as a convenient pretext for the province to cut the entitlements of destitute people.

Workfare is an ill-thought-out idea. It puts people who are forced to accept it at risk of abuse by unscrupulous providers of work. It reduces the job market even further. Why hire someone for pay if workfare provides you with free labour? It is administratively expensive, requiring an entirely new level of bureaucracy even if workfare is contracted out to the private sector. Experiments in other jurisdictions have shown that workfare programs that did not exploit people proved hideously expensive and competed with low-paid jobs in the regular job market. Or they inflicted such suffering and degradation on people unable to find work that public outcry soon demanded that they be abandoned. But historical lessons are lost on a government driven by blind ideological fervour.

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Manitoba

Esyllt Jones
Manitoba Nurses' Union

The Privatization of Home Care in Manitoba

In February 1996, the NDP Opposition in Manitoba leaked to the media a confidential report from the Treasury Board which proposed the privatization of Manitoba's renowned home care program. It indicated that direct care provision will be contracted out to the private sector, beginning July 1. Although the government will still pay for "core" home care services, certain "non-core" services will not be entirely covered by Manitoba Health. Thus, the privatization is accompanied by user fees.

The government's decision to privatize home care has been rumoured for some time, and since the Conservatives were re-elected last April, they have pushed forward on privatization initiatives in a number of areas, including selling off the Manitoba Telephone System. In this sense, public home care is another victim of an ideological perspective that does not support public ownership and investment. There is also a patronage element to the home care issue — the health minister has publicly admitted to a personal relationship with the owner of the fastest-growing private home care company in the province.

The debate over public versus private home care must also be considered in the light of recent restructuring in health care, aimed at lowering government expenditures. After inflation, Manitoba's spending on hospital care is now lower than it was in 1988. Manitoba has seen over 600 hospital bed closures in the last four years, and is expecting many more. Lengths of stay, particularly for surgery, have been dramatically shortened. These

developments have resulted in at least 1500 jobs being deleted from the health care system. The current government, like governments in all Canadian provinces, continues to stress the reduction of institutional health care, particularly in acute care settings. Same-day surgery, early discharge, and a concerted effort to reduce long-stay hospital beds (most of which are filled by geriatric patients) continue to alter the way we view the role of hospitals. Once considered a place to be cared for, and to recover from illness, hospitals (and those who staff them) are to be a last resort in the case of severe illness.

All of this has increased the demand for home care. Home care expenditures are a rapidly-growing line item in the province's health budget, rising from $44.5 million in 1988 to a predicted $79 million in the 1995/96 fiscal year. The Conservative government has attempted to limit home care expenditures, and has successfully reduced the home care caseload by over twelve hundred clients per year since they came to office. Their own fiscal pressure on institutions is the most important factor in the rising cost trend; shorter hospital stays mean people who are very seriously ill, the majority of them elderly, are being cared for in the home, with the assistance of the home care program. Naturally, patients' higher level of illness requires greater resources.

If the government wishes to reap the rewards of reducing institutional spending, it must not allow home care spending to make up the difference. Hence, the attempt to define "core" services. These "core" services (as yet undefined) will probably mean fewer medical and homemaking services for frail and dependent elderly. This will likely lead to greater demand for nursing home beds, as remaining in the home becomes an option for fewer seniors. A markedly reduced quality of life for the ill and for their families will also result, particularly among those families who cannot afford private home care services. Analysis done by Evelyn Shapiro, professor of community health sciences at the University of Manitoba, indicates that 80% of provincial home care clients are GIS (Guaranteed Income Supplement) recipients, who cannot afford private home care.

The Manitoba government's privatization will open a $80 million market to for-profit home care companies. And profit will come at the expense of clients and health care providers. Wages and benefits for employees in the (unionized) public home care program are already modest. Employees of private companies have no union representation (with the exception of the Victorian Order of Nurses). Nurses forced by privatization to work in the private sector will see their hourly wages decline by 40%. Other providers will experience similar or greater wage reductions. Non-unionized companies do not pay benefits, and they do not pay their employees for travel time between clients. Employees are without protection against

unjust management practices. What will happen in cases of, for instance, sexual harassment and abuse, which are common problems for home health care workers? The government's privatization is a major blow to health care workers, and to their representative unions. It is certainly a regressive step for Manitoba's health care system.

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Saskatchewan

Ken Collier
University of Regina

The Impact of the Federal CHST

As euphemisms go, "retrenchment" serves in Saskatchewan as the government's description, while "slash and trash" are the words of choice from the opposition, legislative and otherwise. Saskatchewan trumpeted its "first balanced budget in over a decade" early in 1995, only to gasp in desperation by year's end that Paul Martin was chopping serious dollars out of transfer payments and thus the province would have to cut social programs (more). The feds responded with reminders that Saskatchewan holds more than a billion dollars in shares in Uranium companies. Why cry poverty when you could sell these shares? Why flaunt the butterflies in the wallet when manufacturing, mining, wholesale and agricultural sectors are all up over 1995, and unemployment is down?

The province responded by saying that, while tax and other revenues are up by $50 million, federal transfers will go down by $220 million, so the arithmetic is plain. In February, the Saskatchewan government announced that they would sell most of their shares in Cameco to bring down the provincial debt. Federal transfers go down because Saskatchewan is doing so well, said the feds. Repartee, parry and thrust.

But the end result is cuts to social programs, emphasis on work-readiness, retraining, getting people off welfare and unemployment insurance—sorry, "employment" insurance. Particularly painful is the plan to savage rural government and services.

Since the federal government is off-loading monetary and policy reponsabilities to the provinces, while at the same time cutting transfers, the provinces look to local governments to take up some of the slack. Consolidation of the local level of government is now in the news. This may take the form of a return of proposals for a county system, first bruited about in the late 1950s. More than 600 rural municipalities would be replaced by a presumably smaller number of large counties. Those who hate the idea counter with proposals forcing municipalities to co-operate to maintain roads, do bulk ordering for hospitals and schools, and establish larger