

Bill 45 actually places more power in the hands of the health minister

Bill 45, the new health Authorities Act, recently introduced by Health Minister Elizabeth Cull, will drastically transform how health care decisions are made in this province. While this bill is supposed to allow increased community control of health care decisions, it actually centralizes the decision making process and puts more power in the hands of the Minister.

I support the recommendations of the Seaton Commission on Health Care and Costs, initiated by the previous Social Credit administration, which urged more community control of health care. However, Bill 45 only creates the illusion of community control, while expanding the health care bureaucracy and increasing the direct authority of the Health Minister.

Specifically, this bill abolishes the hospital boards and creates two new levels of health care bureaucracy at the regional level and at the community level. Yet, these new boards still don't have the authority they need to implement the recommendations from the Seaton Commission. Instead, the Health Minister has the power to dictate the standards and service levels that they are to provide, and allows her to fire boards or withhold money from communities which are not doing her bidding.

The most disturbing result of this bill is that there is simply no accountability for the new regional boards and community health councils.

Instead of being elected bodies to represent their respective areas, these boards will be directly or indirectly appointed by the Health Minister. Moreover, the Minister decides how many people will sit on the board, the composition of the board, and the jurisdiction of the board - and she may

make changes as she sees fit. Instead of representing the local community, and being held accountable to those who elect them, these boards will be required to comply with directives from Victoria with no accountability to the Legislature.

Another section of the bill which I feel must be questioned is Section 3 (3) which states that health services must be provided on a "predominantly not for profit

basis." What does predominantly not for profit mean? It appears that this section opens the door to allow health care that is for profit basis. This section flies in the face of the NDP election promise of not permitting a two tiered medical system. Yet, this section of the bill suggests that we are heading in a direction where better health service will be provided for rich British Columbians who can afford it.

In short, Bill 45 increases the health care bureaucracy at the expense of health service. If you would like more information about this bill, please feel free to call my constituency office at 787-9466.

MLA'S COLUMN

by Richard Neufeld



JULY 2, 1993

Mammography screening refused funding

JUNE 23, 1993

by Barbara Haidn

Expansion of the mammography clinic to screening and mobile diagnostic services has been put on hold. The Screening Mammography Program of British Columbia (SMPBC) has rejected the hospital's funding application.

The unit, paid for by local funding, has been operational since January and is fully equipped to provide a regional screening and diagnostic service, said Darlene Giesbrecht, Director of Radiology at the Fort St. John Hospital.

Since January, the mammography unit has been providing diagnosis to women referred to the clinic by their physician. Local fund raising, however, also equipped the unit with a truck and screen to provide regional diagnosis and screening.

Giesbrecht explained, the unit is limited to providing doctor referred diagnosis paid for by the BC Medical plan. "We can't perform screening even though we're fully equipped," explaining that it would just be a matter of moving the unit onto the truck. "The only thing missing is permission

together with the lower mainland."

This point is not argued by Sheila King, SMPBC Program Administrator. As it stands however, the Fort St. John clinic falls short of meeting several of the SMPBC program requirements. As King explained, the region is not utilizing existing diagnostic and screening mammography facility in Dawson Creek. "One of the requirements for further funding is that existing screen centres within the region are working at

fully or near to full capacity," explained King.

The Dawson Creek clinic, in operation since September 1992, has served 230 women, of which 73 were from Fort St. John.

Capable of about 1,500 exams per year, the Dawson Creek clinic is operating at 15 per cent capacity.

While King admits more regional information is needed, current figures do not look promising. "We don't know what the av-

erage cost per woman, per exam will be, \$35 to \$40 is an average amount paid at our existing screening centres. I don't know if that would cover all the costs in Fort St. John or not because we don't have enough details on the operating expenses yet."

King also expressed concern about maintaining quality service. She said they have to make sure they can deliver the screening services in such a way to promise women high quality, and some of

that has to do with the volume. "We have to make sure that the radiologist and technologist maintain their skills and some of that has to do with the volume of exams performed. We need to be able to make sure that we can offer quality exams on a low volume basis".

Before those assurances can be made, and financial viability can be determined more specific regional information and demand assessments need to be made.

JUNE 23, 1993

There is no budget to operate local mammography unit

AUGUST 19, 1993

AUGUST 19, 1993

NORMA KROEGER

AHN Staff

Fort St. John

Because Fort St. John has a mammography unit doesn't immediately put the city in line for operating funds, Health Minister Elizabeth Cull said.

"B.C. has probably the best mammography screening program, certainly in Canada, if not North America. We've really gone at this in a very careful and thoughtful way," Cull said. "That's why it's important that when we're doing the planning for it that we don't get stampeded into something simply because fundraising efforts in a community have allowed that community to acquire the equipment."

Maintaining high standards in the services provided to women is a top priority when providing funding, Cull said.

"If the quality of the program here is ever put into question then its value to women will go down," Cull said.

Fundraising in Fort St. John to buy the piece of equipment got out ahead of the ministry's ability to provide operating funds, Cull said.

With any piece of diagnostic equipment there is the capital cost of acquiring it, followed by the considerable sum to operate it every year, she added.

"The budget isn't there this year for Fort St. John, the hospital budget funds have already been allocated for the fiscal year," Cull said.

One option for Fort St. John women is the screening program in Dawson Creek, which Cull said "is not fully utilized right now."

"But we're having a look right now at the operating funds for next year's budget and we will be considering Fort St. John when we do that," Cull said.

"While I'm very sympathetic to the needs of smaller communities in northern B.C. we have to do our planning province wide and look at those areas that have the greatest need," Cull said. "The fact that Fort St. John has the equipment will be taken into consideration when we look at the budget for providing operating funds."

Donations made the new

mammography machine possible

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Mammography service could be back on track

1993
OCTOBER

Oct 18, 1993

Dave Williams

Staff Writer

Fort St. John

The recent provincial government cabinet shuffle may serve to breath new life into the region's mobile mammography screening service.

Inspired locally but cancelled provincially, the mobile service fell prey to changing government guidelines.

City Councillor Jean Pryndik said Health Minister Paul Ramsey — who replaced Elizabeth Cull after her transfer to the finance portfolio — has reopened the discussion into allowing the mobile mammography van to travel the region.

"I'm very encouraged and I intend to keep on top of it," she said.

"I won't let it go to sleep. This is too important an issue."

Despite raising \$80,000 being raised locally through the Ric Wilson Memorial Mammography Fund to purchase the van and equipment, a shift in provincial government guidelines stranded the unit in Fort St. John.

Pryndik said Ramsey, the MLA for Prince George, indicated in a recent meeting the guidelines brought in which halted the projected are no longer set in stone.

At present, Pryndik is in the process of gathering more information on the mobile unit to present the case a second time to government.

She noted a "hefty handful" of letters supporting the mobile unit have been forwarded to Ramsey.

"Mr. Ramsey, fortunately, understands the distances between us (communities)," Pryndik said.

Pryndik said the government's cancellation of the project based on the cost of operating it made no sense.

"It's disappointing. Fort St. John will go behind you 100 per cent.



Radiology director Darlene Giesbrecht examines mammography equipment currently housed in the Fort St. John General Hospital but intended for a mobile unit.

"It's a great community to back anyone that volunteers or offers support," she said.

"To be slapped in the face like that after we got the money, the unit, the storage space for it — it doesn't make sense that we can't use it."

Mammography unit \$8,400 short

Nov 12, 1993

Fort St. John - If the government doesn't come through, northeastern B.C. residents may have to once again take charge and get the presently stalled mobile mammography unit up and running, a city councillor says.

Fort St. John councillor Jean Pryndik said women requiring the service can't afford to wait forever for the province to decide on

funding.

"If they (government) gives us a song and dance, maybe the community will have another benefit dance and put our own funds in place," she said. "It's been done before, we can do it again."

The \$87,000 mobile mammography unit was purchased in November of last year and paid for through local donations which

totalled over \$98,000. It presently sits idle in Fort St. John for want of the \$8,400 it would cost to take the unit on the road.

Pryndik is continuing to lobby the provincial government for operating funds, most recently targeting the new Health Minister Paul Ramsey. "I would hope to have an answer back from the honorable minister very shortly."