

SEPTEMBER VOTE SET

We're close to an agreement with CUPE

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

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

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

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

FOR MORE DETAILS, SEE PAGE 3

Guardian 50

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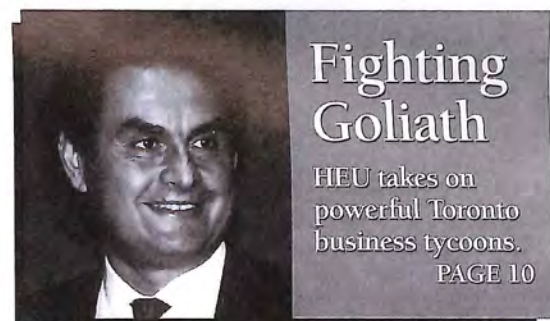


cutting corners on care

PATIENT-FOCUSSED CARE

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

8



Fighting Goliath

HEU takes on powerful Toronto business tycoons.

PAGE 10



PAGE 5

VANCOUVER HOSPITAL RALLIES BCNU's Sherry Parkin and HEU's Leo Bibb, centre, are warning the public about service cuts at B.C.'s biggest hospital.

COMMENT

Strengthening the hand of health care workers

by Carmela Allevato

Can you imagine a government-appointed commissioner ruling on who HEU could organize? Or limiting our ability to negotiate fair wage increases for underpaid community health workers? Or forcing HEU into involuntary bargaining relationships with other unions from outside the traditional health care field?

Believe it or not, that is precisely what could happen as the result of a surprise piece of legislation passed by the government in mid-July.

Fortunately for HEU members, decisions made by the last convention – particularly the direction given to the Provincial Executive to conclude a final agreement with the Canadian Union of Public Employees – should minimize any negative fallout.

But the whole episode underlines how important it is for HEU members to be forward-looking and flexible as the health care system is changed around us.

With employers and cost-cutting governments across Canada looking for any opportunity to reduce costs at the expense of caregivers, frontline health care workers have to hang together or risk hanging separately.

As hospitals, long-term care homes and many other agencies are merged into new regional boards and community councils, employers want to reduce the number of unions they bargain with and increase their ability to resist demands for wage increases in the community sector.



Our priority is to protect our Master Collective Agreement and our right to organize and bargain for health workers wherever care is delivered.

The government responded to employers' concerns with amendments to the health authorities act which governs the New Directions program.

Under the new law, the government can appoint a special commissioner to make sweeping recommendations to cabinet on which unions should represent health care workers.

Of course, other unions are caught in the same net. In fact, the bill affects all the unions which have been organizing in the health care field, including those from the private sector which have traditionally represented workers in very different industries.

HEU had friends ready to help on two fronts. Thanks to our long-standing links to the B.C. Nurses' Union and the Health Sciences Association, we were able to forge a common position in discussions held with other unions and the government.

'Thanks to our ties to CUPE, we established a new partnership that bolsters our Master Agreement'

And thanks to our ties to CUPE, we have been able to establish an important new partnership that bolsters our Master Agreement, clarifies our relationship to municipal health workers and confirms us as the lead

union organizing health care workers in the province.

Neither of these initiatives would have been possible five years ago, when relations with all four unions were less developed or antagonistic.

But health care employers are working overtime to strengthen their position in the restructured health care system.

HEU is working just as energetically to strengthen the hand of health care workers and the proposed affiliation to CUPE is a key part of that strategy.

letters

THE GUARDIAN WELCOMES LETTERS TO THE EDITOR. PLEASE BE BRIEF. WRITE TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5.

Closer to home a pain in the back

• Here's part of a letter sent by Salmon Arm Pioneer Lodge HEU activist Angie Farquhar to health minister Paul Ramsey that was sent to *The Guardian*.

I have had cause to use our medical system since the changes to our health care in B.C.

I underwent back surgery in October 1993 in Vernon. On the third day following surgery myself and my roommate received very, very little nursing care. We even had to make our own beds!

On the fourth day we were both sent home by ambulance. I could only walk on flat areas which was very difficult since getting into my house I had to go up steps.

My husband had to stay home

from work to look after me. This was difficult both physically and financially.

I could not go the bathroom unassisted or get off or on to the bed unassisted.

I was released from the hospital before home support nursing was set up.

When the home support nurse came she was upset because there really was no one available to do my care and she had to squeeze me in between others. The care was to be daily changes of the dressing but she only came once and then to remove the staples.

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

I question if the reason the surgery was unsuccessful was because I was forced to get up too soon on my own. I am still in a great deal of pain but now

I am again on a wait list for surgery.

I understand that since the federal government has stopped the transfer payments to the provinces health care has suffered but I also know that multi-national corporations want our health care to fail. It helps to give them a "level playing field." I also understand that by implementing "closer to home" health care we are playing right into their hands.

I was stunned and disappointed that this health care would be introduced by the NDP! As a strong unionist and NDPer I can't believe that this is your solution to our health care problems.

It is time to start taxing the corporations to get funding to support our social programs. If they threaten to leave Canada then let them go. They only cost us money supporting them and all their tax exemptions anyway.

ANGIE FARQUHAR,
Salmon Arm

The next step in biomed waste plan

• This letter was sent to HEU's secretary-business manager Carmela Allevato.

Thank you for your letter of May 11, 1994, expressing your unions' support for the recommendations of the waste reduction commissioner for the management of biomedical waste in B.C.

The report and recommendations of the waste reduction commissioner [Dorothy Caddell]

are currently being reviewed by staff from the Ministry of Health and the Ministry of Environment. Upon receiving staff comments, I will work with my cabinet colleagues to develop a formal action plan to manage biomedical waste in the province.

Regarding your specific observations, we agree that the current situation with emissions from the existing hospital incinerators must be eliminated; therefore, in cooperation with MOH, we are developing a strategy to manage the upgrading or phase out of these incinerators.

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

MOE SIHOTA,
Minister of the Environment

Working TV a hit in New Brunswick

I had the opportunity to view your organization's videos relating to health care, hospital administrators and the like.

They provided me with a great boost through their comic but altogether too sad portrayal of some of the players in our health care system.

I am interested in being able to share these productions with members of the New Brunswick Nurses' Union.

My hat is off to the idea people and production crew of the video.

THOMAS MANN,
Executive Director,
New Brunswick Nurses' Union

Guardian

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

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2



What we're up to

100 Mile resorts to theatrics to get message out

The executive at HEU's 100 Mile House local has taken a novel approach to educating their members about the rapid switch to patient focussed care (PFC) that seems to be the latest fad of health employers. They put together and performed a skit to show their



HEU's 100 Mile House local is dealing with patient-focussed care creatively. Wonder Woman, at left, the health care worker of the future, stars in the local's theatrical send off on PFC. The local performed their skit in the hospital's lunch room.

members what the future may hold if employers have their way and implement PFC as a way of cutting costs.

They also point out the multi-skilling – training in different work areas – that PFC rests on

doesn't give workers a better deal when it's used to add to a serious workload overload problem.

Wonder Woman stars as the health worker (robot) of the future.

Restructuring committee formed

HEU's Provincial Executive has approved a process that will allow the union to review how it operates so that it can best respond to members' needs in the context of health care restructuring.

The starting point will be a discussion paper that will be prepared by a special subcommittee of the executive for discussion at the convention and beyond in a special membership consultation process in 1995.

This will prepare the ground for changes to be proposed at the 1996 convention.

Topics that will be covered in the discussion paper include mergers of smaller locals, transfer of members between locals, how to respond to a new employer structure, union

finances, joint work with the BCNU and HSA, and collective bargaining and other labour relations matters.

Do it before you need it!

If you haven't checked to make sure the information on your HEU death benefit card is up to date, you should do so soon.

The card is part of a benefit provided by the union that pays the beneficiary of a deceased member \$1,000 for one to nine year's membership and \$1,600 for 10 or more years of membership.

If you wish to change your beneficiary, or if you don't have the death benefit card, contract your local secretary-treasurer for more information.

continued on page 4



READY FOR ACTION Union members at St. Paul's Hospital, conducted a study session and rally June 21 to protest a decision by arbitrator Vince Ready which undermined the terms of the Employment Security Agreement. A subsequent rally to support workers disciplined as a result of the study session was highlighted by custom-made placards (above) created by dietary worker Trisha McLean.

Victoria demands talks on jurisdiction

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

The demand came in a bill introduced at the end of the legislative session which contained amendments to Bill 45, the 1993 law which established regional health boards and community health councils.

The amendments require unions in the health field to negotiate which workers they will represent – their jurisdiction – under the new regional health care structure.

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

The commissioner's recommendations may be altered by cabinet.

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

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

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

At *Guardian* press time, unions affected by the law were meeting to plan their next step.

HEU, CUPE finalize text of proposed affiliation pact

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

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

"The agreement we have worked out with CUPE will maintain our name, identity, constitution and structure intact, but assures us access to the re-

sources of the national union, including the defence fund."

Allevato said the HEU team has been careful to structure the deal to ensure there will be no need for a dues increase. At the same time, HEU would have access to improved technical and support services offered by CUPE which would enhance the services already available to HEU members.

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

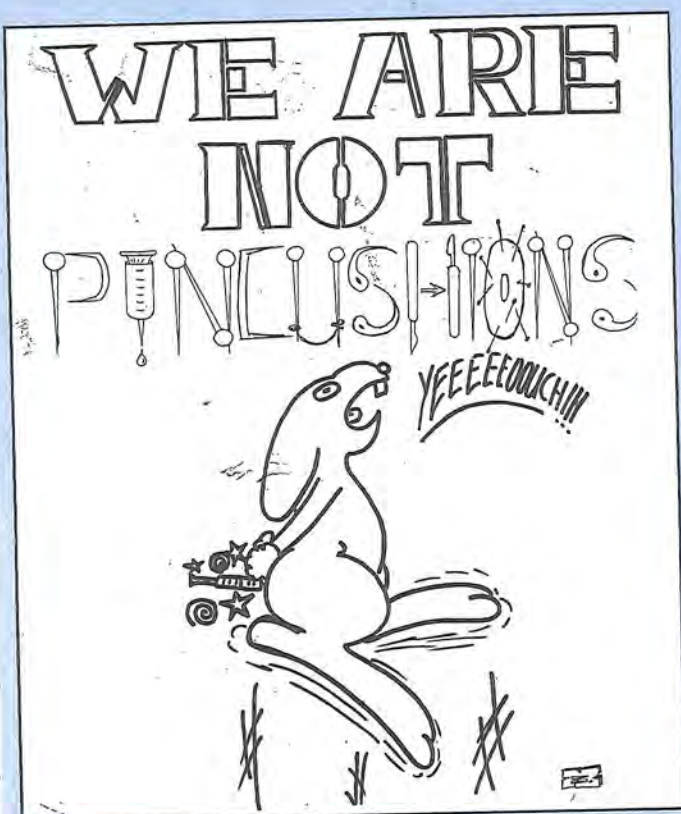
The full text of the agreement and an explanatory background paper will be distributed to HEU locals well in ad-

vance of September local meetings.

The agreement, if ratified, would formally bring HEU's 38,500 members into the national union, opening up the possibility of co-ordination of campaigns and bargaining among health workers from coast to coast.

CUPE already represents more than 50,000 municipal and public sector employees in B.C., most of whom are members of the union's B.C. division.

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



continued from page 3

New master contract now off the press

Printed copies of the 1991-1996 HEU/HEABC Master Agreement have been sent to members at facilities across the province. To obtain your copy, contact a local leader.

Contracts bargained for new locals

New HEU members at the Logan Lake Health Centre, south of Kamloops, and Parkview Place, a 31-bed long-term care facility in Enderby have ratified first contracts that will bring them under HEU's Master Collective Agreement.

The Logan Lake deal, ratified

Making the point about workplace safety is this poster from the K-Bro laundry local.

in June, is retroactive to last November, while the Parkview deal allowed the union through bargaining to merge Parkview members and those at the neighbouring hospital into one bargaining unit.

Winning fast, winning wise

In more education news, HEU is offering a new four-day course for shop stewards later this fall.

Called *Winning Ways*, the course is designed to help union stewards get the most out of our collective agreements in the workplace and will cover ways of winning our issues quickly and effectively.

Enrolment for this course is limited to stewards who have previously taken beginner shop steward courses, but who've not yet taken advanced stewards training.

Enrolment confirmation letters for applicants should soon be on their way.

A poke is no joke for HEU laundry workers

Shape up! Sharps Out! That's one of the slogans submitted by members of HEU's Vancouver Island K-Bro laundry local in a contest to develop creative ways of raising the workers' concerns about sharps in laundry.

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

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

Talks between owners of the facility and area hospital bosses on bringing the laundry back into the public sector continue.

Victoria adds \$50 million to hospital budgets

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

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

"Since this year's budget was announced, we have expressed our concerns to the government about funding levels for health care, particularly in hospitals which are experiencing population growth or are already highly efficient," Allevato said.

"The announcement that additional funds will be directed to these facilities demonstrates a strong commitment by this government to better health care for British Columbians."

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

Ramsey said Vancouver Hospital will receive an additional \$10 million, the Greater Victoria Hospital Society will get \$5 million, and \$1.75 million will go to cancer clinics. Other hospitals are being invited to apply for additional funds.

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

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

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

Healing herself

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

by Chris Gainor

WHEN Minnie Dennis came face to face with her past six years ago, she made changes in

her life that are allowing her to work for a better tomorrow.

Dennis spent much of her childhood as a ward of the provincial government, being brought up in foster homes and suffering abuse.

Because the law governing aboriginal status discriminated against women, Dennis did not gain full official aboriginal status until the law was changed in the 1980s.

She was brought up off the reserve, separated from her people, the Gitksan Wet'suwet'en.

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

Since then, Dennis, an activity aide at Penticton Regional Hospital and secretary-treasurer of the Penticton local, has

been educating herself about the ways of her people, the Wolf clan of the Wet'suwet'en.

About the same time, Dennis also sought counselling to help her deal with the abuse she faced when she was growing

BALANCING



IT ALL

pain I felt from the abuse I suffered."

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

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

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



DENNIS

Her work includes activities in HEU and the local labour council, working on the local steering committee for New Directions in Health Care, and serving on the board of the Penticton Women's Centre.

She also does volunteer work for the Red Cross tracing and reunion service, which puts people in war torn countries in touch with relatives in Canada, the En'owkin Centre, a native education fa-

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

cility, and the Professional Native Women's Association.

"Getting involved in all these activities keeps me balanced and helps give me a sense of myself," Dennis said. "I get involved in all these things so that I have a life for myself. It helps me mind my own business."

"With my kids being the age they are, I have to let them get on with their own lives."

But recently, her daughter was attacked at school, and now Dennis is working to deal with growing violence in her community.

She is raising her concerns with local politicians, and she is helping a local program which is dealing with youth violence in Penticton.

As for her work in HEU, Dennis said she has spent 20 years working in health care. "I thought it was time that I gave something back."

More union organizing gains

HEU organizing staff have travelled the province helping to bring the benefits and protection of a union contract to more B.C. workers in both traditional areas like long-term care and community services.

The ten staff at the Tumbler Ridge diagnostic and treatment centre joined HEU July 12. The same day, 65 workers at the Northcrest Care Centre, a 75-bed funded privately owned long-term care facility in Surrey, signed up.

At the beginning of July, 15 staff at the Avonlea Care Centre in Kelowna said yes. Their facility is a unique 12 bed facility to treat severe head injuries.

Canadian Mental Health Association Prince George employees are also part of HEU. The 23 community care staff joined in late June, as did the 50 care group home staff who work at SISU Services Ltd., a which operates four Victoria homes.

Welcome to all our new members.

WHAT WE'RE UP TO



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

Workshop for supervisors

The role of supervisors within the union will be explored at a special two day Vancouver workshop for HEU supervisors Sept. 21 and 22. Application forms were sent to all local secretary-treasurers early in June.

Set to take part in the workshop are a number of union activists who work as supervisors, who will share their experiences from the workplace.

Press those political contacts

All HEU locals are being encouraged to appoint a local representative to be responsible for political action.

Locals are also encouraged to arrange meetings with your MLAs to raise concerns about problems at your facility.

For further information or for assistance in setting up MLA meetings, contact Kristina Vandervoort, assistant to HEU's political action committee at the Provincial Office.

LPN initiatives for summer school contacts

HEU's LPN activists have been busy, says LPN and Provincial Executive member Kathy Anderson, preparing information packages for the benefit of LPN contacts made at the recent union summer school in Vancouver.

Other work, says Anderson has focussed on coordinating activity through the LPN Association of B.C.

There's a lot of work to be done to promote the utilization of LPNs, Anderson says. "LPNs must see themselves as an important part

of the health care system," she says.

Encouraging LPNs to get involved in their local HEU LPN committees, Smith said they are "a cost effective way of nursing and that's what the government wants."

For information, contact the Provincial Executive's LPN committee through the secretary-business manager Carmela Allevato at Provincial Office.

Lions Gate 4E workers fight asbestos hazard

BCNU and HEU members working on ward 4E, a medical ward for cancer patients at Lions Gate Hospital in North Vancouver, were forced to call the WCB in July for action on their concerns about asbestos in the workplace.

Outside workers were knowingly drilling through

asbestos in the ward ceiling to install a new hospital sprinklers system.

Unit clerk Liz Dufresne was concerned that she, her colleagues, and their patients were being exposed to asbestos dust.

They had good cause for concern: just one asbestos fibre imbedded in a lung can cause deadly asbestosis respiratory disease.

Their concerns were backed up by the WCB, which cited the hospital July 14 for violations of health and safety rules for asbestos handling.

"A lot of women are now aware of what their rights are," Dufresne said.

The installation has moved to other floors, but Dufresne wants to know why their boss put workers and patients at risk.

Pricare members, bosses okay ESA

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

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

The long-term care bosses' vote was a much wider margin than their acute care colleagues.

HEU members in the facilities which were formerly represented by the Continuing Care Employee Relations Association had earlier ratified the agreement by a similar 94 per cent vote.

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

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

The ESA extends collective agreements for HEU and B.C. Nurses Union members in the long-term care facilities by two years, to March 31, 1996.

HEU members in these facilities will receive wage increases equivalent to those already negotiated in

the HEU Master Collective Agreement.

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

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

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

VH troubles sign of reform crisis

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

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

BCNU rep Sherry Parkin outlined some of the arbitrary measures the hospital has implemented to deal with what it calls a \$30 million deficit: cut 800,000 staff hours (400 full-

time equivalents), close more than 100 beds, and pare operating room time back by about 25 per cent.

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

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

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

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



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

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

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

A recent feature in the Georgia Straight newspaper, took hospital bosses to task because they spent all of last year's \$9 million surplus on pricey capital equipment

Union executive decides transfer, amalgamation policy

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

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

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

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

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

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

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

Copies of this policy have been sent to all locals.

PRESIDENT'S DESK



CUPE and our next 50 years

by Fred Muzin

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

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

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

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

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

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

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

The most important thing unions do is negotiate and enforce contracts.

"HEU belongs in the House of Labour permanently. We must seize this opportunity."

Workers seek out representation to improve wages, benefits, working conditions and employment security. Our affiliation with CUPE will

enhance our ability to provide this essential service, especially given that negotiations in 1996 will be a powder keg.

CUPE, with over 400,000 members across Canada, provides strike pay from their national defense fund, beginning on the 10th calendar day of a strike. As well, this fund can be accessed for strike-averting actions, public relations campaigns against contracting-out, privatization and other attacks on medicare, health care jobs and services.

The ability for our locals to link up with Solinet, CUPE's computer communications network, will enable more timely information exchange and E-mail capacity. As well, there will be an ability to move our services closer to home through joint offices in the Fraser Valley, Nanaimo, Terrace, Cranbrook and Kamloops.

How do we envision the HEU of the future? HEU belongs in the House of Labour permanently. We must seize this opportunity. The challenge we face this fall is making it work.



STERILIZER Richmond Hospital senior sterile technician Myrna Hewitt.

They're part of change

There've been some big changes in the sterile processing department at Richmond Hospital, and HEU senior technicians like Myrna Hewitt and Sandra Sharp have played their part.

To meet the needs of a growing community and a bigger hospital their department has been reorganized and expanded. New equipment was added, and Richmond was the first B.C. hospital to test a state-of-the-art gas plasma sterilizer that's the cheaper, safer replacement for EtO.

"There's been a lot of incredible changes," says Sharp. "We've all worked to help bring these new areas into our department."

The new sterilizer reduces the chance of infection, is faster than EtO, cuts operating costs, and allows disposable products to be reused.

In addition to supervising the use of the sterilizer, senior techs also monitor equipment like autoclave units at the start of each day and make sure that all OR sterile needs — linen, instruments, gowns and surgeons' preference items — are set for the surgery schedule.

Then they follow heavy workloads around the department. "Decontam may be busy for 15 minutes, then we follow through to other areas," Hewitt says. (The decontamination area is where surgical instruments costing as much as \$15,000 are fine cleaned of things like bone fragments before sterilization.)

With the techs they play an important behind-the-scenes role. Without them, "the hospital would come to a grinding halt," says Sharp. "People don't know the education and expertise we need."

In 1989 techs were upgraded from the PC3 rate to the PC8 rate in a B.C.-wide classification decision. The techs got a well-deserved pay boost but senior tech rates went unchanged. They barely make more than the workers they supervise.

They see 1996 bargaining as a potential solution. So Hewitt and Sharp say they'll keep up their efforts to work with other senior techs across B.C. to resolve the situation. "We would like them to be with us on this one, there's strength in numbers," Hewitt says.

ON THE



JOB

VOICES

Summer school a valuable experience for new member

by Dee Howse

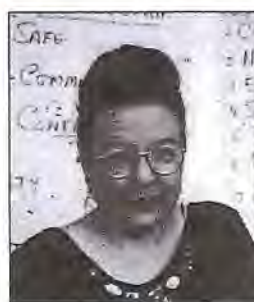
As an aboriginal woman, my history is filled with genocide, deceit, theft, and divide and conquer controlling tactics from the dominant oppressors.

It's a history of continual transgressions against the land and the First Nations people by corporate interests and their willing allies in the provincial and federal governments.

It's a history of betrayals and excuses, enforced dependence, wrecking havoc on a people whose way was to seek wholeness and consensus.

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

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



"I found a whole new world for me again"

Finding comradery with all people and all pain, I began to grow into my job as an addictions counsellor.

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

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

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

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

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

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

• Howse, an alcohol and drug counsellor in Quesnel, attended HEU's annual summer school in Vancouver. She and her four co-workers recently joined HEU.

Labour

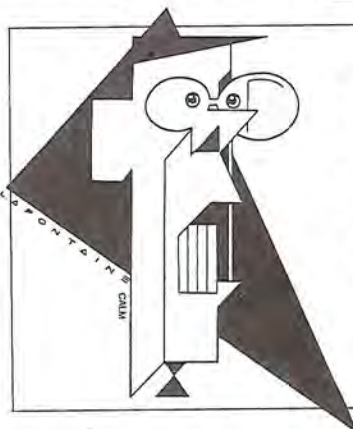
NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Where Manning stands on labour

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

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

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



Classic Preston

- No fair wage laws
- Let employers use scabs
- No minimum wage laws
- The right to strike is "obsolete"

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

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

On an April 1992 open-line show, Manning was asked what the minimum wage should be.

"It should be determined by what the market will bear, what the customer, the consumer [of labour] is prepared to pay...[not] by government regulation."

In other words, no minimum wages.

The Reform policy book does say that the party supports the right of workers to "strike peacefully," but Manning himself clearly believes something else. In September 1991 he told the *Edmonton Sun*, "I think that the strike and the lockout, not just in the public service but in the whole area of labour-management relations, are obsolete."

Finally, in his speech to the CFL convention, Manning philosophized about a future where "unions will be focussed on individual workers," rather than particular trades or companies, defending them as they move through different jobs, skills, and employers.

He didn't say how unions or workers would enjoy strength in bargaining if they were not organized by trades and able to strike against employers.

• CALM

'Up against the Wal' Mart campaign starts

Wal-Mart is poised to take the Canadian retail industry by storm. This American retail giant is bigger than Sears of K-Mart. A lot bigger. It operates more than 2,000 warehouse-size outlets across the U.S. and has 540,000 employees.

Every second day a new Wal-Mart is opened in North America. And the company has just taken over 122 Canadian Woolco stores, and is planning to open another 60 outlets across the country by the end of 1995.

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

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

While this message is at best a marketing myth, at the heart of the Wal-Mart philosophy is greed. It satisfies this by shutting down local competition, free-loading off communities, predatory pricing, exploiting employees and using child sweatshops in the Third World. Last year alone this philosophy was worth \$2.33 billion in profit.

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

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

For information on this Council of Canadians campaign contact Peter Bleyer at 613-233-2773, fax: 613-233-6776.

• CALM



WESTMIN SOLUTION These Campbell River miners, members of the Canadian Auto Workers' Union, are holding their heads high after the solidarity they maintained through a 15-month employer lockout forced their boss to agree to an arbitrated contract settlement. The miners

are pictured above at a rally at the company's shareholders meeting earlier this summer. Binding recommendations will be issued Aug. 15 and they'll be back on the job right after Labour Day. The CAW's Jess Succamore says thanks for HEU's solidarity and support for the miners.

LRB sides with employers in key pulp decision

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

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

LRB chairperson Stan Lanyon said two locals of the Communications, Energy and Paperworkers' Union (CEP) were bargaining in bad faith by refusing to begin local negotiations until a protocol

on industry-wide talks was reached.

The board also ruled that a strike vote or job action to fight the employers' arbitrary bid to end central bargaining would be illegal.

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

Stan Shewaga, national president of the Pulp, Paper and Woodworkers of Canada lambasted the board for helping pulp employers. "This decision inter-

feres in the collective bargaining process," he said.

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

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

cutting corners on care



WHAT WE'RE DOING ABOUT IT

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- commissioned a detailed three-union research project to deal with all of the issues raised by PFC, that will serve as the basis for a provincial campaign;
- set up a province-wide monitoring system to keep an eye on PFC related developments at other facilities.

In addition, HEU's Chilliwack local is hoping to organize a Fraser Valley meeting early this fall to report on their members' experience with PFC.

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

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

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

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

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

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

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

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

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

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

The new jobs have names like patient care associate (housekeeping aide), clinical associate (LPN), care associate (rehab assistant),

and administrative associate (unit, admitting clerk) and come with big job description changes too. A basic core of duties — multi-skilling — is found in all job descriptions. Management's goal is to never hear anyone say "it's not in my job description."

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

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

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

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

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

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

Whether or not PFC has any staying power, or dies on the shelf like so many of its cost cutting predecessors is anyone's guess. Capital costs involved in making the change to redesign facilities and buy new equipment could prove prohibitive.

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

Yet, the survival of multi-skilling is almost a certainty. From the management angle, studies of employees in hospitals have found that they "waste" 76 per cent of their time scheduling, coordinating or documenting care or sitting idle. Bosses believe wasted time and inefficiencies can be reduced or eliminated by simplifying the process and creating health care generalists. Generalists will not have down time, they will find hours and these found hours will translate into labour cost savings through the reduction of full-time equivalent positions.

On the other hand from the workers' perspective, multi-skilling can be a liberating process, eliminating the drudgery of performing a narrow range of tasks day in and day out. It can give workers new skills, job opportunities and an increased sense of job satisfaction. It could make working life more interesting and fulfilling for HEU members.

• This article by The Guardian's Stephen Howard was based on a research paper prepared by HEU research analyst Brigid Ditt.



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Australian battle forces change in the PFC agenda

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

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

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

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

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

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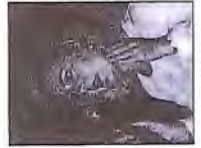
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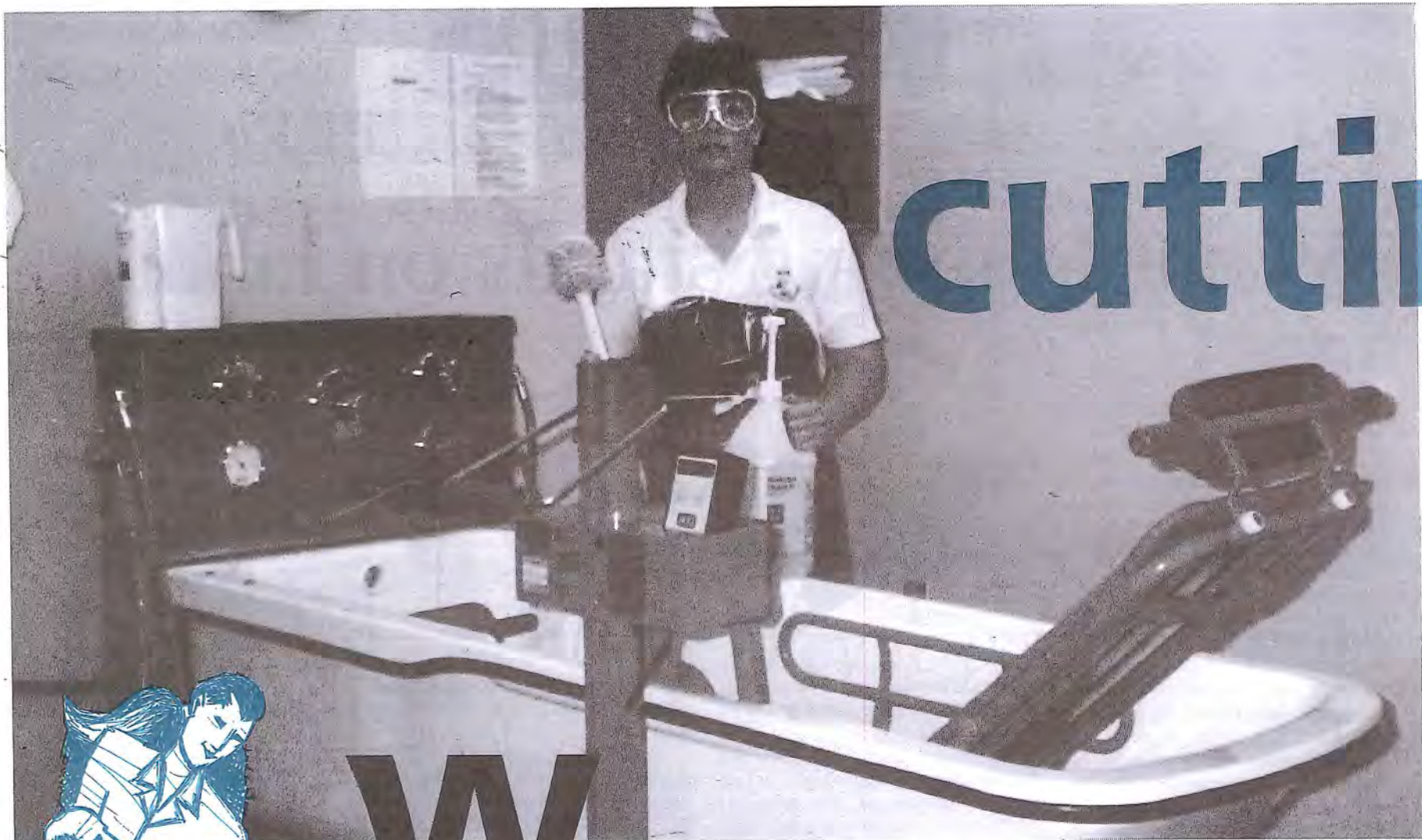
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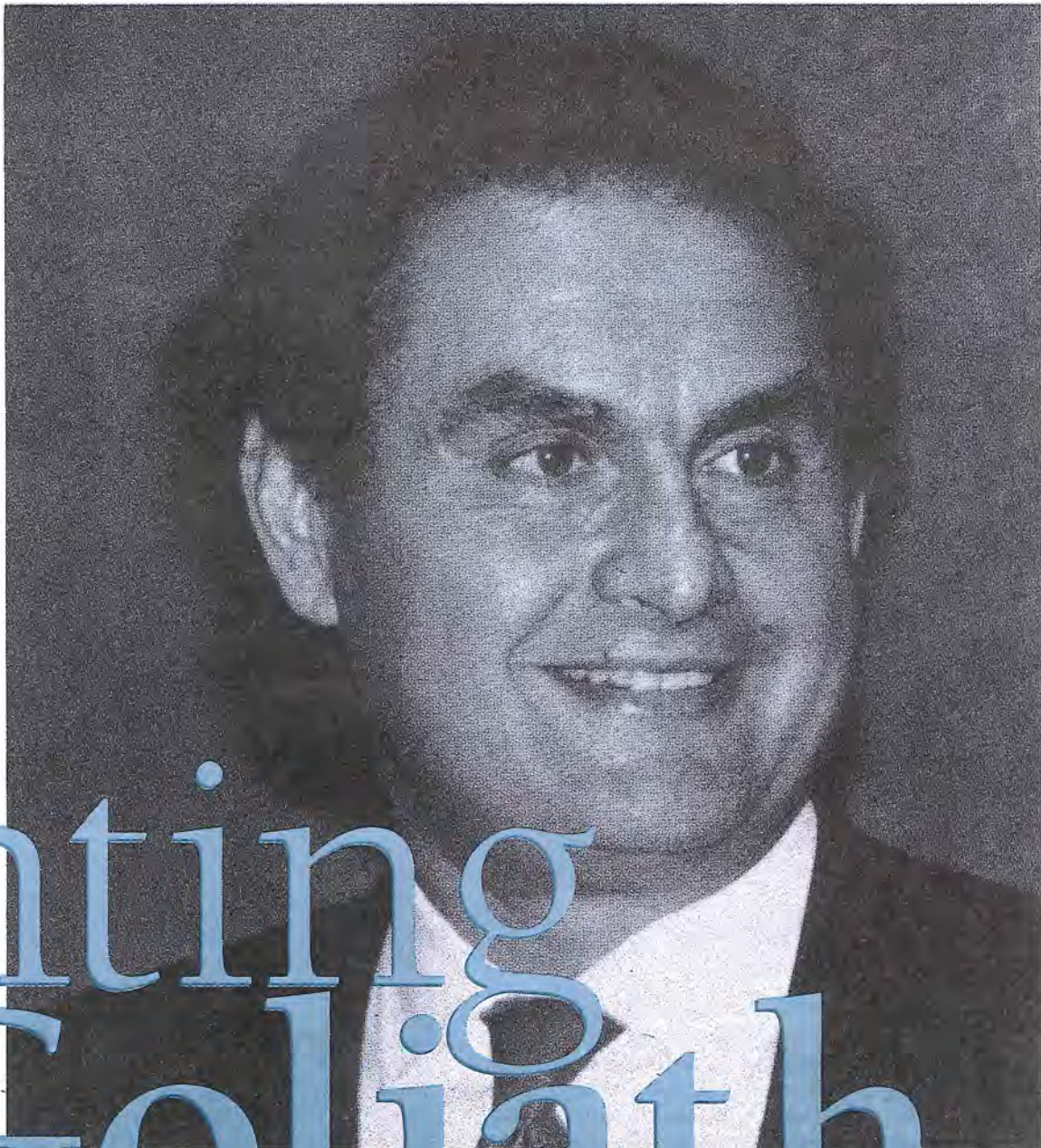


HEU KELOWNA PHOTO

How 135 B.C. health care workers are taking on Toronto tycoons to win pay equity and a fair first contract

Fighting Goliath

Story and photos by
STEPHEN HOWARD



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

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

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

The union members work at two privately-owned long-term care facilities, Courtyard Gardens in Richmond and Hawthorn Park in Kelowna.

They're the David who've run smack into a tough fight for justice with Goliath in the form of their boss, financier Allan Silber and his Toronto-based Counsel Corp.

HEU poked around into the affairs of Silber and his

health care and real estate asset management companies, and found more outrageous management practises than you could shake a stick at. Like:

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

"If anything like this ever happened in the B.C. public health sector, it would set off a five-alarm



\$27 MILLION MAN
Health care boss Allan Silber, above, earned that much since 1991. He lives in this fashionable Toronto mansion. HEU members, like those at Silber's Hawthorn Park in Kelowna, top left, are in a tough fight for a fair first contract.

enquiry," said HEU secretary-business manager Carmela Allevato. "These special deals are outrageous. But it's the private sector, so it's all entirely legal," she said.

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

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

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

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

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

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

- Big interest free loans to purchase more company stock are a corporate perk for Silber. For instance in 1989, he had \$2.6 million in interest free loans outstanding.

- In 1991, Silber's company declared what amounted to a special \$3 per share dividend. Silber owns 4.8 million shares. His take from this corporate decision? \$14.4 million plus additional annual dividend payments of \$1.5 million.

ASTONISHING LEGAL FACTS

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

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

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

'These powerful Toronto businessmen are standing in the way of pay equity and justice for poorly paid health care workers'

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

But eking out a living on \$20,000 a year isn't a problem their boss has to face. HEU estimates that Silber's pay and bonuses topped \$5 million from Jan. 1, 1991 until the middle of 1994. That's an average of

\$1.4 million a year. At \$27,000 a week, it's more than an HEU member earns in a full year.

By comparison, the top boss at Vancouver Hospital, Murray Martin, makes in the neighbourhood of \$250,000 a year, one-fifth of Silber's pay. The hospital, B.C.'s biggest, has a budget of close to \$450 million, much more than Counsel's annual revenues of \$320 million.

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

But that's not all. Silber cashed in big during the corporate gravy days of early 1991. The company declared an extraordinary dividend equivalent to \$3 a share. (Dividends are the way a company shares profits with shareholders.) For Silber, who as the company's biggest shareholder owns 4.8 million of these shares, it was a \$14.4 million bonus.

Silber has also taken \$6 million to the bank in the form of dividend payments from his stock holdings. Including the value of stock options and the right to buy shares at fire sale prices it all adds up to \$27 million.

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

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

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

Occupancy levels at both facilities are high - 94 per cent at Hawthorn and increasing, and 103 per cent at Courtyard - as are rents, a minimum of \$2,000 a month.



BLOCKING JUSTICE Bay St. shakers like Philip Reichmann, of the billionaire Reichmann family, are standing in the way of pay equity for B.C. health care workers.

SKYSCRAPER SALARIES

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



NAME	YEARLY AVERAGE
Allan Silber, Chairman, CEO	\$1,404,333
Edward Sonshine, Q.C., Counsel Mgt. Services	\$575,508
Barry Rotenberg, Executive VP	\$494,384
Morris Perlis, President	\$385,057
Dr. Charles Birket, President, Diversicare Inc.	\$376,519

Top executives' pay does not include deferred income like options to buy company stock at subsidized prices, or dividends.

"Besides, this company has the expertise to set up deals to make them look like money losers," Allevato said. "On paper, they could make the Canadian Mint bleed red ink."

An example, she says, is that one Counsel Corp. subsidiary owns the facility. It enters into a contract with another Counsel subsidiary to provide management services. The facility owner pays all staffing costs for management services, plus six per cent of all revenues at Hawthorn and five per cent at Courtyard.

Counsel got into the Canadian long-term care field more than a decade ago to supplement its main interests of trust companies and the big-money world of commercial real estate. In the 1980s the company entered the U.S. market, buying out smaller companies.

Since then, its health care business has grown considerably in long-term care and in home health care services - the health care cash cow of the future. Through its U.S. subsidiary Diversicare Inc., it owns and/or manages 71 long-term care facilities with more than 8,100 beds in the U.S. and Canada, including Courtyard Gardens, Hawthorn Park, HEU's Bevan Lodge in Abbotsford, and an unorganized facility, Birchwood, in Chilliwack.

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

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

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

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

\$60 million. Silber and his associates still control the new company's board of directors.)

The fight with Silber and Counsel Corp. is about more than just winning first contracts, warns Allevato.

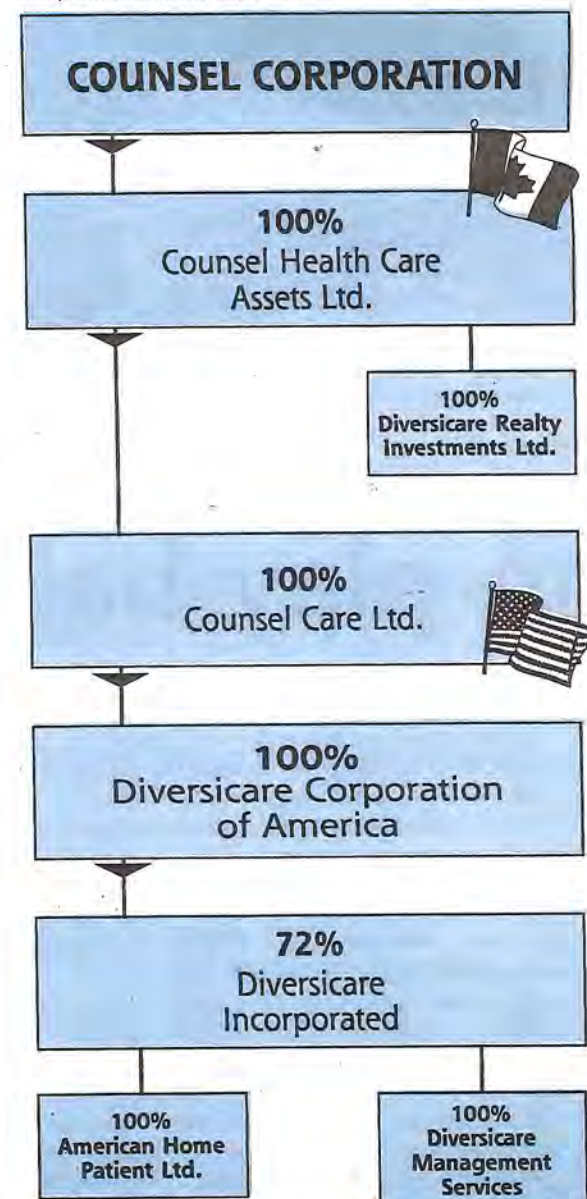
Similar companies like the eastern-based long-term care giant Extensicare, the Beacon Hill chain and others are checking out the B.C. market, she says, spurred on by free trade and health care restructuring.

"I think they're just kind of waiting in the weeds for the 'right' political climate," she said. "If the Liberals or Reform get elected in B.C. they'd put out a welcome mat to profit-hungry outfits like Counsel."

"To preserve medicare in very uncertain times, our NDP government must act to deal with an increased role for profit-driven companies that could be an unfortunate outcome of regionalization."

"We'll be presenting the government with the results of our investigation. We think Victoria should start preparing a code of conduct that would govern any private sector involvement in health care."

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



The latest developments

At press time, Courtyard Gardens members had served strike notice on their employer and declared a ban on overtime. With essential service levels set, they were preparing to put a creative action plan into place to press their employer and minimize any impact on patients.

The employer has issued 72-hour lockout notice. Meanwhile, at Kelowna's Hawthorn Park, HEU members voted unanimously at a special July 21 membership meeting to hold a strike vote, which will be held in early August.

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

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

details of their bosses' pay and business activities.

"We knew it was a rich multi-national company," she said. "But we had no idea salaries were so huge."

Union secretary-business manager Carmela Allevato said efforts to win a contract will combine creative workplace actions with a corporate campaign targeting Counsel Corp. The first step was for HEU to buy shares in Counsel to open the doors on new information about the company.

"These members have the full backing of the union in their fight," she said.



SAHOTA

Making workplaces safer

Proposed WCB ergonomics rules would fit the job to the worker

With her experience working as a licensed practical nurse and in house-keeping, Vicki Morrison knows what is involved in lifting patients.

"A person has to make themselves safe," she said. "You have to know just what to do."

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

When Morrison was asked by her local branch of the Canadian Legion about possible equipment donations to the hospital, she suggested that they donate

money for lifting equipment. Hospital management wouldn't think of asking for money for such equipment.

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

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

HEALTH



& SAFETY



DEBRA ROONEY GRAPHIC

this fall by the Workers' Compensation Board into new ergonomics regulations.

What is ergonomics? Simple. It's studying a job and the tasks that go into it to make it fit the worker instead of making the worker fit the job. It involves taking a new look at things like staffing levels,

scheduling, allocation of resources, and the design of equipment and work stations to fit the people who work in them.

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

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

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

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

HEU is urging locals to register to demand effective regulations that protect us against injury. Locals can register by calling 1-800-661-2112 local 7586.

HEU is prepared to offer assistance to members who wish to take part in these important hearings. All locals registering should inform HEU. Forms and information on the hearings and on a special B.C. Federation of Labour conference on Occupational Health and Safety have been sent to all locals.



SNEAK PREVIEW
With construction underway, union reps got an advance look at Surrey hospital's new ergonomically designed kitchen facility.

It can be done

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

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

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

What it means is that counters and work stations will be lowered by as much as five inches and the movements required in doing the work fig-

ured into the design. The stripping line where dirty dishes are rinsed will be narrower, and new machines will eliminate some of the injury-causing repetitive movement.

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

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

Helping kids to play ball

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

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

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

Tom Knowles, secretary-treasurer of the St. Paul's local, who umpires Little League baseball, was approached by Bob Campbell, who was setting up the Chal-

lenger Division at Trout Lake. This led to the St. Paul's local sponsoring a team and paying for uniforms for the kids on the team. Soon, the Children's local and the Burnaby local were also sponsoring teams in the Challenger Division.

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

In the Challenger Division, the children have a range of disabilities that prevent them from playing in a regular



HEU CHALLENGERS The union's St. Paul's local sponsored the Challengers baseball team, pictured above, in a special Vancouver league for kids with disabilities.

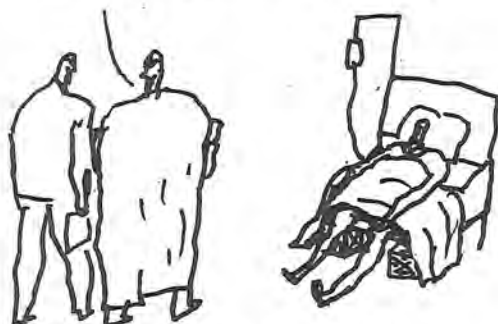
league division. They are allowed to have "buddies" on the field to help them out, the ball can be delivered to batters in various ways, and having fun takes priority over keeping score.

"When the members heard it was for the children, the membership didn't think twice about supporting it," said Mike Borason, chairperson of the Children's local.

10 steps to better health for Canadians

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

THE CHALLENGE WAS TO
GET RID OF HALF OUR
BEDS BUT STILL MAINTAIN
OUR LEVEL OF SERVICE...



UAS-4.94-7C

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

1 CREATE GOOD HEALTH

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

2 STRENGTHEN THE CANADA HEALTH ACT

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

3 MAKE THE HEALTH CARE SYSTEM DEMOCRATIC, AND REPRESENTATIVE

Let all Canadians participate in health decision-making, not just private corporations and unelected boards. Bring everyone – including health care workers – into the reform process. Members of health and hospital boards should be elected. Health workers should be fully involved in workplace decision-making not just harnessed into "quality management" schemes to cut costs at the expense of appropriate care.

4 INTEGRATE WITH THE COMMUNITY

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

5 FAIR WAGES FOR HEALTH PROVIDERS

Skilled, caring health workers deserve fair wages. The burden of health care provision is being shift-

ed to poorly-paid or unpaid workers and family caregivers in the home, most of whom are women. They deserve parity of wages and working conditions with workers in existing health care facilities.

6 PROTECT OUR INVESTMENT IN THE SKILLS OF HEALTH WORKERS

We have built up a tremendous resource in the skills and abilities of health care workers. Employment security agreements help transfer these skills to new community-based care services. We should encourage unionization of health workers so they can participate effectively in health reform.

7 ELIMINATE PROFIT-MAKING

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

8 TACKLE HIGH PRESCRIPTION COSTS

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

9 STOP FEE-FOR-SERVICE PAYMENTS

We should move to pay more health workers on a salaried basis, not the fee-for-service system used by physicians and private labs. Fee-for-service encourages over-booking, over-prescribing, over-treating and the concentration of physicians in urban areas at the expense of rural areas.

10 EXPAND THE ROLE OF NON-PHYSICIAN HEALTH PROVIDERS

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

August 23/24

Provincial Executive meeting, Vancouver.

September 5

Labour Day.

September 6/7

B.C. Federation of Labour occupation health and safety conference, Vancouver.

September 9

Copies of convention resolutions and amendments distributed to all convention delegates.

September 21-23

Provincial Executive meeting, Vancouver.
Also, workshop for HEU supervisors, Vancouver.

October 1

The 3.7 per cent interim comparability increase kicks in for all HEU members covered by an Employment Security Agreement.

October 3-6

Advanced shop stewards course Vancouver Island region, Victoria.

October 11-14

Advanced shop stewards course Lower Mainland region, Vancouver.

October 24-28

HEU convention and 50th anniversary celebration, Richmond Inn.

November 7-10

Advanced shop steward course, Okanagan region, Kelowna.

November 28-December 2

B.C. Federation of Labour convention, Vancouver.

So this is health care reform?

by Geoff Meggs

When Mike Harcourt's New Democrats were elected in 1990, they quickly put health care reform at the top of their agenda.

Harcourt himself was committed to reform, sources said, and his views were heavily influenced by a best-selling book on health care called *Second Opinion*.

Now the authors of that book, Dr. Michael Rachlis and Carol Kushner, have written a sequel.

It's a book which, despite its flaws, is important reading for all health care workers.

Strong Medicine, How to Save Canada's Health Care System, goes far beyond the first book, which aptly summarized the problems afflicting Medicare.

Rachlis and Kushner have set out how they believe the system should be changed and there's every indication that their advice is carefully considered in Victoria.

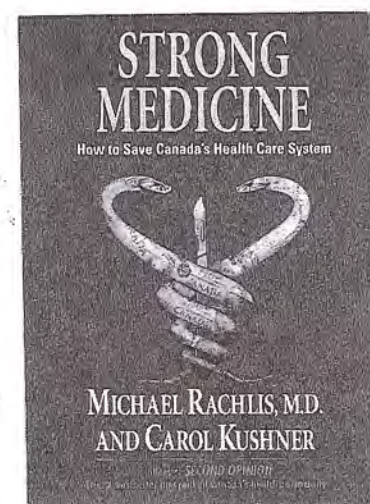
The new book is thick with useful and intriguing information.

Did you know, for example, that 80 per cent of our nation's drug expenditures are spent on people over 65?

Or that the average person over 65 is taking four different drugs at any one time?

This huge dependency on drugs creates at least 200,000 illnesses annually which could be averted, thus saving the system millions of dollars.

Rachlis and Kushner are equally hard on the medical profession, which has taken the fee-for-service system and



STRONG MEDICINE, HOW TO SAVE CANADA'S HEALTH CARE SYSTEM
by Michael Rachlis, M.D., and Carol Kushner
HARPER COLLINS, TORONTO, 1994, 396 pp.
\$28.00

turned it into a bottomless gold mine that Canadians can no longer afford.

They rightly criticize provincial governments, including the one in Victoria, which have yet to tackle this financial obstacle to real medical care.

HEU members will also welcome the recommendation that employment security agreements, like the one here in B.C., be extended to all health care workers in the course of reform.

But they will part company with Rachlis and Kushner on their hot embrace for management fads like Total Quality Management.

They will disagree violently with their prescription for a greater role for the private sector.

They will question their commitment to regionalization as a cure-all for top-down decision-making.

Strong Medicine veers far from a real prescription for health care reform, but the solid analysis of the system's existing problems make it worthwhile reading for anyone involved in health care.



BOOKS

EXCERPT

The rich get richer, the poor get sick

"The debates raging now over social and economic policy in the 1990s sound a lot like Britain's nearly two hundred years ago. A federal paper on social policy leaked during the 1993 election criticized Canada's social safety net as a barrier to people leading active and rewarding lives.

This is virtually identical to the critique that proponents of philosophical necessity used to overturn the Poor Laws. Supports to the poor are held out as bad economics and not in the best interests of the poor. We're told we have to cut social benefits in order to liberate the needy from their "dependence."

As already mentioned, a mountain of evidence from epidemiology, sociology, and immunology supports the conclusion that widening the gap between rich and poor increases illness.

These findings, however, are largely ignored in the current economic debates about social policy in this country.

Indeed, Canadians are being urged by some quarters to adopt American-style social policies. In fact, we've already started. For example, in early 1993, the Mulroney government changes the rules for unemployment insurance, making it more difficult for people to qualify for it and reducing the amount of the payments from 60 per cent of prior earnings to 57 per cent.

David McLean, a business leader, championed these changes. "People who quit work for no good reason or who are unemployed because of their own misconduct do not have the right to expect to be supported by working Canadians."

But, of course, without jobs to go to, lower benefits and a shorter period of eligibility will only increase poverty and shift more and more people onto welfare.

• From *Strong Medicine*, page 85

Coffee break



All stories guaranteed factual.
Sources this issue: Private Eye, CALM.

Diseases become part of everyday speech

In days of yore, some occupational diseases were so common they became part of our everyday speech.

Take mad as a hatter — like the Mad Hatter in Alice in Wonderland, hat-makers often became crazy as a result of their work. Mercury was used to stiffen the felt in hats, and long exposure to the chemical damages the nervous system and brain.

Bread or baseball

According to a report by the anti-hunger group Bread for the World, there are about 150,000 journalists working for the US media. Yet only 420 are assigned to overseas news bureaus, and most of those are based in the industrialized world.

"More US reporters cover the New York Yankees than the entire continent of Africa," the group reports.

A new meaning for sticking together

Stephen Edwards, a CUPE member and delegate to May's Canadian Labour Congress convention, has given new meaning to the term solidarity.

It "does not mean uniformity or conformity," Edwards says. "It means respect — mutual respect based on human equality, the foundation of trade unionism."

Next question?

When they said, "You have to handle those heavy ropes," I told them I worked out with weights at the gym three to four times a week.

When they asked, "Are you sure you can work in very cold

temperatures?" I said it was probably not as cold as the ice-fishing I do all winter.

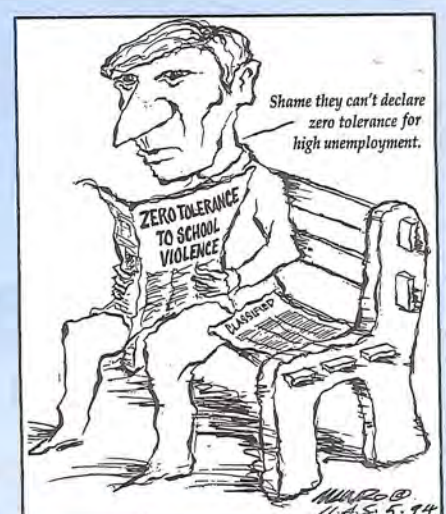
When they said, "You might have to pick up a dead raccoon or two," I told them my hobby was taxidermy.

• a woman tells of a job interview with an electrical company.

Sticky moments

The trust that's set up to run the privatized hospital in Brighton, England recently has set up four managers with the task of organizing a scotchtape "working party."

Hospital boss John Spiers explains it thus, "This task force will stop clutter and rubbish stuck all over the place."



Dancers refuse unsafe work

Ballet dancers refused to perform Tchaikovsky's Nutcracker Suite in northern England this winter because the theatre was too cold. Performing in chilly conditions can cause dancers to tear muscles.

They love it in New Brunswick!



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

watch ON YOUR LOCAL CABLE CHANNEL

working tv

ROGERS CABLE LOWER MAINLAND MONTHLY BROADCAST SCHEDULE

DATE	TIME	LOCATIONS
FIRST THURSDAY Sept. 1	9:00 pm	Vancouver only
FIRST SATURDAY Sept. 3	5:30 pm	Network
FIRST MONDAY Sept. 5	8:00 pm	Vancouver, Burnaby, Richmond
FIRST TUESDAY Sept. 6	3:30 pm	Network (except Victoria)
THIRD THURSDAY Sept. 15	9:00 pm	Vancouver only
THIRD SATURDAY Sept. 17	5:30 pm	Network
THIRD MONDAY Sept. 19	7:30 pm	Vancouver, Burnaby, Richmond
THIRD TUESDAY Sept. 20	3:30 pm	Network (except Victoria)

Then each month on the first and third Thursday, Saturday, Monday and Tuesday, as above.

Produced by the Democratic Media Division of the Slim Evans Society, with funding from the Hospital Employees' Union, the B.C. Teachers Federation, Canadian Autoworkers, Canadian Union of Public Employees and the Vancouver and District Labour Council. Want to see us on your local cable channel? Call Working TV at 604-880-4525.

Guardian

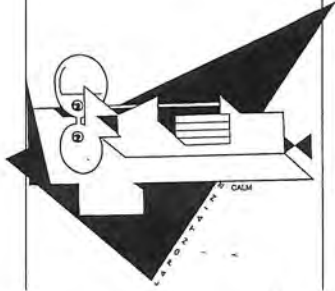


VOL. 12 NO. 4 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION JULY/AUGUST 1994

CUPE pact close

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

PAGE 3



Manning on labour

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

PAGE 7



Cutting corners on care

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

PAGE 8



Fighting goliath

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

PAGE 10

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