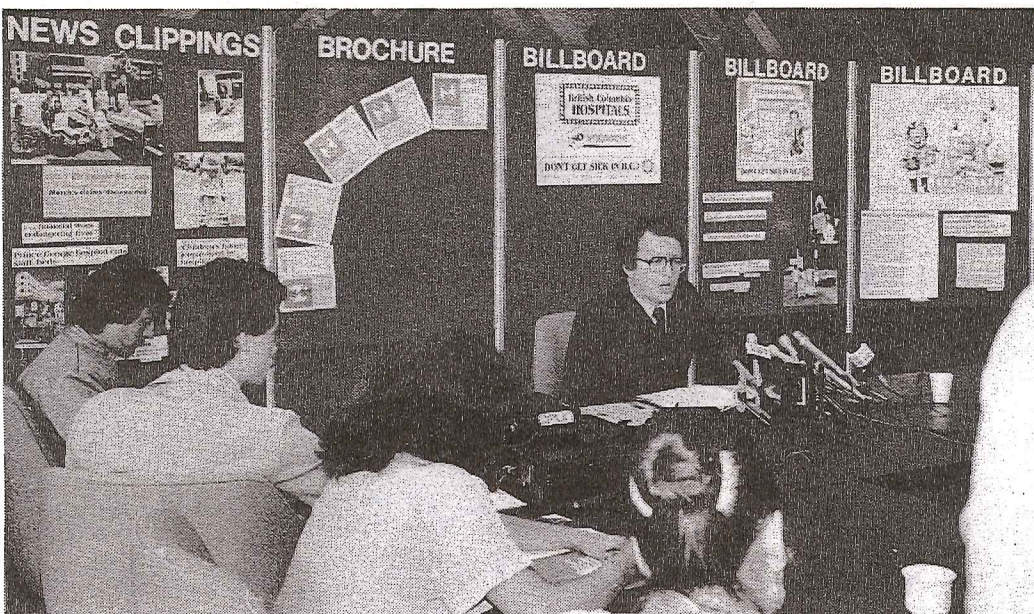


Fight for beds and jobs

HEU Announces "Don't Get Sick" Campaign



HEU Secretary-Business Manager Jack Gerow explained the details of the Union's "Don't Get Sick in B.C." campaign at a press conference at the HEU Provincial Office June 9. HEU plans to inform tourists coming from Washington State for the July 4th holiday weekend that "hospital beds in B.C. are in short supply due to government cutbacks."

HEU unveiled its "Don't Get Sick in B.C." campaign June 9, 1982 at the Union's Provincial Office in Vancouver by taking the position that the Union must fight as hard as it can for the 2,500 HEU jobs that could be lost and "someone must fight for the health care rights of the 12,000 British Columbians on waiting lists across the province".

"The purpose of the campaign is to put pressure on the Provincial Government to return to service the long-term care and acute care beds that have been closed down and at the same time protect as many HEU members as possible from reduced hours of work and lay-off. In addition, the campaign is designed to relieve pressure on an overloaded health care system that has waiting lists in excess of twelve months at many health care facilities," said HEU Secretary-Business Manager Jack Gerow.

So far, over 1,350 long-term care and acute care beds have been scheduled to be put out of service. Unless additional Provincial Government funds are provided immediately, more beds will be put out of service early this fall causing more staff cutbacks.

The current cutbacks mean that approximately 2,500 HEU members will face reduced hours of work or lay-off with more cutbacks being inevitable unless the Provincial Government changes its health care priority.

"When the cutbacks were first announced, there were over 12,000 British Columbians on waiting lists. This number is increasing daily and, in addition, the time that such people remain on waiting lists is also increasing at an alarming and dangerous rate," said Gerow.

Last year, over 7,000 people from outside the province of British Columbia used B.C.'s health care services with the hospitals receiving a 35% cash bonus for such services. It can be quickly concluded that whenever a person from out-

side B.C. occupies an acute care bed, that results in the displacement of a British Columbian on a waiting list — a British Columbian waiting for eye surgery, cancer surgery, or heart surgery.

Reducing out-of-province demand improves the chances of British Columbians receiving their health care services in a timely way.

"Just as it is unpopular to advertise an outbreak of staphylococcus or scabies in a hospital, so too is it unpopular to advertise a dangerously overloaded health care system. However, responsibility demands that such risks be made known to the public," added Gerow.

"The tourist industry would like to see the lack of services hushed up. They don't want anything to hurt the tourist dollars coming into B.C. and, in a self-righteous and misleading way, maintain that the tourist dollar is a fundamental source of revenue to pay for health care services."

How soon they forget the work stoppages that they have forced in their industry including hotel strikes/lockouts, brewery strikes/lockouts, etc. Such work stoppages have a much greater impact on tourism. If the hospitality industry can inconvenience and economically harm third parties including those in the health care field because of their internal disputes, then they must accept similar effects arising from HEU's fight to keep hospital beds open and health care workers on the job.

"There are times when unions must take strong actions because of strong reasons. Now is such a time," Gerow told the news conference June 9.

Hundreds of HEU members are losing their jobs — thousands of patients are facing increasing risks to health and life.

"There are those who cannot hear the reassurance of their conscience over the roar of the (continued on page 8)

To settle Master Agreement

Arbitration Hearings Underway

HEU requested an immediate interim across-the-board wage increase at the first hearings of the arbitration board, convened to settle the HEU/HLRA Master Agreement, that were held May 27 and 28 in Victoria.

HEU made that request because of the Union's anticipation that the arbitration hearing process would be lengthy. In addition, after the arbitration has been concluded, the collective agreement has to

be reviewed under the Compensation Stabilization Act by its commissioner, E. R. Peck.

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

Upcoming hearing dates are scheduled for June 29 (at which time HEU will present its case for an immediate interim award) and June 30, July 1, 5, 6 and 8. The June 3rd and July 8th dates

are scheduled to be held in Vancouver with the others to take place in Victoria.

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

July/August "Summer" Guardian

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

McAllister Statement "Neanderthal"

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

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

Clerical Classification Continuing On Schedule

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

Hospital) is expected to be completed by the end of July.

At *Guardian* press time the Vancouver Island, northern B.C., Okanagan and East and West Kootenays had been completed with only the Fraser Valley and the Lower Mainland facilities to be done.

A small number of positions at the classified facilities are in dispute but these positions are also expected to be resolved by the end of July.

In the meantime HEU and HLRA are negotiating a problem that has arisen in the implementation of classified wage rates regarding the proper increment slotting of employees.

Grievances have been filed by HEU representatives at some hospitals where classified rates have already been implemented but under differing slotting procedures.

HEU is hopeful that in June an agreement with HLRA can be reached on proper slotting principles.

HEU Waiting For Job Descriptions

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

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

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



These health care workers at Royal Jubilee Hospital in Victoria took part in a peaceful demonstration in May to let the government know how they felt about the eroding of health care in the province because of misplaced government priorities.

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

The Hospital Guardian

Official Magazine of the
HOSPITAL EMPLOYEES' UNION LOCAL 180

Editor: Nuccio Spitale

The Hospital Guardian is published by the Provincial Executive of the Hospital Employees' Union, Local 180, under the direction of an Editorial Committee whose members are:

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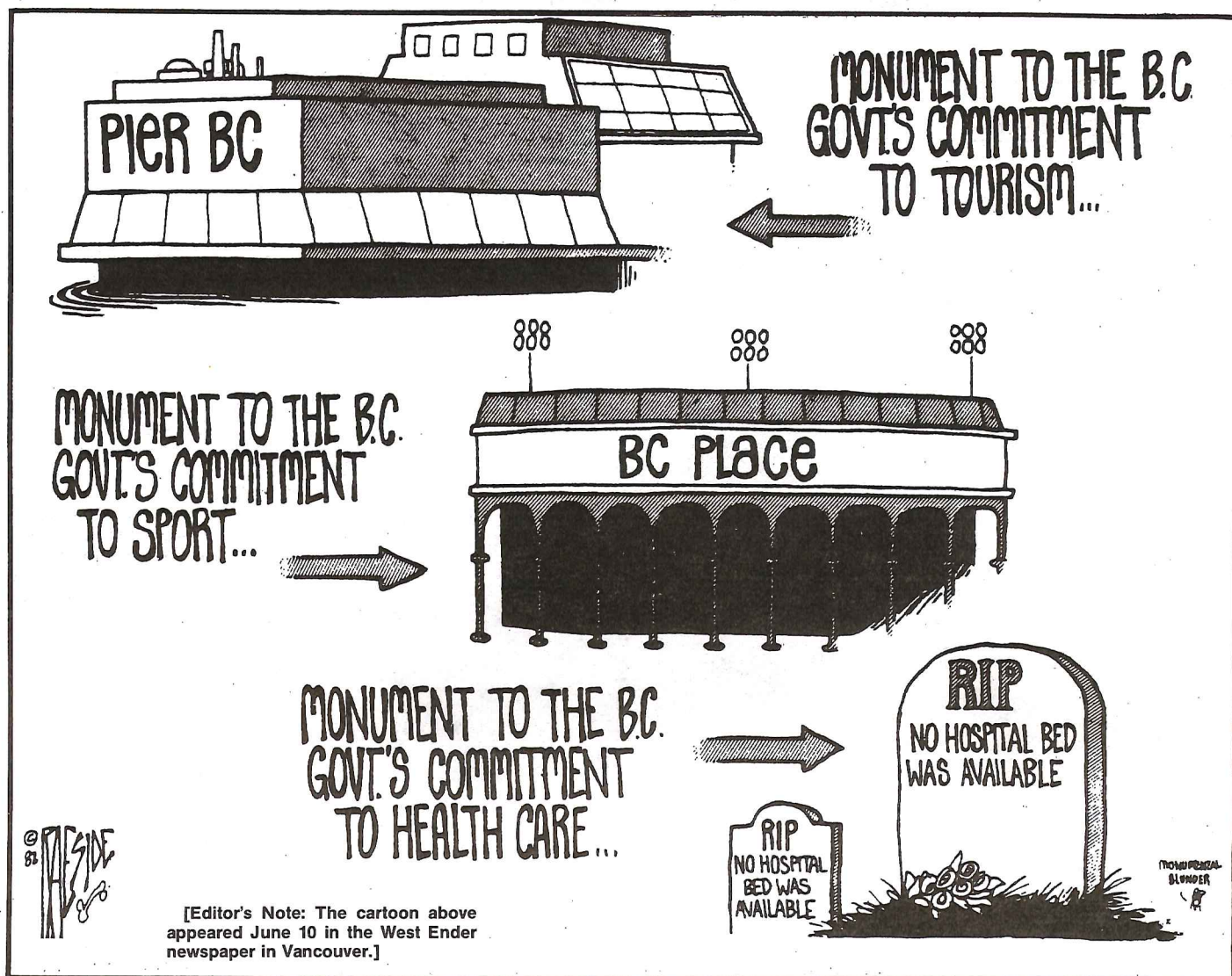
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Editorial Page



HEALTH CARE IS A RIGHT

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

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

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

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

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

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

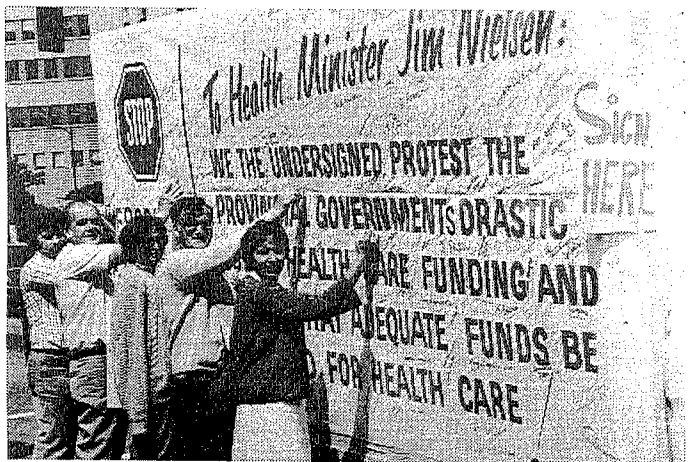
In point of fact, HEU realizes that many tourists who will be leafleted at the *Princess Marguerite* or the ferry terminals on the July 4 weekend may not turn back once they read about the dangerous state of the B.C. health care system. But they may just drive a little slower on the highways and take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

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

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



These HEU Lions Gate Unit members got their message across to motorists heading for the Lions Gate Bridge May 31 during rush hour traffic. Motorists, many of whom honked their horns or waved in support, were given leaflets by HEU members advising of the government underfunding.



Vancouver General Unit members (from left: Leo Bibb, Larry Richards, Zonca Bosancic, John Frew, and Margaret Frew) were among the hundreds of HEU members who signed a 14 ft. x 6 ft. petition June 7 in protest of government cutbacks. The petition will be hand-delivered to Health Minister Jim Nielsen at a later date.



Health care workers gathered around this patient at Royal Columbian Hospital at a demonstration in May protesting government cutbacks. About 100 HEU members as well as Provincial Executive representatives took part in the demonstration.



Many HEU members at Prince George Regional Hospital took part in a demonstration June 1 to show their displeasure with government underfunding of hospitals.

With public sector unions

Gov't Seeking "Confrontation"

The provincial government's recent contract demand that its employees, who are members

of the B.C. Government Employee's Union, must increase their productivity is a clear

indication of their looking for a "confrontation", according to HEU Secretary-Business Manager Jack Gerow.

"It is obvious the provincial government is still looking for a confrontation to launch an election campaign. They didn't get one from the HEU and now it seems they're trying to incite one with the BCGEU," said Gerow.

Health Care Protests A Non-Partisan Issue

The Social Credit government has tried to implicate the New Democratic Party with inspiring the wave of demonstrations that have taken place at hospitals throughout B.C. in recent months in protest of the Victoria health care cutbacks.

These charges contain no substance as has been evidenced by the non-partisan stance taken by the health care workers who have demonstrated their opposition to the government cutbacks.

This non-political nature was exemplified May 31 when a doctor who took part in a demonstration on the Lions Gate Bridge admitted to be a member of the Social Credit party.

"I'm a card-carrying Social Creditor," Dr. Brian Hunt told The Vancouver Sun newspaper, as he waved a card of a different type that read 'Cure Your Hospital' while standing on a ramp of the Lions Gate Bridge in North Vancouver.

"(Health Minister) Jim Nielsen says that quality is not affected by these cuts. That's foolish — the quality of care is eroding. I'm here to show that this is not a partisan political issue," said Hunt, who is a neurosurgeon.

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

About 3,000 leaflets were handed out, many of them by Lions Gate Unit members Terry DuKerr and Laura Woitas, in the start-and-stop traffic on the bridge. Rush-hour traffic was not disrupted and many motorists gave thumbs-up signs, honked their car horns, or smiled when taking the leaflets, which were put together by the Alliance to Save Health Care (of which HEU is a founding member).

HEU Continues Fight

In the meantime, HEU is continuing its public fight to oppose the cutbacks through the continuing activities of the Alliance to Save Health Care and through the Public Commission on Social and Community Outbacks. HEU is one of the sponsors of the Commission that has travelled throughout the Province holding public hearings into the effects of the government's restraint program. The other sponsors are the B.C. Federation of Labour and the B.C. Teachers Federation.

HEU Members can assist in the fight by writing individual letters of protest to the provincial government and by writing letters to the Editors of local newspapers.

Patient Security 'Crucial'

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

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

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

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

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

If the government and hospitals refuse to guarantee care quality for residents, then who will? That's where the HEU patient security demand comes in. With that clause in its collective agreement, HEU members could file grievances when inadequate staffing meant care quality standards were being ignored. The clause would let HEU members take the responsibility that the government, with its funding cutbacks, has abdicated.

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

Sad State of Affairs At Sunset Lodge

(Editor's Note: The following article was submitted to The Guardian by Sunset Lodge Chairperson J. D. Lindsay. It is just one example of the hundreds of similar situations that have been occurring throughout the province due to government cutbacks.)

By J. D. LINDSAY

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

- Residents who cannot feed themselves, often do not get fed at all due to lack of sufficient staff in our dining room.
Eg; Patient to staff ratio — 2 Aides for 108 residents.
1 Aide to serve beverages
1 Aide to feed the confused and disabled, approximately 25 such residents.
These confused and elderly residents have been often without meals, or reduced to eating dry cereal.
- Residents must begin their day at 4:30 a.m. in order for a staff of one, to have them dressed and groomed by 8 a.m. We have only one Aide on duty in the early a.m. to care and dress for these people.
Patient to staff ratio for a.m. care is as follows:
1st fl. 29 residents to 1 Aide
2nd fl. 45 residents to 1 Aide
3rd fl. 34 residents to 1 Aide
On each floor the one Aide is expected to get all residents up, washed, dressed, groomed and supervise the entire floor as well as answer bells, rinse soiled linen and tend to confused and sick residents, many of which are Extended Care.
- Residents arise from 4:30 a.m. and confused and disabled people must sit dressed and soiled (feces, urine) without proper attention until 7 a.m. when more staff come on duty to attend them. Even then, due to pressure and lack of day staff, the residents may have to wait until after breakfast for attention. Before 8 a.m., not so much as a cup of tea is permitted.
- Due to lack of supplies eg. linen, incontinent pads and clean clothing, these residents very often are compelled to spend the entire night lying in their own bodily excretions until at least 4:30 a.m.
- Terminally ill residents linger alone and unattended in their most crucial hours before death, due to lack of staff and our inability to transfer to hospital for proper medical care.
Extended care residents remain for months before proper medical attention is received. No place for them to go, or hospitals have no beds, and they are returned.
- We do not have on our premises any mechanical device for lifting totally disabled patients, such as a Hoyer Lift. Due to so much heavy lifting, we are now losing some of our best experienced Aides and L.P.N.s. out on compensation and being replaced by less experienced people. Also, since the lay-offs of our 7 a.m. floats, the lifting duties are now much heavier on our regular staff, and more injuries are being felt.
We, at Sunset Lodge, feel the situation is most serious and dangerous. The view we have of the future months is very dark indeed. God help the sick, old and dying in B.C., for our Government will not.

Union Making Recommendations

HEU Distributes Brief On Government Cutbacks

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

HEU's written submission to the Public Commission on Social and Community Service Cutbacks was recently delivered to the Commission following a five-week tour of the Province by the Commission which held hearings in eleven different cities and communities within the province.

HEU's submission included the following recommendations:

(1) An Advisory Committee comprised of representatives from the Provincial Government, Hospital Administration, Hospital Employee Groups, and the consumers of hospital

services be commissioned to review the health care delivery system, the allocation of resources within the system, and the efficacy of the system in meeting health care needs, for the purpose of recommending to the Health Minister, a cost-effective, responsive and efficient delivery system as an alternative to the present health care structure.

(2) That pending a report from the Advisory Committee, hospital funding to be based on "actual" people needs utilizing 1980-81 budgetary payments to hospitals as the base.

(3) That all service and staff-

ing cutbacks be rescinded immediately.

(4) That the Ministry of Health negotiate wages, working conditions and contract settlements directly with the established employee groups within the industry, in a similar manner that negotiations presently exist between Physicians and Representatives of the Ministry.

The Public Commission was co-sponsored by the Hospital Employees' Union, the B.C. Teachers' Federation and the B.C. Federation of Labour. The Commissioners were Tom Alsbury, Chairperson (former

Mayor of the City of Vancouver and present Trustee of the Vancouver School Board), Joy Langan (the B.C. Federation of Labour), Gordon MacPherson (President of the Hospital Employees' Union) and Tom Hutchison (former President of the B.C. Teachers' Federation).

The purpose of the Commission was to be available to hear submissions from any interested or concerned groups or individuals about the effect of the Provincial Government's announced fiscal cutbacks on social and community programs, including health services and education.

The Commission received over two hundred submissions.

The Hospital Employees' Union made a submission in each of the eleven locations throughout the Province.

The Commission is now in the process of preparing a Report which in turn will indicate the range and extent of the cutbacks that are occurring.

The Commission's Report will be completed and released sometime in the near future and in turn will be made public, including referral to the Provincial Government and M.L.A.'s

During the month of May, 1982, the B.C. Federation of Labour held Public Hearings in communities throughout the province, to determine the effects of the Provincial Government's Social and Community Service Cutbacks. Brothers Ray McCready and Bill Rolfe alternated as HEU's advocate at all of the Hearings. Their presentations reflected an underlying concern for the welfare of patients, and, in particular, the aging persons resident in long term care facilities. The following is an excerpt from one of their presentations:

"And who are these nameless persons we express concern for?

"They are the men and women who were the pioneers of the past — the pensioners of the present. They are our parents! Yours and mine. Because of their sacrifices — Because they challenged the indifference of preceding societies — you and I have the comfortable opportunity to live within a people-caring society: A society that ensures our children receive an education. A society that protects us against the worst ravages of unemployment. A society that ensures we are cared for during periods of sickness and injury.

"But what about the generation that provided us with these protections against some of life's misfortunes? What will our priorities be regarding them? Will we place a higher priority on football stadiums? Upon convention centres? Upon shipment of subsidized resources to other countries? Or will our priorities elevate the needs of the senior members of our communities above these frills?

"The Hospital Employees' Union puts its highest priority on people's needs. . . . The contemporaries of residents in long term care facilities have passed on, or are unable to visit. The staff of such facilities become surrogate families. Current and proposed staff cutbacks have a devastating effect on the people-relationship that exists between staff and residents.

"You don't know what loneliness is until you experience a competent mind betrayed by a body that no longer responds, or you have to put up with bodily functions no longer under control.

"You don't know what loneliness is until during the decline to death you reach out a hand to have someone talk to you, but find they have no time.

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

Everyone is an expert

Since the Government implemented its Wage and Budget Restraint Program for Hospitals the 'experts' have joined the apologists for the Provincial Government in offering advice to make hospitals more efficient).

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

Bannerman challenged.

"Some, like Gary Bannerman of CKNW, have even gone so far as to suggest that HEU members could be easily replaced because they only perform 'menial work'. This is a derogatory term — one that is resented by the 25,000 men and women who make up the Hospital Employees' Union.

We might not do the glamour jobs — we do the essential jobs.

It is members of the Hospital Employees' Union in the Nursing Department that provide much of the bedside nursing care that patients receive. It is Renal Technologist members that maintain and use the Artificial Kidney Machines. It is Perfusionist members that continue the life-serving processes performed by Heart Pump Machines.

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

It is HEU members that prepare and deliver the meals.

It is HEU members that ensure hospital standards of cleanliness are maintained and that the previous scourge of hospitals, staphylococcus infection, no longer shuts down large areas of our acute care hospitals.

It is HEU members that are the voice of the hospital, either as Telephone Operators or Receptionists.

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

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

Hospitals too clean?

The Victoria *Times-Colonist* had an editorial posing the questions, "Do hospitals have to change the sheets of every patient's bed every day?" "Do they have

to press the sheets?" "Do you do either of these at home?" It goes on by making a statement, "Areas of patient care in hospitals require a high standard of cleanliness — but the tendency is to apply those standards throughout the hospital. Not necessary."

The editorial's claims were termed "nonsense" by the Union, with the further rejoinders, "Certainly we do not change the bed sheets at home every day. But then we don't live in our beds at home. And we don't eat our meals in bed when we are at home. And we don't have our bath in bed when we are at home. And we don't bleed in bed when we are at home."

When you live twenty-four (24) hours a day between the bedsheets, you had better hope that those sheets are changed whenever it is necessary.

As far as suggesting that high standards of cleanliness are not necessary, where would they have the hospital cut down standards? In the Dietary? In the Laundry? In the Laboratories? Where? Germs are not educated to stay out of patient care areas. If one part of the hospital is dirty, then all the hospital is dirty.

MLA uninformed

Even members of the Government Party are spreading misinformation. Jack Davis, Socred MLA for North Vancouver-Seymour, had a letter published in the *Province* which stated that Victoria was "budgeting for a 12 per cent increase in grants to our hospitals." Hospital Administrators and Union Representatives were saying it was not enough. Mr. Davis went on to make the claim that "their average pay increase (including fringe benefits) is on the order of 20 per cent."

The Commission Hearings were reminded, ". . . As a member of Government, Mr. Davis must surely know that his 12 per cent figure is wrong, just as his 20 per cent figure for wage increases is wrong. What Mr. Davis says in the Legislature is one thing, but, when he says those things in public, through a letter to the editor, he should first check his facts. There is not a hospital worker in the province that does not know that they have been working with no contract for 1982 and that the best that has been offered in the way of salary increases is on the order of 7 per cent, not 20 per cent.

Hospital managements have written advice from the Health Ministry that their budgets for 1982-83 have been increased on the order of 7½ per cent, not 12 per cent.

What is factual, however, is that Mr. Davis, even after having his Legislative Stipend rolled back to 8 per cent above last year's, is still going to receive \$42,444.00, of which one third is tax free, and he does not have to work a full year to get that money, either. He has time to engage in his other functions as an Engineer Economist or as an Environmental Consultant.



HEU Director of Membership Services Ray McCready delivered the HEU presentation at the Victoria hearing.

Public Commission To Investigate Cutbacks



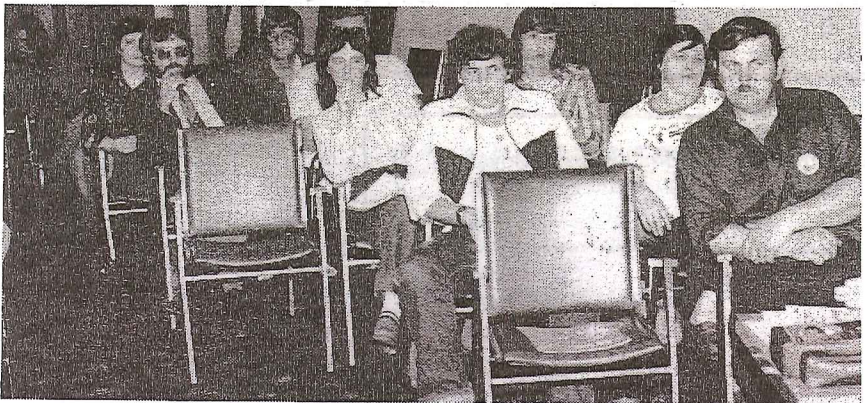
Approximately 100 HEU members from around the Lower Mainland turned out for the public commission hearing in Vancouver May 20.



Sunny Hill Unit member Mike Keeting made a moving address to the commission in Vancouver on behalf of a resident at the Vancouver hospital for chronically ill children.



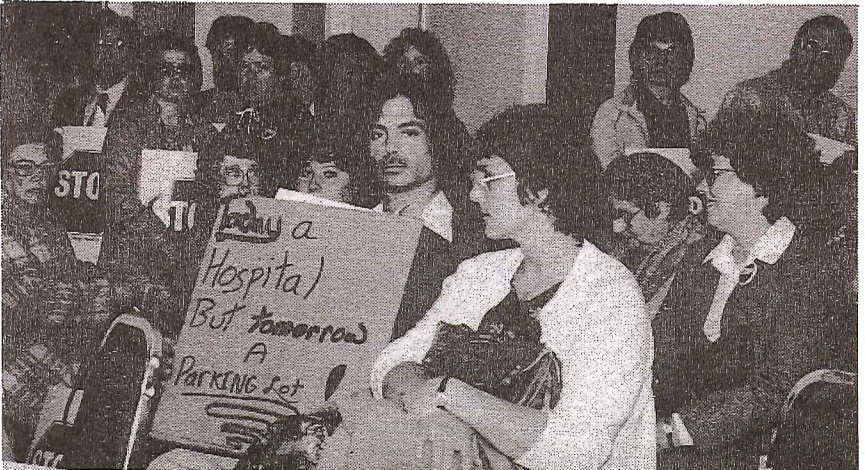
Burnaby Unit member Vance Waller told the Vancouver hearing that the cutbacks were "not cutting the fat but rather the heart out of the system."



These Union members were among the gathering at two commission hearings held in Abbotsford May 19.



At the Kelowna hearing April 29, several HEU members stepped forward to tell the commission that layoffs in the hospital industry were killing the health care standard in B.C.



HEU members from around the Victoria area were part of the standing room only crowd at a commission hearing in Victoria May 17. The members expressed concern about why the government continues to underfund B.C. hospitals.

The comments that appear on this page were made by HEU members who attended commission hearings. The comments reflect the serious decline of health care standards at facilities throughout the province.

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

Stella Delange, Prince George Regional Hospital

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

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

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

Terry Siemens, Chilliwack General Hospital

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

Kathy Vandergroof, Langley Memorial Hospital

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

Vance Waller, Burnaby General Hospital

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

Peter Stokes, St. Paul's Hospital

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

Helen Burnell, Kelowna General Hospital

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

Don Allen, Burnaby General Hospital

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

Marjorie Teed, Richmond Lions Manor

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

Lynn Halstead, St. Mary's Hospital

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

Pat Colter, Holy Family Hospital

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

Andy Kozyniak, Prince George Regional Hospital

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

Lola Porcher, Queen's Park Hospital

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

Vern Jones, Chilliwack General Hospital


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

Joyce Malmgren, MSA Hospital

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

Isabel O'Brien, Sunny Hill Hospital

"Don't Get Sick" HEU's Brochure



...DON'T!

We're Worried

We hope you don't need a British Columbia hospital bed this summer. If you do, our members will look after you with skill, kindness and compassion. **But we think you should know...** Inadequate funding has curtailed our ability to provide the best.

And we're not worrying alone... "Closure of hospital beds and cuts in hospital staff and services are 'dangerous' and will lead to patient deaths," (an article paraphrasing Dr. Ray March, B.C. Medical Association) *Vancouver Sun, May 14, 1982* "A bedridden patient complained he can wait as long as 1½ hours at night before a nurse answers his ring for help." *Vancouver Sun, May 22, 1982* "New Westminster's Royal Columbian Hospital announced today that it will divert ambulances to other hospitals..." *Vancouver Sun, May 13, 1982* The Hospital Employees' Union is a trade union representing over 25,000 health care workers in over 180 B.C. health centres. We're concerned about hospital cutbacks and what they mean to us all.

Getting sick in BC...

Convention Deadlines

The Provincial Executive has called the Thirteenth Biennial Convention for the period Monday, September 27 through to and including Thursday, September 30, 1982.

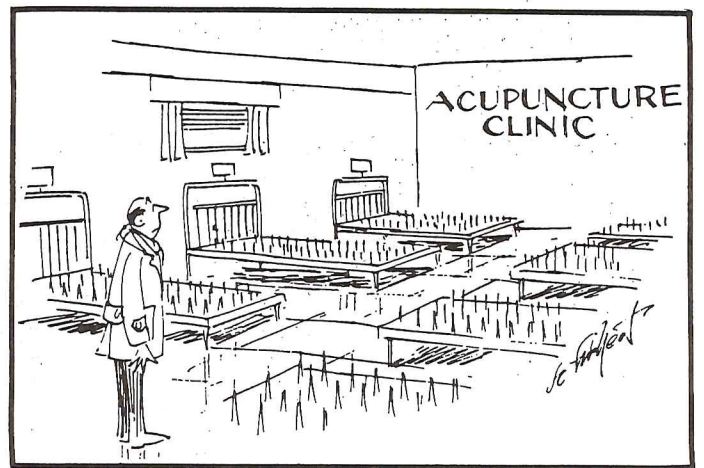
The convention site will be The Richmond Inn, Richmond, B.C., the site of the Twelfth Biennial Convention held in 1980.

Copies of the Convention Call, Credentials, Hotel Accommodation Forms and a Sample Proposed Resolution and Sample Proposed Constitutional Amendment have been sent to HEU Secretary-Treasurers.

Proposed Resolutions and Constitutional Amendments must be given notice of, in writing, to HEU's Provincial Office at least 60 days prior to the Convention, i.e., Thursday, July 29, 1982.

Such Proposed Constitutional Amendments and Resolutions must be ratified by a majority vote at a regular meeting of the sponsoring Unit and bear the signatures of the Chairperson and Secretary-Treasurer.

At a later date, the Provincial Executive will issue its Proposed Constitutional Amendments and/or Proposed Resolutions.



Willowhaven Hospital To Remain Open

Willowhaven Private Hospital near Nelson will remain open as a result of a verbal commitment in May from the provincial government's Long Term Care Program.

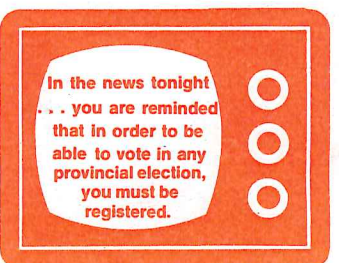
"Naturally, we're all elated but I had a strong feeling they wouldn't allow the place to close," Willowhaven Chairperson Eva Bozak told The Guardian.

"Where were they going to put 83 elderly people? They certainly couldn't throw them out into the street. We're glad that the hospital is being kept open, both for ourselves as employees, and for the residents for whom this is home," said Bozak.

The Willowhaven facility is an

83-bed long-term care facility about six miles north of Nelson. There are 58 HEU members who work at the West Kootenay health care facility.

HEU wrote Health Minister Jim Nielsen to keep the facility open when the owners of the Willowhaven threatened to close the private hospital earlier this year.



LRB Declares ESDA Applies At Facility

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

In a decision in May, the LRB declared that the number of intermediate care patients at the health care facility at the

time of the Union's application to the LRB was such that the facility comes under ESDA.

The collective bargaining dispute between HEU and the Rotary Harbour Society (represented by the Government Employee Relations Bureau during negotiations) may now be referred to arbitration under ESDA.

More Classification Misinformation

The Memorandum on the left was distributed to HEU employees at Royal Inland Hospital. On the right is HEU's response to each point in the employer's memo.

Royal Inland Hospital
Kamloops, B.C.
April 13, 1982

MEMORANDUM TO:
All Employees covered by HEU Local 180 Certification
Re: Unresolved HEU Classifications

On April 6th Mr. Owen Adams distributed to HEU members a management proposal to resolve the above. In order to more clearly understand this particular proposal, the following points are worth noting:

1. The classification of HEU certified employees is a result of the "Hope award", which, among other things, stated that HEU jobs must be compared to BCGEU jobs, and, when jobs are classified as being of equal value, the pay, etc., also must be equal. Remember that HLRA disagreed so strongly with the "Hope award" that it appealed unsuccessfully to the B.C. Supreme Court.
2. When one compared BCGEU jobs with HEU jobs, some were paid better, some worse, some the same, and in some cases there was no comparable job.
3. About 70 per cent of the HEU jobs have been successfully classified, but the remainder are still outstanding. Unfortunately, many of those outstanding compare poorly with their BCGEU counterparts, or do not have any obvious comparison.
4. During the current bargaining sessions, the HEU has insisted that all outstanding classification issues must be settled **before** a collective agreement will be signed with HLRA.
5. HLRA understood the HEU's concern and therefore, contained with its final offer was a proposal to resolve all the outstanding classification issues. This was done for all B.C. hospitals, and other than providing job descriptions to HLRA, Royal Inland Hospital's Personnel and Administration departments were **not** involved.

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

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

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

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

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

R. C. Sharman
Associate Executive Director

HEU Response

The Hope Master Agreement Arbitration Award brought substantial improvements to working conditions and benefits for all HEU members. Comparability also brought large wage adjustments for the 70 per cent of the HEU membership within the nine classifications designated in the wage schedule. (Housekeeping Aides received a 44 per cent increase and Practical Nurses a 36 per cent increase over the 1980-81 period.) HLRA fought the Hope Award because it opposed comparability which favoured HEU members.

For the 30 per cent of the membership who have not received comparability adjustments, these will be determined by the progress of matching HEU classifications and rates to BCGEU classifications and rates. According to HLRA's proposed matches, many HEU jobs would be overpaid.

HEU's Provincial Wage Policy Conference established the resolution of classification as a first priority before the terms of the new Master Agreement were settled.

HLRA's proposal to resolve outstanding classification issues was totally unacceptable to HEU. Many jobs were missing; for example, all the clerical jobs at Vancouver General. Also, HLRA under-rated and under-valued the work of many HEU members. HLRA is the bargaining agent for Royal Inland. Therefore, Royal Inland is involved with HLRA's proposals.

HLRA's main objection to comparability is that, on balance, it will cost them more money in wages paid to HEU members. If HLRA doesn't agree with roll backs to certain classifications, why did they propose, in many cases, even greater roll backs than Ed Peck eventually awarded?

The point is that HLRA's **proposal** would result in under-rating and under-valuing the work of many HEU members. The Union will negotiate and, if necessary, go to arbitration to get the best deal possible for members.



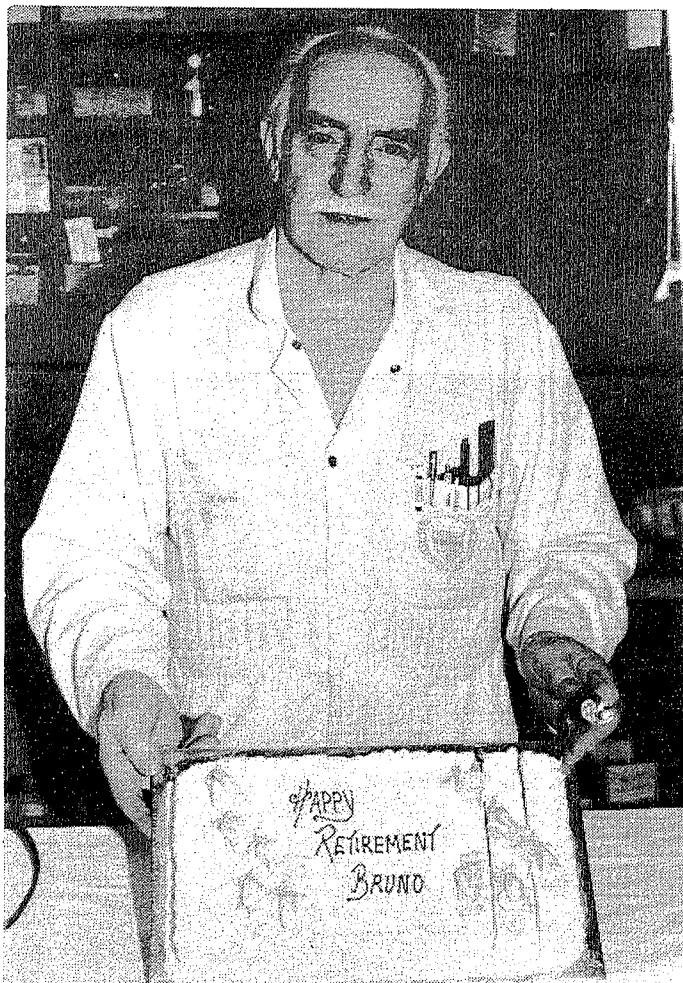
Frances Arychuck

The Fort Nelson Unit was saddened by the death of one of its members, Mrs. Frances Arychuk, on May 11.

Frances worked as Supervisor of Laundry and Housekeeping, as well as general duty for over 7 years at Fort Nelson General Hospital.

"Her pleasant voice was loved by all, she was always willing to lend a helping hand to young and old alike, with kind words for all," Secretary-Treasurer Alice Bradley told The Guardian.

"Frances has left many happy memories, and will be dearly missed by her family, friends, and co-workers," she said.



Prince George Unit member Bruno Roth retired from service at Prince George Regional Hospital in March after over 16 years of service. The Unit presented Bruno with a cheque at a Unit meeting as a gift from his fellow HEU members.

Unit photo



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

Unit photo

From government spokesman

Hospital Funding Propaganda

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

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

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

In an interview, Dubas:

- Disagreed with B.C. Health Association figures on how much more money hospitals need this year.
- Revealed that hospitals have been given new freedom to

control their revenues and operations.

- Said hospitals will have more money now than ever to buy new equipment, despite budget figures that indicated less money would be available for such purchases.

The letter promised financial incentives for hospitals that improve cost efficiency through joint purchasing programs, amalgamation of services, more outpatient services, and conversion of acute care beds permanently occupied by chronic care patients to less expensive, long term care status.

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

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

Hospitals have NOT been given so-called "freedom" to control their revenues and operations. They are being given under eight (8) per cent funding, *period*. (An exception was made at Kelowna General Hospital (Bill Bennett's riding) where more than 7.69 per cent was found somewhere by the Ministry of Health.)

Hospitals will NOT have "more" money than before, they will have *less*. Considerably less at some hospitals.

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

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

Barnie Barnes On 'Restraint'

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

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

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

I really don't think those beings could care
They're probably already millionaires
But have care you who live up in the blue
The monster could come and eat you too . . .

Union Opposes Deportation

HEU wrote a telegram to Lloyd Axworthy, federal minister in charge of immigration, May 31 to urge the government not to deport a Pakistani woman who was deserted by her husband in Canada.

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

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

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

Bruno Roth Retires After 16 Years

Prince George Unit member Bruno Roth retired from Prince George Regional Hospital March 31 after 16½ years of service.

Before moving to Prince George in 1962 Bruno worked on a farm. He was then stationed in the army and went overseas for 3 years and 10 months. On moving to Prince George he was then employed at a sawmill for 2 years before taking a job as a Maintenance Mechanic at Prince George Regional until his retirement.

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

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

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

Vancouver General Demonstration

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

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

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

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

Lois Benn Death Saddens Saanich Unit

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

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

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

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

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

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

At Kelowna General Hospital

Lou Baudisch Works As A Carpenter

Lou Baudisch learned his carpentry skills in a small town in southern Germany near Munich and little did he know at the time that he would eventually be putting those skills to use someday in far off Kelowna, British Columbia in Canada's westernmost province.

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

"I came to Canada in 1951 as a single man, first settling in the town of Keoma about 40 miles northeast of Calgary in Alberta. I was employed as a farm labourer for a number of years before I moved to Calgary," Baudisch told The Guardian in a June interview.

"It was hard work but at least it was a start in Canada and that's all I wanted when I left Germany. I was doing everything on the farm from feeding cattle to milking cows until I left for the city (Calgary)," he said.

Calgary of the early 1960s offered a different type of opportunity for Baudisch as he learned the plastering trade until an accident forced him to fall back on his carpentry skills.

"The long Alberta winters finally got to me and my wife Brigitte so we took our son Norman and moved to Kelowna in 1974. We had vacationed there several times before and we knew what a beautiful city it was."

In point of fact, the Baudisches settled in Winfield just outside Kelowna and built themselves a house there. "We've always liked it out of the city in the country and Winfield was perfectly suited to our needs."

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

"For example in the area of hospital cutbacks, we are stepping backward instead of forward. The government should

open its eyes and realize that that type of thing (cutbacks) is not progress. Health care is one of the things Canada should be proud of and now I see it deteriorating."

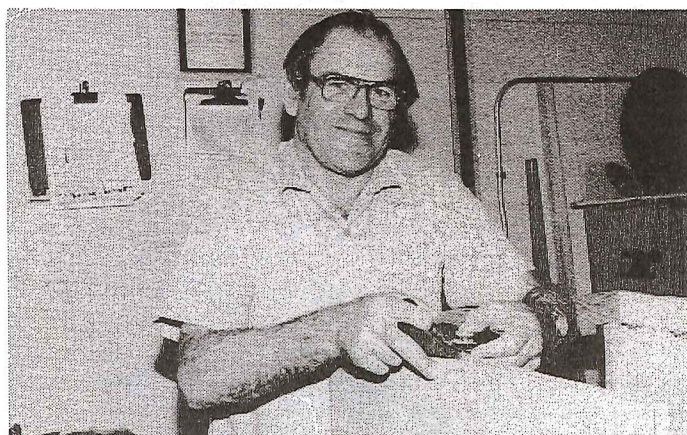
Lou also feels that unions are important to the way of life in Canada.

"Unions are definitely a good thing. Everybody should belong to a union so that they can have decent benefits and be protected from unfair firing or layoff."

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

Baudisch performs assorted duties in the maintenance department of the hospital, including plaster and wood-work repairs.

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



Kelowna Unit member Lou Baudisch is a carpenter in the maintenance department at Kelowna General Hospital. Lou was photographed above doing repair work to an office desk.

(Continued from page 1)

crowd. It is those people who will not join HEU's fight. In spite of that, HEU must ever be mindful that the health care rights that we have today have been won by strong union including strike action. If health

care is to continue to be a right and not a privilege, then HEU must be prepared to lead the way. HEU must initiate campaigns such as "Don't Get Sick in B.C." — it is our strike to win back the jobs of our members and the hospital beds for our fellow British Columbians."

LETTERS

Funding "deplorable" says Vancouver doctor

Dear Sir,

The already deplorable and ignorant mishandling of British Columbia's hospital funding is being aggravated by even more insensitive, inflammatory and manipulative comments of our so-called health minister, James Nielsen.

Certainly the budget cuts required of the Vancouver General Hospital and others in similar financially difficult positions have put many dangerous strains on our medical care system, but to try to justify the cuts, as the minister has, by comparing the health care system of today with that of four or five years ago is to add insult to already grievous injury, to sow our fields with salt, or, more fittingly, to rub salt in a painful wound.

I am an in-hospital doctor at the Vancouver General Hospital. I am in training as a resident in surgery, with a salary comparable to that of the nurses with whom I work.

I also know that many of those who work in the hospital as orderlies, floor cleaners, laboratory technicians, porters, and therapists, although working shorter hours than I, are essential to the function of the hospital. Almost all of them work shifts, few have Fridays, Saturdays, or Sundays off, and if they wanted to most of them could find similar work that did not entail dealing with death and blood and suffering and some severe work conditions. All these hard-working people are going to be less able to do their jobs well, and in the end the hospital will be dirtier, the food colder, the therapy less effective, and doctors less available when they are called.

I have visited other hospitals in a way that I'm certain Nielsen hasn't. I worked in 1979, 1980, and 1981 as a general practitioner in hospitals in Princeton, Ashcroft, Campbell River, Langley, East Vancouver, and Richmond, and at VGH. I interned in

Toronto, and visited at three hospitals there, and I've yet to see anything but compassion and care in a B.C. hospital.

(Dr.) BEN GELFANT
Department of Surgery
Vancouver General Hospital
855 West 12th

[Editor's Note: The letter above first appeared in the Vancouver Sun May 26th.]

"Warehouse Logic" Criticized

Dear Mr. (Jack) Gerow:

I feel that there should be some comment made with respect to the news article under the heading "Restraint Program for Hospitals Defended" (Vancouver Sun, Monday, May 3/82).

Either this man, Mr. Stan Dubas is telling the truth or is speaking out of sheer ignorance as when he is alleged to have revealed that hospitals have been given new freedom to control their revenues and operations, and he is quoted as saying that hospitals have more money for equipment now than ever before. Furthermore, he expresses surprise at the number of bed closures.

In the article Mr. Dubas asserted the high standard of care in B.C. as compared to other provinces based on the number of beds. This is simple warehouse logic, i.e. the more floor space available, the better the service. At this point I strongly question this man's qualifications and experience in the health care field, if any.

Tony Beliso
Mt. St. Joseph Hospital Unit

[Editor's Note: Excerpts from the article in question and HEU's response appear page 7. The Hospital Guardian, June, 1982/Page 8

Health Care at stake

[Editor's Note: This letter appeared in The Vancouver Sun, May 26th.]

Dear Sir,

Hospital employees — whether nurses, x-ray technicians, or cleaners — are dedicated to one basic purpose: the welfare of the patient. We take great pride in that fact.

Premier Bill Bennett is now trying to convince the citizens of B.C. that bed closures and staff layoffs are due to poor administrative management and staff salary demands. That is not true.

Thirty per cent of the members of the Hospital Employees Union have not yet been classified in accordance with the terms of their 1980 contract. An example: house-keeping charge aides who earn \$7.60 an hour are supervising aides who earn \$8.60 an hour. The former have been waiting 29 months for their raise.

Does Bennett think they have not already taken a drastic cut in pay? Would doctors have tolerated such a thing? Could Bennett support his family on a hospital employee's wages?

The facts are there: 30 per cent of HEU members have been on reduced salary, in most cases, for the last 29 months; nurses who earn less than a postal worker or a supermarket meat wrapper are being laid off.

We do not deserve to be made an excuse for poor political judgment and the underfunding of hospitals. If Bennett honestly believes what he says, he should visit St. Paul's and tell the nurses, the technicians, and HEU members why they who are being laid off — to their face. Has he and the minister of health sat down with the RNABC, HSA, and HEU and tried to arrive at a solution suitable to all parties? He should try that — it just might keep him and his government

from being laid off after the next election.

We the undersigned employees of St. Paul's Hospital are waiting for Bennett's answer. The livelihood of 165 of the hospital's employees is at stake. Health care is at stake.

ROBIN SMITH
(and 301 other signatures)
206-610 Jervis

'Staff Stretched To Limit

[Editor's Note: The following letter appeared May 11 in The Vancouver Sun.]

I have firsthand knowledge of the effects of budget cutbacks on British Columbia's hospitals, as I recently underwent major surgery at Vancouver General Hospital.

Due to the rigorous standards maintained by the head nurses, and heroic efforts by the highly trained nursing staff, the quality of patient care was excellent.

But the staff was clearly stretched to the limit, with two overworked nurses often doing the work of four. One of the administrators told me that due to shortages of cleaning staff, there was a dramatic increase of staphylococcal infections in most B.C. hospitals. Due to bed shortages and recovery room staff shortages, many patients had been awaiting much-needed heart surgery for nine months or more, their condition steadily deteriorating from the delay.

The cost of Peter Hyndman's recent trip to an Arizona spa would have paid for someone's open heart surgery.

Our hospital budgets have already been slashed to the bone. The next round of cutbacks will seriously erode the quality of our medical care. VGH has estimated it will lose 175 beds, 600 to 700 staff, and 15 to 20 per cent of its operating rooms. Some patients awaiting surgery may die as a result.

This is not restraint, it is insanity.

DANIEL J. CONRAD
Vancouver

Gov't. "Butchery" Criticized

Dear Sir:

Health Minister Jim Nielsen seems anxious to rationalize his government's butchery of our hospitals. His most recent comments on average length of stay and productivity support the argument that the Ministry of Health is being run by the Ministry of Finance or the Treasury Board.

Everyone that I know goes into hospital when their doctor tells them to go and leaves hospital when their doctor discharges them. Studies do exist which show a relation between how medical practices are organized and admission rates or lengths of stay. While these studies suggest factors that may affect hospital utilization, none of them suggest that patients elect to remain in hospital.

Nielsen's comments on productivity are actually dangerous. It is hazardous to our health when decision makers use a simple ratio of staff per patient day as a measure of productivity. Productivity should have something to do with outcome — do you come out of the hospital better than when you went in? Anyone who reads the early history of hospitals knows that in the late nineteenth century a patient was more likely to die of an infection contracted in hospital than to die of the disease that caused admission to hospital. In modern hospitals a great deal of effort goes into basic housekeeping so as to control infection. The person that cleans the floors and does the laundry is an essential part of the health team. Reducing such staff may reduce the ratio of staff to patient days, but it may also shorten a few lives.

Sincerely,
David D. Schreck
NDP Candidate,
North Vancouver-Seymour