

**Working Lives**

**Volume 2**  
**New Realities in**  
**Health Care and Job Safety**

**A Project of the**  
**Writers' Alliance of**  
**Newfoundland and Labrador**

In This Series:

- Volume 1. A Hell of a Good Job! Finding Work that Matters**
- Volume 2. New Realities in Health Care and Job Safety**
- Volume 3. To Every Work a Season: Adapting to Change**
- Volume 4. Chance and Luck: Making a Job**

## **Book 2: New Realities in Health Care and Job Safety**

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## Foreward

*Working Lives* is the third in a series of literacy materials projects undertaken by the Writers' Alliance of Newfoundland and Labrador. The project was produced in conjunction with the Educational Resource Development Cooperative. As with our previous projects, Newfoundland Books on Tape and The Newfoundland and Labrador Adult Basic Education Social History Series (both produced in conjunction with the College of the North Atlantic), the aim is to create relevant and engaging literacy materials that speak directly to the concerns and interests of adult learners.



*Working Lives* is geared towards students in the ABE Level I category. Due to subject matter, however, there is some slight variance in the degree of reading difficulty. All essays are accompanied by questions for discussion and, where deemed necessary, word lists and follow-up notes and activities.

The groupings of the essays into each of the four volumes of *Working Lives* were designed to reflect general themes such as health care, starting a small business and workers' injuries. It should be stressed, however, that these groupings are not meant to imply more than slight thematic connections. In all instances, the essays can stand on their own. Neither are the groupings meant to suggest incremental reading difficulty. Teachers should feel free to dip into all volumes of the series and mix and match essays to suit their particular needs.

As with the Social History Series, *Working Lives* will also appeal to high school and university students, as well as the general public.

The writers and editors of *Working Lives* found the creation of the essays to be politically, socially and spiritually stimulating. If we can inspire the same enthusiasm in adult learners, improvement to their overall literacy skills will be assured.

## Acknowledgements

The essays and accompanying notes and questions in *Working Lives* were researched and written by Ed Kavanagh, Carmelita McGrath, Kathryn Welbourn, Marian Frances White, Kathleen Winter and Michael Winter. The series was edited by Janet McNaughton. Overall coordination was provided by Ed Kavanagh. Workshopping and professional consultation services were provided by Marion Cheeks and Deanne Hulett of the Educational Resource Development Cooperative. Funding for *Working Lives* was provided by the National Literacy Secretariat.

## **Working Lives    New Realities in Health Care and Job Safety**

The Writers' Alliance of Newfoundland and Labrador and the Educational Resource Development Cooperative would like to thank the following for help in the production of *Working Lives*: Jane Burns, Darmonkow & Associates, Susan Hoddinott, Donna Kavanagh and students at the Waterford Bridge Road Centre (College of the North Atlantic), Garry Leyte and students at the Education Centre (Salmonier Correctional Institute), the National Literacy Secretariat, Bill Smith and students at Her Majesty's Penitentiary Learning Centre (College of the North Atlantic) and Patricia Warren of the Writers' Alliance. We would especially like to thank all of those who kindly consented to be interviewed for *Working Lives*.

## Introduction

It may be argued that, as a title, *Working Lives* is somewhat redundant. Is it possible to live a life without working? Most people would agree that it isn't. Work and our relationship with it—no matter how tenuous or ambivalent—helps to define who we are. It gives a face and texture to our communities. Like death and taxes, it is something from which there is no escape.

But what exactly is work? Webster's offers a full page of definitions dealing with the many permutations and nuances of the word. Clearly, work is a complicated matter. It is, of course, much more than this nutshell dictionary offering: "Action involving effort or exertion, especially as a means of gaining a livelihood." Work is certainly that. The people profiled in *Working Lives* know all about effort and exertion. For them, gaining a livelihood is always a struggle. But work and the pursuit of work casts a wide net. In the effort to improve our working lives, to make our work more meaningful, or in merely attempting to put bread on the table, there are stories to be found: stories of triumph and defeat, new beginnings, courage, adversity, confusion—the whole gamut of human emotion. It is this larger vision of work which *Working Lives* seeks to explore.

Work has never been a simple matter. Stories about the good old days when everyone had jobs—and presumably were happy with them—are fantasy. But in the late 1990s work has taken on a multitude of guises which our ancestors could never have envisioned. The traditional work scenario of a person toiling at one steady job for his or her entire working life is rapidly becoming out of date. The modern era is marked by job sharing, contracting out and increasingly stiff competition for the few available jobs. In addition, technology and the global economy are providing new challenges. Some traditional jobs are becoming extinct or highly mechanized. For many, the clunk of the axe is being replaced by the click of the keyboard.

While the pursuit of meaningful, financially rewarding work is a concern for everyone, it poses special challenges for people with low literacy skills. It is our hope that adult learners who, like all of us, are concerned about job prospects, out-migration and the myriad of factors that affect job markets, will be drawn in and, in some cases, inspired by the compelling stories collected in *Working Lives*.

There are many kinds of stories here. Kathleen Winter's "Creek Crossing Tragedy" details an injured worker's search for justice and spiritual healing. In "Chance and Luck: Two Stories of the Working Disabled" Ed Kavanagh profiles two people who overcame severe physical disabilities to build rich and rewarding lives. "Inside Health Care" by Carmelita McGrath

explores the deteriorating working conditions and accompanying stresses of our health care professionals. In "Shoot" Michael Winter goes behind the scenes to explore, in a humorous way, some of the less glamorous jobs in the making of a feature film. Marian Frances White's "Cutting Trees on the Rock: Logging in the 1990s in Newfoundland" details the tensions that arise when money and job interests meet environmental concerns. "Quitting Time" by Kathryn Welbourn proves that even in an age when jobs can be as hard to find as a doctor in an emergency room, the time can come when enough is enough, and even the spectre of a long unemployment line can have its appeal.

## **Working Lives    New Realities in Health Care and Job Safety**

Throughout *Working Lives* the reader will meet a gallery of unique and vibrant personalities. Gerard Hamilton turned from the uncertainty of the fishery to the uncertainty of the music business; Phonse Tucker considers the woods his warehouse; Karen Pottle is putting a new spin on the fashion business. There are all sorts of people here: boat tour operators, artists, IT workers, domestics, recyclers and fisheries observers. Their stories, slices of their working lives, will lead readers to examine their own attitudes about the activity that occupies so much of our precious time and, ultimately, tells us who we are.

## Inside Health Care

*Carmelita McGrath*

### Word List

**Emergency:** A sudden, unexpected situation, like an accident or injury, that has to be dealt with right away.

**Neurosurgery:** Surgery to deal with problems with the brain and nervous system, including the spinal cord.

**IV or intravenous:** Through a vein. Some patients get food and medicine through IV lines.

**Casual workers:** Workers who do not have regular full-time or part-time jobs. Casual workers are called in to work when they are needed.

**Shop steward:** A worker who is the union representative for a group of workers.

**Catheter:** A thin tube used to expand an opening in the body.

**Vital signs:** A person's pulse rate, temperature and respiratory rate.

**Developmental delay:** A slowness or problem in moving from one stage of physical or mental development to another.

### In Emergency

Last week, late in the night, Ted had to bring his mother to the hospital. He heard her get up and wander around. He jumped out of bed, but before he got to the light switch in the hall, he heard her fall.

Sitting in the emergency department, Ted blamed himself. His mother should be in a nursing home. He should have tried to get her in sooner. Waiting, he felt helpless. His mother was in pain. Doctors and nurses came and went. They always seemed to be in a rush. His mother was examined and given a pill for pain. "Her hip is broken," the doctor said. "She will need surgery. We will get her a bed as soon as we can." Ted thought about the stories he had read about health care in the paper. How long would his mother have to wait?



## What We Know about Health Care

Few of us will escape the health care system. We will get sick or be injured. These things will happen to people close to us. Health care is a part of all our lives.

We all hear and read stories about the health care system. We hear of cutbacks, closed beds and changes. We hear of new treatments and ways of doing things. People tell of how they were helped by health care workers. Others tell of long waits, and not much help at all.

For many people the health care system has a different meaning. It is where they work and spend large parts of their lives. What are these people like? What are their jobs like? What kinds of working lives do they have?

Here are the stories of two health care workers. Between them, they have cared for the sick and injured for 50 years.

### Lynn: a Nurse's Story More Than a Job

It is 8:00 on a warm summer evening. Lynn sits on a bench outside the Health Sciences Centre. She is waiting for a friend to pick her up from work. Her day has been a busy one. Summer is the season when there are the most traffic accidents. They make her job even more busy than usual. As she waits, Lynn closes her eyes. She tries to put her day behind her. She thinks of her children waiting at home. Perhaps she will barbecue this evening. She might sit outdoors with her girls and listen to them tell her about their day.

"Hey, Lynn, Lynn!" a voice calls. Her friend waves from the car. Lynn knows she was falling asleep on the bench. This sometimes happens at the end of the day. Some days, before she leaves work, she says to her boss, "Are we supposed to limp home? Is that a rule somewhere?" Lynn is a nurse. She just got off a 12-hour shift. She spent most of that time on her feet.

Although Lynn is often tired when a shift ends, she would not want to do any other work. She has been a nurse for 18 years. Long before that, she knew what she wanted to do. She was in Grade 6 when she decided she wanted to be a nurse, and nothing changed her mind after that. She had family members who were nurses. She heard them talk about their work. She thought nursing might suit her. She wanted to work with people, to do things that would help people live better lives. Working with people is still the best thing about her job.



## Working Lives New Realities in Health Care and Job Safety

When Lynn finished high school, she trained at a school of nursing for three years. Back then, it was easy to get into a school and easy to get a job. She had her pick of jobs. She went to work right after her training. She worked first with head injury patients, and this led her to the job she has now. She works on a neurosurgery unit. This is where people come with serious head or spinal cord injuries or problems. Most of her patients need surgery and a lot of care.

When Lynn started work, health care in Newfoundland was growing. New hospitals opened. New units opened to offer treatments that patients could not get here before. This growth made many jobs in health care. Today, Lynn is glad she started nursing when she did. Things are different now.

Just about every week, the newspapers have stories about cuts to health care. Lynn reads the papers, but she also knows the stories from the inside. She knows nurses who have worked for six or seven years, and still do not have permanent jobs. They are casual workers: the hospital calls them when it needs them. She knows other nurses who worry about losing their jobs. She knows nurses who have moved to the United States to work. There are always ads in the paper offering nurses sunny weather, good wages and benefits and the chance of a secure job.

Lynn does not worry much about losing her job. With 18 years as a nurse, she has seniority—the years of experience that mean her job is pretty secure. Many others with less experience will be laid off before she is. Still, she has often thought about what it would be like to lose her job. She wonders: If I got laid off, what would I be? I am a nurse. Being a nurse is as much a part of me as being a mother.

### A Nursing Shift

Nurses work a shift system. A full-time nurse works at least 75 hours in two weeks. There might also be overtime. Nurses cannot do more than three shifts in a row. One week is hard, when the nurse works five shifts or 60 hours with a break in the middle. Then the nurse has two days off. The next week is easier, with only two shifts,

Lynn works a little less than full-time. She is a permanent, part-time nurse. She works 6 shifts or 72 hours every two weeks. Lynn knows that people who have not worked in health care might think a 12-hour shift is stressful. But Lynn can't imagine working 9 to 5. She had to do that for a week when she worked on a committee. She found it hard to organize her time. She depends on her days off to do other things and to take care of her family. She got used to this routine over a long time.

When Lynn works the 8:00 a.m. to 8:00 p.m. shift, she knows she will not see her two daughters much that day. She tries to get to work by 7:30. She likes to have time to get ready. She knows there are people there who have worked all night and want to leave as soon as their shift ends. There may be things to talk about before the night nurses go home.

When Lynn and her co-workers start their day, the first thing they do is walk around the unit. They check the patients and get updates from the last shift. They need to know as much as they can about how each patient is doing, and what help each patient will need during the day.

After that, the nurses do personal care. Each patient must be washed, given food and medications, and made comfortable. Each patient must be turned every two hours. Some of Lynn's patients can do things for themselves, but others can do very little. There are people with brain injuries and people in comas. Some need to get their medicine through tubes in the nose or through IV lines. Others are confused, and don't know what the nurses are trying to do with them. Some get upset.

Each patient has a different schedule. It has times for bed rest, and other times when the patient must be helped to sit in a chair or to walk. Vital signs must be checked. If a doctor comes to see patients, the nurse must drop what she is doing and go on rounds with the doctor.

The personal care is the hardest physical work in Lynn's day. Turning and lifting patients, helping them eat or take medication, takes all the strength in her body.

## **Lynn Always Looks Forward to Coffee Break**

By 11:00 a.m. Lynn feels hot. Her face is red and damp with sweat. Sometimes she thinks, Oh Lord, I've got another eight or nine hours here yet.

By the time the personal care is done, other things are happening in the unit. Patients come back from surgery. Plans are made for their care. The nurses review who might be going home. They make follow-up plans for them. They see what new patients are coming in, and what care they will need.

There is a lot of paperwork. A while ago, forms and records were put on computers. This makes it easier to find information. But it takes longer to put the information on the computer. The nurses spend more time on this than ever before. Admitting one patient takes 45 minutes. But there is no extra time in the nurses' day to do the extra work.

As the day goes on, there is more personal care and patient checks to do. Records have to be updated. Lynn does not know where the time goes.

Lynn likes to feed and bathe people, but it is hard to keep her mind off other things. She feels stress because she is pulled one way and then another. As she turns one patient, she thinks of dressings that must be changed. She thinks about patients going to or coming back from surgery. She thinks of new patients coming in. She has to help meet all their different needs. Then, after supper, visitors will come in and ask how patients are doing. It is hard to think of one thing at a time.

## Many Kinds of Work

Nurses do many kinds of work on Lynn's unit. Years ago, things were different. There were more nursing assistants then. Now there are hardly any left where Lynn works. Lynn feels that her employer knew it would save money to have fewer nursing assistants. On Lynn's unit, nursing assistants would not be trained to do as many things as nurses can do. There might be times when they would not be busy. The hospital does not want this. So the nurses have more things to do.

Nursing assistants could do personal care. But this is the work Lynn likes the most. She likes to give patients their baths. It is the only part of the day when she gets to spend quiet time with patients and really talk to them. The rest of the day she is running from one task to another and solving problems. In the 20 minutes it takes to wash someone, Lynn gets to know that person. What she learns helps her give the person better care and make better decisions.



Lynn believes that the close attention nurses give their patients helps them know things that are not on a person's chart. "Now, we're not witches or anything, but we get a feel for things," Lynn says. Not long ago, a nurse who worked with Lynn told her about a patient she had. Everything on his chart was right. It seemed he was getting well, but the nurse had a feeling something was wrong. She told the patient's doctor this, but he said there was no need to worry. Two hours later the patient had to have emergency surgery. Lynn gets this feeling herself, and can't explain it. She believes it comes from watching people closely, getting to know them and noticing the small changes in their bodies and their minds.

People coming in for surgery on Lynn's unit are asked to show up by lunch time. But sometimes they don't show up until much later. Then there is a rush to admit them before the shift ends. Lynn likes to plan things so that all the work gets done. But she can't plan for emergencies. Over 50 percent of the patients on her unit are emergency admissions. Sometimes, near the end of the day, there are two or three people waiting to be admitted. There are still charts to do and things to update before Lynn can go home.

## Working with Cutbacks

Lynn does not worry about losing her job, but she has seen what cutbacks in health care can do. She knows it is important to spend health care dollars so they go as far as they can. She thinks there are ways to save money and still give people good health care. But she thinks some changes are made too fast.

One of the big cuts in health care has been in support staff. These are the people who keep hospitals clean and carry out many other tasks. Lynn can see what these cutbacks have done. The hospital is not as clean as it used to be.

Lynn and her co-workers have to run around to find the things they need. Some mornings, the nurses wash patients with cut up blankets because there are no clean face cloths. The laundry now closes on the weekend. Some Mondays there are no clean sheets. Some beds are wet with urine. Lynn does not think that patients should have to lie in dirty sheets.

Some days the garbage piles up. Bags get full, and garbage falls out on the floor. Tables have not been wiped. Rooms start to smell bad. Lynn does not want patients or visitors to see this. Cleaning is not part of Lynn's job, but some days she does it.

Lynn's employer says that she does not have to clean up and empty garbage. But Lynn feels she has to do it. She can't walk away from the dirt and leave her patients in the middle of it.

There have also been cutbacks to managers. Once, there was a manager on every shift. The manager took sick calls from staff and called in others to replace them. She assigned nurses to very sick patients who needed a nurse all the time. She took care of calls for beds. Sometimes, a patient in emergency needs a bed and someone has to be moved. Now nurses do parts of the manager's job.

Sometimes, when nurses leave or are moved from their jobs, the jobs are not filled. Casual nurses are called in. This saves the employer money. It costs 14 percent less to hire a casual nurse. Casual nurses don't get benefits or overtime. The employer can call them in or cancel their shift on a moment's notice. Casual nurses wait by the phone or carry cell phones. They keep babysitters on call, and sometimes pay them even when there is no work. They may be very busy for a while, and then have no work at all. Over 20 percent of Newfoundland nurses are casual. Lynn thinks that there could be more full-time jobs. She sees the need for them every day.

Regular nurses try to get the same casual nurses in time after time. This makes it easier for everyone on the job. It is harder to work with casual nurses who do not know a unit well. Then regular nurses have to find time to teach them what they need to know.

Lynn knows that when people think of hospital cutbacks, they think of fewer beds or patients. But numbers do not tell the whole story. There has been another kind of change. Many patients are sent home to get well. The patients that stay in hospitals now are very sick. Lynn's unit has 16 beds, but some days there are only seven or eight patients. A manager, or a person walking by, might think Lynn is not so busy. But these patients may be so ill they need care around the clock.

## **In Sickness and in Health**

Cutbacks create stress for nurses. But there are other kinds of daily stress that affect their health. Lynn feels that nurses are so busy looking after others that sometimes they do not

look after themselves. She herself feels a pressure to keep working when she is sick. "Nurses are not supposed to get sick," she says.

Many nurses are injured on the job. Long hours of standing and the physical effort of lifting and turning people can lead to leg and back injuries. Lynn says that every nurse she knows has a bad back. Nurses are not supposed to lift and turn patients alone. But Lynn has done this. Sometimes a patient calls out for help and there is no other nurse there to assist her. "So I go and do what has to be done," Lynn says. Afterwards, she feels the pain in her back and arms. She wonders, Now what did I do that for?

Some nurses are injured over and over again, until they can no longer work. Lynn knows of an injured nurse who is on social assistance. All the benefits injured workers can get have run out, and she has had to give up nursing. Lynn believes it is important to take care of one's own health. But it is hard to do. Once Lynn worked for days with a broken foot. When she finally found out that the injury was serious, she told her manager she had to take time off. "Well," said the manager, "if it's broken I suppose you'll have to."

## **Time off with the Family**

"Mom, are you going to be here Christmas morning?" Lynn's daughters start asking this question in September. She knows how important it is for her to be there. Lynn is a single mother. For the last 17 years she has had to work hard to balance her work life and her family life. One of her daughters is 17. The other is eight.

Lynn feels she is lucky. She has not had to work the 8:00 a.m. to 8:00 p.m. shift on Christmas Day. Last year she worked the night shift on Christmas Eve. She got home to see her daughters open their presents. She was very tired, but it was worth it.

When Lynn's girls were small, it was hard to get time to spend with them. If she worked from morning to evening, they could be asleep when she left for work, and in bed again by the time she got home. At times she hardly saw them for two or three days at a time. Lynn is happy that her mother has always been there to look after her children.

Long ago Lynn found ways to spend time with her children. When she would be gone all day, she would tell her mother, "Leave the bath for me." She would come home at 8:00, have supper, then give her child a bath. This was quiet time to relax. When the girls were older, she used this time to help with homework. Lynn's older daughter has a learning disability. Sometimes they would work together until 11:00 at night. Now her daughter is in Grade 12 and doing well. Lynn's younger daughter needs only a little help. There is more time to relax. Lynn never tries to do housework at night. She does not have the energy.

On Lynn's first day off in a shift, she is glad when her daughters are in school. She is too tired to do anything. She feels she is "just falling around." She takes the day to gather her strength, and uses the next day for housework and shopping and all the other things that wait at home while she works.

## **Working for the Union**

Lynn is the kind of person who speaks her mind. Eight years ago, she became active in her union. This happened because of something that was going on at work.

A patient on Lynn's floor was very sick. The woman's husband was abusive to the nurses. If there was a piece of tissue on the floor, he would stomp and scream. If there was a wrinkle in a sheet, he said the nurses were making his wife share a bed with someone else. This went on for over a year. It got very hard for the nurses. They were afraid of the man.

The nurses complained. The manager said, "Just go in before he comes and make sure everything is just so."

Lynn felt this was not right. She thought the woman should get the same care as everyone else, but no more. She did not think that nurses should have to please this husband. She felt that no one cared. So Lynn started to write down what was going on. She brought her notes to the Nurses' Union. The union tried to solve the problem. After that, Lynn volunteered to do union work.

Lynn has worked with the union ever since. She began as shop steward. This is a person who represents one group of workers. She moved on to become Vice-President, and then President, of her union branch. Lynn loves this work, but it takes more time away from her family and that has been hard. Now her union pays her to take time off from nursing every month for union work. But union issues come up all the time. Sometimes Lynn does union work on her days off.

Over the years, Lynn has worked on many kinds of labour issues. She deals with things like hiring, seniority, casual workers, and how and when jobs are filled. Sometimes nurses complain they cannot get their holidays, or are getting the wrong pay. Casual workers complain about working conditions. There is always a little crisis. There are always big issues too—like work contracts and changes in nursing over time. Lynn thinks the union and managers work pretty well together. They try to solve problems instead of fighting over them. Lynn believes that when people understand each other they can work together to make things better.

## **Many Kinds of Issues**

Lynn also sits on a committee that looks at issues that are not in the nurses' contract. They talk about many issues and tell managers about them. They talk about dirty floors, safety, shortage of staff, the jobs nurses and others should do, and many other things.

One thing the committee talks about a lot is mandatory overtime. This is when a nurse is called back to work, and she has to go in. If a nurse is needed, all the nurses on that unit are called. If they all say no, or do not answer their phones, the manager can call the nurse on the top of the list and order her back. Sometimes, nurses will not answer. They might use an answering machine or a phone that shows the number of the person calling.

Some managers have said strange things to try to stop nurses from doing this. Some nurses were told not to buy answering machines or phones that show the caller's number. One manager said that if nurses did not answer their phones, the police would show up and bring them to work. Lynn says nurses were told that if they did not come in because of child care, they would have to show four notes saying that their neighbours would not look after their children.

Lynn knows that most managers would not do these things. But some might say things because they too are under stress. Nurses might take these things seriously. Lynn feels that nurses worry because they are under stress. They are trying hard to hang on to their jobs. She also knows that managers try very hard to call nurses back in. Nurses have been paged at the mall and told to come back to work.

## **Getting Involved**

Lynn wishes more nurses would get involved in issues. People go to union meetings when there is talk of job loss, pay cuts or a strike. The rest of the time many do not get involved. There are 782 union members in Lynn's branch. Often, only 35 will show up for a meeting. Lynn thinks this is because nurses are so stressed and busy. They think only of getting all their tasks done. They do not want to have to think about anything else.

At a meeting a while ago, Lynn said, "You could say over the PA system that a bomb will go off at 4:00. I don't think anyone would move." She worries that people do not take time to look at the issues that affect them. She does not know how to fire them up. She also knows from her own work that once you get involved, it is very hard to turn away from the issues.

## **What Makes It All Worthwhile**

"I'm so bored at work. It's the same old thing every day," a friend of Lynn's says. Lynn listens. She wonders what it would be to feel like this about a job. In 18 years, she has never been bored.

"I love to nurse," Lynn says. When her job lets her be a nurse, she loves it. There are lots of times when she feels she cannot really nurse. Then she runs from room to room, and she does not feel good. Later at home, she remembers saying:

"Just hang on, Mr. Smith, I'll get your painkiller in a minute," or "I'll get back as quick as I can to turn you." And she wonders: Did I really help anyone today?

She likes it when she can get to know people and take the time to help and support them. She gets to know long-term patients and their families really well. She thinks: people for the most part are thankful and giving. She is pleased when someone says "thank-you" for the work she has done. She is happy when a patient who was very ill gets well, against all odds.

She also likes the way people treat her when they have been on her unit and must come back again. It is the most stressful time of their lives, but when they see her they smile and

say, "Oh great, you're working today. I was afraid I wouldn't know anyone when I came back." When this happens, she sees the good in people and in her work.

## **Kate: A Nursing Assistant's Story** **32 Years in Health Care**

When Kate was a child, she thought it would be great to own a little store. She would have all the candy, and sell it to her family and friends. Sometimes, Kate still thinks of having a store or another small business. In three years, she will have to decide what to do with the rest of her life. She will retire. Kate is a nursing assistant. She has worked in this job for 32 years.

Kate went to work right after high school. She wanted to work right away, make some money and enjoy life. "Back then you could get a job anywhere," Kate says. "If you got tired of a place you moved on."

Kate heard there were jobs at the hospital in Corner Brook. She phoned, and they told her to come in to work. She worked there for six months, then went in training for a year. The training was three months in the classroom and nine months on the wards. Then she had to pass an exam to become a RNA—registered nursing assistant. As a RNA, she had her pick of jobs.

In Newfoundland in the 1960s, there was a shortage of nurses. Many nursing assistants were trained to help handle this shortage of health care workers. In hospitals, there were more RNAs than nurses. In one place Kate worked, there was only one nurse for the whole children's ward and the clinic. So nursing assistants did much of the patient care. Back then, a nursing assistant had more things to do than she has today. Kate did dressings and catheters, as well as personal care. Dressings and catheters are not part of her job today. Now, nurses do these things. There are more nurses now, and fewer nursing assistants.



Kate worked in St. John's and in three smaller Newfoundland towns. She started working with children. She liked this. She applied for a job at the Janeway Hospital. In 1975, she got the job and moved to St. John's. She has worked at the Janeway ever since.

## **Working Shifts**

Kate works 14 shifts a month. Twelve of these are 12-hour shifts; two are eight-hour shifts. She works both day and night shifts. The most tiring thing is three night shifts in a row. But Kate is used to shifts. She likes the long stretches of time she has off. She thinks this work

would be more tiring if she had a family to look after. But Kate is single, and she does not have children.

Kate does not have children of her own, but she has cared for children all her working life. She works on a ward for very young children, from three months to four or five years old. There are a lot of children with developmental delays. They need a great deal of care. Sometimes the ward is very busy, and she does not stop. Other times it is not so busy. But Kate says there is always something to do. "They are so small; they almost need someone to care for them one-on-one."

When Kate goes on a shift, the first thing she does is check vital signs. Then she does meals and baths. She takes patients for x-rays, casts, and to other parts of the hospital. She moves children from ward to ward, and admits new patients. Sometimes she just talks to the children or plays with them. They cannot be left alone for long. Some of them are a long way from home. They get upset. They want their families. Kate tries to keep them calm and quiet.

People tell Kate they could not work at the Janeway. They say it would be too sad to see so many sick children. Kate has learned to put her feelings aside. She tells herself she has to do what she can for each child. That is the important thing.

## **A Changing Job**

Once, there would be up to 24 children on Kate's ward. Now there are 12 at most. Only children who are seriously ill or injured stay in hospital now. Things like hernias and eye surgery are day surgery now. Children can go home on the day of the operation. Once, children who got their tonsils out stayed in the hospital for 10 days. Now they stay one night.

Some people say the only reason for shorter hospital stays is to save money. Kate used to think this too, but now she does not agree. She sees children go home, and not many come back. The ones who must go home with IVs or oxygen can leave first on day or overnight passes. Their beds are held for them. Any child can come back if things do not work out. "No child is ever refused," Kate says.

Kate says that parents now do many things that health care workers used to do. Parents often stay with their children, even if the hospital is far from home. They give baths and meals and take temperatures. Sometimes the children want even more. One day, Kate was getting ready to take a child's blood pressure. The little girl said, "Let mommy do that." So Kate let the mother help, and pretended she was the one taking the blood pressure. Kate knows it is harder for the children whose parents cannot be there with them. If families didn't do so much, there might be more jobs, Kate often thinks. Yet she wants parents to do all they can, because that is what their children want. She shows parents things to do to care for their sick children. As she does this, she knows she is giving away part of her job.

Kate does not know what nursing assistants' jobs will be like in the future. They no longer do all the things they used to do. They have taken on no new duties. Kate feels the health care system does not use all the skills RNAs have.

## **Cutbacks**

Cutbacks to health care in the past few years have made many health care workers worry about the future of their jobs. "Everyone wants to add new skills to their jobs," Kate says. "Everyone wants to do more because they want to hang on to their jobs. The more you can do, the better chance you have of working." This has led to conflict between nurses and nursing assistants over who should do what.

Many people think cutbacks in health care are a new thing. But Kate saw the first cutbacks and layoffs in the early 1980s. This really shook health care workers up; they thought their jobs were secure. Now no one in health care thinks of a job as secure.

Kate has not seen many layoffs in nursing care at the Janeway. The children need so much help it would be hard to cut back. But other workers have lost their jobs in housekeeping, in the kitchen and in the laundry. Things are not as clean these days. Where there were two or three cleaners, now there is one cleaner and a new type of machine. The kitchen is closed. Meals are brought in from the Health Sciences Centre. Laundry is in shorter supply than before. One weekend, Kate had to rush from ward to ward in search of enough clean pyjamas and crib sheets for the children in her care. "No one had a dirty bed because of it," Kate says. She believes that in a system that is changing, a lot of things will go wrong and will have to be worked out.

There is one thing that Kate really does not like. Health care is using more volunteers to take over paid work. In some provinces, volunteers do blood pressure. Kate does not want to see that happen here. She does not think it is right for people to work for no pay, when there are skilled people who do not have jobs.

## **Working for the Union**

Kate is pleased that her job offers good benefits like sick leave, family leave and vacation time. She believes in seniority—that a worker's job should be more secure if he or she has worked in it a long time. She also believes that there would be none of these good things without unions.

For seven years, Kate has been shop steward in her union. Her union is NAPE—the Newfoundland Association of Public Employees. She represents nursing assistants, but the union represents many types of workers. One big issue for her union is that many full-time or permanent jobs are not filled. There is more temporary, casual and part-time work than ever before. These workers get fewer benefits. They may be temporary or part-time for seven or eight years. Kate has seen workers take permanent part-time jobs in the hope of getting a full-time job. When they don't get on full-time, they switch to casual work to try to get more hours. It is very hard for these workers to plan their lives.

## **A Bad Time to Be Injured**

Kate keeps a close watch on issues that affect the health and safety of workers. When rules and laws change, the effects of the changes may show up in strange ways. When Kate

hears that more workers are calling in sick, for example, she wonders if this is what is really going on. Some people who call in sick might have been hurt on the job. Why would an injured worker call in sick?

Workers' Compensation is responsible for paying benefits to injured workers. The rate it pays changes over time. A few years ago, injured workers could get 90 percent of their pay through Workers' Compensation. The rate went down to 75 percent, then up again to 80 percent in 1998. But there was another change. Until 1993, workers and their unions could bargain with their employers to have the employer top up the amount so that workers got 100 percent of their pay. They can no longer do this. This saves the employer money. In Kate's case, it saves the government money. Government pays the salaries of health care workers.

Kate thinks such changes may put workers at risk. Workers hurt on the job might call in sick, because sick leave is 100 percent of their pay. They may come back to work before they should. Many would rather work with an injury than lose pay by going on Workers' Compensation.

## **Many Kinds of Issues**

Kate is on a committee that deals with many issues outside the union contract. Workers tell the committee about unsafe conditions. A while ago, the committee worked to get special suits for workers who bum garbage in an incinerator. Sometimes, the committee works on issues that cannot be solved in the hospital. Two years ago, the city moved a bus stop away from the hospital. This made things harder for parents and children. Since then, the committee has been trying to get the bus stop back.

The issues change all the time. Kate finds the work interesting. One issue that does not go away is wages. Kate and her co-workers have not had a raise for many years. They went on strike a few years ago. The government ended the strike, and the workers got nothing. She does not know if workers would go on strike again. In her years of work, she has seen one big change in labour issues. Years ago, unions fought to get more benefits, better working conditions and higher wages for workers. Now people fight just to hang on to what they have.

Kate feels that workers must keep trying: "If you don't fight for what you have, you'll lose it?"

## **Just Happy to Be Working**

When Kate looks back over her working life, she thinks of herself at 17, when she started working. She did not have any real goals or plans. A job just came up and she found she liked it. Her job has given her the things she needs in life— enough money to live on, the freedom to do what she wants in her time off, security and a pension. Kate says that moving up in the world or making more money have never been important to her.

Sometimes, she is tired of working. She thinks, I don't want to go in tonight. If she is too busy, if there are not enough staff and she cannot give the patients the care they need, she

thinks: I've had enough. When Kate gets this feeling, she reminds herself of all the sick children she thought would not make it. She has seen many of them come back for check-ups, older and strong and healthy. She knows she has played a part in making them well.

Kate does not know what she will do in 2001, the year she retires. She just might open that small store. Or she might do nothing for a while. She thinks she will have to work at something; she is used to working. One thing she will do is take a summer off. People in health care cannot take long summer holidays. Someone always has to work, so health care workers share summer holiday time so everyone gets some. Kate has not had a whole summer off since high school.

"I think I'll take it easy that summer," Kate says. She smiles. She likes the idea of time to plan ahead or do nothing. "Come September, who knows what I'll do?"

### **Sources:**

This article is based on interviews with a nurse and a nursing assistant. "Lynn" and "Kate" are not their real names.

## **Inside Health Care: Questions for Discussion**

### **Lynn: A Nurse's Story**

#### **More Than A Job**

1. What is Lynn's job?
2. How long has she been doing this job?
3. How long did Lynn have to train for her job?
4. When Lynn started working, there were lots of jobs in her field. Why?
5. Lynn knows people in her field of work who have lost their jobs. Why does she think she will not lose her job?

#### **A Nursing Shift**

1. What is a shift?
2. How is working shifts different from working nine to five?
3. List some of the things Lynn has to do on a single shift.

#### **Many Kinds of Work**

1. What is personal care?
2. Why does Lynn like to do personal care?

### **Working with Cutbacks**

1. Lynn talks about cutbacks in health care.
  - a. What are cutbacks?
  - b. What are some things that have been cut?
  - c. How have cutbacks changed Lynn's job?
2. (a) What are casual nurses?  
(b) How are their jobs different from Lynn's?

### **Time off with the Family**

What are some of the ways Lynn finds to spend time with her daughters?

### **Working for the Union/Many Kinds of Issues**

1. What is a shop steward?
2. Why did Lynn decide to get involved in her union?
3. What are some of the issues Lynn deals with?

### **What Makes it All Worthwhile**

What does Lynn like best about her job? What does she like the least?

### **Kate: A Nursing Assistant's Story**

#### **32 Years in Health Care**

1. How did Kate become a nursing assistant?
2. Why was it easy for Kate to find a job?

#### **Working Shifts**

What kinds of things does Kate do on a shift?

#### **A Changing Job**

1. Why are there fewer children on Kate's ward than there were a few years ago?
2. How does Kate feel about family members helping to look after their children in the hospital?

#### **Cutbacks**

1. What kinds of workers have lost jobs at Kate's workplace?
2. How have cutbacks changed Kate's workplace?

### **Working with the Union**

1. Kate's job has good benefits. What are these benefits?
2. Why does Kate think it is important to work for her union?
3. What kinds of issues does Kate deal with?

### **A Bad Time to Be Injured**

1. What is Workers' Compensation?
2. Why might some workers not report their injuries?

### **Many Kinds of Issues**

Kate says: "If you don't fight for what you have, you'll lose it." What does she mean by this?

### **Just Happy to Be Working**

1. Kate says her job has given her the things she needs in life.
  - a. What are these things?
  - b. Do you think Kate's job is a good one?
2. Kate will retire with a full pension. Still, she thinks she will want to work at something else. Why might it be hard for Kate to retire and just "do nothing?"

## The Creek Crossing Tragedy: A Working Family's Story

*Kathleen Winter*

### Section 1:

This is the story of Gail Norman and her family, especially her brother Glen Hickey and her husband Leo Norman. All the names, places and events are real.

Glen and Leo went away to work in the fall of 1997. Glen left his home in Avondale and Leo left Gail and their two small girls in Holyrood.

Both men went away to do iron work. A lot of iron workers came from towns like theirs in Conception Bay.

Leo was not really an iron worker. He was a power engineer. He had worked for ten years in the boiler room at the Grace Hospital.

But by 1994 he knew the Grace was going to close. The other hospitals in town had new equipment and did not need power engineers. Leo had to find a new job.

That's not easy when you are in your forties, you have a family, and you were only trained for one thing.

At the Grace they told Leo he could be a cleaner if he wanted. Gail says he did not want this. Here is how she put it:

"Leo could have bumped into the cleaners. But he wasn't content going with the cleaners. He had gone to school and learned how to be a power engineer, and didn't want to work as a cleaner, and wouldn't be happy working as a cleaner. And if you're not happy in your work life, it's difficult to be happy with the rest of your life."

Leo left the Grace. But now he had no work. He was used to working. He felt he had to work. Not working made him worry about the future. It made him feel lost.

Leo had done iron work in California before he met Gail. Now a friend told him about an iron working job in Ontario. He would have to go away for about four months. He didn't want to go. But he felt there was no work for him in Newfoundland.

Glen found it a bit easier to go away. He was 25. He had a fiancée, but no children. He did iron work at the Hibernia site for two years. When Hibernia was finished, Glen had to go away to work like everyone else.

Glen was a very good iron worker. In iron work you have to be able to climb and hang on beams very high up. People said Glen was like a real cat. At Hibernia the other guys said he



Glen (lower right) was the baby of the family. His big sister Gail (back centre) always looked out for him.

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was like lightening. They called him the Rocket Man. Glen was proud of his work. He would have no trouble getting work away.

In September of 1997 he started working on a CN rail bridge in B.C.

It was an old wooden trestle bridge. It crossed a small creek on the CN rail line between Terrace and Kitimat. Trains used the line to carry heavy loads of pulp wood and aluminum.

CN wanted to put new wooden supports at the ends of the bridge, and new steel supports in the middle. CN wanted the whole bridge replaced.



Glen and the family's German Shepherd. Gail remembers young Glen riding on the dog's back when the bridge at Creek Crossing was earmarked as needing repairs twenty years before it collapsed.

CN hired a contractor call Scott Steel Ltd. to do the work. Scott Steel was a small company. Its workers had no union. It said it could do the job cheaper than other companies. CN hired Scott Steel because of the price.

Scott Steel paid most of the workers about \$17 an hour. They watched workers for a few days to see how much they were worth. They paid Glen \$19 an hour because he worked fast and hard.

CN wanted to replace the old bridge a bit at a time, so CN trains could keep going over it while the work was going on. CN could save money that way. Two trains went over the bridge every night while the men worked in the days.

First the workers took out the old wooden supports at the end of the bridge, and put in new ones. A supervisor from CN watched them. His name was Davis. He had the final say on every move.

On October 27 the crew had finished restoring the wooden ends. They had removed parts of the centre supports. They had put one big new iron support in the middle. There were several more to go. On this day, Monday, CN let a train go over the bridge in the daytime. It went over at around one-thirty. CN planned to send another train across at 4 p.m.

When the first train went over, Glen didn't feel too good. He saw the tracks, ties and guard rails move. He said the bridge moved like a wave on the ocean.

Glen and the workers told the CN supervisor. They also told him there were new tracks in some wooden beams. He said not to worry about it. He had seen that kind of thing before. He said the bridge was just "pulsing" and it was normal. He said it would settle down.

He told them to keep working. They had to put another steel support under the middle of the bridge before the next train. So fifteen minutes after the train went over, the men started working again.

Glen and the other men climbed underneath the bridge deck. They waited while a CN crane carried the new steel section toward them. The crane weighed 100 tons. The new steel weighed another 15 tons. The men had to guide the steel section into place.

The crane was moving faster than usual. Glen felt it was moving too fast. He heard the crane operator, William Carson, screech the brakes.

Then Glen heard the posts of the bridge snap and break as the bridge broke under the crane.

The crane, the bridge, and the men all fell 60 feet down in a tangled mess of steel and broken bodies.

Here is what Glen said about it:

"There were guys crying and screaming. I thought this was the last breath I'd ever take. I thought this is it. Game over."

The crane operator, William Carson, died. The foreman, John Marti, died. Glen's friend from Avondale, Adrian Costello, was badly injured.

Glen was unconscious for eight minutes. When he woke, he was pinned under a heavy piece of timber 32 inches thick. It was part of the railway track called a stringer. Both his legs were crushed.

Rescuers pried Glen out. They got him out of the creek in a boat. A surgeon worked all night on his legs. Doctors put Glen on morphine. Glen hardly knew what was happening. He was in shock.

Glen could not ask questions yet about what happened at the Creek Crossing.

But he would ask a lot of questions later.

## **Section 2:**

Back in Newfoundland, Glen's sister was putting Emily and Maggie to bed. She was not used to doing everything alone. Her husband Leo had only been gone a couple of days working in Ontario. The girls missed him. They had just fallen asleep when the phone rang. It was about 10 p.m.

It was Gail's dad. He told her he had had a call from Scott Steel, her brother Glen's employer in B.C. It was about the fallen bridge. Scot Steel said Glen's injuries were "not life threatening." That gave Gail hope, but she was not sure what it meant.

Her dad phoned the hospital in B.C. They told him Glen's right leg was crushed. Glen had two broken vertebrae. Doctors were finding it hard to stop the bleeding. They didn't know if they could save his leg or not.

It sounded a lot worse than what the employer had said. Here are Gail's own words about how she felt:

"You kind of had a false sense of hope when you were told that his injuries weren't life threatening. And they should have not said anything at all, rather than say that. That was very, very... I was distraught when I found out the differences by myself..."

I didn't know 'til eight o'clock the next morning that he was stable... I got a call and was told that he was going to have to be amputated. He was going into surgery.

So up to this point we didn't even know that his (other) leg had been damaged. I called Vancouver General myself when he got out of surgery.

I got the recovery room, and the nurse let me speak to Glen, and he was really incoherent. But he did tell me that they had to take his leg, and he cried.

The next time I spoke to him, they had him on the trauma ward. I still didn't know if he was going to be all right. So I spoke to him and he said, 'I'll see you now, Gidge,' and I knew when he called me Gidge he was going to be all right, because that's what he used to call me when he was little.

So it was only then, probably 24 hours later, that I felt he was going to be okay.

Gail went to B.C. to be with Glen. She wanted to make sure he got what he needed from the health care system. She talked to Glen's surgeon. He told her Glen was a fighter and a survivor. Gail talked to a social worker about Glen's rehabilitation. Glen wanted to come home. Gail knew he would need special care. He had to learn how to walk again. He had to heal his body and mind. It would take time. Glen would need a lot of help. Here is what Gail said about her talk with the social worker:

"Before Glen left Vancouver I sat down and told her all my concerns. I told her I felt the services weren't available here. But I said, could it be checked out before he leaves Vancouver, to make sure he'll get what he needs when he gets in Newfoundland, because he deserves it."

She said, "Oh yes, that'll all be taken care of before he goes."

But Gail found that it was not taken care of as she had hoped.

Gail had to go home before Glen did, because she had left Emily and Maggie with their aunt, and they needed her.

Glen flew home later on a stretcher in an air ambulance. He got to St. John's late at night. An ambulance took him to the Health Sciences Centre.

But the hospital kept him less than two days. They sent him to the Miller Centre. The Miller Centre had a rehabilitation program where Glen could learn to walk using an artificial leg. But it put Glen on a waiting list.

Glen had to wait for an assessment to see if he should go into the program. The Miller Centre also looks after old people, and people who are going to be ill a long time. It put Glen on a floor with people like this, called a convalescent floor. That was not what he and his family had hoped for. Here is how Gail says she felt:

"We assumed when he left B.C. that everything was arranged in rehab for him down here. But this (convalescent) floor is, like—deplorable conditions. I mean, it's just not fit."

...There's an awful odour through the whole floor, and it's not clean, and it's—it's just not a good, healthy environment for someone who's trying to get back on their feet. It's—there's almost like a feeling of depression, kind of like people have given up."

"I mean someone who's trying to get back on their feet and recover from serious injury needs to be in an emotionally supportive environment, and a place that's bright and cheery."



Glen and his fiancée Lynn Anne, at a party after the accident.

Glen's family did not want him on a waiting list. They fought to get him into the rehabilitation program. After they spoke up, the Miller Centre shortened Glen's wait. They put him into the program he needed. He worked in the program on weekdays. On weekends he went to Avondale to stay with his family.

One Monday Glen went back to the Miller Centre and found a fruit basket in his room. Someone had left it as a gift. There was no name on it. But there was a note. The note said this: "Dear Glen,

I think of you every day. I think about your accident and what you must have gone through. We are pulling for you, and praying for you every day.

Signed, "A mother who has a son working away."

### **Section 3:**

At home, Gail tried to look after herself and her family. She had not slept or eaten well since Glen's disaster. With Leo gone away working, she had no-one to share how she felt. But Christmas was coming. Leo was coming home for two weeks.

When he came home, the family did fun things together. Leo and Gail went skating with Emily's school class. They took Maggie too. They made a chain with all the kids, and swirled around the corners of the rink. They got a new computer for Christmas, Glen gave Emily a puppy. They called the puppy Patches and took him to visit friends during Christmas.

But Christmas is hard for families when one parent is working away. Nothing is normal at Christmas anyway. When the man has to go away again right after Christmas, there is no time to work on family problems. There is no time to get close and talk about your feelings. There is no time to heal.

When Leo came home, friends asked him how Ontario was. He told them, "There's lots of work up there for anybody that wants it, but it's not for me."

But like all men who work away for a long time, Leo found that coming home for a couple of weeks was not easy. You need time to get back into your family's life. You feel distant from them. They have been living without you for months. You feel like you don't belong any more.

Before you can heal all these feelings, it is time to get back on the plane.

The family feels like it has lost the man. Everyone in the family is hurt in some way.

Gail tells how her daughters Emily and Maggie felt:

"The fact that Leo was away too when Glen had his accident, that was real tough. I had to fly to Vancouver and leave my kids with his sister. So Emily especially was having a real tough time with what happened to Glen, and she didn't have a parent to support her through it."

"...So here's this little eight-year-old girl who's always had both of her parents there all of her life, whose father just left. She went through a real difficult time with Leo leaving."

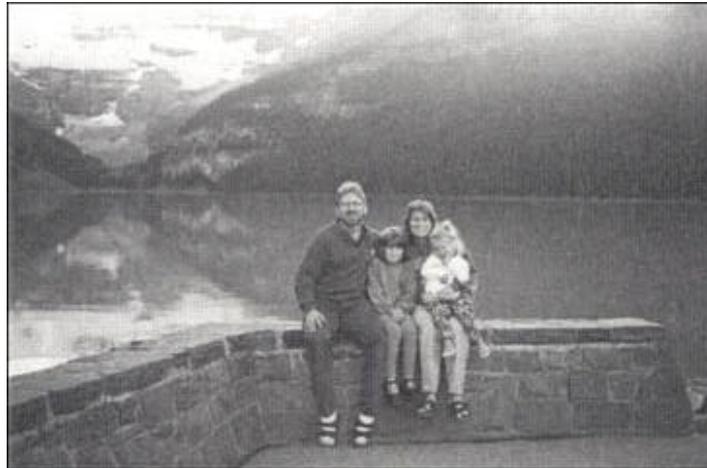
"And then her uncle is in this major accident and nearly dies. So obviously she must have been thinking, 'Oh my God, is anything going to happen to my dad?'"

Gail worried about Leo too. His job was a non-union job, like Glen's had been. That meant he worked much harder than he did in his old job. The men worked long shifts and got very tired. Many nights they got off work, ate supper, and went straight to bed.

She worried that his job was not safe. Before Christmas someone had taken important bolts out of the iron work he was building. Without these bolts the men could fall and die. The workers believed union men had taken the bolts out because they felt union men should get the work.

Leo told Gail he worked very high up in this job. She felt her stomach chum as if she was on a roller coaster. She told him to stop telling her about it. She told him, "I don't want to hear. I don't want to hear how high up you are any more." So he stopped telling her.

Gail remembered how Leo had gone to trade school so he could be a power engineer, not an iron worker. They had both thought he would never have to do that kind of work again. Now she could not get the danger out of her mind, even though he was home, and it was Christmas.



Gail Norman (Glen's sister) with her husband Leo and their daughters Emily (L) and Maggie.

## Section 4:

The Christmas tree was still up long after Leo went back to Ontario. It stayed up after Emily went back to school. Gail did not have time to take it down. Here are the things she did in one day:

She got Emily ready for school and drove to town with Maggie and the new puppy, Patches. She took Patches to the vet for his shots. She had to get groceries and go to Zellers. She had to pick up her computer at the repair shop, and go to the bank. She had to drop off two resumes for Leo at places he hoped might hire him when he came back.

She carried Maggie so she could do things faster. Her back hurt, and she felt tired.

On other days she visited Glen in the Miller Centre. He was starting to ask questions about the CN bridge disaster, and so was she. So were the families of the two men who died on the bridge.

The local coroner in Terrace, B.C. had spoken out a few days after the bridge fell. His name was Jim Lynch. He said he wanted an inquest into the tragedy.

He gave these reasons:

"There are too many questions unanswered."

"We've got a lot of concerned people."

"There was obviously something unsafe done. I've got two deaths to prove it."

"There was a screw-up somewhere, otherwise (the bridge) wouldn't have collapsed. I'd like to be able to tell the families why those people came to their deaths."

The coroner and the families had to ask these questions because CN said there had been nothing wrong with its bridge at Creek Crossing. CN had public relations people. Their names were Parker Hogan and Christine Shervin. They told the media CN's version of what happened. Parker Hogan said this:

"There was nothing structurally wrong with the bridge prior to the work. The bridge was safe for operation. In fact there was a train that went over in the morning prior to the accident."

Christine Shervin said the bridge was safe too. She said the questions about safety were very "troubling." She said CN found it very hard to understand the allegations.

The workers' families heard what the coroner said. They heard what CN said. They realized that if they did not fight, the real story might never come out.

## **Section 5:**

This is where I came in. I asked Gail and Glen if I could write their story for this book. They said yes. They told me everything that had happened, and they let me see all the work they were doing to keep their story from being covered up. They showed me their letters, personal notes, and news clippings. They let me interview them and take notes and record tapes.



Glen wearing his new artificial leg, with Emily at her dance recital.

At first I felt I should not write about this. It seemed to me I was making some thin real into a story. I was mad at myself because this isn't a story. It is a real event that happened to people I care about.

Then Glen Hickey said something that made me feel better. He said he felt worse about the real story being covered up than he felt about losing his leg. I can't call the event an accident because I think an accident is something that happens when no-one can help it. Someone could have helped the tragedy at Creek Crossing not to happen.

I am not worried about giving both sides of the story. The company's side of the story is getting told over and over again by people who are paid plenty of money to think of a good way out of the blame. I am trying to tell the workers' story, and I don't care if it seems one-sided. There are two dead men because of this event, and two others so badly injured that their lives will never be the same. The dead men can't speak, and the two Newfoundland survivors deserve to be heard.

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My husband is a construction worker. He worked awhile at Hibernia like Glen did. Then after Hibernia was over he thought about going away to work in the States or on the mainland, just like hundreds of other men did. Just like Glen did, and Adrian, and Leo, and all our husbands and brothers who have left Newfoundland to work in places just as dangerous as Creek Crossing.

When I read the newspaper stories about Glen Hickey, Adrian Costello, John Marti, and William Carson, I can easily picture my husband's name in with theirs, as dead, or having his spine crushed, or a leg gone. That's why I feel this isn't just a story, and it shouldn't be read like a story and forgotten. These are our brothers, our husbands, our children's dads. These are not stories, they are men. I wish these words to stand in for their voices.

Worker's families at both ends of Canada were in this together. In Newfoundland, Gail and Glen made telephone calls and read news clippings. The families shared what they knew about the disaster.

They knew that Yves Langevin, who had been foreman on the job before John Marti, had quit days before the bridge broke. He had 22 years experience in construction.

He said CN should have closed the line while the bridge was being built.

He said CN should have torn the old bridge down and rebuilt it from scratch.

He said all the wood was rotten and cracked.

He said CN's crane did not work properly, and it was too heavy to be on the bridge.

He said CN rushed the job so trains could run on time.

He said there were no safety inspections.

He said there was no engineer supervising the work.

Yves Langevin quit because he said no-one at CN or Scott Steel listened to him.

He asked some of the other men to quit with him. This is what he said about it:

"I tried to get some of the other guys to come with me. I told them it was too dangerous. But they needed the money. They stuck there."

John Marti took over as foreman. He was Yves Langevin's friend. He did not like the job any more than Yves had. He told the CN supervisor the job was not safe. But the supervisor ignored him.

John told his wife Letty the job was dangerous. He told her the CN boss asked him to fire three men a few days before the bridge fell. The boss said the men were whining too much about safety.

## Working Lives New Realities in Health Care and Job Safety

John thought about quitting. But he did not want to leave the other workers. He was only 34, but many were younger than him. He said they were too young to do the risky jobs. He wanted to do the dangerous work.

Letty said John wrote his fears about safety on his laptop computer. On his last trip home his daughters watched him write more. He said, "I am talking, but no one is listening."

He was welding under the bridge when the bridge crashed down and killed him.

John had used his computer at work. Letty got the computer back after he died. But she said the files about safety were missing.

She hired a lawyer to find the files and make sure the real story comes out.

Gail and Glen knew all about all this. They wanted an inquest like Letty did. If there was an inquest, the workers' story would be told to a court. They would talk and someone would finally be listening.

The chief coroner of B.C. had to decide if there would be an inquest. His name was Larry Campbell. He was waiting for reports to come from the RCMP, Labour Canada, and the Workers' Compensation Board (WCB).

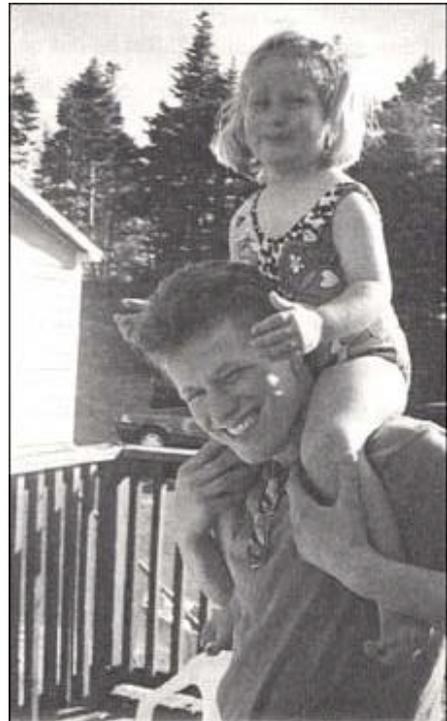
Gail and Glen wanted to make sure the reports would tell what the workers knew. They wrote letters to the RCMP, Labour Canada, and the WCB. The letters told what Glen knew about the bridge disaster. They listed names, addresses and telephone numbers of the other workers.

Gail and Glen wanted to make sure the chief coroner heard the workers' side of the story. The family wrote letters to him, asking him to call an inquest.

The family asked their Member of Parliament (MP), Norman Doyle, to write to the coroner too. He did.

The family also started a letter campaign. They began sending a package to every MP in Canada, asking them to read it and then ask the chief coroner to hold an inquest. The package had newspaper articles about the bridge falling, and a letter telling the workers' story. addresses from their own MP.

Glen's dad had a photocopy machine. Gail used it to copy the articles and letter. Postage is free when you send mail to MPs. That was a good thing, because there were 336 MPs. The family got all the names and addresses from their own MP.



Glen was fighting to have Workers' Compensation pay for the new artificial leg. It is a special, hightech leg that lets him do things like give Maggie piggybacks. Workers' Compensation wanted to give him a cheaper leg that would not let him do these things. He was still fighting when this essay was completed.

Glen wrote his own personal letter to the coroner too. Here is the letter Glen wrote:

January 26, 1998

Mr. Larry Campbell  
Chief Coroner  
2035-4720 Kingsway  
Metro Tower II  
Burnaby, B.C.  
V5H 4N2

Dear Mr. Campbell:

I would like an explanation as to why my two friends were sent to their deaths and why my two legs and back were sacrificed for the 4.8 bridge in Terrrace. This accident has totally changed my life and has me torn apart inside. I can only sit up for one hour when the pain starts from my back and tail bone. A piece of my life has been taken and all normal activities are very difficult. I perceive life in a very negative way and I feel useless and just want to give up. From the stump pain and flashbacks of the bridge, I cannot get a good night's sleep anymore. Friends look at me in a different way, as if I'm handicapped and people just stop and stare, which kills me inside. I just put my head down and keep going. I don't want to socialize or even be out in public. It's very hard. This is not any way my fault. I was just doing an honest day's hard work for an honest day's pay.

I want to know why this bridge was supposed to be rebuilt in the 70's, why bracing was missing, struts were rotted and falling off, and why everything had to be rushed so much for the Terrace/Kitimat line that lives and limbs were sacrificed.

There are too many questions unanswered, e.g., Why couldn't the line be shut down and materials sent by transport truck? Why couldn't the road be built and the bog hole be filled in, reducing the risk before this accident occurred, not after people had died? Just by spending a few extra dollars doing it the right way, these men would see their children today.

What happened on October 27 cannot be changed or replaced, but I want someone to take responsibility for the pain and suffering caused to me and the people working on that bridge. For this tragedy to be swept under the rug upsets me more than having my leg amputated. All the memories, the up and down feelings caused by someone's neglect for human life, just to save and make money.

I want to know why my leg is gone, and my left leg is mangled. If my injuries were the result of a car accident, or as the result of a slip and fall of 65 feet due to reasons relating to myself, then I would feel better coping with my injuries. This bridge job was in no way my fault.

I hope my questions will be answered because I have to live with this for the rest of my life.

Gail and Glen knew letters can change things. When Glen was in hospital in B.C., a woman from WCB came to see him. She told him he would not be getting very much workers' compensation money. She said it was because he had only been working on the bridge a few months when it fell down.

Gail and Glen's fiancée Lynn Ann wrote to WCB then. They said he needed fair compensation. They said the woman should not have told him her bad news when he was still in shock from the disaster.

WCB changed its decision. It gave Glen more money. The letters had worked.

## **Section 6:**

But writing all these letters was hard work. Gail felt tired. Glen felt as if he could not bear to write about the bridge any more. Every time he had to think about it, he lived through the whole disaster again. But Gail and Glen kept trying to get their story heard. They kept waiting to see what the chief coroner would do.

They had still not heard from CN. Only one man's family had heard from the company after the bridge fell. CN sent William Carson's family a letter of sorrow, and paid for his funeral. This was because William was an employee of CN, not Scott Steel. CN did not contact the families of the Scott Steel workers at all, even though the job at the bridge had a CN boss, and CN crane on a CN bridge on a CN railway.

The families kept waiting to hear what the chief coroner would do. While they were waiting, a news story about CN came out. It was on the front page of the business section of Canada's national newspaper, *The Globe and Mail*.

The story was not about the bridge disaster at Creek Crossing. It was not about Glenn, William Carson and John Marti. It was about CN's profits. The headline said this:

"CN rides economy to record profit in '97  
30% increase also tied to cost cutting"

There was a photograph of CN's chief Paul Tellier. The story said he was pleased CN did well in 1997. It said in 1997 CN made its highest profit ever: \$403 million. It said part of the reason for the profit was that CN had done a lot of things to save money. Paul Tellier said CN had the strongest growth of any North American company in 1997.

1997 was a year Paul Tellier and CN would remember for a long time.

It was a year Glen Hickey, Adrian Costello, and the families of William Carson and John Marti would remember forever.

It was the year these workers and their families lost sons and husbands. They lost fathers and grandfathers. They lost running and working and singing and joy.

Those who are left wait. They wait to see if anyone else thinks their story is real.

So that at least they might see justice, and not lose all heart.

And Gail waits for Leo to come home.

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## **Topics for discussion**

1. How families cope when one parent has to go away to work.
2. How unsafe workplaces cause serious injury and death.
3. How workers can fight for justice.

## The Creek Crossing Tragedy: Questions for Discussion

### Section 1

1. What kind of work did Leo and Glen do?
2. Why didn't Leo want to work as a cleaner?
3. Was Glen's work dangerous?
4. What happened to Glen?
5. Why do you think the accident happened?

### Section 2

1. How did Gail feel when she heard about Glen?
2. How did she try to help him?
3. What do you think of the way Gail reacted? What are some other ways people might react to this kind of event?

### Section 3

1. What did the Norman family do together when Leo came home for Christmas?
2. Why is it hard for families when one member comes home after working far away?
3. Do you know anyone who has to care for a family while the other parent works far away? What is it like for the one left behind?

### Section 4

1. What did coroner Jim Lynch say about the bridge disaster?
2. What did Parker Hogan and Christine Shervin of CN say about it?
3. What do you think of these different stories?
4. How do you think the worker's families felt when they heard what CN said?

### Section 5

1. Why did Yves Langevin quit working at the bridge before it collapsed?
2. How did the new foreman, John Marti, feel about the job?
3. What happened to John Marti?
4. What is an inquest? Why did the workers' families want one?
5. Who decided if there would be an inquest?
6. How would he make his decision?
7. What did Gail and Glen do to help him make his decision?
8. What do you think of Glen's letter to the chief coroner?
9. How did writing letters help Glen get more money from Workers' Compensation?
10. Do you believe writing letters can help you fight for something?

## **Section 6**

1. How did Gail and Glen feel after writing all their letters?
2. What did CN do to help the workers' families after the disaster?
3. What did the Globe and Mail news story say about CN?
4. What was one reason CN made big profits in 1997?
5. Do you think CN's profits had anything to do with why Glen lost his leg?

## Caring for Your Health On and Off the Job

*Marian Frances White*

### Word List:

**Medication:** Medicine taken when you are sick, often taken in the form of pills.

**Method:** A way of doing something.

**Naturopath:** A doctor who treats disease without the use of drugs and surgery.

**Lab Technician:** A person who works in the lab of a hospital.

### Introduction

Most of us use small motors that we never notice until they break down. In winter some people use a snow blower to keep their driveway free of snow. On the weekend they may go to the country where they ride on snowmobiles. In the woods, small trees are cut with a power saw for the fireplace. In summer, the lawn in front of the house needs to be mowed. Trees are trimmed with gas or electric tools. The garage behind the house is filled with small power tools. On a shelf in the garage there is oil, gas and grease that are used to keep the power tools running. Sometimes the motors in these tools break down. They break down from over-use or because they were not strong to begin with.

Most people do not know how to repair their own small tools and engines. Some people do know, but they do not have the time. When this happens, people bring their tools or equipment to a garage for repairs. At the garage a small engine mechanic takes the tools and tests them for the problem. The mechanic is a person trained to repair engines. The customer leaves the machine with the mechanic to fix. The customer does not really care how it is fixed, as long as it is fixed before the next snowfall or the next long weekend. They do not know that small engine repair can be harmful to the worker, if the garage is not set up to protect the mechanic's health. Safety features like air vents, face masks and clothing to protect the worker from chemicals are all important.

This is the story of a young man who worked as a small engine mechanic, and the hidden dangers he would face. It is also the story of how he tried new ways to get his health back.

### Phonse White's Story

Phonse White grew up in a large family. Most nights during the school year, he and his brothers and sisters would sit around the kitchen table to study. Sometimes they talked about what they would be when they grew up. One sister wanted to work as a lab technician in a hospital, another wanted to teach school. One brother wanted to work in a bank. Still another wanted to be an engineer and design better roads. Phonse did not have to say what he wanted to be. Everyone knew he would work with nuts and bolts. Phonse

loved cars. There was no question that he would find a career fixing engines. Already he had built a wooden car. It had no engine, but it rode as fast as any bike in the neighbourhood.

Phonse spent all his spare time looking under the hood of a car. By the time he was in high school, he could take a car engine apart and put it back together again.

In 1970, Phonse graduated from high school in Harbour Grace. That September, he began a program at the Bell Island Trades School. There he studied small engine mechanics. Phonse found a boarding house to live in while he went to trades school. For two years, he studied all types of small engines. No one was surprised when he graduated with high marks.

Right away Phonse began to look for work in his trade. After a summer of looking for work and finding nothing, he drove to Alberta. He was told there were lots of jobs out west.

## **Leaving Home to Find Work**

In Alberta, Phonse found work right away. But he did not find work in his trade. He worked on outdoors jobs and saved what money he could. He stayed in touch with his family back home. A year later, Phonse heard that a small garage had opened in Harbour Grace. They were looking for a full-time small engine mechanic. Phonse called the owner and told him he was very interested in this job. The owner asked Phonse to come back to Newfoundland for a job interview. Phonse was pleased with the opportunity to return home. He sold his old car and bought a classic 1954 black Pontiac. He and his girlfriend drove the car across Canada and arrived ten days later in Harbour Grace. Phonse was glad to be home once again.



Phonse White in his Pontiac

Phonse spent the weekend preparing for his interview. He did well, and was offered the job. Phonse was lucky. Or was he? For the first time he was working in his trade. He was now a full-time small engine mechanic. His work started early in the morning and finished at 5 p.m. By then he was tired, but it was a good feeling. His work kept him busy and he liked that. Every day Phonse would take apart the nuts and bolts of small engines. Some days he worked on lawn mowers, weed eaters and small motor bikes. In winter, he repaired snow blowers, snowmobiles and skidoos. He liked his job and he was good at it. Everyone wanted Phonse to repair their machine. His boss was very pleased with his work. Some weekends, he would drive to Gander for workshops on new engine mechanics. A year later he got a raise. Often Phonse would stay after hours to make sure his job was done well. Most often, he was the first person on the job in the morning, especially in winter when he would clear the parking area of snow for other staff and customers.

## Set Up for Life

By now, Phonse had a family of his own. He and his wife, Ann, had dreams for their future. They built a small house in a quiet area of town. They lived simply and every summer grew a vegetable garden. Ann went back to university to finish her teaching degree. She then found work teaching high school in a town close by. They both had jobs that paid well. With two children and another one on the way, they also needed every dollar they made. Phonse and Ann felt they were set for life. They made plans for their future. One of these plans was to some day take a family vacation. After their daughter was born, they decided to add on a third bedroom to their house. For the first time they took out a small bank loan to do the repairs. Then they mortgaged their home. This meant that each month they would pay money to the bank, but someday they would own their own home. With two good jobs, they had no problem making the monthly payments on their loan and mortgage. In 1991, they completed the repairs and settled in for the winter.

That year things began to change. Phonse often came home with a pain in his chest. He could not breathe without bending over. He went to see his family doctor. The doctor did not know what caused the pain in his chest. He gave Phonse pills or medication for asthma. This medication helped him breathe easier. But it did not fix what caused his pain. His hands would turn blue, as if they were cold. When you touched them, they were hot. The doctor made an appointment with a specialist in St. John's. A specialist is a doctor who is an expert in one part of the body. The doctor said this was the only way to find out what was wrong. The appointment was months away. Over the winter, Phonse continued to work. Each day after work, he would go home and rest. His three children were young and very playful. They did not understand why he was sick, and neither did he.

One weekend, Phonse went to St. John's to visit his sister, Mary. She looked at his blue hands and could hear his heavy breath. Right away she took him to the hospital. Phonse would not have to wait any longer to see a specialist. He was admitted to the Health Science Hospital. At first, the doctor said he would be in hospital only for a few days while they did some tests. Phonse agreed to the tests. A week later, he was still in hospital, very sick and the doctors did not know why. By now, he could not button his shirt or tie up his shoes. He found it hard to shave and even feed himself. The doctors tested him for many diseases, but nothing came up positive.

Finally, a neuro-surgeon came to see him. This doctor is a specialist who works on the main nerves of the body. He told Phonse that some of his main nerves were no longer sending signals to his lungs to make them work properly. This caused pain in his lungs. The doctor did not know the cause, but he told Phonse he would need an operation to open the tube in his throat. This is called a tracheotomy. The surgeon said this was a matter of life or death. By now, Phonse had been in a hospital bed for two weeks. He agreed to have the surgery and spent two more weeks on the recovery ward. This ward is the place where patients who have had surgery stay until they are well enough to go home. Ami and other members of his family spent time there with him. After a few more weeks, Phonse could breathe easier, but he could hardly speak. The nerves in his arms were still numb and he could not button his shirt.

Phonse worried about his health and his young children. He worried about his job and the mortgage payment that he was not able to pay. What can a sick man do?

## Trying Something New

The doctors and specialist had no new answers. They gave him more pills and hoped for the best. They told him of their new plan. They wanted to take tissue from a vein in his arm to examine. The examination of tissue from the body is called a biopsy. Once the vein was taken, it could never grow back. Phonse wanted to get well, but the doctors said the loss of the vein would limit the use of his arm. He did not like the way they were talking.

"What is happening to me?" he asked again and again.

One day when Mary visited him, the doctor was also there. She asked the doctor to give Phonse a day pass to leave the hospital. There were no tests planned for the weekend and until Phonse agreed on the biopsy, there was nothing else the doctors could do. He was given the day pass. That day changed Phonse's life forever.

Phonse visited Dr. Higgins, a naturopath, for the first time. A naturopath is a doctor who uses things in nature as a way to heal disease. His methods were new to Phonse. He told Dr. Higgins of the biopsy plan. Dr. Higgins looked closely at Phonse's eyes, nose, throat and ears. He listened to his breath and tested the muscles in his arm and legs. Then he asked Phonse to hold tiny bottles in his hand. Phonse thought this was a bit strange. The bottles were filled with clear liquid. Dr. Higgins explained that he wanted to see how his body reacted to the different liquids. After an hour or so, he sat down beside Phonse and spoke.

"If that was my arm, Phonse, I would not let a doctor slice it open and take out a vein. I think you have some kind of lead poisoning, but I am no expert in that area." Dr. Higgins asked Phonse about his work and if he wore a face mask when he worked on the engines.

"No," Phonse said, "and even if I did, I would still only breathe the smelly air in the garage. The only fresh air I get is when a customer comes in and opens the door." Dr. Higgins asked Phonse if he would go to Toronto to see another naturopath. This doctor specialized in environmental diseases. These diseases can be caused by the fumes and other toxic or harmful elements in the air. Dr. Higgins would make the appointment first thing Monday morning. Phonse agreed.

Back at the hospital, there was other news waiting for Phonse. His doctor had made an appointment in Halifax, Nova Scotia for him to have an MRI. An MRI or Magnetic Resonance Imaging is a machine that would take a picture of the inside of his body to help find the problem. No hospital in Newfoundland had a MRI machine in 1991. The provincial medical care plan, MCP, paid for the tests and his flight to Halifax. MCP would not cover the cost of flying to Toronto to see Dr. Adams because he was not a medical specialist. Phonse was not sure what to do. He knew something had to be done, but he did not have the money to go. His family bought him the airplane ticket, and he was on his way. This was the first time Phonse had left the island since he returned from Alberta.

Phonse and Ann and Mary went to the hospital in Halifax. It was a long day, but the tests at the hospital went well. They were told that the results of the MRI would be sent to his specialist in St. John's. The next morning the three of them flew to Toronto to see Dr. Adams. He did some of the same tests as Dr. Higgins. He also put several small wires on

the surface of Phonse's skin. The other end of the wire was attached to what looked like a computer screen. This measured the levels of different substances in his body. After two days of tests and much talk about Phonse's work, Dr. Adams had this to say.

"From what I can see, your body is full of lead. For years you have been taking in lead fumes from the tools that you repaired. This lead has built up in your body, it does not break down like some other chemicals. As a result, your nervous system has had to work overtime to fight the lead and now it is over worked and almost shut down."

Again Phonse asked, "What can I do?"

## **No Fish No Chips**

Dr. Adams put Phonse on a very strict diet. That means he had to eat certain foods every day. He also could not eat shell fish, white fish or have any food or drink that was made with yeast. He could not eat bread or drink wine or beer. He could not even eat potatoes. Phonse was given a long list of new ways to take care of himself. Dr. Adams believed this way of eating would help the body heal itself.

Every day Phonse had to do exercises to help his lungs open wider and eat a daily diet of fresh food. He also had to take many vitamins and minerals. This was called a cleansing diet. He was told this diet would help his body get rid of the lead that had built up. Dr. Adams said this way of eating would also give his body a boost, just like a car battery that needed to be charged. As a mechanic, Phonse could understand this. He came back to Newfoundland with books in his suitcase. These books talked about his disease and how to take care of himself. He came back to Newfoundland with hope. But Phonse was still worried about his job, and how was he going to pay for all these special foods and vitamins? Already he had been off work more than two months.



The house Phonse built.

The next day, Phonse went back to the Health Sciences for the MRI results. The tests showed that he did not have cancer. They now had a name for his disease. It was called Churrgg Strauss Syndrome, named after the German doctor who discovered the disease. This disease attacks the nerves all over the body. There was no cure. Phonse was told he would not get well and that he would have to use a face mask twice a day, every day. The mask would help him inhale special liquid drugs. Phonse will never forget that day.

"I remember when the doctor told me I was not going to get well. If I had not seen Dr. Adams in Toronto a few days before, I would have been very depressed. But I left the hospital with my face mask and the medication. Then I went to a store and bought my special foods and vitamins and I went home to begin a new life. More than anything I wanted to get out of hospital and back to work." The doctors told Phonse that would be a while yet and that he should apply for workers' compensation.

## **Workers' Compensation**

Employers who hire people to work full-time pay into a government program called Workers' Compensation. This is part of Canada's social safety net that came to Newfoundland when we joined Canada. A social safety net is a program set up to help people when they cannot work or care for themselves. Phonse could no longer care for himself or his family. He applied for Workers' Compensation. It was not easy to read all the forms and fill them out. He had to ask doctors to write a letter about his disease. This is where his problems began.

Environmental illnesses are new to many doctors and patients. They are not clearly defined and it is very difficult to prove where they come from. People who suffer from diseases caused by their work environment often have a hard time proving the cause. The doctors and specialists at the Health Sciences were not sure Phonse's illness came from his workplace. Because Phonse could not get them to state this in writing, Workers' Compensation did not hold his workplace responsible for his illness. They turned down Phonse's application for help.

Up to now Phonse had been a good patient. He stayed on his strict diet and did daily exercise. He believed he would one day return to his job as a small engine mechanic. He had read about work safety and had come up with some ideas to make his workplace a safer place. Now he was not so sure he would ever go there again. He could no longer afford the expensive vitamins and special foods. His children were going without new clothes and school supplies to keep him on this special diet. This stress did not help Phonse get well. Then one day the phone rang. It was his boss.

"As much as I want to see you come back to work," he told Phonse, "I cannot hold your job any longer. Another young man has asked to take your place." Phonse hung up the phone and went outside for a walk. He went outside to think about what to do next.

## **Canada Pension Plan**

There are three kinds of Canada Pension Plan (CPP) benefits. There is a retirement benefit that anyone over sixty years of age can get. Phonse was only thirty-five and far from retiring. There is a survivors benefit which gives money to a spouse and children if the other

member of the family dies. And there is a disability benefit. This is a monthly benefit given to people who have a disability and can no longer work. Phonse had a disability. He could not work in the trade that he loved. He was not well enough to retrain for another job. He could get the Canada Pension Plan Benefit.

The Disability Benefit is made up of two parts. The first is a set amount of money given to anyone who is disabled and who has worked in the past two years. The second is based on how much, and for how long the person paid into CPP. Phonse was still a young man, so he would not get the maximum benefit allowance. It was better than nothing. His children would get one hundred and sixty dollars each month, and he would get just under five hundred dollars for his own personal needs. This would just cover the cost of his medical bills. Ann had used up all her family leave from work. She went back teaching full time, but one income was not enough to feed a family of five. It was not enough to keep them in winter clothes and pay the mortgage and other bills. They went to the bank for help.

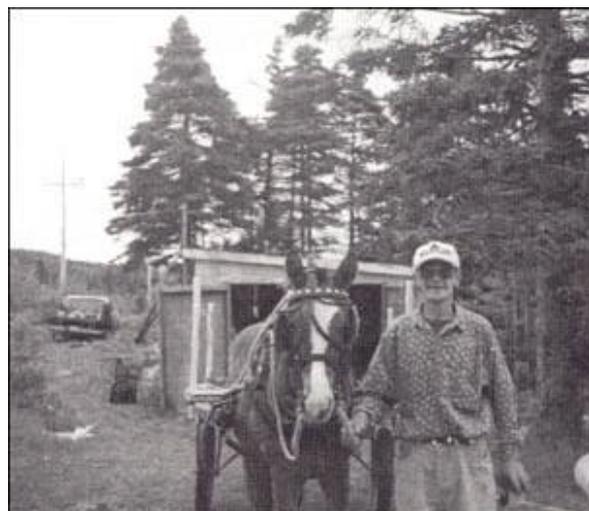
### **Before you Sign on the Dotted Line**

Phonse and Ann were sure their mortgage and house loan was insured. They went to the bank to discuss this with the manager. Yes, the small loan and mortgage were insured against long term illness and even death, they said. But there was a problem. Phonse had signed the mortgage six months before going to hospital. The bank believed that Phonse knew he was sick when he signed the mortgage. They would cover his small loan, but not the mortgage. Phonse went to legal aid. They said they could do nothing. He took the last savings from his bank and went to a lawyer. The lawyer read the fine print of the mortgage insurance and said there was nothing he could do.

"When you are sick," Phonse says, "and you have run out of money, it gets harder and harder to fight. My children saw me grow more and more upset and they did not understand why. The banks and government programs who are supposed to be there to help people when they cannot work, did not work for me. The only help I got was from my family and friends. I'd be six feet under without them."

### **Community Support**

News of Phonse's situation travelled fast around the community. People telephoned Ann to see what they could do. Before long family and friends organized a benefit concert. A few weeks later his family were invited to the community hall in Harbour Grace. Phonse was not feeling well enough, so he could not go. Other members of the family joined a crowd of people who came to give money so that Phonse could pay his medical bills. Children played games, local musicians sang and people danced. Later bingo cards were passed around, and later still a tea was served. Before the day was



Phonse at home today.

over, the community had raised over a thousand dollars for Phonse. This helped him continue with his special diet and even pay a few bills. It also helped Phonse see that other people cared about his health. He was very thankful for his family and friends.

## **No Small Miracle**

Two months later Phonse went back to his specialist at the Health Sciences for a check up. The specialist could not believe how well he could use his hands.

"I don't know what you're doing," he said, "but keep on doing it. This is a medical miracle."

Phonse left the hospital feeling like a million dollars. He knew that to keep his body strong, he would have to continue with his special diet and vitamins.

"Today I am alive and well. My health could be better, but at least I am here with my children and that means a lot. I am here when they come home from school and that gives Ann the time to stay longer at school if she needs to. I only hope the careers they choose will not be as hard on their body as mine was."

Phonse takes out a small note book and opens it. Inside is a sketch for his garden next summer. He also has a plan to build a small greenhouse. Five years ago that was not possible.

"The garden and the greenhouse will be simple," he said. "I want things that will grow fast like spinach and onions and all kinds of vegetables. I don't use many power tools these days. We have a small horse to plough the garden. Next winter, I hope to have a freezer full of my own food."

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## **Caring for Your Health On and Off the Job: Questions for discussion**

### **Introduction**

1. What kind of small engines do you use at home?
2. Who fixes these small engines when they break down?
3. Why do they break down?

### **Phonse White's Story**

1. What did Phonse want to be when he grew up?
2. Where did Phonse go to study mechanics and for how long did he go to that school?
3. Did he find work in his trade? If no, what did he do next?

### **Leaving Home to Find Work**

1. What kind of work did Phonse find in Alberta?
2. Why did he return to Newfoundland?
3. Did he travel home by air plane or car?
4. Who travelled with him?
5. Did Phonse get the job? If yes, what was his new job?

### **Set Up for Life**

1. Why did Phonse and his wife, Ann, feel they were set for life?
2. After 1991, what began to change for Phonse?
3. What is a specialist?
4. Why did Phonse need to see a specialist?
5. Was Phonse getting better while in hospital? Explain.

### **Trying Something New**

1. What is a biopsy?
2. Did Phonse have a biopsy? If no, explain why not?
3. What is a naturopath?
4. What did Dr. Higgins, a naturopath, do for Phonse?
5. What is an MRI?
6. Where did Phonse go to have an MRI test?  
Describe his day at the hospital in Halifax, Nova Scotia.
7. Where did they go after they left Halifax?
8. Who did they see in Toronto and why?
9. What did Dr. Adams do and say to Phonse?

## **No Fish No Chips**

1. Why did Phonse have to eat special foods?
2. What could he eat and what could he not eat?
3. Did he go back to the Health Sciences Hospital in St. John's? Why?
4. What were the results of his MRI test?
5. Phonse could not work. What was his next step?

## **Workers' Compensation**

1. What is Workers' Compensation?
2. Who can apply for Workers' Compensation?
3. Did Phonse qualify for Workers' Compensation? If no, why not?

## **Canada Pension Plan**

1. What are the three kinds of CPP or Canada Pension Plan benefits?
2. Did he qualify for the Canada Pension Plan? If yes, what benefits could he now get?
3. Was this enough money for Phonse and his family to live on comfortably?
4. Where did they go for help?

## **Before you Sign on the Dotted Line**

1. Did Phonse and Ann have insurance on their house?
2. Why did the bank refuse to give the insurance claim on their house?
3. Where did Phonse now go for help?
4. Who were the people who helped him most?

## **Community Support**

1. What did the community organize for Phonse?
2. What did people do at the benefit concert?
3. How much money did they raise?
4. How did Phonse use the money he was given?
5. What does this say about community groups, family and friends?

## **No Small Miracle**

1. How was Phonse feeling six months later?
2. Today, how does Phonse stay well and healthy?
3. What does he do to help himself?
4. What does Phonse hope to have next winter?
5. Why is this a good thing?

## Home Care

*Kathleen Winter*

### Introduction

#### Home Care; The Nursing Care of the Future

Canada has a new problem. More people are getting old. Many need nursing care. A lot of hospital beds have been closed in Canada. Many have been closed in Newfoundland. This is not because there are no patients. There are so many patients that the government says it cannot pay for hospital care.

Hospital care costs a lot. It includes salaries of doctors, nurses, administrators, nursing assistants, maintenance staff, boiler room engineers, cafeteria workers, and more. It includes costs of patients' drugs, computers, medical tests, patients' meals, insurance, and many other things.

A patient who stays at home pays for her own meals, medicine, bed, laundry and medical supplies. These days, she often pays for her own nursing care too. This nursing care is called home care.

Home care is a lot cheaper for the government. The Canadian government says we need more home care. New studies say home care saves money and does not put a burden on families. But is this true?

Many sacrifices come with home care. The government does not make these sacrifices. Home care workers and old people say they pay in the long run.

#### More Jobs for Newfoundlanders?

Everyone has been looking for new job ideas in Newfoundland since the fishery closed down in 1991. Home care work is supposed to make lots of jobs. It is mostly women's work. Hardly any men do this job. A lot of fish plant workers believed that home care was the only work they could do after the plants closed. The government told women these were good jobs, and helped pay for training courses under the TAGS program. TAGS was the name of the government's program that was supposed to pay fishers and plant workers while they found new work.

Many women had been looking after old people for years anyway. When they lost paid work in the fishery, this seemed like something they could do instead.

But what do home care workers get in return?

If home care workers replace nurses and doctors, are home care workers trained and paid like nurses and doctors? Does home care give old people the health care they need?

And, most important, who makes sure that the home care system is working? Who is taking responsibility for it? Is the government? Or the home care worker? Or the old people themselves?

This essay looks at these questions.

## **Two Kinds of Home Care Work: City and Outport**

The home care industry is growing fast in Newfoundland. It has grown one way in the cities, and another way in the outports.

In St. John's and in some towns, people have started home care agencies. They have names like Peace Haven, Golden Glow, and Helping Heart. The owners are business people. They make money. They hire workers to go to old people's houses. In some cases the old people pay the agency. In other cases, government pays agencies on behalf of old people who cannot pay.

The agency keeps some of the money and pays some to the workers. They pay the workers around minimum wage. The owner of the agency is often the home care worker's boss. Sometimes the owner hires a manager to run the business. Then that manager is the boss.

In most outports there are no home care agencies. The home care worker works for the old person. The old person is the worker's boss.

These things mean a home care worker's job in urban Newfoundland is very different from one in rural Newfoundland.



## Home Care Work in the City

### Ellen's Story

Ellen worked for a home care agency in St. John's. The agency was called Helping Heart. They called Ellen a Personal Care Attendant. At the start her boss told her a list of things about the job. Ellen soon found out that the real job was a lot different from what the boss said. She saw that the boss and the old people had different needs.

### What the Boss Said

Ellen's boss was Mrs. Shearing, who owned Helping Heart. Mrs. Shearing wanted many things.

First, she told Ellen to look neat. She asked her to wear a uniform. She said the uniform made families feel Ellen was like a real nurse. Ellen had to pay for the uniform out of her paychecks.

The uniform cost \$140.00. Ellen was also supposed to take a 120 hour training course. She would not get paid for those hours. Between the uniform and the training course Ellen was supposed to spend many hours in unpaid work before she could begin to make Helping Heart's salary of \$5.20 an hour.

Ellen began the three week training course at Mrs. Shearing's office building. It was at the edge of town where no buses ran. Ellen had to take a taxi there every day, which cost ten dollars, or walk an hour each way. Thirty women and two men took the course with her.

### Ellen's Training Course at Helping Heart

The Red Cross First Aid Course was part of Helping Heart's course. Ellen had to watch a video. It showed car accidents. It showed people getting their eyes s open. It showed people drowning, or having heart attacks, or choking. There was a lot of pain and fake blood. Ellen felt sick by the end of it. The class took turns practicing CPR on a mannequin.

The course taught Ellen how to make a bed for someone who was frail or sick. The covers had to be secure but loose. You made the opening on the pillow case face the wall, and kept the smooth end facing out.

Ellen wondered about the pillow case. Why did it seem so much nicer with the smooth end facing you? This idea of smooth, cool sheets soothed her after the violence of the first aid video.

Ellen realized she was daydreaming. This would not do. Mrs. Shearing's assistant was talking about unions.

He said the workers must not even think about forming a union. Helping Heart was very good to its home care workers, and Mrs. Shearing was looking out for them all the time.

## Working Lives New Realities in Health Care and Job Safety

She could not operate a home care industry if there was a union telling her to pay workers more money or give them more benefits than they already had.



Mrs. Shearing stood up. She said too many of her home care workers quit their jobs when they got enough stamps for Employment Insurance. She called them ungrateful. She took them in, trained them, gave them as much work as they wanted, and then they quit. She asked this new group of trainees not to do this to her.

Then she said she had something good to tell everyone. Every six months Helping Heart gave a certificate to the home care worker with the best attitude. Today Mrs. Shearing gave one of these awards to Terry Hann. Ellen wondered how a man got the award when there were only six men working for Helping Heart, and 122 women.

Mrs. Shearing began talking about secrecy. Ellen had to promise never to tell anyone about anything she saw in a home where she worked. She had to sign a form promising this. Ellen did not realize how hard this would be. But she would soon find out.

After three days on her training course Ellen was called in to work. Mrs. Shearing told her she could take the rest of the course in a few days. She promised Ellen would learn how to give medication, put in catheters, and lift heavy objects without hurting her back.

Ellen wanted to learn these things. She knew she would have to lift old people into bed, into the bath, and up and down stairs. She knew fifteen home care workers at Helping Heart were off work with slipped discs and other back injuries. She had heard Mrs. Shearing say she wished more men would be home care workers, because they were stronger than women.

But Ellen never went back to the training program. Mrs. Shearing needed her to look after Sandy Nolan.

### Ellen Looks After Sandy Nolan

Birds sang in Sandy Nolan's back yard. Ellen went into his bedroom to tell him. She opened his curtains. He opened his eyes. They were milky blue because he had cataracts. He wore his glasses and hat in bed. His hat was made of black fur. His white hair stuck out the bottom like feathers on a wet baby bird.

## Working Lives New Realities in Health Care and Job Safety

Sandy's wife Julia had died that winter. They had had no children, and Sandy was so crooked that only his wife had friends. He had never let them in the house. He had started getting home care workers for Julia. But when she died he kept getting home care for himself. The government did not pay for his home care like it did for some people. Sandy paid for it himself, because he had money. He was what Helping Heart called a private client.

Helping Heart gave Ellen a card the first day she went to Sandy's. It said,



*Can become upset when things don't go right.*

Help Mr. Nolan dress, wash, meals.

Mrs. Shearing told Ellen he was used to bossing a lot of people around. On this morning he asked Ellen if the birds sounded happy. He could not hear them. His voice was soft and hopeful.

After his boiled egg and tea his voice got stronger. He told Ellen he paid Helping Heart a lot of money, fourteen hundred dollars a week. He told her he bet they didn't pay her a lot of money. She told him she cleared less than two hundred a week.

He had other home care workers: Rose, Betty, Hilda and Carol. He called Ellen all their names before he got to the right one. He always asked her to do the same thing. Sit on the arm of his chair and help him read the obituaries in The Telegram.

If anyone he knew had died he told her all about them, or their cousins, or whoever he knew belonging to them. When they finished reading, he clasped Ellen's bottom with his hand and asked her to lead him to the dining table for his lunch. She thought his hand felt like a big bird's claw.

His lunch was the same every day: a boiled ham sandwich, a half orange cut like a grapefruit, and a glass of Tang. Ellen thought it was like a child's lunch.

There was always a big cake from a bakery in a box on the table. A Valentine's cake, or an Easter cake, or a birthday cake. He always called it the Hallowe'en cake. He wiped the icing off his mouth with a paper napkin. The cake always had lots of icing. He kept his black hat on while he ate it, and he gazed through his glasses at the wall.

After lunch Sandy asked Ellen to lead him to his bedroom. She helped him take off his pants. He slept in his long johns and undershirt. Sometimes he opened his top drawer and showed her his money. He had thousands of dollars in cash under his clean underwear.

Ellen told him he should not keep it there, and he should not show people. Then she covered him in bed and let him nap.

One of Ellen's jobs was to comfort the niece and nephew who came for a half hour every second Sunday to see Sandy. They sat on the edge of the couch while Ellen gave them tea and Sandy napped. He didn't want to see them. Ellen always told them he was doing fine. They smiled relieved smiles, clinked their cups in their saucers, and went away. Ellen did not tell them Sandy was taking his sleeping pill at four-thirty now. He had asked her not to. They were from his wife's side of the family. Ellen never heard of anyone on his side of the family. It seemed to her as if he had cut all connections he ever had with anyone.

Only his money connected him with anyone now. It brought him Ellen.

On Easter Sunday morning Sandy asked Ellen about the woman across the road, Mrs. Monahan. She used to bring hot cross buns to his wife at Easter. Did Ellen think she would bring Sandy the buns now? He got excited about the buns. Ellen said she didn't know if Mrs. Monahan would bring them or not.

Ellen gave Sandy his boiled egg and tea. She helped him read the obituaries. He patted her bum and told her she had a nice figure. Lovable. Not like that other home care worker—was it Rose, Betty, Hilda or Carol? Carol was the fat one. He said she was a real corporation.

He would not go for his nap just yet. Mrs. Monahan might bring the buns. But he thought she would have brought them by now if she was going to bring them at all.

He wanted to wait just in case. He said he would sit and get Ellen to write thank you notes to the people who had sent Mass cards to his wife's funeral. He had thirty-five names, but he couldn't remember them all. Ellen would have to phone the niece.

If Ellen was firm with him he sometimes obeyed her like a child. She told him no, it was Easter Sunday. They should leave people alone. They could do the names another day.

Sandy thought someone was knocking at the door. Maybe it was Mrs. Monahan. He sat up, excited. Go and get it, Ellen, he told her.

When she came back in his voice squeaked. Was it Mrs. Monahan?

She told him it was. Mrs. Monahan had brought the hot cross buns.

He asked Ellen to eat one with him now. They were still warm. They were glazed with honey and had bits of lemon peel and black raisins sticking out.

I knew Mrs. Monahan would come, Sandy said. I knew she wouldn't forget Sandy.

He said other people might forget, like that niece and that nephew. You wouldn't see them here now that their aunt Julia had died. But Mrs. Monahan was not like them. Mrs. Monahan was different. Was Ellen enjoying her bun? She said she was.

He told her to have another one. He said today they would eat Mrs. Monahan's buns and rest. Tomorrow they would do the thirty-five names. Would Ellen help him with that in the morning? Was she coming back in the morning?

Ellen told him she was. Good, he said. We won't bother anyone today. We'll let them be.

## Home Care Work in an Outport

### Mona's Story

There is no home care agency in Aspel Cove where Mona works. She is not sure who her boss is. She is looking after the Dobbs family. No-one gave her a training course, and no-one gave her a card with her duties written on it. Every day she goes to the Dobbses' house and does whatever seems to need doing. She gets paid five dollars an hour. Mrs. Dobbs' cousin gets money from the government and writes out Mona's paycheck.

In rural Newfoundland the government used to pay home care workers like Mona directly, if families needed home care and could not pay for it themselves. The home care worker's paycheck was not signed by an agency, or by someone's cousin. It was signed by a person in the department of social services.

But government said that caused too many problems. Home care workers kept calling the department of social services with problems that were too big for them to handle on their own, especially since they had no training.

Home care workers often see problems on the job. When there is an agency, at least there is someone for the worker to tell. Now the government says the old person is the employer in rural areas where there are no agencies. A worker there feels responsible far beyond the call of her minimum wage job.

### Examples of Problems Home Care Workers See

- An old person starves himself because he forgets to eat, or he is too sick to eat, or he has no money to buy food.



- An old person has a doctor who is not a good doctor. The doctor hurries. He does not listen to the old person or to the home care worker when they tell him the old person's symptoms. He writes a prescription without even examining the old person. The medicine makes the old person much worse. The home care worker thinks the old person might be dying because of the medicine, but is not sure.
- Things go wrong with the house. The well freezes, or the roof begins to leak over the old person's bed, or there is something dangerous in the house, like wires that smell burnt, or a faulty lock on the door that can lock the old person out of the house by accident.

Different family members ask the home care worker to do conflicting tasks, and she does not know who has authority. For example, the old person might ask her to make oatmeal for supper because he likes it. But the cousin who writes the home care worker's paycheck orders her to make the old person a pork chop dinner.

### **Mona Looks After the Dobbses**

Mona got the job easily. She lived nearby, and nobody else wanted it. On her first day Mona knew it was just as well she had no training course. All the training courses in heaven and hell could not have prepared her for this job.

There were three Dobbses in the family. Mona was not sure which one she was supposed to be looking after. Mrs. Dobbs sat at the table playing cards and smoking cigarettes even though she had a tracheotomy. Mr. Dobbs was in bed, and he had soiled his blankets and his clothes. Larry Dobbs, their 25-year-old son, sat on the floor in front of the fridge eating a pound of raw bacon out of the package with his hands.

Mona decided to clean Mr. Dobbs first. She found out he was a kind old man. She put her arms around his chest and lifted him out of the bed. She took him to the bathroom, sat him on the toilet, and took his pants off.

He told her he was sorry he could not control his bowels. He said his wife and son could not clean him. He wished he could clean himself. He began to cry.

Mona comforted him as she washed his arms, his belly, his bottom and his legs with some washcloths and warm water. She told him it was not his fault. She said that's why I came.

After Mona changed his sheets and put him back to bed, she went downstairs and found out she was supposed to cook dinner. Mrs. Dobbs and her son seemed capable of cooking their own dinner, but Mona did it anyway. There was nobody in charge to give her a clear job description. The cousin who signed her pay checks told her it was up to the government who was paying for home care. Mona phoned the government and they told her they didn't want anything to do with home care workers.

## Working Lives New Realities in Health Care and Job Safety

So Mona had to figure out her duties for herself. Here is a list of some of the things she ended up doing for the Dobbses in an eight-hour shift:

Clean Mr. Dobbs and lift him to the bathroom and back to bed three times.

Comfort Mr. Dobbs, prepare him special soft food like mashed carrots, and feed it to him with a spoon.

Wash Mr. Dobbs' soiled bedding by hand in the kitchen sink.

Wash all the other laundry in the same way.

Prepare large dinners for Mrs. Dobbs and her grown son.

Wash dishes.

Try to clean the house. The welcome mat had maggots in it, trailed in from salt codfish that Larry Dobbs was drying on the clothesline. If Mona did not clean the mat, there would soon be maggots through the whole house.

Roll cigarettes for Mrs. Dobbs, play cards with her, and listen to her troubles.

Mona felt she should be spending more time upstairs caring for Mr. Dobbs. She felt the sooner she could get him out of there into a hospital, the better. At first he came downstairs once in awhile to sit with Mrs. Dobbs and look out the window. But Mona saw him get worse in two ways.

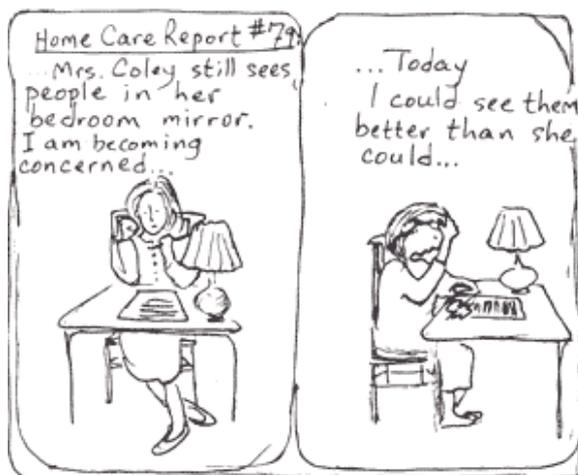
First, he grew thinner and weaker. And second, he was not in the real world any more. He started pointing at the long johns and shirts on the clothesline out the window. His face lit up and he said the clothes were his cousin Henry and his brother Tom coming to visit. Mrs. Dobbs told Mona, Henry and Tom had been dead for fifteen years.

Finally Mona convinced someone from the government that Mr. Dobbs had to have medical care. An ambulance came for him. They took him to a nursing home and he died four days later.



The government told Mrs. Dobbs' cousin it would not pay for home care after Mr. Dobbs was taken away. They said Mrs. Dobbs did not need it. The cousin told Mrs. Dobbs. Mrs. Dobbs did not agree with this, and she did not tell Mona about it. Mona worked for two more weeks. On pay day there was no check. Mona never got paid for those two weeks.

A month after Mona stopped working at the Dobbs' house, Mrs. Dobbs' son started a fire while he was frying frozen french fries. The house burned down and his mother was killed. He escaped through a back window, and the government built him a new house. It was a small home.



The government would not let him put a stove in the house because of the fire. They had his meals brought in by another home care worker who dropped them off wrapped in tin foil on her way to another job.

### Home Care Work is Skilled Work

Home care workers like Ellen and Mona work hard for low wages. They have to use a lot of skills in their work. Women are used to getting low pay for some of these skills, like cooking or cleaning. But home care workers are doing the same jobs professionals used to do.

Here is a list of some of these professional skills home care workers must use every day:

**Counselling** - Often old people trust their home care workers with their problems when they trust no-one else. They look for advice about personal things like health, money, fears, and relationship problems. Home care workers often find themselves being counsellors to the old people. They give comfort and advice. Their work is important to the old people's mental health.

**Report Writing** - Home care workers have to write reports telling agencies and government how things are going in the home. These reports need writing skills. The home care worker must observe things carefully and write down what she sees. Often agencies and government don't bother to read these reports. Often they don't even ask for them. But the home care worker is responsible for writing these reports, and they need care and skill.

**Medical Skills** - Home care workers have to give sleeping pills, heart pills and other medication. Agencies sometimes tell home care workers to let the person take his medicine himself, so they won't be responsible. But most times the home care worker helps the old person take the pill bottle off the shelf, or count the pills, or check that it is the right time to take them.

A home care worker is often the only person who can see if medicine is harming the old person.

Home care workers do a lot of nursing care. They put in catheters, give sitz baths, apply heating pads, clean medical equipment like plastic tubing, help prevent and treat bedsores, and help incontinent people use bedpans and diapers. These are just a few examples.

## **Bad and Good Things About the Job**

Why do workers like Ellen and Mona keep working at home care? Home care work has a lot of risks and problems. In Newfoundland there is no union for these workers. If they feel something is not fair at work, there is no one to fight for them. A home care worker works alone.

The pay is not good. The most a Newfoundland home care worker can make in a year is about \$10,000.00. Compare that to salaries of other health care workers such as social workers, nurses and doctors, and it is a poverty wage. Many home care workers are single women supporting two or more children. On this low salary a woman cannot buy a house or a car. She cannot buy nutritious food and pay light, heat and phone bills. She cannot give her children music lessons or a vacation. She cannot buy prescription drugs or good school clothes.

The hours are not good. Ellen and Mona worked better hours than most home care workers. Most have to go to four or five houses in one day. They work an hour here and an hour there. They spend a lot of time walking or taking buses. They do not get paid for this time spent getting to jobs.

Some home care workers have no employee benefits. Home care agencies have to provide benefits like Employment Insurance, old people do not have to provide these things to their home care workers. This means the worker cannot get EI if the old person dies, or if her job ends for any reason. It also means that if she is injured on the job she can't get workers' compensation. And when she is too old to work any more, her pension will be same as if she never worked at all.

All these things seem unjust when you consider how important home care work really is.

It makes you wonder why anyone would choose home care work in the first place, and why they would stay in the job. Ellen, Mona, and other home care workers have good reasons for staying. Here are some things they feel are good about home care work:

The work has real value that is not reflected in its salaries and benefits. Here is what one home care worker said about her work in 1998:

The thing that keeps me going is that the people really and truly need me. I believe if it wasn't for me, my client would have died months ago. She would have fallen down over the stairs or overdosed on sleeping pills or starved herself to death. I mean she literally was not eating a thing until I got there and started to feed her. She just forgot to eat.

And there's the emotional part of it as well. I mean I really love these people, and for some of them I'm the only person they've got in the whole world. They literally haven't got

another friend in all the world. Their friends have all died long ago, or they never had any children. Whatever the reason, they're all alone. They really need someone.



Sometimes we have a laugh together. That's what keeps me going, knowing you're really making a difference in someone's life like that. It certainly isn't the pay, I can tell you that.

Many home care workers stay because they can think of no better job. Many fish plant workers were encouraged to train for home care jobs when the fishery closed down. Women were told this was the only type of work they could get.

## Conclusion

There is no doubt that home care work is valuable work. It is important work. Government is right in calling home care a growth industry. All its studies show that we will need more home care to care for the swelling elder population.

But people in the industry agree that more needs to be done to protect old people and workers alike. Right now, people in the industry say home care has grown in a topsy turvy way, especially in rural areas where no standards apply at all. If home care is going to replace hospital beds, the old person and the home care worker should be able to rely on standards in job training, worker benefits and security, and a clear sense of who is responsible for what.

Most importantly, government and society must place a much higher value on this type of work than they do now. More and more often, we hear government calling home care the health care of the future. They call it that because they think it will save them money. But who will pay in the long run?

We have to fight to make sure government does not dump the health care costs on those who have the least power to fight back: the old people themselves, and the low-paid women who care for them by the thousands.

## Sources:

### Personal Interviews

Mona, Ellen, and Diana are pseudonyms for three real home care workers who supplied details for this story. Mona's story and Ellen's story happened just as told, and Diana supplied other details such as problems home care workers see on the job, and good things about home care work. The story uses pseudonyms because, as the story explains, home care workers are not allowed to tell what happens on the job.

Eleanor Gardiner, who handles licencing of home care agencies with the provincial department of health.

Owners of several home care agencies. Names withheld to avoid connecting controversial issues with any one agency, since the writer feels these issues apply to the home care industry as a whole.

Joanne Halfyard, financial assistance officer dealing with home care support.

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Provincial Department of Health Community Health Branch, *Continuing Care. Division Policy Directive Manual Governing Home Support*, January 1995.  
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## Home Care: Questions for Discussion

### Two Kinds of Home Care Work: City and Outport

1. What is a home care agency?
2. Where do most agencies operate?
3. Where are there no agencies?
4. Do you know someone giving or receiving home care?
5. Do they go through an agency or not?
6. How well do you think the system works for them?

What the Boss Said

1. Who was Ellen's employer?
2. How was it hard for Ellen to take the training course?

### Ellen's Training Course at Helping Hand

1. Why do you think Ellen began daydreaming during the course?
2. Ellen's boss used training time to pressure workers not to unionize or quit. How do you feel about that?
3. How did the agency show preference for male workers?
4. Do you think this was a good training course? Why or why not?

### Ellen Looks After Sandy Nolan

1. Why was Sandy called a private client?
2. What kind of person do you think he was?
3. Why was he lonely?
4. What kind of person do you think Ellen was?
5. Do you think Ellen should have told the niece and nephew Sandy had started taking his sleeping pills early? Why do you think she did not tell them?
6. Why do you think Ellen let Sandy "pat her bum?" What do you think she should have done?

### Home Care Work in an Outport: Mona's Story

1. Who was Mona's employer?
2. Who could she turn to if she needed help?

### Examples of Problems Home Care Workers See

1. What other examples can you think of?

## **Mona Looks After the Dobbises**

1. Why did nobody else want Mona's job?
2. How was Mona's job different from Ellen's?
3. Did Mona have more responsibility than Ellen?
4. This is a true story. How could this disaster have been prevented?

## **Home Care Work is Skilled Work**

1. What skills do home care workers use on the job?
2. Do you think they get paid enough for these skills?

## **Bad and Good Things About the Job**

1. What are some bad things about home care work?
2. What are some good things about it?

## **Conclusion**

1. Do you think home care work is undervalued by society?
2. Do you agree or disagree with the conclusions this essay makes? Why? Are there other conclusions you care to make?