

SPECIAL ELECTION EDITION

IT'S UP TO YOU



The Guardian asked freelance reporter Rod Mickleburgh to question five leading provincial politicians on issues of concern to members of the Hospital Employees Union. He talked to Labor Minister Allan Williams and Health Minister Bob McClelland of the Social Credit party, former labor minister Bill King and former health minister Dennis Cocke of the NDP, and B.C. Conservative leader Vic Stephens. These interviews have been edited — if at all — only for reasons of length.

Williams

Mickleburgh: Your government has said over and over that it is not going to bring in right-to-work legislation. Why not?

Williams: Well, from my point of view, I am philosophically opposed to right-to-work legislation. We have developed a system in Canada which, while it may require improvements and adjustments from time to time to meet changing circumstances, has worked, has provided a measure of security for the employees, has provided the basis for stability in industrial relations that doesn't exist in other jurisdictions, and therefore I don't propose to see any change take place. It's democratically based. It's up to the workers to decide whether they wish to be organized or not. If they don't wish to be organized, then there's no problem. It affords the opportunity for employers. If their terms and conditions of

employment are so attractive to the workers that they don't need a union, then the problem is solved.

And practically, there is a very serious problem in British Columbia. We have 46 or 47 per cent of the workers organized and the introduction of so-called right-to-work legislation which is solely a question of union security would not have any effect in British Columbia if we were to introduce it now except to cause chaos. People who are presently in unions, unions which presently negotiate with their employers would still do it. You could pass right-to-work legislation and it wouldn't affect the building trades, the craft unions, for example, one bit. Those unions are strong enough. They have a history of trade union organization on a craft basis, and it's not going to go away, because right-to-work legislation is not legislation which wipes out unions. It only interferes with union security provisions. If you look at the jurisdictions where there is right-to-work

legislation, we've examined most of them — they generally are in agrarian communities with a very low level of organization, down as low as 2 per cent. Therefore, the situation is entirely different from a practical point of view than it is in British Columbia.

There's another very serious consequence from right-to-work coming into a system such as we have in British Columbia and in Canada, and that is that it offers the prospect of there being union and non-union workers side by side in the same plant operation and I've looked at the situation in Britain where this does take place and I find that it causes frictions and stresses within the work force such that not only do the employees suffer but so does the employer. The whole operation is capable of disruption from moment to moment at the whim, almost, of the workers who are fighting amongst themselves over organized and unorganized status, so that doesn't contribute to economic stability which we need so much.

Mickleburgh: Yet there does seem to be support for the idea within the Social Credit party and it has been said that some cabinet ministers support it.

Williams: I think it's quite clear. There's no secret about it. At three successive Social Credit conventions, the matter has been raised. At three successive Social Credit conventions,

I have spoken against it, and the party has rejected it. There's another aspect of that that I think bears some careful consideration. I think it's a favorable sign that we have in our political organization, whether it's Social Credit, NDP, Liberal or Conservative, an opportunity within parties to discuss these matters, but our system of government is such that irrespective of what resolutions may be passed at a party convention, the government is obliged to govern for all the people and is not bound by the dictates of a convention.

This is not unique to British Columbia. As a matter of fact, I recall in 1973, the same situation confronting Dave Barrett. When the party said the NDP is now the government and therefore the NDP will do what the party says at convention, Dave Barrett gave them the very short, sharp answer that that was not the case and I wouldn't want to see that system changed. There has to be the opportunity within political parties for this kind of debate to take place, but we must never lose the underlying principle that the government governs for everybody.

Mickleburgh: Would you rule out a referendum on the question?

Williams: This was a matter that came up at the Social Credit convention in 1978. I'm op-

posed to a referendum. It's a technique which is foreign to our parliamentary system. It's very popular in the States. We don't have that kind of history, that kind of a tradition, and our parliamentary system doesn't allow for referenda to be put forward by a particular percentage of voters in the community. There are people who think it's a good idea but I don't happen to think it is. We have elections every three or four years. There is an opportunity for governments to change and therefore there's an opportunity for people to express their views.

Now, I think there may be some exceptions to my comments with regard to referendum, but I think they only arise in those areas of fundamental concern to the province or the nation, and I would say constitutional change, for example, is one where referendum could be looked at. The difficulty, even then, is the framing of the question and the care that must be taken to ensure that in the presentation of the question and the arguments for and against it that the electorate is well and truly informed. That I guess is one of the main reasons I'm opposed to referendum, that there is opportunity for misinformation, for error, and for an ill-informed or uninformed electorate to express their view.

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

The Hospital Guardian

Official Magazine of the



HOSPITAL
EMPLOYEES'
UNION LOCAL
180

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

W. D. BLACK
J. D. GEROW
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GORDON MacPHERSON

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Regional Vice-President
Vancouver Island

The Union maintains offices at:

Provincial Office
538 West Broadway
Vancouver V5Z 1E9
Telephone 876-2291
Telex 04-507668

Okanagan/Kootenay Office
No. 103, 2359 Highway 97 North
Kelowna V1X 4H9
Telephone 860-5115
Telex 048-5102

Vancouver Island Office
No. 303, 990 Market Street
Victoria V8T 2E9
Telephone 388-7304
Telex 049-7150

Northern Office
1584 Ogilvie Street South
Prince George V2N 1W9
Telephone 564-2102
Telex 047-8017

BROADWAY PRINTERS LTD.

Editorial

Some important people have been saying some reassuring things. Provincial Labour Minister Allan Williams tells us there is no reason to suspect that the jackboots of right-to-work will echo in triumphant march across British Columbia.

And Health Minister Bob McClelland maintains that our health care service is not being forced into a state of economic anemia, nor does he agree that Social Credit government budget restrictions will reduce the hospital work force.

Reassuring words — if one happens to believe in the existence of the good tooth fairy, or a moon made of green cheese. But for students of reality, the province has entered dangerous days and the words of government sources are not to be taken at face value.

Let's look first at Mr. Williams and the philosophy he espouses. In fairness to the man, it is perhaps wrong to picture him as some kind of modern-day pied piper who would lure us into a sea of false security. He may well mean what he says when he argues that right-to-work legislation is not in the offing.

But if so, he is overlooking one crucial point — one that must not be missed by the rest of us: his is not the only voice of authority. From that same Sacred cabinet of political opportunists we have the wild bull of the north in the form of Don Phillips — an unblushing spokesman for the right-to-work forces. There are others. And from the backbenches we have such neanderthal thinkers as Jack Kempf and Lyle Kahl, who would seemingly like to sell right-to-work door-to-door in packaged form.

In addition to these readily available irritants, is the sizeable army of right-to-work promoters among Social Credit's rank-and-file membership. Williams has beaten them off in convention and correctly notes that even if they carried the vote one day, the Social Credit government would not be duty-bound to abide by such a vote. But the pressure is there. And it is growing. It is, or will be, a force to be reckoned with.

Then there is the question of the Williams letter asking for details of a referendum in which right-to-work went down to defeat in the state of Missouri.

Reasonable people will agree that a Ministry of Labour worthy of its name should have an interest in such industrial relations developments.

But why was it the labour minister and not one of his researchers who wrote the letter, as would have been the case under normal circumstances?

An interesting question. We'll leave it at that.

There are other interesting questions, some of which should be aimed at Health Minister McClelland and the funny money people who have been tightening the balance-the-budget noose around the all-too-vulnerable neck of our health care delivery system.

Why, for instance Mr. McClelland, are you so sure that a budget increase of five per cent — even with a possible addition of another two-and-a-half per cent — will allow the health care employment force to remain at its present size?

Are you not aware that the needs of many hospitals far exceed these restrictions? Do you not know there are forecasts of another thirteen per cent increase in inflation?

Something has to give. And hospitals have made it clear that this will mean the loss of jobs. Our best estimates are that one in ten jobs will vanish.

McClelland says any layoffs would be due to the changing nature of health care delivery, and that such a negative situation would be balanced by employment through new programs.

Nice election talk. But where is the proof?

Perhaps as they fill us with assurances of well-being, Williams and McClelland should be reminded of the similar tactics of Prime Minister Trudeau in 1974.

He fought the election by opposing wage and price controls. We all know what happened after that.

What we don't know is what will happen after May 10 if Social Credit is returned to power.

It is an uncertainty that health care employees, as well as the rest of the work force, can ill-afford.

WILLIAMS

Mickleburgh: Okay, then why did you write a letter to Missouri seeking information on the right-to-work referendum held there last year?

Williams: Look, I'll tell you exactly how the letter to Missouri arose. We had at the Social Credit convention in '78 as I said a moment ago the question of a referendum being raised. It was defeated. Some weeks after that one of my colleagues was in Missouri and came back and said, did you know they had a referendum on right-to-work in Missouri and it was soundly defeated. And I said, was it defeated in the cities or where, and he said, "I don't know." Because it was current, I decided to try and find out what the situation was in Missouri because all of the experience in North America with regard to right-to-work is in the States.

I think there are 20 ... 22 states which have right-to-work laws and to find one defeated in particular in Missouri which is a state which you might consider would be in that part of the United States which would lean towards right-to-work, I wanted to find out what the situation was. Mr. Butler, to whom I wrote, holds a position similar to the minister of labor — they don't have a minister of labor, they have a commissioner of labor affairs, I think it is — and so I wrote to him, wanting to know precisely how the referendum was put forward, what the demographics were in that state, how much organization they had. I wanted all the details because it was of interest to me. I've got a file on right to work matters that must by now be about two inches thick. People have sent me material which is pro right to work, some have sent me material which is against right to work. I've got the materials which have been published by trade unions in this province. It's a whole compendium of arguments for and against.

I consider it part of my responsibility as a minister to find out what's going on in the various jurisdictions in North America touching upon industrial relations matters in the same way that we look upon legislation which is passed in Quebec and Ontario and the Maritimes. They look at our legislation. I get letters and visits from ministers of labor across Canada asking me about various things that we're doing and why we're doing them. They're seeking information and my letter to Mr. Butler was in the same vein.

Mickleburgh: You weren't asking about right-to-work. You were asking about the holding of a referendum on right-to-work which was the wording of the resolution at the Social Credit convention, and if you're opposed to a referendum, why write a letter to Missouri seeking information on the subject?

Williams: That was one of the questions I asked. I said how did the referendum come to be placed before the people. I was interested in that. But I also sought information with regard to the number of people in the labor force, how many of them were organized. I asked for information as to the voting results in the urban and rural areas of the state. I just wanted to know, since it was defeated overwhelmingly by 68 per cent, I wanted to know whether that was across the whole state or whether there were areas that were in favor and some that were against. I just wanted

information about it and I got no response.

One of the officials of the ministry was down in Missouri and got some information about it. Apparently it was defeated in both the rural and the urban areas and the referendum was put before the people under their constitutional provisions whereby I think 10% of the electorate can call for a referendum. It was organized by a member of the Missouri state legislature who for four years has been attempting to get a private members bill on right to work on the floor of the legislature without success, so finally he went the referendum route under the constitution.

Mickleburgh: We all know that Pierre Elliott Trudeau campaigned in 1974 against wage and price controls and 16 months later the Liberal government brought it in. Its reason was that circumstances changed. The Social Credit government has consistently taken a position against right-to-work. Is there any conceivable circumstance that could change that might prompt a Social Credit government to bring in right-to-work?

Williams: Not so far as I'm concerned. The situation that exists in British Columbia today with regard to industrial relations is one in my view of increasing maturity both on the part of employers involved in industrial relations and on the part of unions. There's still a long way to go on both sides before we have the kind of industrial relations stability which in my view is essential to our economic future, but progress is being made. That progress is not going to be encouraged. In fact it would be hampered by the introduction of right to work legislation, and the government recognizes this. I can say one thing without question and without fear of contradiction, that the question of right to work legislation has never been raised in any of the cabinet discussions that we've had since I've been minister.

Mickleburgh: What about the charges the Social Credit government is bringing in right-to-work piecemeal with such legislation as the Essential Services Disputes Act?

Williams: The suggestion that the Essential Services Disputes Act is right-to-work legislation is to me completely incomprehensible. I can't believe that any responsible trade unionist or trade union leader ... he must know what the law is ... could possibly make that statement. As I say, right-to-work legislation is simply legislation which would deny them the opportunity to negotiate with employee union security clauses in their collective agreements, and the essential services disputes legislation does not deny that. As a matter of fact, it is predicated upon the existence of collective agreements and on the continued operation of the collective bargaining process.

I think the answer to all the concerns about the essential services legislation is found in the fact that although the legislation was brought in in October of 1977 and modified in 1978, it hasn't been used yet.

Mickleburgh: The hospital workers have used it and they aren't very happy with it.

Williams: I'm talking about the government's involvement in the essential services disputes legislation. Yes, the legislation has been used by hospital workers, firefighters and policemen. That legislation was available to them under the labor code. That aspect of the essential services legislation which

gives those three groupings the right at the outset, unilaterally, to opt for binding arbitration has been used. That was in the code.

We expanded that slightly in essential services to change hospital unions to health care unions and that's broadened the scope somewhat, and that's been used. But their dissatisfaction does not come from the opportunity which has been given to them. Their dissatisfaction comes from the fact that we don't have as yet in B.C. enough experience and therefore enough experienced people to deal in the area of arbitrations at the collective bargaining level. We have lots of people who are skilled in dealing with rights arbitrations but we don't have people who are fully competent or who are experienced yet in interest arbitrations.

I recognize that as a problem. In fact, I have asked the essential services advisory agency to examine this particular area, to talk to policemen, the firemen, the hospital people, to get their experiences with regard to arbitrations, to get their recommendations as to what we must do in order to beef up that part of industrial relations third party activity. You know we've got highly qualified people on the labor relations board. They don't get involved in this. We've got a lot of people who involve themselves in arbitrations at the rights level. They don't get involved in this.

There's a seminar being held at the university this year and one of the subjects is rights arbitrations and I have urged them to turn their attention to interest dispute arbitrations. This is a field which is much more highly developed in the United States. Well, we're going to have to move into this area or else we're not going to be able to provide the kind of service that is required. I also recognize that there's been a significant shift in popularity so far as interest arbitrations are concerned. You know, if you go back 10 or 12 years ago, I recall when employers were screaming for the right to have their dispute with their employees resolved by arbitration. Unions were screaming just as loud, saying you can't take our right to strike away or our right to bargain collectively.

You know, that situation has changed almost 180 degrees. Now, you have trade unions saying, look, in order to provide some stability and in order that the thing can be ongoing, we want to arbitrate, and you have employers saying, no way we're going to turn over our management responsibilities to a third party. My answer to that particular problem is simply this: there are certain areas, and essential services area is one, where in the final event, you've got to have some way of bringing an end to the dispute, and until somebody produces something better than arbitration that's the direction in which we're going to go. And we're not going to allow employers or trade unions to stand single-mindedly on their rights to bargain collectively and strike and have health, safety and life-support systems destroyed.

Mickleburgh: You're familiar with the problems the hospital workers are having. In good faith, they opted for third party binding arbitration, and there are all these penalties that employees have to face if they don't conform with the act. Now, we're faced with an employer who won't go along with a binding award imposed under the act and yet they're facing no penalty.

Williams: Well, as I say, I've

asked the essential services advisory agency to look into this problem and make recommendations to me, and we may have to change the legislation depending on what those recommendations produce. People say, well you're threatening us with more legislation. There's one aspect that has to be borne in mind. It's very new to us in B.C., indeed in Canada. There's some history of using the arbitrable process but not a lot.

Therefore, it's developing very slowly. I've discussed briefly with Paul Weiler when he was chairman of the B.C. Labor Relations Board the need even under the code to define better the role and the procedures to be followed by arbitrators. This will have to be done.

Mickleburgh: Is that the problem, though? Is the problem with the arbitrator or is it with the employer?

Williams: Well, I suppose it's a question of which comes first, the chicken or the egg. You know, there's one thing you have to bear in mind and that is, if in the conduct of the arbitration, an error is made, then that error has to be corrected, and how do you do it? We had in the case of the HLRA-HEU Hope arbitration, we had the employer rushing off and challenging what that arbitration board had done, and in fact, challenging the legislation itself. It could have been the other way.

The union could have been unhappy with what the arbitration board had produced and they may have, on the advice of their lawyers, been advised that the arbitration board acted contrary to the law. Certainly, HEU should have the opportunity to challenge the award if it was improper. Now, if the challenges are specious, however, if they are intended to delay and to frustrate the process, then that's a time when I would have concern and would have to deal with that, because I am not going to allow this process, in its infancy, to be destroyed by specious, insubstantial references to the courts.

We've moved a long way away from the courts in industrial relations. Some people want to move them back to the courts but I think that, while the courts still must have a role to play in the event of manifest error, we ought to avoid the delays and the expense which result from such references.

Mickleburgh: You talked about specious appeals to the courts. Is that your understanding of the situation involving the private hospitals and the HEU?

Williams: I'm not making any judgement on any particular case because that case is still on. It's sub judice and I don't want the parties or the courts to suggest that I'm interfering in that process. We'll deal with that after it's over and we see what the results are.

Mickleburgh: You've mentioned that you've expanded the definition to include health care unions, from hospital unions. Have you given any thought to expanding it any further, because one of the areas of concern to the HEU is health clinic workers which the labor board has ruled are outside the scope of the essential services disputes act. Have you given any thought to expanding the definition any further?

Williams: No. I'm not saying that the legislation is not subject to change but I'm not giving any consideration to that at the moment. It's conceivable that a health clinic which, in the usual sense, is only a grouping of

doctors who join together for administrative purposes and offer certain services ... if that became larger and larger and larger until it became for a community, in effect, the whole basis for the delivery of health care in that community. If there was no hospital or the hospital was not providing the services that the so-called clinic was itself fundamentally involved in health care delivery, then I suppose we would have to look at that.

Mickleburgh: Should hospital employees have the right to strike? Vic Stephens doesn't think so.

Williams: Sure they should have the right to strike. In the final analysis you know, as we experienced in 1976, every hospital employee is not essential to the delivery of basic health care and Vic Stephens should look very carefully at what happened in 1976 and recognize that the Hospital Employees Union was not only a cooperator in the process but was one of the leaders in the process. It took the employer longer to get his head straight and recognize what his obligations were, because at the outset he took the very simplistic attitude, saying everyone is essential.

As a matter of fact, it was the HEU, whose records seemed to be better than VGH's for example, to sit down and point out to the board and to the employer exactly which positions were in fact essential. And while this cast a major obligation on supervisory people and they had to work a lot harder, that's what's experienced in other sectors of our society, and I think there's now a better realization of the extent to which the services of a hospital are truly essential. I suppose if you're a person who's ill, you may have some quarrels with the decisions that are made but in the resolution of collective agreements, I think this process has to continue. If you don't, you might just as well take away the right to organize altogether.

If you can't strike, then there's no way in which you can put pressure on the employer and that would leave the employers in a worse situation than they are today. As a matter of fact, with the attitude of the Hospital Employees Union and I give them full credit for the way in which they have responded to the opportunities of the legislation, the question of right to strike or no right to strike is really immaterial because they have opted for arbitration each time, and as soon as you opt for arbitration, it's the same as saying we've waived our right to strike.

Mickleburgh: But they say it's not working.

Williams: Okay, I know they say it's not working and that becomes, I guess, the government's challenge to make sure that, based upon experience, the changes are made to see that the system does work. That doesn't mean that the union is going to get everything it wants. The process is still going to function, and people have to make decisions between the view put forward by the employer and the view put forward by the employees' representative.

One thing that both the union and the employer must recognize that the funds available for the delivery of health care in this province are not limitless. Therefore, demands have got to be tailored with this in mind. That also applies with respect to hospitals and the expansion of

services they like to provide. It also affects the medical profession. Some of our medical techniques are becoming incredibly expensive and require major capital investment, and while we should always pursue that objective that doesn't mean it's not going to take some time.

Mickleburgh: Okay, finally we get down to motherhood. If the Social Credit government is re-elected, what sort of changes can we expect in the area of labor relations legislation?

Williams: I think the area that we've just talked about, the whole question of the arbitrable process, is one that will attract a great deal of our time because the private sector seems to be functioning fairly well under the system we have today. There may be some fine tuning which will be required but I think the maturity that I spoke about earlier is readily perceived there.

The organization and expansion of industrial relations concepts in the public sector, the one that touches on the essentiality of services is, by comparison, relatively new. The big increase in trade union activity, trade union membership, has come in the public sector. I guess the major increase in trade union activity came when the BCGEU was organized. And therefore I think that's going to require greater attention and it's because also of the nature of the employer that's involved in the public sector. You have a multitude of municipalities, school districts, recreation commissions, colleges, universities, all of whom are pretty new at this.

We have municipalities that are being organized right today. They don't have an industrial relations contingent. They're looking for advice and they're running up against a union that maybe is more skilled in techniques than the employer. So this is an area of some fluctuation and therefore will require more of our attention. You know, when we included municipalities in the Essential Services Disputes Act last year, while there was a lot of criticisms from the unions, nothing compared to the flow of mail that came to me from the mayors and councils and municipalities, most of whom didn't understand the act. They didn't realize that under the code, many of their essential services were already covered. They didn't realize the opportunities open to them such as has recently been clearly understood by Mayor Lester of Prince Rupert.

If you're going to have a strike, if you're a civic worker, one of the things you sit down and talk about is: fellas, what are you going to do if the water main breaks, and they have worked out an arrangement. That's exactly what's required in these cases. The legislation only becomes operative if there's an immediate and serious threat. It's the responsibility of the municipality and the employees to sit down and recognize that there are certain things that have to be done at certain times. This has happened in the private sector for years.

Mickleburgh: Then why is it necessary for an act to do that. Why can't the parties do it on their own?

Williams: It's because the parties haven't done it on their own that there's an act. Because the act is there doesn't mean the government is going to get involved. We'll only get involved if the parties don't recognize

what their obligations are. Again I say, in the private sector, this problem is commonplace. I can remember in negotiations with the IBEW affecting gas workers, they just considered it a normal part of the collective bargaining process. If there's going to be a strike, they say please understand there's going to be a strike, but if certain things occur, we'll provide the service, but it's limited.

The public sector has to recognize that, too, and I think that what's happening in Prince Rupert will perhaps make people realize that they have an obligation and that they'll carry it out. And I think the unions will respond. I don't see any difficulty at all. The unions don't want us to use the essential services legislation any more than we want to use it, because that legislation is only used when the system breaks down. And when the system breaks down, it doesn't do anybody any good.

Mickleburgh: Why should a member of a trade union vote Social Credit rather than NDP?

Williams: One of the reasons is that we're not an anti-trade union government, although some will try to paint us in that position. We've got five or six trade unionists running for Social Credit in this campaign. I think we've got more trade unionists running as candidates than the NDP have. But the other reason is that a worker in this province — male or female — whether he belongs to a trade union or not, has got the same desires and aspirations as anybody else. We don't have two groups within our community, each with different desires. We want the same things.

The trade unionist today is reasonably well-paid. Some of them fall within the upper middleclass income group. Therefore, with regard to their investments, with regards to the opportunities that a free enterprise system can offer, they can participate as well as anybody else. Just because you're a trade unionist, doesn't mean you're not interested in owning your own home, in having sound investment opportunities, which we think the private enterprise system can and will provide. There's another reason that trade unionists should support the Social Credit party.

We have over the past three years begun to restore confidence of the business community in this province as witness some recent announcements about fairly sizeable capital investment in B.C. That means more jobs, greater opportunities, improvement of our communities. All of these things work to the benefit of the trade unionist. They're citizens like anybody else and they enjoy the benefits. I don't see workers or trade unionists, lawyers, doctors, stockbrokers or car dealers as being separate classes in our society.

The opportunities must be available for everybody. I don't think they will be under the NDP. There's another more fundamental reason and that is, if you listen to what the NDP is saying, I think free trade unionism will exist and flourish under a free enterprise system much more successfully than under a socialist system.

Mickleburgh: Do you think that was evident during the past three years?

Williams: I think so. The unions have grown.

King

Mickleburgh: The NDP has consistently accused the Social Credit government of wanting to bring right-to-work legislation despite continual denials from Premier Bennett and Labor Minister Allan Williams. Why don't you believe them?

King: Well, I don't believe them for a whole variety of reasons. When you listen to their members speak in the legislature, it becomes clear that there is an anti-labor bias among many, many members of the Social Credit government, both backbenchers and cabinet ministers.

I also think it's significant that people like Don Phillips and Bill Vander Zalm and others frequently speak to the right-to-work groups in B.C. and associate themselves with it. In fact, Phillips has openly stated that he favors so-called right-to-work.

Additionally, of course, Social Credit conventions have consistently brought resolutions before their conventions advocating right-to-work laws in British Columbia and they've been defeated only very, very narrowly. I'm inclined to feel that there is a very, very strong group in the Social Credit party — both elected members and ordinary members — who eventually will get their way and that right-to-work laws of some form ... it may be a back door form of right-to-work legislation ... but I'm convinced it will eventually happen if they feel they have a strong enough mandate and the political mood is right in the province.

Mickleburgh: How would you assess generally the handling of labor relations in this province under the Socreds. A lot of people expected more dramatic changes to the labor code that was brought in by the NDP. They haven't really touched your code that much.

King: No. They've made changes in an administrative way. They have introduced some legislation without adjusting too much the underlying principle of the labor code. But I think they've really injured the working people of B.C. in a great number of ways. I believe that the administrative direction of the department of labor, of the Workers' Compensation Board, which is very crucial as to how those laws are applied ... have certainly been relaxed with regard to safety standards to allow employers to save money at the expense of safety, to save employers money at the expense of proper compensation, and quick adjudication of workers' complaints before the board.

The number of WCB claims that all of the MLAs are receiving right now has accelerated in spectacular fashion which means that workers are not getting very good service from that agency. Similarly, with the factories branch of the department of labor ... inspections are not taking place any more as they were under the NDP government. Health standards and safety standards, accordingly, are suffering as a result in various plants throughout the province.

As far as legislation, they have dealt mainly in the area of essential services in the public sector. There are people in the Social Credit caucus, Jack Kempf from Omineca, who openly advocates in the legislature that the essential services direction they have taken be applied across the board to private sector unions as well.

Mickleburgh: How do you assess the job that Allan Williams has done as labor minister?

King: It's kind of hard to read. In some cases, he's been reasonably fair in that he has defended union rights against some of the hawks in the Social Credit party, in all fairness.

On the other hand, I find him a very, very timid individual. I find it regrettable that he seems unwilling to intervene in disputes using his office as a method of mediating disputes that have gone on for a very, very long time and where the workers involved have suffered greatly along with service to the community. He seems very reluctant to intervene personally, to play a mediation role which the minister can do quite effectively.

I'm not suggesting that this should be a regular course of action, but in certain disputes where there has been a blockage to any resolution, quite frequently the minister or his office can act as a catalyst to get negotiations going again and find a resolution. He seems reluctant to intervene until the public outcry has become so great that he is then justified in introducing legislation, and I think that's unfortunate. The most recent example was the West Kootenay schools dispute.

Mickleburgh: You mentioned the government's action in the realm of essential services. Is the NDP committed to repealing the Essential Services Disputes Act?

King: Yes, we would repeal the Essential Services Disputes Act. What we have in it is of little help in any event, other than a disincentive for employers to bargain and attempt to find resolutions to disputes or to negotiate through their own resources. By having that Essential Services Disputes Act available, it gives an indication that the government is prepared to intervene in a specific way to interrupt the rights of workers in the public sector to strike.

With that continuing statutory power held by the government and activated at the discretion of cabinet so that it's a political decision made behind closed doors without debate in the legislature, it's a strong signal to the employers that look, we have a government here that in the final analysis will intervene in support of us. Therefore, it's a disincentive for them to bargain. We think it should be removed.

The thing that should remain, and of course is inherent in the labor code and was simply added to the essential services disputes act and is redundant in that statute, is a provision for life-supporting services as it applies to hospitals, police and firemen. Now, we saw that provision, which our government introduced, work in the Vancouver General Hospital dispute.

The Labor Relations Board sits down with the union and the employer and says, okay, what are the basic services that have to be retained to ensure that no one's life is lost or their health jeopardized by this dispute. It can work without eroding or destroying the economic clout that the union is attempting to apply against the employer in a legitimate way. That was the objective of it, and I'm satisfied that it would work well.

The other significant thing is that in British Columbia, generally speaking, trade unions have been very sensitive and responsible when it came to withdrawing services that would jeopardize the public safety in any way, and that's true not only in public sector unions but also private sector

unions. The IBEW, for instance, has been very responsible in this way and it should be recognized.

Mickleburgh: You had to act several times in the essential services area while you were government.

King: We actually acted three times while we were in government ... twice in the public sector and once in the private sector. We have always taken the position in the NDP that if a dispute reaches proportions where the general good is threatened, then we should be prepared to convene the legislature, to openly debate a proposed remedy by the government and that remedy should be designed to resolve that dispute.

It should be one-shot legislation that dies with the resolution of the dispute. It should not remain on the statute books as a continuing interference with the collective bargaining process.

There are two other good reasons for taking this approach that are sound in industrial relations and I believe are sound in terms of equity and fairness to the parties. Number one, it gives the legislature the opportunity to assess the circumstances in the specific dispute and to assess perhaps some blame. Who has been irresponsible? Who has refused to bargain? Is there some element for blame or misconduct during the course of those negotiations and if there is, perhaps the legislation should reflect that kind of conduct or misconduct.

The second thing is, as far as the bargaining regime is concerned, if the parties do not know what the remedy may be, what a government intervention might result in, what the consequences may be, then they are more inclined to settle their own affairs. If they can predict what the government response will be, then perhaps they can play the game of transferring responsibility for settlement from themselves at the bargaining table to the government and extricate themselves from perhaps an internal political situation.

There is some great benefit in terms of having them maintaining uncertainty about what any government intervention might result in. That means they can't afford to take the risk of allowing a third party to settle something that is their basic responsibility to resolve and negotiate themselves.

Mickleburgh: Did this general situation that you have sketched apply back in October of 1975 when you legislated 50,000 workers back on the job?

King: Yes. In that particular case, we made a judgement and of course, I'm not prepared even at this time to reveal publicly all of the information on which we based that judgement. Some day that will happen.

Mickleburgh: That's tantalizing.

King: Well, sure. It's true, nevertheless, there were reasons that we had in our possession, there was information in our possession, that persuaded us that it was necessary to act in a way that we certainly didn't like to do. Every possible initiative had been undertaken by the department of labor at that time to bring about a settlement. We had the pulp and forest workers in Victoria for a week for mediation in my own office, as well as outside people. The Teamsters dispute had shut off natural gas to a significant portion of Vancouver Island which jeopardized senior citizens homes and hospitals.

That dispute threatened to spread to northern B.C. which was already cold, and generally

speaking, all of the disputes taken in total were creating absolute havoc with the economy of the province and revenue to the government. In those circumstances, we felt we had to act. There were other reasons, too.

Mickleburgh: Isn't that what the government has done with the Essential Services Disputes Act. It's added the economic welfare of the province to the terms of reference under which it can act.

King: Sure. And that's as broad as the ocean. That's up to the political whim of the cabinet. The thing that is wrong with that, as I indicated earlier is that it is a continuing mechanism on the statute books of this province. We do not believe in prejudging. We believe in maintaining uncertainty. We believe in relying basically on the responsibility of the parties.

Now, if it is necessary to act, you don't need a statute. Convene the legislature and deal with it in open debate which is what the legislature is for. There's a big difference between a continuing statute initiated at the whim of cabinet behind closed doors and government intervention by convening the legislature, debating the circumstances of the dispute, and designing legislation to deal with that specific dispute. This is where we part from Social Credit.

Mickleburgh: What about the situation the HEU is facing under the Essential Services Disputes Act. They opt for binding arbitration, the award comes down, and then it's challenged by the employer in court. What would the NDP do about situations like that?

King: I'm not totally conversant with these particular cases, but I'm very gravely concerned, as I was when I was minister of labor, about insulating industrial relations from court procedures, except in the case of criminal activity. But in terms of industrial relations, I do not feel that the courts have a role in it, and I did my best in the labor code through privative clauses to ensure that the labor relations board held that total jurisdiction.

I would look very closely at the decision of the hospitals to appeal the arbitration to the courts of Canada. And I would require, as far as is legally possible, that the labor relations board be responsible for ensuring that collective agreements are properly consummated and entered into, and that appeals of awards be taken to the board rather than to the courts.

Mickleburgh: Are there specific changes the NDP would make to the current labor code?

King: Well, you know, I'm not the labor critic any more.

Mickleburgh: But it's your code.

King: Okay. Well, I certainly anticipated that there would be changes from time to time. There are a number of things that I'm concerned about. I've met CUPE and they are very much concerned about employer accreditation. While I don't agree entirely with them, I feel that they do have a point of concern. There are some problems with employer accreditation and I think we would have to take a very hard look at that. There are other things that I think have to be reviewed and updated from time to time.

Mickleburgh: To what extent should hospital employees have the right to strike?

King: They should have the full right to strike. They should also be subject to the life-supporting services provision of the labor code which ensures that any

service that is necessary to maintain life and safety be preserved and that can be done, in my view, without diminishing the economic sanction of their strike. I'm in favor of the full strike right for people. I believe that with intelligent education in this province, and I'm talking about industrial relations education, the propensity of unions to strike and employers to lock out will diminish and we'll become a bit more sophisticated as we proceed, and that strikes and lockouts will become the exception rather than the rule.

I think that you do that on an appeal to intelligence and responsibility, to better methods, to more sophisticated government assistance, rather than heavy-handed legislative dictum. I just do not think that approach works.

Stephens

Mickleburgh: First of all, do you think hospital workers should have the right to strike?

Stephens: I think it would be better if they didn't, but you don't take away the right to strike unless you provide them with something that's equally good, or better. For example, the teachers don't go on strike but the teachers of British Columbia have done very, very well in wages and working conditions, so I don't believe it's essential to have that right to strike in order to keep pace with what's happening in society. We would not remove the right to strike until we were in a position to replace it with something to ensure that the hospital workers had good wages and good working conditions.

Mickleburgh: Are you talking about a form of binding arbitration?

Stephens: Yeah, I think that negotiations between the various parties can settle these things, as with the teachers. One of the things we must remember that public servants, anyone who works on the taxpayers' dollars, should recognize, and I'm sure they do, that taxpayers are entitled to uninterrupted service for the money that's taken from them, perhaps unwillingly. I don't think people want to go on strike. I think you have to distinguish clearly between striking in the public sector and striking in the private sector. To me, they are two different things.

Mickleburgh: Are you familiar with the "controlled strike" that the Hospital Employees Union took in 1976, in which certain services were declared essential at the hospitals, and workers continued to perform those services while others were off the job?

Stephens: Yes, I think that shows a certain amount of responsibility. What it indicates to me is a desire by hospital workers to be responsible, and at the same time, to be able to stand up for what they think are the opportunities to fight for something they believe in. It's a delicate situation. The fact that hospital workers would do that indicates to me that we're not really that far apart in working out a formula that would be better than striking.

Mickleburgh: So you would even be opposed to the controlled strike concept?

Stephens: Well, I'm not opposed to strikes unless you have something to replace it with. You don't take away the right to strike and say, to heck with you. It seems to me the responsibility of government is

to come up with a workable formula that is satisfactory to the hospital workers before you can start talking about taking away the right to strike.

Mickleburgh: Would they have to agree with it before you would put it into effect?

Stephens: Certainly it would be the style of a Conservative government not to invoke this kind of legislation without full consultation with the people it's affecting.

Mickleburgh: What do you think of the government's Essential Services Disputes legislation?

Stephens: I think there's a gross over-reaction to it by labor leaders because it doesn't change very much. The legislature has always had the power to put people back to work. Barrett did it in 1975 just prior to the election when he legislated the pulp workers back. The unfortunate part about the Essential Services Disputes legislation is that it takes out of the public forum, the legislature, the right to debate these issues, and hands it directly to the cabinet which can make a judgement without debate and that worries me. The power of the government to put people back to work has not been changed by the legislation. What has been changed is that the right of the legislature to debate the issue is gone. I think that's a serious part of the legislation, not the fact that workers' right to strike or not to strike has been changed because it really hasn't. That power has always been there.

Mickleburgh: You've been calling for tax cuts of more than a billion dollars. Isn't that going to lead to a lot of layoffs in the public sector?

Stephens: No, certainly not. As a matter of fact, we have 112,000 people unemployed in British Columbia and at the same time we have the highest spending, the highest taxation, of any government in our history. What you have to ask is, why, if government spending creates jobs, with the highest spending government we have the highest unemployment. We believe that the only way you really create jobs is by leaving more money in the hands of the people who earn it, so they can spend it, and invest it, and save it as they choose, rather than that judgement be made by the politicians. That way you create jobs. It may be necessary for some people to move out of the public sector, government service, into a healthier job in the private sector. But unless we're prepared to make that shift, then I think we're in trouble. Because the modern trend is to take people out of the private sector and put them on the public payroll. That ultimately will lead to disaster.

Mickleburgh: Aren't you going to have a hard time convincing workers in the public sector that what you're suggesting is good for them?

Stephens: Well, I don't really think so, quite frankly. I think that workers in the public sector realize that there's a five or six per cent attrition rate in the public sector through retirement and people who choose to leave voluntarily. You don't have to have mass layoffs. What you do is make this adjustment by increasing the number of jobs in the private sector and reducing the number of jobs in the public sector. You allow that attrition rate to take care of it. It's not necessary in my opinion to lay people off or fire them. Simply by creating more jobs in the private sector, as people leave the public service and go into the private sector, you just don't rehire. It seems to me that

that's a good, healthy approach.

Mickleburgh: Speaking of healthy, what would you do about health care costs? Would you cut them? Are they too high?

Stephens: No, as a matter of fact, we believe the priorities of this government are twisted. They recently announced they were willing to spend \$25 million on some sport complex for the city of Vancouver and at the same time, spend the same amount of money to be divided among all of the hospitals in British Columbia. I've got to ask: where are the priorities of government? I'm not opposed to sports complexes, but I don't rate one sports complex equal to all of the needs of all of the hospitals in British Columbia. My priority would be to spend \$50 million on hospitals, or \$100 million, before a government starts talking about building a sports complex.

Mickleburgh: So you'd increase hospital spending?

Stephens: Well, we would certainly increase it where it was needed. We feel very strongly that hospital care is a number one priority of government, as is education.

Mickleburgh: Are you saying that isn't the case with Social Credit? They say they're spending 28 per cent of the budget now on health costs, the highest it's ever been.

Stephens: Don't ask the Social Credit what they believe. Look at what they do. What they say and what they do are two different things.

Mickleburgh: How much autonomy should local hospital boards have? They're responsible for the administration of health care in their community and yet they have to rely on the government for funding.

Stephens: Hospital boards and school boards should have more autonomy than they've got. This centralizing of controls in Victoria frightens me. They're taking away the rights of municipalities, of school boards, of hospital boards, and it's the wrong direction. We would like to reverse that process. We believe that the closer you get to the community level, the more sensitive the administration, the better the judgement. The farther away you get, the less sensitive you are. We would reverse the present trend.

Mickleburgh: Should there still be a government check on their spending, though?

Stephens: No, I think there should be a taxpayer check.

Mickleburgh: In other words, if the taxes are too high, then they're voted out.

Stephens: Yes.

Mickleburgh: But there aren't elections, though, for hospital boards.

Stephens: No, but you take municipalities and school boards. They're elected every two years. Therefore, they must perform better. They're also closer to the people who elect them. They get button-holed on the street. Demands are made of them on a daily basis as to why they did this, that or the other thing. When you send politicians to Victoria, you may not see them for four years. They don't have to be responsive or sensitive to your needs, and they're participating in a party style of government where they have to toe the line. But when you get down to the local level, you'll find that people are involved for personal reasons and their relation to the community. You get better judgements at the local level.

Mickleburgh: Even with a body as gigantic as the Vancouver General Hospital? It's so huge, it doesn't even seem to exist in the community.

Stephens: That's the problem with bigness, bigness of government, bigness of corporations, bigness of public monopolies like ICBC and B.C. Hydro. Bigness does cause those problems. The only way you have control over that bigness is to have voter control. If you expect to have government control over government monopolies, that's a naive approach. It won't happen. But as soon as you allow the taxpayer and the voter to have control over these things, then they solve the problem. They become responsive to the needs of the voter.

Mickleburgh: What did you think of the NDP's record in health care?

Stephens: Well, I think the NDP made a reasonably good effort in health care. I think they made a breakthrough after the more-or-less dry years of W. A. C. Bennett. But that doesn't mean I approve of everything they did. I think that they had very good intentions but very bad business management. I think the present government has neither good intentions nor good business management. I would like to think that a Conservative government would combine the best of both worlds ... a desire to improve health care and, at the same time, recognize the need for proper fiscal restraint and control.

Mickleburgh: One of the first things the Socreds did on coming to power was to vastly increase the per day costs for hospital acute care patients. Do you think they're heading to a user-pay philosophy in the hospitals?

Stephens: Well, I don't see anything wrong with the concept that anybody who can afford to pay something, I see no reason why they shouldn't. Now, I'm not saying they should pay everything, and I'm supportive of an insurance scheme that spreads the costs to make it fair for everybody. There are some people who simply cannot afford any health care and those people should be provided with it. But there are many, many British Columbians who are really quite prepared to pay something and we do. You know, we pay \$18 to \$20 a month in insurance for our families, and when we go to the hospital we don't really object to paying a little for the good service we get.

Mickleburgh: You're not suggesting we approach the situation in the United States where people are sometimes staggered for the rest of their life with hospital costs.

Stephens: Absolutely not, and I don't think any Canadian politician would advocate that. I think we've just come too far for that, but you can't carry everything to the conclusion that everyone gets everything for nothing. That can't be done. We pay for everything we get. All we do with hospital care is share the costs more equally. We still pay for it, but we have decided that, by sharing the costs more evenly, a lot of people who would otherwise suffer don't, so those of us who can afford more than others simply take up the costs for those who can't afford it. That's fair. But you don't go all the way. You still give people a certain amount of dignity in being able to say, well I paid at least for part of what I'm getting, and I think Canadians like that. They don't want charity all the way down the line. They want to pay for what they get.

Mickleburgh: Why should a member of the Hospital Employees Union vote Tory in this election?

Stephens: Well, for very basic reasons. I suppose the number one problem facing all Canadians, and British Columbians, is inflation. And I haven't seen a government in Canada yet that has had the courage to attack inflation. All governments do is lecture to you and I say that we must show restraint, that we must not demand higher wages, we must not do this, that or the other. But I don't see a government that is prepared to do the same thing. A Conservative government in British Columbia, before it did anything else, would turn on itself, before it demanded the labor people to be reasonable in their demands. We would say to them, look, we're going to cut our costs, we're going to show you we can set an example and thereby become credible when we go to you and expect you to show restraint. We can say we've shown you restraint. But cutting taxes, we have allowed you to have \$500 or \$600 more dollars in your pocket than you had last year. Now, in return, show us that you're prepared to do the same, and I think you'll begin to get the cooperation.

Mickleburgh: And they won't have to worry about their jobs?

Stephens: The only reason people have to worry about their jobs is because governments are taking so much money away from people who work hard for it. These people haven't enough money left to save for a down-payment on a home or buy the things that British Columbians could buy 10 years ago. We want to back off. We've gone too far with government spending and taxation. If we back off, then every British Columbian will have more money to spend.

Mickleburgh: Just to make it clear, you're for decreasing government spending, but for increasing it in one area and that would be health care?

Stephens: Yes, we're prepared to spend money in those areas where government should be. We're not prepared to continue spending money in those areas where the private sector can function better. Things like housing, like economic development, consumer and corporate affairs... a number of areas where we think the private sector can do better than government, and which the private sector has claimed for years they can do better. We're going to call their bluff and dump it on their backs and say, okay private sector, you said you could do it better. Let's find out if you can do it better.

McClelland

Mickleburgh: Could you first of all clarify what changes the government has made to its announced five per cent freeze on hospital budget increases last November.

McClelland: Well, first of all, it's not a freeze. We attempted to forecast the amount of funds that would be available to the ministry given the current levels of taxation and the other economic indicators and come up with a figure that we could offer to the hospitals that would be as close as possible to an accurate forecast. You'll recall that in the past that's never happened before. What usually happens is that eight or nine months or six months after the hospital budgets have been set, the ministry learns what it has and then tells the hospitals well into the

hospitals' budgets that: sorry, folks, we don't have enough money for you.

That's the way things have been for the last 20 years or so, and this year we attempted to turn that around and let the hospitals know pretty well where they stand in advance. So it wasn't a freeze. It was a forecast of the money that would be available and as it turned out it was a pretty accurate forecast, because that's about the increase I had in my budget.

Following that, however, and following a number of meetings with the hospitals, both visiting personally and with their association, I determined there were a couple of major difficulties with that five per cent amount, and one of them was the wage increase that had already been negotiated, along with some increases in material that were beyond the control of the hospitals and the deficits that were being developed during the past fiscal year, so I was able, as soon as I was told there would be some extra money available from surpluses, to convince the minister of finance that some of that money should be made available to us for hospitals for those reasons. So we were given a fund out of surplus allocations of \$25 million.

That \$25 million will be used in the first instance to provide an extra 2.5 per cent to hospitals on their budgets for this fiscal year to provide for those negotiated wage increases and some of the non-staff costs, and secondly there will be probably \$10 to \$11 million left over following that allocation, and that \$10 to \$11 million will be added to the \$8 million that is already being sent out now, to make a pool of almost \$20 million to clear off the debts of the last fiscal year, so that the hospitals can start with a clean slate.

Mickleburgh: Is this extra money that's been allocated following the budget? I noticed in the budget that there was \$25 million set aside to clear off debts and that sort of thing. Is that the same money, or is there extra money?

McClelland: That money is allocated in the budget, \$25 million.

Mickleburgh: You mentioned this 7.5 per cent increase to meet wage increases. As I understand it, the wage increase is eight per cent. Is there any reason the wage increase didn't go up to 8 per cent?

McClelland: Well, the wage increases are different. You know, there are three different bargaining units in hospitals and the average over the entire hospital budget works out to about an additional 2.5 per cent beyond the five per cent given for normal budget increases.

Mickleburgh: The Hospital Employees Union feels that even an increase of 7.5 per cent will lead inevitably to some layoffs by hospitals. What's your assessment of that fear?

McClelland: Well, I can't guarantee there will never be any layoffs by hospitals. The whole nature of the delivery of health care is changing in this province, and the utilization of acute care hospitals is going down in some parts of the province rather drastically, so there is a possibility there may be some layoffs based on that experience by itself.

But there are other programs that are being developed that we hope will help to accelerate the reduction of the utilization of acute care hospitals, like more daycare programs, like our long-term care program which added over \$100 million to the total health care budget in British Columbia, and that program's having a tremendous impact on the way that health

care is delivered in this province. Sure it's going to have some impact on the purely acute care hospitals, and some people in the health care field will, rather than leaving the health care field, move around into different kinds of needs, because we all must meet with change and our health care system is changing.

That certainly may happen and as a matter of fact, you know I'm not very qualified to speak about the nature of union organization and things, some of the people that may move into other areas of health care may not stay with the same union because the same union may not be involved in those other areas of health care, but I would very seriously doubt and I think that anyone who expects that to happen would be dreaming that there would be any decrease in the number of people involved in delivering health care in this province. In fact, the opposite would be true. There will be increases as we go along but they may not be in the same jobs because, as I say, the jobs are changing.

Mickleburgh: There's some feeling that there's not enough money available for the long term health care program.

McClelland: There's never enough money available for the demands of health care in this province but this is a brand new program. It is one year old and it's a program which required more than \$100 million and it's being increased again this year. There are approximately 40,000 people now getting service in this province who were never getting it before.

When the program started, for instance, there were around 3,500 people getting home-maker care in this province. Today, there are about 18 to 19,000. That's a tremendous increase and it has to have a tremendous impact on the other ways in which we deliver care, but we've got to remember that my ministry gets 28% of the total budget and that's the largest percentage in all of this country. You know, there is a limit on the percentage of the budget the ministry of health can command over the other ministries.

You're a taxpayer and so am I, and we all know there isn't a never-ending pit out of which taxpayers' money can come, so there must be a sensible apportionment of the money that is available and I think that health care in this province certainly gets more of the portion of the budget than anywhere in Canada and I think that apportionment is done with more sense and more responsibility in providing for the actual needs of the people than anywhere else in this country, too.

If there's one thing that I'm most proud of in the 3½ years that I've been minister, that is the development of the long term care program because I think it's the most important new development since the introduction of medicare in this province. For anyone to suggest that it's short of money is being a little irresponsible.

Mickleburgh: Another thing the Hospital Employees Union is concerned about is the decision to phase out the long term health care program's complaint review team. Are you familiar with that complaint?

McClelland: I don't know where the Hospital Employees Union has been but that team was put into place for a specific period. It hasn't been phased out. It's within the ministry now. It was a special team. We needed it when the program started, and there is now an ongoing inves-

tigative arm of the long term care program which is busy all the time and that's part of our program. That's just not so that the special needs that were evident when the program first started — because we wanted to make sure that we could get on top of things quickly — are not there anymore.

The program is in place. Now it's a normal routine part of the ministry's function and the long term care program's function. There's been no phase down of the function at all. In fact, it is now a stable function within the ministry. The people who should be asked about the long term care program are the people being served by it. The Federated Council of Senior Citizens has recently written me a letter praising the program as one of the most innovative and needed programs in the country. We're very proud of this program and it's fulfilling all of our expectations.

Mickleburgh: There was a recent protest at Shaughnessy Hospital after 10 employees were laid off after the province reduced its funding from \$41 per patient day to \$37.80. Could you say why that's happening?

McClelland: Well, first of all, the hospital operates itself, as every hospital in this province does, through its own board of directors and society and management team, and I don't interfere with the manner in which the hospitals operate those hospitals. I understand from reading the paper that there were seven people laid off — or maybe there were 10 — but that's out of 700 employees. You know, and the reasons for those layoffs I can't really tell, but the hospital's funding was not out. For anyone to say that is really stupid because there are no hospitals that have their funding cut.

I don't know what the increase to Shaughnessy Hospital will be but it will certainly be 7.5 per cent over last year and probably a lot more than that because during the year we've had ongoing development of extra adjustments to that hospital to pick up unforeseen circumstances and I don't have those figures in front of me but they'd be substantial over the year. So their hospital budget over the past year would be significantly more than a five per cent increase, not a cut.

I think it's important that no one involved in hospitals should attempt to fool the public by saying that there's any cuts in their budgets because that simply is a lie. The cuts in per diem rates happen quite often with hospitals. Sometimes the per diem rates are increased, sometimes the per diem rates are decreased. They don't really mean anything in terms of the total amount of money the hospital gets because the per diem rates are the result of a budget, not the other way around. The budget isn't a result of the per diem rates.

The hospital works out its total budget and then there's a forecast done of the number of patient days that hospital will have and you just have simple division of the budget by the number of patient days and that's how you come out with your per diem rate. It doesn't reflect on the total budget of the hospital at all. Shaughnessy Hospital's budget was not cut, nor was that of any other hospital in this province.

Mickleburgh: The Social Credit government substantially increased the patient per day cost for hospital use very soon after assuming power. Is that indicative of any kind of user-pay philosophy towards hospitals such as exists in many areas of the

United States where hospital costs are very high for the patient?

McClelland: Well, first of all, the costs are not very high for a patient in British Columbia. We increased the costs to four dollars a day more in line with the collection of the per diem costs by the hospitals. It's not significant in terms of hospital budgets, nor the ministry's budgets, and in no way is it a move towards anything of the kind.

I think as a government our dedication to maintaining the best hospital care system in the country is pretty clear, not only in terms of funding the hospitals which incidentally has gone up \$380 million in the last year of NDP government to \$650 million this year — pretty close to doubled — that's a pretty clear indication in 3½ years of government how we feel about hospital care services in this province. We have no intention of allowing those services to do anything but remain the highest in the country and probably the highest on the continent.

You just have to inspect the record to see that that kind of speculation is completely unfounded. There's no such thing as a user-pay principle in this province and there isn't about to be.

Mickleburgh: Turning to the role of hospital boards, how do you balance their role with the role of government in funding health care?

McClelland: Well, very carefully. It's a different situation than, for instance, school boards who have responsibility for some of the taxing power, as well, or municipal councils who have their responsibility for taxing power. Hospital boards don't have any of that responsibility for taxation for raising their own funds. Yet there's a principle involved which is a good one, I think, and that is the local area is better equipped to both manage and plan for the future than is some central organization in Victoria or anyplace else.

It's important that we do balance that because of the need for some kind of local control. We run into trouble with it from time to time. We get into conflicts. You know, we're the providers of the means by which our hospitals can continue to operate, so there are bound to be conflicts from time to time. I think, though, that over the years, and I'm just not talking about our government, I'm talking about the system as it's developed over the years... has minimized those conflicts and has shown itself flexible enough to work them out without serious disruptions of the services.

I think we can be proud of that. I hope we can maintain it, as a matter of fact. I'm pretty committed right now in my role as minister of health to that kind of a system no matter how difficult it might get at times.

Mickleburgh: Are you saying that for the hospital boards to have to fight for their money is a healthy situation?

McClelland: No, I'm not saying that at all. I don't think anybody fights for money. First of all, I don't like the term at all. People negotiate for funds in all kinds of ways. Unions negotiate with their employer. Doctors negotiate with our medical services plan. Hospitals, in some ways, negotiate with us based on the kinds of services they believe their community needs.

All I'm saying is: they're in a much better position to be able to look at their community and say, look, here's the optimum level of service we'd like to have. They are also aware that it may

not be possible for them to reach that optimum level in the time frame that they might be looking for.

But they can still be the advocate for that kind of service within the community, much the same as the doctor is the same kind of advocate for a certain kind of service within the hospital. It's a good system and it's provided us with a good level of service. I'd hate to see it ever lost.

Mickleburgh: Why should a member of the Hospital Employees Union vote for Social Credit in this election?

McClelland: Well, in the first place, I think our record will show that we have developed the kind of economic stability that will allow him to have a job over the long haul, and I'll tell you that just working within the hospital system, everyone who is working within that system should study the rest of the world. And they'll find that costs are the object of the most serious concern by every government in every jurisdiction in the world right now.

We're seeing situations right now where the hospital systems are collapsing in some other parts of the world. Great Britain is in chaos. The United States ... I was just reading as a matter of fact the other day ... there was an article in U.S. News and World Report, pointing out that in New York City, 25 hospitals have closed their doors because of bankruptcy. What I'm saying is that the reason many hospitals and many hospital systems around the world are in trouble is that they did not provide the kind of stability in budgeting that is necessary to make sure that that system can continue.

What I'm saying is that in British Columbia we've done that with Social Credit. We have developed the kind of economic base that can ensure that we can continue to make sure that British Columbia leads Canada in the provision of health care services. I'd just like to close that comment or political speech or whatever by saying that not only do we provide 28 per cent of our budget for health care in this province — the largest in Canada — but we are the only province in Canada which has been able to introduce major new social programs in the last three years.

Our long term health care program, of course, is the most major of those. There's also universal pharmacare. Now we'll be introducing denticare, and it's not an accident that we've been able to do that. It's because of the good management of our economic health that we've been able to look after our social health. It's really as simple as that. That's why I think members of the Hospital Employees Union should be voting for the Social Credit party.

Cocke

Mickleburgh: You've probably seen those Social Credit ads claiming that hospital construction is way up under their government compared to the NDP. Are those ads accurate?

Cocke: Well, they're typical Socred ads. What they do is lump everything together that has been on the drawing board and completed during their term of office, plus anything that they've got going now and to some extent anything in their imagination. Ask a construction worker whether or not they've been building hospitals. Completing them? Sure. The ones that we started. They couldn't

stop the Royal Columbian or the Queen's Park or the extended care hospital at UBC, and many others. They're doing a lot of talking and not too much doing.

Mickleburgh: Are the figures accurate, though?

Cocke: I don't think so, no. I don't see how they came up with those figures at all, but I've been looking at all their figures during this election. The one thing you must bear in mind: when you see our ads, you see under the ad or in the ad, the source. I've yet to see a source for a Social Credit ad.

Mickleburgh: Do you feel that Social Credit is spending enough money on health care? They claim the health care budget has gone up from \$318 million under the NDP to about \$650 million which is 28 per cent of the budget, which they say is the highest percentage in Canada.

Cocke: Well, you know, it's very difficult to show a comparison. Some provinces put one thing in other areas, and so on and so forth. No question about it. They've lumped an awful lot of things into health care, and you know, there's a large fraction of the budget. But after all, it's one of the highest priorities in people's lives, and so, as far as I'm concerned, they're not spending money with gay abandon. They're crushing many of the first class programs that we set up.

Mickleburgh: Can you give some examples?

Cocke: Well, let me give you the example of the hospitals. The hospitals are in a position right now where patient care is jeopardized, just because of the fact that they're leaning so heavily on them. They're short-staffed and the people are under-served within those facilities.

Mickleburgh: But \$650 million is a lot of money.

Cocke: Nonsense. The last issue, that is the last quarterly report from the Economic Council of Canada, said that health care is well within the means of Canadians, that it only requires seven per cent of the gross national product and that's well within our means and well within our expectations.

Mickleburgh: Would the NDP increase hospital spending?

Cocke: The NDP would have to. Not throw money away by any stretch of the imagination. What the NDP would do would be to sit down and see to it that all the areas of hospitals are properly served and make sure that the funding was there for it. Look, we believe in universal health care. That's all there is to it.

Mickleburgh: Another proud boast of Social Credit is the long term health care program. Is it as good as they say?

Cocke: Well, they're having a great deal of trouble. You see, when you bring in a long term care program, what you need more than fanfare is backup facilities. And the acute care hospitals are still overrun with chronically ill patients who should not be in those hospitals. But you see, they quit building extended care hospitals and now we're in the same position we were back in 1972. They're just not providing the backup. Beyond that, they take all the credit for a program, most of which we negotiated when we were government with the federal government.

Mickleburgh: What changes would you make to the program if the NDP is elected?

Cocke: Just improve it. Get some more facilities on line so people can be properly served.

Not everybody can be served in their home. Naturally, we believe in serving as many people as possible within their home but there are others who need to be served in a form of hospital.

Mickleburgh: Do you think there's any kind of evidence that the Social Credit government is moving towards a user-pay philosophy in the hospitals?

Cocke: To some extent. You know that they've increased the cost per patient day to patients. They've increased all other aspects of health care in terms of the patient's participation. Yeah, they're taking it away from universal care, and as it increases in that respect, the senior citizens and the working poor will not have the same access as others do.

Mickleburgh: You mentioned the per patient day costs. Obviously, it went up quite a bit under Social Credit. Would you reduce those costs?

Cocke: Yeah. Look, the NDP has to look at the whole situation, and find out where we can reduce costs. Certainly, there are areas where you can reduce costs. We're certainly not going to see people charged who can't afford to pay.

Mickleburgh: When the NDP was in power, there was a policy of government purchases of private hospitals. Would you revive that?

Cocke: Where the private hospitals were worth purchasing.

Mickleburgh: To what extent? Some people charged you wanted to take over every private hospital in the province.

Cocke: No.

Mickleburgh: Well, which ones would you look at?

Cocke: Those that fit the need that we had at that particular time. The ones that I bought were ones to create beds for extended care patients, and some intermediate care patients.

Mickleburgh: Do you think the Socreds are paying too much attention to the private hospitals? Giving them too many funds?

Cocke: No. Private hospitals are having a tough time, I understand.

Mickleburgh: Some people have suggested that under the Social Credit government, taxpayer funding of the private

hospitals is being used to supply their profits.

Cocke: Well, yes, that could be. I just think the whole thing is in chaos.

Mickleburgh: What about local hospital boards? How much autonomy should they have in setting their own budgets?

Cocke: I believe the whole question of hospital boards has to be changed. We were looking at a whole new set of criteria for hospital boards. I believe there must be local participation on hospital boards, but I also think there should be participation from within the hospital ... on a minority basis. You can't give the workers the majority. What you can do is see to it that the hospital workers duly elect one of their members on the board, the nurses, doctors as well.

Mickleburgh: And having that kind of set-up, would they have the autonomy to control the purse strings?

Cocke: You can't control purse strings 100 per cent. There has to be so much money allocated to health and as long as that money is reasonable, at some point, you have to say, okay, you have to live within those means. But that has to be something that's well thought out, and at the present time, particularly with our archaic system of budgeting, it's just not working.

Mickleburgh: Did the NDP make any changes in what you call this archaic system of budgeting?

Cocke: Not to the extent that we wanted to. No. It's something we were looking at very seriously.

Mickleburgh: Is the 7.5 per cent budget increase announced by Health Minister Bob McClelland adequate to meet the situation?

Cocke: McClelland has announced five, 7.5 and then he's been all over the block. As far as I'm concerned, anything he has to say now bears very, very hard look, because, as I see it, in talking to a number of the hospitals, they're in tough shape at the present time. Most of the people you talk to are scared to death, fearing that the Socreds are going to get back in and therefore, they're keeping their mouths shut. It's unfortunate.

Mickleburgh: What would the NDP do? Increase the 7.5 per cent figure, or look at each case individually?

Cocke: Well, just look at our

record. When I took over the health ministry in 1972, following the Social Credit who had put a freeze — remember they said they would only pick up 70 per cent of the negotiated wage increase that year — we picked up the whole negotiated increase. You can't say to hospitals, okay, go out and negotiate with your workers in good faith, and then when they come in with their settlement, say we're only going to pay a portion of it. Because there's only one source of revenue for hospitals and that's the hospital plan.

Mickleburgh: Would the NDP revive the Foulkes report?

Cocke: Yes.

Mickleburgh: Completely?

Cocke: There are many areas in the Foulkes report that are excellent areas and certainly a lot of that report deals with areas of prevention, and so on. We think it's a report that will last many, many years in terms of telling us ways to go.

Mickleburgh: Can you give some examples of areas of the Foulkes report which you would be examining very seriously?

Cocke: Oh, well, areas of infant care, pediatric care. We'd be looking at the Berger commission (sic) in that particular area. We'd be looking at community clinics and health facilities, and so on. All sorts of things.

Mickleburgh: You don't think some of those sorts of things would send costs soaring out of sight?

Cocke: You know, I wouldn't say we'd be looking at these things if I thought they would send costs soaring out of sight. No, we're interested in providing a first class service at the lowest possible cost.

Mickleburgh: Could you sum up why a member of the Hospital Employees Union should vote for the NDP in this election?

Cocke: I think all I have to say is just 'remember when'. All they have to do is compare 3½ years of NDP, and 3½ years of Socred, and I don't think I need say any more. Just look at the record.

Mickleburgh: You won't give a specific reason?

Cocke: I think that is a specific reason. There are so many specific reasons, one could hardly enunciate them all. Things were good for health care, then.

PARTING SHOT



Smile, it could get worse

By **HOWIE SMITH**

The layoffs have already started. They're the result of Social Credit cutbacks in B.C.'s hospitals.

The Hospital Employees Union, in mounting their public campaign to protest the cutbacks, has pointed out that not only will hospital workers be losing their jobs. The quality of health care in B.C. will deteriorate and everyone will lose. At best the union faces an uphill battle and you may find yourself saying "Smile, it could be worse..."

But what if the cutbacks were made under different circumstances. What if the Socred government had first passed a "right-to-work" law (as some claim they plan to do in the future) and what if they then brought in hospital cutbacks?

It could go like this...

Hospital management, faced with an immovable government, looks for a way to trim costs. Could they make cuts in medical supplies? No, say the suppliers, either pay the price or do without. So they look elsewhere. How about wages? The workers have a contract setting out wages and conditions. It was negotiated in good faith through their union and signed by management. It seems there is no way out of it. But wait. What about B.C.'s new "right-to-work" law? Management calls in their lawyers, they have a conference... and come out smiling. The next day the newspaper ads appear: HOSPITAL WORKERS WANTED — salary: minimum wage.

Two weeks later the layoffs start. Everyone who receives a notice is a union member. Some of those laid off have been there over ten years, some only three months. They all get two weeks notice.

The union reacts swiftly, taking hospital management to the Labour Relations Board and then to court. They claim that management is violating their signed agreement and that the agreement applies to all hospital employees. Management disagrees. They argue that the new "right-to-work" law allows them to hire whoever they want, union or non-union. Wages they say, are now an individual matter between management and each worker.

Time drags on. Several months later half of the employees are receiving minimum wage. Some are new, others, frightened of losing their job, have agreed to a cut in pay. Finally, the court makes its ruling:

"A non-union man's rights would be diminished, reduced, curtailed or shortened if a union acted as his agent because the union might insist upon higher wages or shorter hours than the non-union man might be willing to accept in order to remain gainfully employed. Hence it was a violation of the act for the union to seek recognition as the sole bargaining agent."

In other words, under "right-to-work" every individual is guaranteed the right to work for less, regardless of negotiated union wage rates.

The union has lost. Within a year only one quarter of the hospital employees are still union members. Conditions slowly worsen but little can be done. The following year hospital management applies to decertify the union. A vote is taken and the union loses. "After all," one worker is heard saying, "who wants to pay dues to support a union that can't even make management stick to a signed agreement? It's either work for less or don't work at all."

Sound too fantastic? An impossible nightmare? Unfortunately it isn't. It's all too possible under so-called "right-to-work". In fact, the words of our made-up court decision are all too real. They were spoken, word for word, in the Supreme Court of the State of Louisiana in 1955, during a test of that state's "right-to-work" law.

The prospect of our own hospital management (the Health Labour Relations Association) pitting a group of low-paid, non-union workers against a better paid unionized work force isn't that far-fetched either. Take for example the summer of 1978 when more than four hundred provincially subsidized student jobs were sacrificed by the HLRA in an attempt to establish a lower paid, non-union class of workers in hospitals. In that instance, the HLRA insisted that they be allowed to pay non-union student workers a wage rate 30% below union scale. The union objected, saying that the students were entitled to full union rates. The Vancouver Sun confirmed union fears when they reported that "Burnaby General Hospital has admitted before the Labour Relations Board that it gave union jobs to students because student wages were lower."

HLRA spokesman, Chester Hooper, denied that there was any attempt to undercut the union agreement but was quick to point out just how easy it would be to enlist this lower paid workforce: "The boys and girls are all out there waiting... They'll break down the doors at that (lower) rate."

If British Columbia had a so-called "right-to-work" law, they wouldn't have to break down any doors. After such a law had stripped B.C. workers of their right to secure union protection, everyone would be "free" to work for less.

That's the real story behind "right-to-work". So when you think of the current Social Credit cutbacks against our health care system and someone says "Smile, it could be worse..." just think about the possibility of this government giving us a "right-to-work" (for less) law and remind them of the end of that saying — "So I smiled, and sure enough, things did get worse!"

EDITORIAL

Socreds give back "blood money"

As Premier Bill Bennett was fond of saying in the early part of his term, the government has no money of its own. It collects and spends only as the agent of the people.

Ideally, it should collect and spend each year no more or less than is needed for the efficient management of the province's affairs. In practice, it rarely works that way. Political planning, rather than financial planning, usually dictates budgetary policy.

It would be nice to think that the latest Social Credit budget reflects today's economic realities in British Columbia — that things are so rosy that we can suddenly afford hundreds of millions of dollars in tax cuts.

The truth, of course, is that the Socreds are able to offer all this relief only because they have collected too much money in their first

three years in office. They have deliberately and cynically distorted the financial and economic realities for political gain.

When they should have been reducing taxes or spending more to alleviate the hardships of unemployment and soaring education and medical care costs, they were socking the money away for an election bribe.

Bennett and Finance Minister Evan Wolfe would have us believe that the budget is evidence of prudent financial management. In fact, it is just the opposite. The accumulation of \$285 million in surpluses in two years means nothing more than that the government took that much more out of the people's pockets than was needed — at a time when they could ill afford it.

The true motives behind this budget are betrayed by the way in which all this largess

is distributed. Are things really so good that we can have a lower sales tax than was possible through all the boom years of the W. A. C. Bennett governments? Last year the sales tax was reduced to five per cent only with the generous assistance of the federal government.

We have a crisis in medicare and education, but the health and education budgets are up by only half the inflation rate. Arbitrary cabinet orders prevent municipalities, school districts and hospital boards from meeting their true costs while handouts go to individual taxpayers. Municipalities, school districts and hospital boards do not vote. Individual taxpayers do.

Those tempted to bite the carrot Bennett is now dangling in front of them would do well to remember the stick he used to beat them when

he came to power. Blood money paid for that carrot. The seven-per-cent sales tax, the doubled ferry fares and auto insurance premiums, the multiplying gas and electricity bills the horrendous property taxes and all the other punishments that the Socreds inflicted on the people of B.C. for having dared to throw them out of office in 1972.

Not all the goodies the Bennett government can offer can erase the memory of those vengeful acts — acts now proven, by the Socreds' own budget, to have been financially and economically quite unnecessary.

The relief now being supplied is what British Columbians have earned, not what the government has given them. It comes in spite of the Socreds, not because of them.

From VANCOUVER EXPRESS