

National Campus News

From University Newsrooms Across Canada

Student Union Fraud

Simon Rabinovitch

The McGill Daily

MONTREAL (CUP) – The Concordia Student Union (CSU) was shaken yesterday after criminal charges were laid in connection with a shocking internal fraud.

The fraud is believed to be one of the worst corruption incidents to ever befall a student association at a Canadian university.

On Oct. 4, CSU president Rob Green discovered that approximately \$196,000 had disappeared from the Student Union's account. Upon making the discovery, Green and the CSU retained the services of a forensic accountant and proceeded to suspend the individual suspected of perpetrating the fraud.

Montreal police authorities refused to reveal the person's identity while their investigation is ongoing, but it is widely believed that a high-ranking member of the CSU's executive is the lone suspect.

"We can't believe the extent of the breach of trust suffered by the entire university community, especially our members," said Green.

The students, faculty and administrators of Concordia were dismayed to learn that an elected student representative was alleged to have bilked the CSU out of such a large amount of money.

"We are very disturbed by this news," said dean of students Donald Boisvert. "The CSU, by nature of its charter, has the responsibility of managing funds that students entrust to them. This trust has been broken by those responsible for the fraud."

Sergeant detective Ronald Charbonneau of the Montreal Urban Community Police department's financial fraud section took over the case after the CSU's forensic accountant filed a complaint on behalf of the Student Union. The charges are the first step in the investigation that is expected to be completed by the end of November.

The CSU's annual income usually amounts to about \$1 million. In spite of the devastating loss, the student union hopes to avoid making any budgetary cuts that would hurt any of its student clubs or services. Preliminary discussions have been held with Concordia administrators to arrange for financing to replace the stolen funds. In the meantime, CSU officials are looking into preventative measures to ensure that there will not be a repeat of the offence.

"Looking forward, we are focusing on strategies for recovery, using all legal means to our disposal," said Green. "The executive's new priority for the remainder of this year will be, of course, to set up stricter financial controls to prevent this from ever happening again."

Boisvert echoed the CSU president's sentiments. "We expect the CSU to identify and account for the stolen funds and to put in place solid accounting and verification methods to prevent any re-occurrence of financial mismanagement," said Boisvert. "The university will offer the CSU its help and expertise in dealing with the situation."

Both police investigators and CSU officials refused to elaborate any further on the details of the fraud or the suspect's identity.

Problems Plaguing Canada's Health Care System

Bren Simmers

The Marlet

VICTORIA (CUP) – Alison Fox quit nursing in Vancouver in 1992, three years before Chretien's Liberal government made the deepest cuts to provincial transfer payments since the birth of national medicare in 1966. Even then, she was disillusioned with the medical establishment because of the socio-economic factors that make people sick in the first place, and was unable to provide the kind of care she wanted to give.

Although trained in holistic medicine, Fox found herself spending much of her time handing out drugs, a common response to illness in a medical system rooted in symptom management. As Fox points out, we need to start asking ourselves where sickness fits in with family history, stress patterns, and lifestyle.

Fox chose nursing because she enjoys taking care of people, tending to both their physical and emotional needs. But in two years, she recalls only three instances when she was able to spend time using massage or therapeutic touch to relieve a person's pain.

In today's hospitals, there is little time for that kind of care, but Fox says she has seen its benefits first hand. Alternative medicine is inching its way into Canada's traditional health care system. You used to have to get a doctor's order for physiotherapy – now massage is partially covered under BC medical.

"An informed and active consumer movement can change things and has," says Fox. Patients are asking more questions and are becoming more aware of their options. Still, if a person wants to access alternative therapies in Canada right now – acupuncture, homeopathy, hypnosis or naturopathy – they do so at their own expense.

The doctor is out

Dr. Eric Freedman, a Victoria pediatric urologist and considered one of Canada's top-notch doctors left Victoria three weeks ago for a better life in New York State. Private hospitals and clinics in the United States offer bigger pay cheques and better equipment. He says frustration with his working conditions motivated the move.

"After 15 years of training, I am unable to do my job," he says. Lack of funding to hire support staff such as nurses and cleaners, have reduced his access to hospital operating hours to as low as six hours a week.

"Everyone is doing a different job than they were trained for," he says. Hospital staff are overworked and morale is low. "This should be an exciting time to be a doctor, with new developments in technology, but we're unable to do our jobs." With a young family and a career ahead of him, Freedman says he can't afford to stay in Victoria. Doctors used to belong to the upper-middle class, a compensation well deserved for their years of training, says Freedman, but now they are feeling the economic pinch. In the States, "people need you and they reimburse you. Money is part of it, but it's the level of satisfaction you get for doing the job you're trained to do with the right equipment."

Health care critic Michael M. Rachlis argues that the problem isn't so much a shortage of doctors as it is how they are paid for their time. He believes doctors and specialists are moving away from comprehensive care, such as prevention and phone calls, because they're not paid for it under the current system. When a doctor has 10 minutes to see a patient it is impossible to provide this kind of care.

For students without primary physicians, drop-in clinics visit do little to address health concerns. Stress, poor eating habits, lack of exercise and poverty are at the root of most student illnesses. Unfortunately, in the current health care system, not even your regular doctor has time to talk to you and help you figure it out.

"We won't have many family physicians in the future," says the University of Victoria's health services physician Dr. Robert McDonald, a general practitioner who has worked in Canada for the past 11 years. "They're often dealing with complex, multiple pathologies yet they get paid the same as a person treating colds and flus."

So how can we keep good doctors and nurses in Canada with the ability to provide adequate care? "There's just not enough money in the system," says McDonald. "And it leads to burn out." B.C.'s budget offers \$1.6 billion for doctor's services.

The doctor's bill

Doctors are currently paid on a fee-per-service system. They receive a certain fixed fee for each job they complete in a day, creating a system that rewards doctors for providing as many services as possible, rather than good patient care. Most provinces are struggling to address this by coming up with alternative payment arrangements that allow doctors to spend more time with patients. B.C. has seven pilot projects underway right now, under what's called the Primary Care Demonstration Project.

Rachlis argues that switching over to salary-based integrated health centres would solve problems in rural areas. The vision is that generalists and specialists form a team, and get paid a salary with benefits to attract doctors to rural areas with fewer physicians and even fewer specialists. But not all critics agree.

Freedman believes that money motivates most doctors. Switching to salaried pay would control the budget, but would result in a collapse of the current system. Doctors would work regular office hours, have leisurely lunch and coffee breaks, instead of their usual 60-hour workweek. More doctors would be required under a salary system, due to a shorter workweek. And doctors, says Freedman, is what we're already short of.

Money can't possibly be the prime motivator keeping nurses working in Canada. According to the B.C. Nurses Union, the starting wage for a nurse in December 1990, was \$18.23 an hour, inched up to \$21.40 an hour as of September 2000, equating only to a \$3.17 wage increase in 10 years. The wage paid to nurses' aides, however, has jumped from \$13.10 to start to \$20.25 in the same time frame.

In the current set up, doctors and nurses have two distinct roles, with doctors at the top of the hierarchy in terms of responsibility. Nurses are paid to care for the patients for whom doctors provide diagnosis and treatment. You can't advocate for nurses to be more like doctors in both practice and pay without providing the proper training, says McDonald. "Most physicians would have a problem with nurses having the final

responsibility without being bound ethically, medically and legally to accept that responsibility on their own."

A poorly monitored system

Victoria is currently short 200 full-time nursing positions, and 40 on-call positions. Back in 1993, nurses in B.C. predicted the current labour shortage, calling it the "quiet crisis," because nothing was being done about it. Kathryn May, head of the University of British Columbia's (UBC) nursing school, believes that "had plans been put in place in '94, it wouldn't have happened." According to Lorraine Gillespie, president of the Registered Nurses Association of B.C., without nurses, health care is at a standstill. She believes the only way to increase the number of nurses is to offer "competitive recruitment incentives and compensation." When the B.C. Nurses Union contract expires next year, there will be tough bargaining ahead.

Imagine an active man in his 20s. It's his last year of university. While playing hockey, he falls on his tailbone and ruptures his bottom disc. His doctor prescribes painkillers. He goes to physiotherapy. Nothing helps. It is painful to sit through a 50-minute lecture. Six months later, his doctor refers him to a specialist. He is put on a waiting list for surgery. His number, 17, a digit as arbitrary as a 100-spot wait list for a class that will only fit 50. It isn't reflective of anything, really. Some people on the waiting list have already had the surgery. Others are on three waiting lists at the same time.

In 1998, Health Canada produced a report criticizing waiting lists as capriciously organized and poorly monitored. It concluded that waiting lists are instruments of misinformation, propaganda and general mischief at worst, as they aren't standardized or monitored. Morris Barer, director of the UBC Centre of Health Services and Policy Research, is one of the authors of the study that says waiting lists are "owned and managed by individual physicians."

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Freedman is not afraid of privatizing our health care system, so long as the decisions stay in the hands of the practitioners. "We're scared that we can't afford to do things [in a private system] but it's happening already. We don't have access to new technology or new drugs because they're expensive. We have to pay for it."

He believes there is room for a parallel system or privatization of certain services. He says that some can and will pay for quality health care. Health care, says Freedman, was originally started to cover the costs of major illnesses or accidents, so that people wouldn't go bankrupt. It wasn't designed for colds, or check-ins. "If people want that kind of care, they are going to have to pay more for it like in the US." At the same time, he argues that "the welfare state is here to stay. Some people will always need free health care, but will free health care be as good as private health care? The answer is no."

Students Protest Spy Agency

Azar Mehrabadi

Ubessey

VANCOUVER (CUP) – Students at the University of British Columbia recently spoke out against Canada's national spy agency during a career information session the agency was hosting on campus.

The protest, organized by the Spartacus Youth Club, centred on the effect the Canadian Security Intelligence Service (CSIS) has had on freedom of speech and the spy agency's influence on student protests and student activism.

"Students have the right to express dissenting viewpoints without fear that they're being spied upon," said protester Garth Mullins.

"It stifles and freezes debate and free speech to have a spy organization infiltrated into campus life and that's why CSIS should not be on campus as a recruiter or as a spy organization."

CSIS public liaison officer Margaret Janes said CSIS was on campus to offer students information about pursuing a career with the agency, which is a federal government department under the Ministry of the Solicitor General.

Among the protesters' concerns were that CSIS unfairly targets immigrants and refugees, as well as anti-globalism activists, in its spy activities.

"Universities are generally considered hotbeds for radicalism, so that generally means nancing on students," said Tynan Liebert, a UBC student and member of the

Spartacus Youth Club who attended the protest.

Janes, however, maintained that CSIS is mandated by Ottawa to investigate issues like espionage and sabotage, and conducts all of its investigations "in a lawful manner according

to the CSIS Act."

"We are very sensitive to any issues regarding to allegations of spying or investigating activities on campuses and we have very strict policies in that regard in terms of when we conduct investigations of any type," said Janes, who noted that all CSIS investigations are subject to review by the Security Intelligence Review Committee, an independent body.

Last year, the National Post reported that former solicitor general Herb Gray revised the government's policy regarding CSIS in 1997, giving the director of CSIS more power to unilaterally approve some undercover operations involving human sources on campuses.

While CSIS denied the allegations, asserting that ministerial approval is still required in most cases of campus spy activities, students remain concerned about the possible lack of restraints on campus spy activities.

Although Mullins claims he was denied access to the job information session and was told by campus security that he "would cause some kind of disruption," Mike Sheard, assistant director of campus security, denied the allegation,

saying that no one was refused entry.

"I don't know why he chose not to go in...If [the protesters] wanted to go in, that would have been fine by me, within reason," he said.

"I was just not going to allow the thing to get disrupted in a potentially violent way," he added.

Mullins said that he wasn't planning to disrupt the session, but admitted that he wasn't thinking about a career with the spy agency.

Sidebar on Self-Care

1. Learn about nutrition. Eat foods as close to their natural state as possible.
2. Sleep at least eight hours a night.
3. Walk or ride to school. Leave the car at home.
4. Use herbs and essential oils to boost your immune system and relieve stress. Take Echinacea when you first feel a cold coming on. Spread lavender oil along your hairline to relieve a headache instead of using Aspirin.
5. Drink lots of water, most headaches are from dehydration. Our cells communicate through water so if you're tired or stressed out, drink more water.
6. Nap. A 20-minute nap after studying will help you retain information.
7. Using coffee or sugar for energy catches up with you by actually depleting your chi. Green tea is much healthier for you.
8. Learn about your vices and their impact on your health, and the community at large. Manage them.
9. Balance is key. Allow room for all activities, relaxation, exercise and work. Don't let one area dominate.
10. Make health your first priority. Without it, you can't do anything.

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