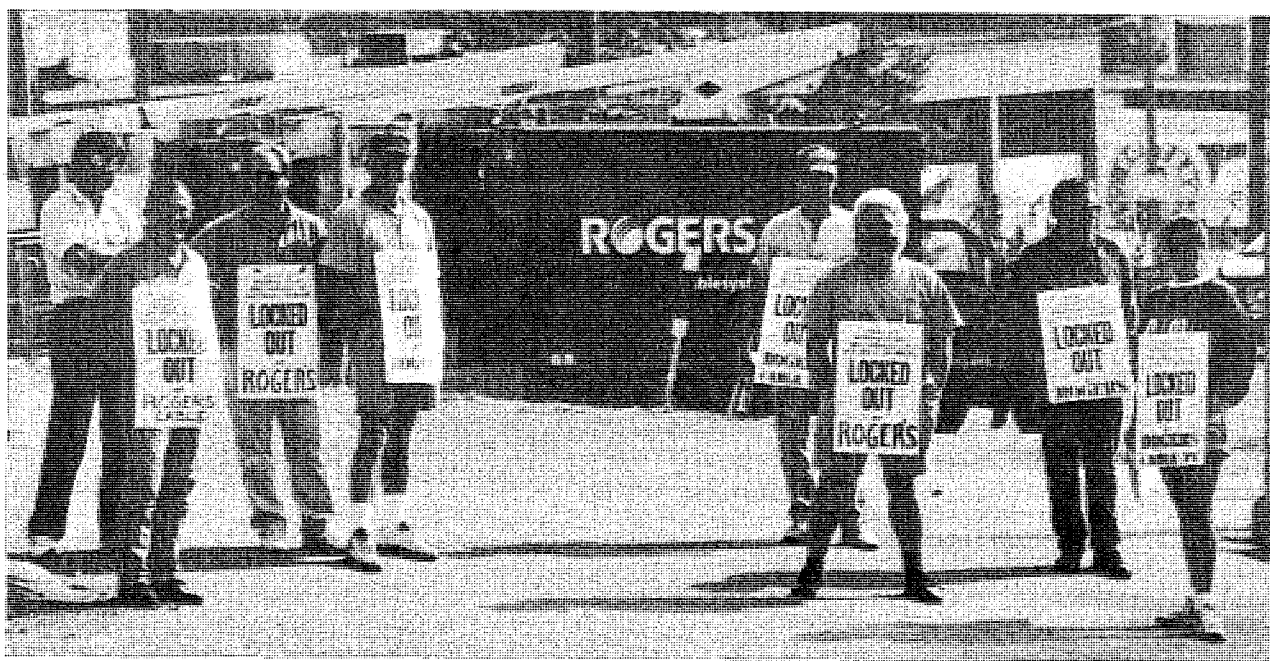
That election gave this government the opportunity to make a real difference in the lives of working people.

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

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

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

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



LOCKED OUT: About 170 Rogers Cable technicians and installers, members of IBEW Local 213, have been walking the picket line since June. Despite big profits, Rogers is using the lockout and scabs to try to force Lower Mainland workers to accept big concessions. The B.C. Federation of Labour has slapped a hot edict on Rogers.

WCB should accept stress claims for compensation, workers told

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

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

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

It noted, "California led the way

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

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

He explained the distinction by referring to two recent cases. The first involved a firefighter who suffered post-traumatic stress after attending a car accident in which two

friends of his daughter were killed. His claim was accepted.

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

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

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

• TWU Transmitter, CALM

NAFTA side deals 'worthless' — CLC

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

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

"What Canada really needs is a

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

"After the loss of hundreds of thousands of jobs since the negotiation of the Canada-U.S. free trade

deal, Canadians are tired of political opportunism.

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

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

is NEW DIRECTIONS taking a wrong turn?

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

BY GEOFF MEGGS

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

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

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

"He said we weren't entitled, that we had no rights," Crawford said the next day, still outraged by Calder's action. "As far as I'm concerned, this is a very bad joke."

Crawford wasn't alone. Many at the meeting felt that Boston Bar, Spences Bridge and native bands deserved better representation.

There was such an outcry at the meeting that health ministry officials decided to call an open community forum to determine who should sit on Lytton's new board.

According to Alice Mah Wren, a health ministry official who was at the meeting, Lytton may drop off the list of communities expected to be among the "fast start" health councils to be set up this year under the NDP's New Directions health care reform if the problem can't be resolved.

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

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

Civic politicians, activists in the disabled and mental health communities, and all of the three major health unions share growing concern that

the implementation of the New Directions strategy is so chaotic that the reform process may be compromised.

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

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

- an angry community meeting of at least 1,000 residents in Trail Sept. 28 to protest alleged plans to close the Trail hospital;

- a hurried last-minute and top-down effort to put community health councils in place in New Westminster and Coquitlam, where former NDP health minister Dennis Cocke is driving ahead with plans to establish a regional board despite protests from many segments of the community;

- a long queue of angry municipal politicians at the microphone at last month's Union of B.C. Municipalities meeting demanding answers from new health minister Paul Ramsey; and

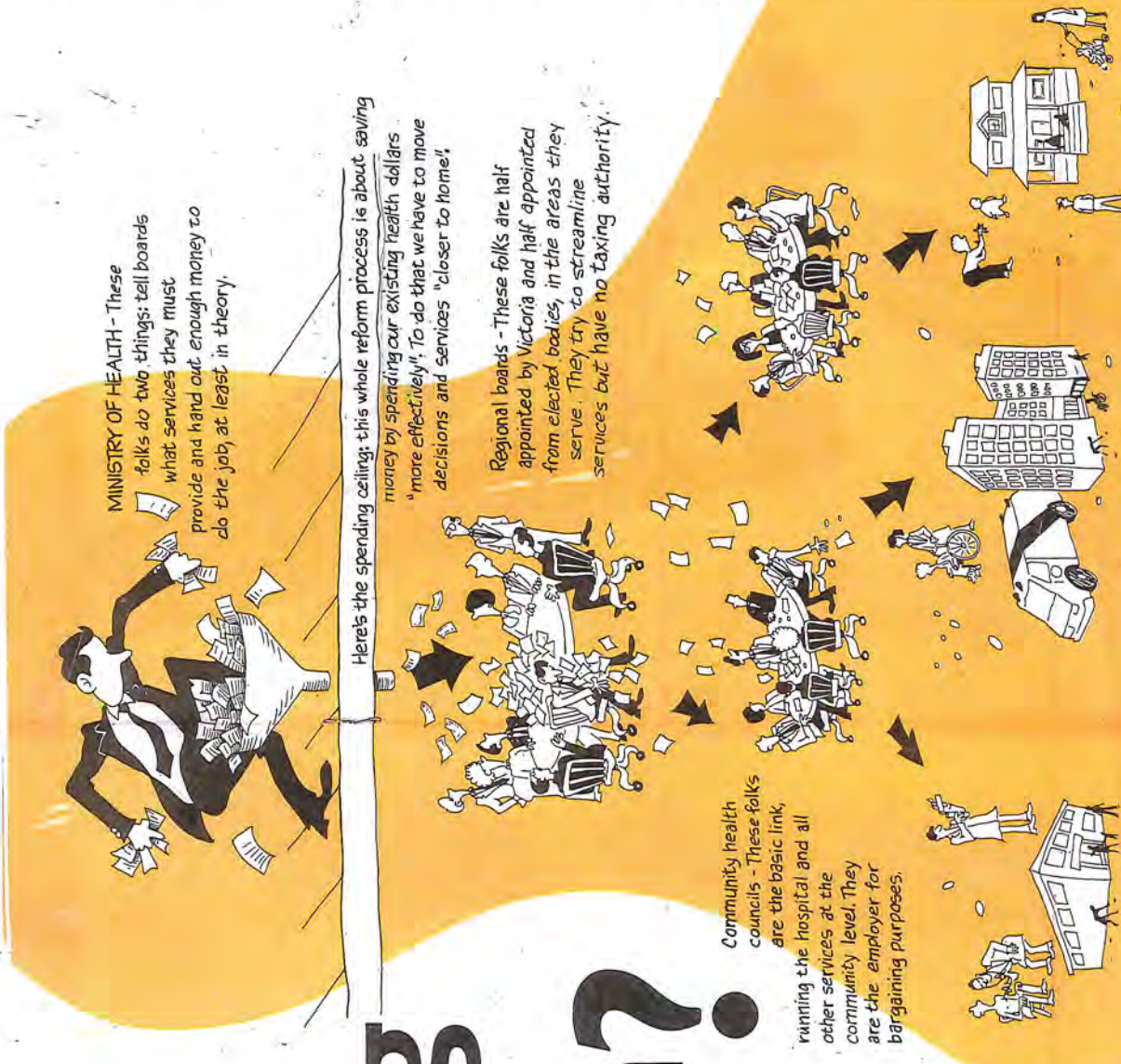
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Here's the spending ceiling: this whole reform process is about saving money by spending our existing health dollars "more effectively". To do that we have to move decisions and services "closer to home".

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GROUP HOME - hammered at when they heard newly-appointed health minister Paul Ramsey address a special session of the Union of B.C. Municipalities. Although Ramsey promised that 15 community health councils would be in place by April 15, the local politicians expressed strong fears about the government's direction.

"Don't rush in," warned one Tofino councillor, who said he supports New Directions. "People are asking is this the first stage in downloading responsibility [from Victoria] and the beginning of a two-tier health care system?"

Others had tough questions for which Ramsey had no ready reply.

Who will assume the hospital construction debt now held by regional districts? Who will determine the boundaries of the new councils? And how is it possible to give unelected board members the right to spend tax dollars, a right normally exercised only by those subject to democratic election?

Ramsey denied that the government is seeking to download the political heat for cutting health care. "I don't think it would succeed," he said. "I don't think that will be acceptable."

But he added the warning that "the simple fact is that the taxpayers will not fund every service in every community. It simply is not on."

One politician who welcomed that challenge to



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

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

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

Representatives of these community-based health organizations told a joint meeting of HEU, BCNU and HSA staff Sept. 8 that they are as confused and concerned as everyone else.

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

In many cases, she said, a single representative on a community board will be expected to represent all people with disabilities. That person "may or may not have accountability to various groups in the community."

John Silver, a doctor at REACH, a Vancouver community clinic, said his organization has "no more information than anyone else."

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

The government will have to make a commitment to the community health councils which they haven't done to date," Silver concluded.

"That should be a concern to all of us."

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

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

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

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

Despite their qualms about New Directions, Gordon said, community groups "don't feel strong enough in their own minds to say 'stop'."

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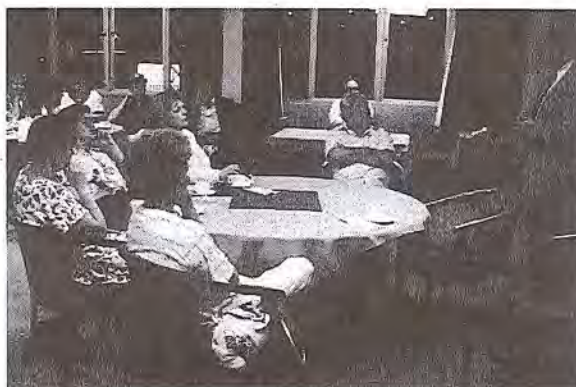
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CLINIC

announced a major restructuring of the health ministry, including elimination of 25 senior administrators, to support the New Directions strategy. Ministry insiders say the shake-up will include a dramatic centralization of the reform process in Victoria as the government attempts to control the mounting confusion. The tight deadlines to change the management of health care will remain in place.

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

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

One of the four main points of the New Directions strategy was to build respect for caregivers



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HOSPITAL

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

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

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

When HEU members in Nelson found themselves cut out of the community health process, two activists stood for election as community reps at a town meeting and won handily.

But now that Karen McDiarmid and Alison Hutchison are on the inside, they doubt that Victoria's new approach will give their community more control.

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

That was the message municipal politicians

hammered at when they heard newly-appointed health minister Paul Ramsey address a special session of the Union of B.C. Municipalities.

Although Ramsey promised that 15 community health councils would be in place by April 15, the local politicians expressed strong fears about the government's direction.

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Clawing back health care funds

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

By GEOFF MEGGS

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

Sick and injured workers are targeted in just one of a series of recent health ministry initiatives, which cut spending on the one hand and squeezed out more revenue on the other.

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

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

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

Finance ministry statements claimed \$9.7 million in savings this year due to "administrative efficiencies" and \$33 million in "delay of operational expenditures."

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

But when asked to say whether or not the savings had again been achieved by deferring community

programs, Pearce said "I can't get you the answer to that."

The savings come as the ministry moves on two other fronts to reduce funding demands from hospitals.

In a circular to all hospitals July 22, acting hospital care division head Dave Babiuk reminded administrators that workers who are entitled to benefits under the Workers' Compensation Act should have their health costs paid by the WCB.

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

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

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

Babiuk declined to comment further when contacted last month.

In a second initiative, the ministry has been auditing hospitals to determine if they are billing the Medical Services Plan for diagnostic

services and tests performed in emergency wards.

Since 1991, the ministry has insisted that all such services be provided out of the hospital's own funding and has deducted MSP billings from the subsequent year's budget.

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

Dave Annis, president of the B.C. Health Association, said his organization wants the government to clarify "which pot the money comes

out of.

"If we are billed from MSP, will the hospital budget be adjusted?"

Annis said hospitals were surprised by the sudden billing and believe that "retroactive recovery of the money is totally inappropriate."

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

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



CRISIS IN CARE

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

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

A Shaughnessy physiotherapist and two representatives of the Vancouver health department made the comments in presentations Sept. 20 to the task force reviewing the disposition of Shaughnessy's services

and the and the process that led up to the closure decision.

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

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

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

implementation.

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

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

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

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

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



situation for hospital staff.

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

In 1975, PGRH had 340 beds, but now operates only 209 beds. Wiley also warned that increased use of daycare surgery and pressure to reduce length of stays was resulting in patients having to be readmitted after discharge. Community services aren't in place to replace services cut by the hospital, she said.

PGRH LPN Christine Truden criticized the hospital's reduction in the use of LPNs in the last 23 years. Truden called on the task force to restore the role of LPNs to provide cost effective health.

By **STEPHEN HOWARD**

Heather Suggitt wants to be a shop steward in Ottawa, and she's in the race of her life to win the four-way election battle for Member of Parliament for the riding of Kootenay West-Revelstoke.

An NDP candidate, Suggitt is an HEU staff representative out of the union's rank-and-file, and based in the Nelson office. She's running because she's frightened by the threat of free trade and the Tory's corporate agenda. She's worried that rural life will disappear.

When you're born in a small rural town on the Trans Canada Highway and the CPR mainline you have a different take on life, Suggitt says. "Things like the post office, medicare and the CBC are important and we're going to lose them unless we fight."

"I'm not prepared to give my country away to the multinationals of the world."

It's a sprawling riding — a seven hour drive from the southern end close to the U.S. border to Mica Creek, north of Revelstoke. The area is also diverse, from the big one-industry towns like Trail to counter-culture preserves like Argenta.

Suggitt, a single parent of two



She wants to be shop steward in Ottawa

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

"I was asked on a doorstep, 'What are you selling?' and I said 'Me!'"

Her HEU job has been good training to serve in Ottawa, she says. "It's been great in terms of the rigours of travelling and working with people to solve problems. That's what an MP is supposed to do."

She's been campaigning since

July. Before the election call came, Suggitt had visited every community in the riding.

On this day in Montrose, a small town outside of Trail, she's meeting voters outside the town's surprisingly busy post office. She warns them their post office could soon close because of privatization. The response is good, the people friendly and talkative.

As a woman candidate, Suggitt hasn't felt any hostility. "But women's issues aren't big on the doorstep." Surprisingly, early in the campaign health care wasn't a big issue either. Although the elderly are concerned about provincial health restructuring, many people just weren't aware of what was happening to medicare, she said. Preston Manning's attacks on the fundamental principles of medicare would come later in the campaign.

The riding has see-sawed back and forth between the Conservatives and the NDP, but now it's a four-way race with the two parties running neck-and-neck with the Liberals and a frighteningly slick Reformer.

Suggitt's lucky because her riding has been targeted as winnable by the NDP campaign. So she's been given resources to conduct polls which set her support at

about 23 per cent with a large number of voters still undecided.

Depending on how the vote swings, the winner could take the seat with as little as 28 per cent support.

She acknowledges that her campaign is affected by disenchantment with the provincial government and with politicians in general.

The NDP, she says "is no longer seen as the party of protest — people see Reform or National in that role now."

People are "buying in to Reform's rhetoric of anger at the old-line parties," she said.

There are fewer volunteers than last election, and "money's always tight with us," she says about the campaign's \$85,000 budget. But she's got a solid group of volunteers including many HEU members. Suggitt is thankful for HEU's financial support and that from members too.

Win or lose, she's had lots of laughs on the campaign trail. Like the annual summer parade in Rossland, which she turned up for in turn-of-the-century dress. But it turned out she's got the wrong theme — everyone else was decked out in togas, and who should come along but the boss at Columbia View Lodge....



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

Election front: Here's how HEU was involved

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

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

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

Another element of HEU's political action plan was to counter attacks on our medicare system from parties like Reform and the Tories, and demand a halt to health care funding cuts. On

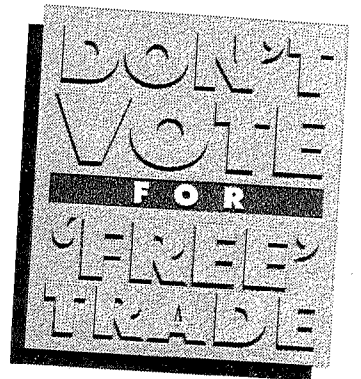
National Medicare Day, Oct. 14, HEU members and health care workers across Canada wore special badges on the job and participated in rallies, forums and other actions.

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

But this election, the union took a different approach, says president Fred Muzin, and did not automatically fund all B.C.'s NDP candidates.

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

Instead, funding was targeted to



BATTLE LINES: HEU supported campaigns to preserve medicare and to fight free trade—two key issues in the federal election.

support politicians that HEU is confident will support the issues of health care workers, and who will be accountable "more than one day every four or five years." These contributions were based on a detailed questionnaire sent to candidates.

With health care restructuring giving greater decision making power to municipal governments, civic elections are now even more important for HEU members.

So HEU is targeting elections at this level. The union will be rais-

ing health care issues in civic contests and will be encouraging HEU members to run in their communities. Financial support will also go to supportive civic candidates.

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



Defiant to the end

Shaughnessy workers celebrate their contribution to B.C.'s health care system

By CHRIS GAINOR

For the hundreds of health care workers who gathered in Shaughnessy Hospital's auditorium, Sept. 23 was a day to look back in anger and in warmth.

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

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

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

Whiteside, a patient escort who will stay at Shaughnessy until December, when the spinal cord unit is moved to Vancouver General Hospital,

feels "anger and frustration" that will keep him from voting again for the NDP.

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

"I was there on Feb. 15, and I felt like I'd been kicked by a mule. I still feel bad. I'm going to miss the place. I've got lots of friends here - even the dog in the psych ward at Children's," she added.

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

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

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

"Some people have been going through emotional times," she said. "We've had to help people with their emotions, while we try to keep

IN MEMORIAM: Maintenance mechanic Todd Smith's special scroll commemorates the role played by the 74-year old hospital.

1919 - 1993

Goodbye to all who've passed the torch
Who's hands there are no more
Our patients, friends, our memories
Behind locked-forever doors.
It took seventy-four years to build her strong
One day to bring her down
"Old city hospital to close" it read
Shaughnessy lost her found.
Founded in 1919
She served her wounded well
Expanding many times her arms
As the century war it's hell
She grew beyond her first old walls
To stand the test of time
The 40's, 50's, 60's
Beyond the Yets she climbed
To serve the hearts of many fears
To look inside painful years
And the courage from within
I wonder how many thousand souls
Our Shaughnessy did save
I'm glad I got to know her place
Before she made her grave.

T. Smith
September 23, 1993

PARTY: These were the instructions, above, draped across the hospital Sept. 23. Below, HEU local leaders Rosemay Benes, left and Bob Rogers, centre, assist BCNU's Cheryl Kristoferson with cake cutting duties.



our emotions under control at the same time.

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

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

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

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

Peggy MacLeod, with 12 years of experience in admitting, was going the next day to a new job at Surrey Memorial Hospital.

But MacLeod was looking forward to her new job. "I hope they're as good in Surrey as they were to me here."

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

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

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

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

retirement with the hospital's closure.

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

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

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

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

NOW THAT'S JOB SECURITY!

When employment security talks began in February, Gordon Austin argued that basic protection for health workers was too expensive for the public purse. But five months earlier, according to the leaked documents, he'd inked his own iron-clad job security deal with HLRA worth more than \$1 million, including a regal severance payout of \$500,000.

DOUBLE DIP THE DOUBLE DIP

Former finance manager Johanna Valasik had it coming and going leading up to her mid-1991 "retirement". First, she sold back to HLRA office furniture that HLRA had already purchased, authorizing her own requisition for payment. Then she billed HLRA for \$2,000 in consulting services for work she did as part of her job. Finally, when she quit her job, she cut a deal with Austin for a \$6,000 "retirement" payment plus another \$6,000 for merit pay. She also authorized these payouts.

HOW TO MAKE A QUICK \$20,000

Simply refuse to take your holidays - that's how Austin did it.

"I am refusing to take actual vacation time in order to receive monetary equivalency now," Austin wrote to the board last April. I hereby request \$19,262 in lieu." The board quickly agreed to the payout.



An envelope filled with secrets brings down HLRA president Gordon Austin

Health boss fired

By STEPHEN HOWARD

The Health Labour Relations Association fired its president Gordon Austin Oct. 15 amid a storm of media controversy about Austin's spending habits and the announcement of a government probe into HLRA's financial affairs.

Austin's downfall was caused by 100 pages of confidential documents in a brown paper envelope leaked to a Vancouver Sun reporter Oct. 12.

The documents provided a week-long exposé of outrageous perks paid for by taxpayers, violations of the organization's management policies, and evidence of the hypocritical double standard in health care—one set of rules for the bosses and another one for health care workers.

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

- excessive expenditures on restaurant meals, including \$500 spent on two different visits on the same day in a posh French cafe in downtown Vancouver;
- using his HLRA credit card for personal purchases, and setting up an accounts receivable of \$17,000 to pay for these purchases out of HLRA funds;
- a series of lease agreements for expensive trucks outfitted with fancy gadgets, like a \$6,500 car stereo, paid for by HLRA.
- computer equipment worth \$80,000 that Austin had set up in his Coquitlam home. According

to "unwritten" HLRA policy, after three years the equipment would legally be Austin's.

O'Connor also fingered HLRA board chair Ronald Mulchey, the president of St. Paul's Hospital in Vancouver, for being complicit in the affair. Leaked documents show that Mulchey had personally approved almost \$10,000 in undocumented expense payments for Austin in 1992.

The HLRA board, which had known about the serious problems since April 1993, was pressed to fire Austin because of pressure from Victoria. The board was warned by Premier Harcourt not to payout any of Austin's lavish \$500,000 severance until the results of the government probe are complete.

Two days earlier, Mulchey had publicly expressed full confidence in Austin.

Hugh McLeod, HLRA's manager of labour relations services, was appointed acting president.

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

When wind of HLRA's spending troubles first came up in April 1993, as a result of its 1992 fiscal year audit, O'Connor refused to sign an undertaking for the auditor declaring that there had been "no irregularities involving employees who have significant roles in HLRA's system of internal control."

In a letter to Austin explaining

her refusal, O'Connor candidly asked "how can confirmation be expressed that there had not been the possibility of fraud, irregularities and error without evidence that possibility is under control?"

Leaders of the three health care unions expressed outrage at the details of Austin's spending habits and had called for Austin to step aside until the probe was complete.

HEU secretary-business manager Carmela Allevato commended the government for taking quick action in announcing the investigation into Austin and HLRA. "The public release of the probe outcome should get to the bottom of the problems," she said.

She said Austin was a "significant obstacle" to achieving justice for health care workers, and she was hopeful that the appointment of McLeod would be a step to better relations with HLRA.

But Allevato said firing Austin shouldn't let the board off the hook. "We are concerned that the people who are on the HLRA board are the same people who run our hospitals," she said.

"If they're running their employer association like that, one wonders how they're running hospitals."

The union also called on the government to expand its probe to include the \$115 million HLRA Benefits Trust. The Trust was hit by \$11 million in stock market and investment losses in 1990. Until his firing, Austin served on the Trust board.

AUSTIN'S HOME OUTFITTER BY PUBLIC PURSE

GREED THUMB: When HLRA moved offices in 1992, \$3,000 of plants were to be auctioned to staff and the proceeds given to charity. But Austin ordered the plants to be moved to his home, at a cost to the taxpayer of \$505, before the charity auction took place.

TRUCKIN': Austin liked trucks. Expensive trucks with fancy gadgets, like trailer hitches, fog lights, a \$480 car wash and a \$6,500 car stereo, all paid for by HLRA. In two years taxpayers picked up the lease tab for a \$24,000 Jeep (sold at a \$4,000 loss to HLRA's lawyer), a \$27,000 Chevy Blazer, and a \$34,000 Chev pickup.



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

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

Coffee Break



Women in highest stress jobs

According to the University of California at Berkeley, the jobs that place the greatest stress on workers are those that demand careful attention to detail but give the worker little latitude for decision making and offer little personal satisfaction.

Women's jobs often fit this description, plus women often have the added stress of being the primary caregiver for children and carrying the burden of other family and household responsibilities.

Workers in jobs with these characteristics have higher blood pressure and are more likely to show changes in the heart.

For a change, try the Senate

Vancouver's End Legislated Poverty has this suggestion for people sick of working five days or more each week just to feed the family.

Would you like to relax all day and still have all the benefits of a full-time job?

If the answer is yes, then you should consider being appointed to the Senate.

If you qualify, you can receive a salary of \$64,000 a year and \$10,000 tax-free living allowance.

The program is not limited to three or six months or five years like elected officials. In the Senate you can collect all of this until you are 75 years old. After 75 you will receive a pension.

If you would like to receive all or any of the above, contact the government in power.

Elvis overloads mail system

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

WE NEED CHILD CARE NOW!



letters returned — stamped "return to sender."

How tacky can you get?

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



The high cost of low wages

A cottage industry formerly of Vancouver told CTV News recently that its adventure into Mexico has been less than profitable.

The owner of a diving suit company said that he pays his Vancouver employees \$8.50 to \$10.50 an hour.

He paid his Mexican employees \$2 to \$3 an hour but after factoring

in "social and health" costs and the cost of all the "extra supervision" and the shipping costs to his market, he has found that he has lost substantial blocks of profit.

He has calculated that he has saved hundreds of thousands of dollars by moving the bulk of the operation back to Canada.

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

Sometimes union-busters really foul up. That's what happened when Sacred Heart General Hospital in Eugene, Ore., hired a consultant to smash the American Federation of State, Civic and Municipal Employees.

The consultant spent \$250,000 to found an anti-union employee's association which the boss denied had any links to management.

The foul-up: all literature put out by the outfit had a hospital administrator's address and phone number listed on the back.

The wave of the gloomy future

"You almost always hire people now only as a last choice," says Robert Cizik, chairperson of the U.S. National Association of Manufacturers, speaking about employers' tendency to use overtime, part-time and contract workers.

Timeless advice from Marx for aspiring politicians

"The secret of life is honesty and fair dealing. If you can fake that, you've got it made." — Groucho Marx.



Labour and the NDP: is breakup inevitable?

By GEOFF MEGGS



Does the NDP have a future? And why the sudden crisis in relations between the New Democratic Party and the Canadian labour movement, which helped found the NDP in 1961?

A new book by two long-time NDP supporters suggests why the party is in this fix and offers one outlook on the future.

Health care workers cannot be indifferent to the political arena. Medicare can't be saved at the bargaining table alone.

For decades most unions have considered political action to mean all-out support for the NDP, pure and simple. HEU has always assessed all candidates and parties based on their support for HEU's policy goals. For many years, that has meant support for the NDP.

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

But if labour can't support the NDP, where does it go?

A new book called *Giving Away the Miracle*, a comprehensive analysis of the Ontario NDP by George Ehring and Wayne Roberts, casts some light on these problems in what amounts to an autopsy on the government of Ontario premier Bob Rae.

Elected in an upset victory in 1990, Rae now finds himself rejected by a labour movement which worked tirelessly for his party.

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

The book starts with a list of the party's 10 deadly sins. According to Ehring and Roberts, they include consistent betrayal of social movements, too much toadying to the labour movement, a failure to put out the NDP message and a failure to generate relevant economic policy.

The fact that the book begins with the "deadly sins" is a tip-off

to the writers' viewpoint. This is a trial in which the accused is convicted and executed. Then the prosecution builds an airtight case during a fairly one-sided trial.

For B.C. readers, this trek through the "lost dreams (and) broken promises" of the Ontario party can be slow going. There's a lot of gossip about individuals whom a B.C. reader will never encounter.

But there also is a relentless amassing of evidence that the NDP has drifted far from its socialist roots.

The authors believe the NDP is a political machine first and foremost, living most of its life in opposition, uneasily compromising the demands of "ordinary Canadians" with the needs of practical politics.

Once in government, however, the machine finds independence from its original constituency. The influences of the grassroots fade away and the exercise of power for its own sake seems to take over.

Many will find much to quarrel with in this book — it's out to pick a fight. If there's another side to the story, it's not here.

The labour movement looks bad to Ehring and Roberts, who miss no opportunities to take a swipe at everyone in the "labour brass" from Bob White on down.

Unlike leaders of the social movements, labour leaders could normally expect to find the Ontario NDP ready to make big concessions to maintain labour's support. But this, too, the authors argue, often led to betrayal of more fundamental principles.

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

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

• *Giving Away the Miracle: Lost Dreams, Broken Promises and the Ontario NDP*, by George Ehring and Wayne Roberts, Mosaic Press, Oakville, 379 pages.

PUZZLE



"I trust you'll find all my _____ in _____."

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

CCNTABTILOUYA

OSERCL

OT

EOHM

EESPRCT

ARCE

REPRVOIDS

ANSWER: Accountability, closer to home, respect care providers, loopholes, order.

HEU people



PHOTO FEATURES PHOTO

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

Catto retires at Parkridge

Beverly Catto, a care aide at Parkridge Private Hospital in Fort Langley, retired in September after 18 years as a union activist.

Catto, who began working at Parkridge in 1974, served as local vice-chairperson and on bargaining committees, and her participation on behalf of the members is greatly appreciated by her fellow workers. Active in a number of

her golf game, and pursue hobbies like toy making, knitting and sewing.

Gorge Road activist dies

Union members at Gorge Road Hospital in Victoria are remembering Genevieve (Gen) Goldade, a local activist who died suddenly July 27.

An LPN, Goldade was an active member of the Trail local before moving to Victoria in 1985. At Gorge she served as trus-

Smither's Vince passes away

Gerry Vince, a ward clerk and nurse aide at Bulkley Valley Hospital in Smithers, passed away July 29.

Vince worked hard for the union and represented the local on a number of occasions over a 20-year period. "There was something about her vibrant and outgoing attitude," said local chairperson Donna Schrader.

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



STENOGRAPHER RETIRES: Dorothy Witzke, left, who worked in health records at Kelowna General Hospital for 20 years, was honoured by the KGH local Sept. 22. Local leader Donna Brayshaw presents Witzke with a gift. The retirement of long-time KGH local activist Harry O'Neill was also marked.

community organizations, she is ready for some rest and to enjoy time with her new grandchildren.

Hilton Villa aide retires

Margaret Roberts, a care aide at the Surrey long-term care facility since 1979, retired in August.

Roberts, who joined the union in 1991 when Hilton Villa workers certified, plans to travel, improve

tee, vice-chairperson and chief shop steward.

She will be remembered for her ability to get the job done and her ongoing compassion for her fellow brothers and sisters and the residents she cared for.

The Gorge Road local will be establishing an HEU post-secondary bursary in Goldade's name to encourage other HEU members to achieve their goals and never give up.

Royal Columbian mourns LPN's death

Staff and friends at New Westminster's Royal Columbian Hospital were saddened by the passing of long-time LPN Pat Danchuk earlier this year.

Born in Saskatchewan, Danchuk had more than 50 years nursing experience at facilities including RCH, Lions Gate, St. Paul's, and Langley Memorial.

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

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VOL. 11 NO. 5 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION SEPTEMBER/OCTOBER 1993

Pay equity: closer to justice

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

PAGE 3

Taking a wrong turn?

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



PAGE 8

Shop steward in Ottawa

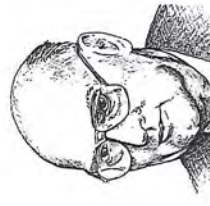
HEU staff rep Heather Suggitt fought hard to win her west Kootenay riding for the NDP in the federal election. How HEU got involved in the campaign.



PAGE 11

Bosses' perks scandal

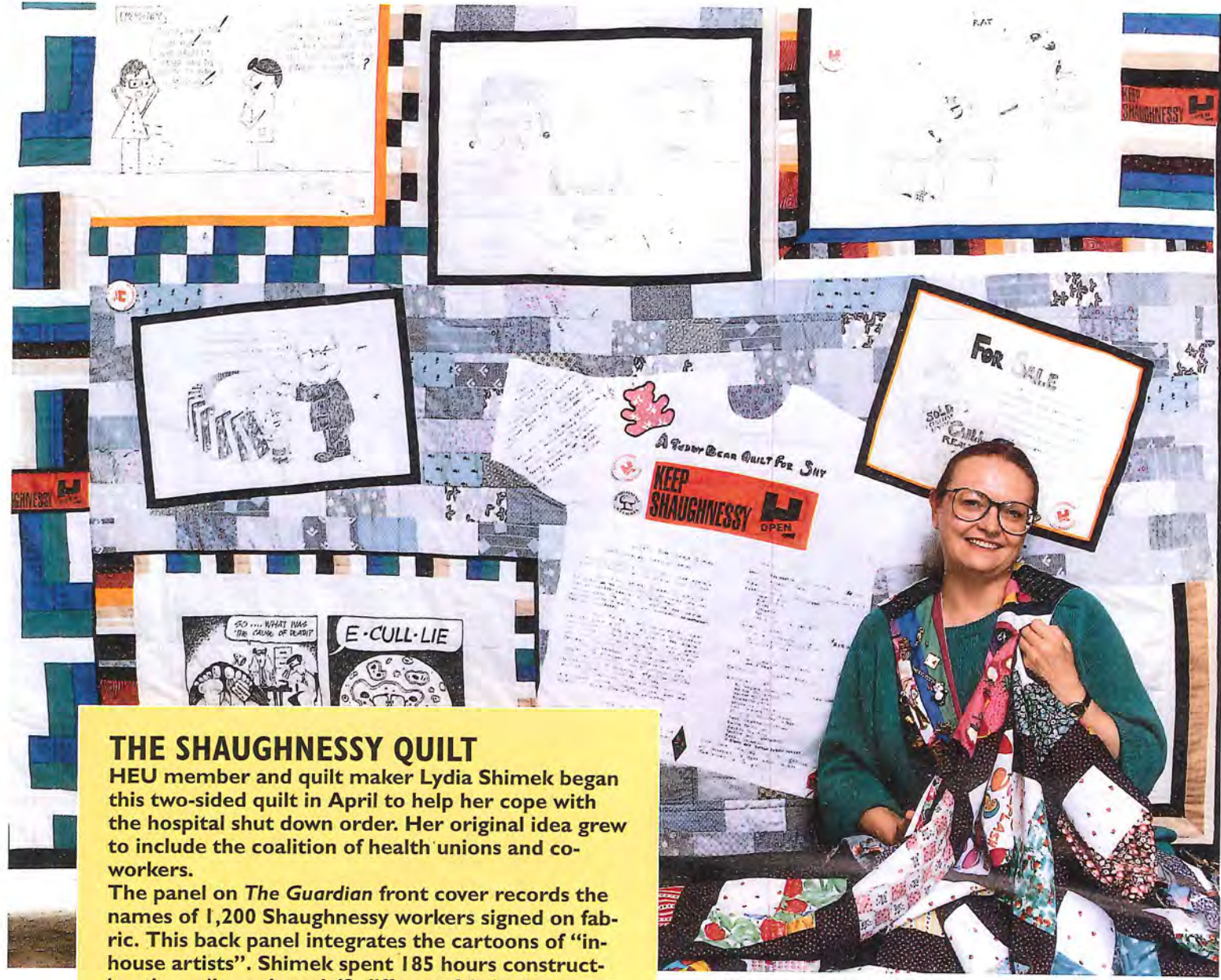
The ostentatious spending habits of HLRA boss Gordon Austin sparked public outrage. Austin got the boot, and Victoria is investigating.



PAGE 13

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KATE WILLIAMS PHOTO

THE SHAUGHNESSY QUILT

HEU member and quilt maker Lydia Shimek began this two-sided quilt in April to help her cope with the hospital shut down order. Her original idea grew to include the coalition of health unions and co-workers.

The panel on *The Guardian* front cover records the names of 1,200 Shaughnessy workers signed on fabric. This back panel integrates the cartoons of "in-house artists". Shimek spent 185 hours constructing the quilt, and used 43 different fabrics in shades of past and present hospital colours.