

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION 180

Vol. IX

VANCOUVER, B.C., JANUARY, 1972



No. 1

WAGE FREEZE OPPOSED

While the prospect for a prosperous or improved New Year has been threatened by the intervention of the Government in terms of declaring a 6½% ceiling in contract negotiations, nevertheless it is the intention of the Union to utilize all reasonable means to obtain a fair and just settlement. The relative position of Hospital workers and their legitimate goals can only be met through a fair and impartial process of negotiation, possibly including arbitration or conciliation.

In view of the fact that even the Provincial Government recognizes a general optimism for increased economic activity for the year 1972 according to the Department of Industry and Commerce, along with a consistent increase in the cost of living, the action of declaring a 6½% ceiling must be viewed as discriminatory and dictatorial in that it removes the basic right of collective bargaining and does not allow the processes of wage adjustment to keep step with the cost of living.

With the increased tax burden, contributions to Unemployment Insurance and the deflation of the dollar in terms of purchasing power because of the rise in the cost of living, Hospital workers must achieve a wage settlement in excess of 6½% in order to avoid deterioration in terms of their relative position not only in the community, but also as providers and wage earners.

THE HOSPITAL GUARDIAN

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

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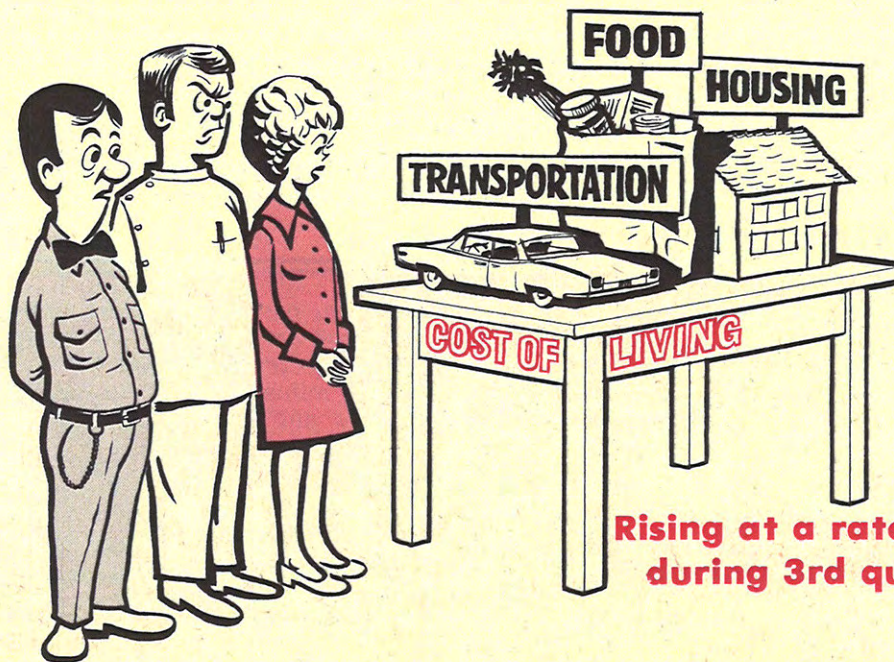
WHEN YOU FREEZE WAGES

YOU FREEZE

PEOPLE

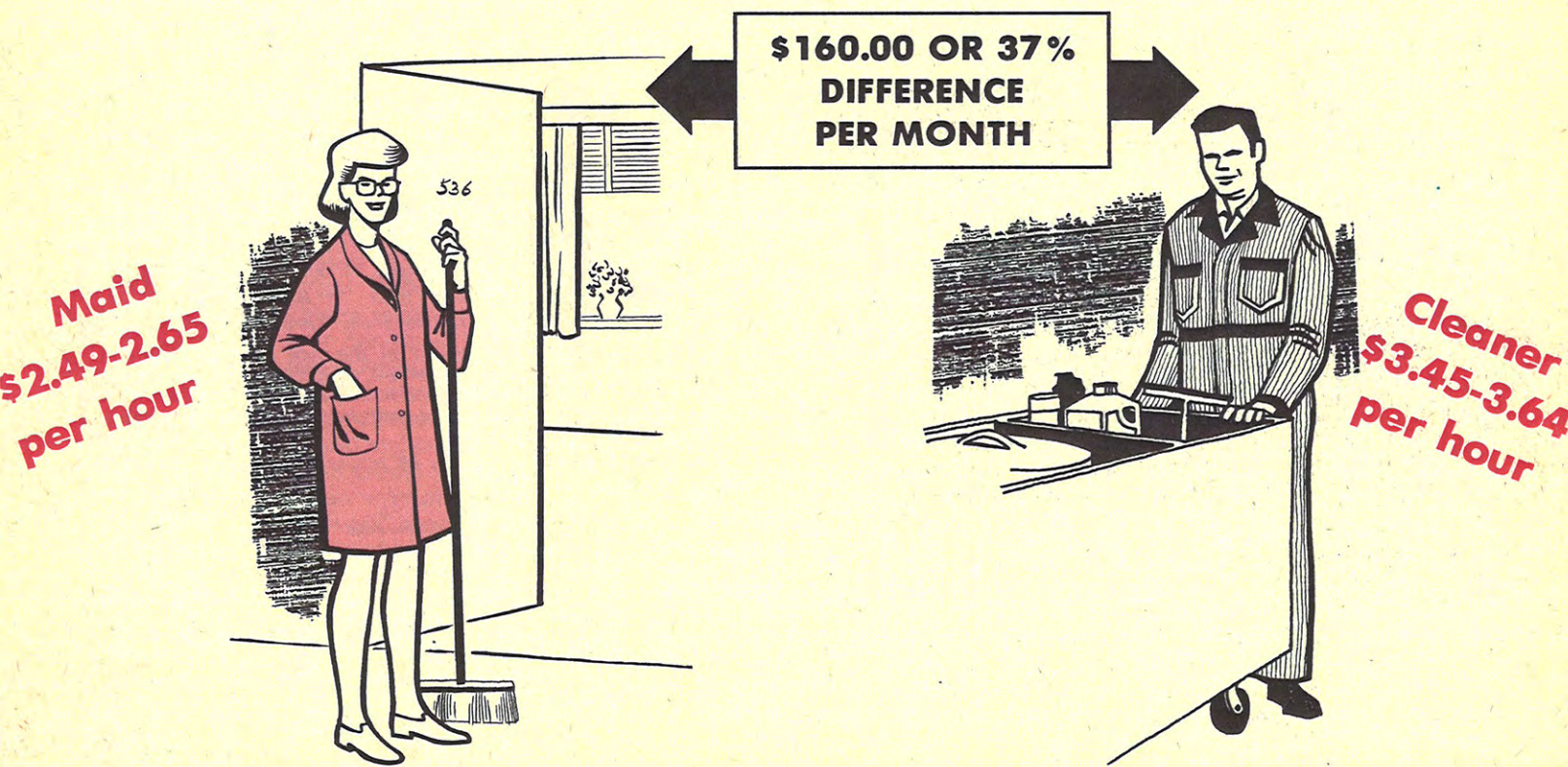
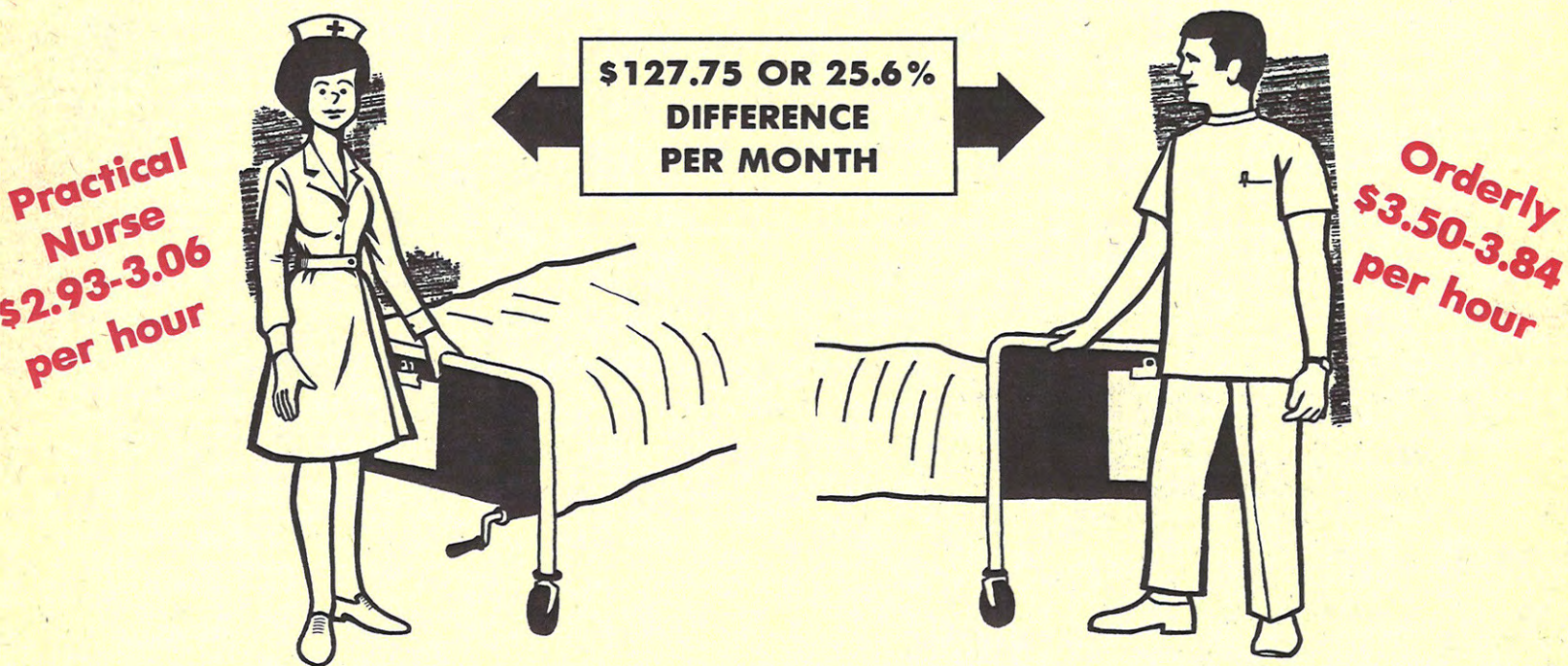


BUT WHO WILL FREEZE PRICES?



Rising at a rate of approx. 5%
during 3rd quarter of 1971

SHOULD THESE INEQUITIES BE FROZEN?



Relative Position Poor

80% of H.E.U. EARN LESS Than Average Wage

While Average Wages are higher in British Columbia than all other Provinces in Canada, nevertheless, the Cost of Living is also generally higher. The Consumer Price Index is taken on a City rather than Province basis but here again it is clearly shown that British Columbians pay more for their "market basket" of goods and services by comparison with other Provinces.

To quote a Paper by the Economics and Research Branch of the Federal Department of Labour titled *Wage Determination in Canada* as follows:

"The three main factors underlying the economic nature of the Canadian economy have been, and still are, geographical, dependence on international trade, and proximity to the United States . . . The result is wide regional differences in economic development and prosperity across the country. On the West Coast, British Columbia, rich in natural resources, is a centre of high wage, high productivity, heavy industries such as mining, logging and paper, has a highly trained labour force, a strong union movement and is adjacent to a rich market in the Northwest United States."

In B. C. hospitals, wages and salaries, while better than other hospital personnel in other provinces, nevertheless, are still relatively low by two standards.

- (1) The Standard of Community,
- (2) in relation to the production or service provided.

B.C. Personnel Work Harder

Hospital statistics are somewhat slow in being compiled or restricted in their availability, nevertheless, the latest hospital statistics still indicate the following:

- (1) British Columbia has the lowest ratio of Nursing and Total Personnel to Patients of any Province in Canada.
- (2) Because of this relative level of staffing, British Columbia has one of lowest Salary and Wage Costs per Patient Day and Total Operating Costs.

Within a few months, Registered

Nurses, members of the Hospital Employees' Union, and others, will return to the Bargaining Table to contractually commit themselves to wages and working conditions for the coming year or years.

The experience of the last two years, the knowledge of their relative position in wages by community standards, and their knowledge that the level of staffing in B.C. hospitals results in a relatively low labour unit cost, will affect the level and nature of their demands and their determination to realize whatever is fair and reasonable, without discrimination or favour in relation to the service provided and the demands of the job.

Below is a Table of the Average Weekly and Monthly wages and Salaries by Province for January, 1971:

PROVINCE	AVERAGE WEEKLY WAGE	AVERAGE MONTHLY WAGE
Newfoundland	\$121.39	\$485.56
Prince Edward Island	87.64	350.56
Nova Scotia	109.93	439.72
New Brunswick	112.49	449.96
Quebec	125.78	503.12
Ontario	135.43	541.72
Manitoba	117.55	470.20
Saskatchewan	116.27	456.08
Alberta	133.29	533.16
British Columbia	143.04	572.16

Source: *Employment and Average Weekly Wages and Salaries, Dominion Bureau of Statistics, February, 1971.*

Wage Guidelines: A Bad Prescription for a Wrong Diagnosis

(A Reprint from "Inflation — Why" by the Vancouver and District Labour Council)

The government appeals to us, in the name of sweet reasonableness, to accept a voluntary guideline of 6½ percent.

This, they assure us, would help to bring inflation under control. And obviously, if they were right in saying that wages push up prices, their remedy would be the right one. But, as we have shown repeatedly, it is not the wage earner that is pushing up prices. He is only trying, unsuccessfully, to keep abreast of the high cost of living.

To show this, let's examine the government's figures on the rise of incomes during the 1960's. Unfortunately, the income tax department has only made this information available up to 1967, but that takes in most of the boom period:

PERCENT OF TAXPAYERS	AVERAGE INCOMES OF TAXPAYERS, 1961-1967					
	BEFORE TAX		% Increase	AFTER TAX		% Increase
	1961 \$	1967 \$		1961 \$	1967 \$	
Lowest 5%	1,171	1,219	4.1	1,143	1,192	4.3
Lowest 50%	2,483	2,915	17.4	2,342	2,722	16.2
Highest 50%	6,216	7,919	27.4	5,512	6,862	24.5
Highest 5%	14,996	19,114	27.5	11,896	15,159	27.4

Source: *Department of National Revenue, Taxation Statistics.*

Even the strong bias in favour of the rich that is shown in the above table is an under-statement, because, especially in a period of inflation, a high proportion of the income of the rich is in the form of capital gains and therefore not included taxable income.

If we break down the figures by occupations, the contrast is just as striking:

	1961 \$	1967 \$	% Increase	1961 \$	1967 \$	% Increase
Employees	4,132	5,300	28.3	3,759	4,711	25.3
Executives*	24,385	32,110	31.7	17,977	23,619	31.4
Professions	11,413	16,711	46.4	9,007	12,701	41.0

*i.e. top 0.7% of "business employees"

Corporations haven't been suffering either. From 1961 to 1967, their total after tax profit increased by 56.3%.

When the government proposes wage ceilings as a cure for inflation, it is obvious that they are attacking the victim instead of the culprit.

**Hospitals' Lawyer Insists On
Reviewing Union Bargaining Manual**

Further Delays In Kootenay Dispute

On the 15th and 16th December, hearings into the Kootenay Inclusive Shift Dispute began after a delay of nearly five months since the Union and the Hospitals involved agreed to have their dispute referred to arbitration for *expeditious resolution*.

The Hearing, under the sole arbiter of Professor R. S. Herbert, commenced with legal counsel acting on behalf of the hospitals, objecting to the question to be arbitrated.

Following a lengthy explanation, legal counsel wished his objections to be noted in the event of an appeal to the arbitrator's decision. From this point on, legal counsel for both parties argued matters of procedures and rules of evidence that should apply. The Hospitals' legal counsel insisted on his right to examine the Union's Bargaining Manual in order to prepare his cross examination of the Union's key witnesses. This was objected to by the Union in that these matters pertaining to bargaining should be confidential and should be privileged only to the Union.

After two days of arguing procedures, objections and the right of the Hospitals' legal counsel to examine Union records, a further adjournment was called to give the arbiter time to refer certain legal questions to the Supreme Court of B.C.

The tactics employed by the Hospitals through their legal counsel is a further symptom of the deteriorating labor relationship between the Union and the B.C.-H.A. and certain Hospital Administrations.

During the two days of hearing which again is five months from the date the parties agreed to resolve the dispute through arbitration and involves a dispute which is nearly two years old, the two parties never came to a discussion of the *real issue* involved and therefore final resolution to this dispute is not likely until well into the New Year.

Certainly these delays and stalling tactics used by Hospital Administration in the dealing with matters related to collective bargaining is a contravention of the *basic intent* of the Collective Agreement which calls for both parties to seek *expeditious resolution* to differences that may arise. The delays and stalling tactics also tend to confuse and create needless anxieties which, coupled with platitudes by the employer to "work together in harmony" makes the situation hypocritical and impossible.

Surely if parties working together cannot reasonably and expeditiously resolve their differences there will be a resultant cleavage which will not make their relationship a harmonious one but will lead to stresses and strains in their working relationship.

EDITORIAL

THE PROSPECTS FOR 1972

This past year must be characterized as a year of procrastination, delay and false platitudes in the area of labour relations. One of the reasons for this unhealthy condition is the tight-fisted policy of the Provincial Government and the low priority which the Government adopts to hospital operation and the improvement to health care delivery.

Procrastination and delays in the collective bargaining relationship are likely to have effect in organizational behaviour and individual and collective performance, and while interested parties must view with concern the present situation and relationship between the Government, the organized labour forces and Hospital administration, nevertheless who amongst us is able to effectively counteract the politically oriented, dictatorial style of leadership which the present Government employs? It is obvious that the "political powers that be" do not view hospital financing and the development of an effective and efficient health care delivery system with the same priority as the construction of roads or the development and sale of Hydro power. Obviously, their priorities are determined by a political perspective, and the test which is being applied recognizes that only a small minority of voters (people) utilize hospital facilities at any point or period of time.

The Government's obvious approach is to work hospitals without spending money and have selected a Minister of Hospitals and Health Insurance that reflects this type of approach towards portfolio management.

It is perhaps the Premier's opinion that some of his other portfolio Ministers, for example, Donald Brothers, Minister of Education, should be as forceful and dogmatic as the Minister of Health.

Surely, Boards of Trustees and Hospital Management throughout the Province must be equally concerned with the recent approach and absence of constructive leadership of the Provincial Government and surely as a matter of service and concern in their respective communities they will not be "blackmailed" into courses of action which are not in the best interests of their community.

FROM B.C. HOSPITALS

\$100 MILLION ROBBERY

Below is research into hospital financing for the years 1959-1969 inclusive. The research clearly shows that monies from Federal grants and 2% of the 5% sales tax have not been used for hospital operation. The figures for 1970 and 1971 show the same condition.

HOSPITAL EMPLOYEES' UNION
RESEARCH INTO HOSPITAL FINANCING IN B.C.
FISCAL YEARS ENDING MARCH 31

	A	B	C	D	E	F	G	H
	Total Sales Tax	2/5 of Sales Tax (i.e. 40%)	Total Amusement & Admission Tax	Total — 2/5 Sales Tax & Amusement Tax (in thousands)	Payments for Services and Grants in Aid (in thousands)	Federal Contributions (in thousands)	Provincial Portion (in thousands)	Amount of Sales & Amusement Tax Underspent
1959	\$ 81,954,376	\$32,781,750	\$2,835,590	\$35,617	\$43,814	\$12,784	\$31,030	\$ 4,587,000
1960	87,364,135	34,945,654	2,922,572	37,868	43,330	20,406	22,924	14,944,000
1961	84,978,180	33,991,272	2,855,529	36,846	53,318	22,493	30,825	6,021,000
1962	89,891,937	35,956,775	3,056,554	39,013	58,018	25,697	32,321	6,692,000
1963	96,946,532	38,778,612	—	38,778	61,958	30,049	31,909	6,896,000
1964	107,857,034	43,142,813	—	43,142	66,858	33,687	33,171	9,971,000
1965	125,191,148	50,076,459	—	50,076	72,172	36,059	36,113	13,963,000
1966	147,455,605	58,982,242	—	58,982	79,560	40,545	39,015	18,967,000
1967	154,134,763	61,653,905	—	61,654	97,030	47,821	49,209	12,445,000
1968	164,064,708	65,625,883	—	65,626	114,917	57,415	57,502	8,124,000
1969	175,879,820	70,359,128	—	70,359	137,994	71,912	66,082	4,277,000
TOTAL UNSPENT OVER PROVINCIAL SHARE OF EXPENDITURE					- - - - -	- - - - -		\$107,860,000.00

STATISTICAL REFERENCE:

Column

- A — Province of B.C. Public Accts.
 B — Mathematical Compilation
 C — Province of B.C. Public Accts.
 D — Mathematical Compilation

Column

- E — Province of B.C. Public Accts.
 F — Annual Report — Fed. Dept. of Health & Welfare
 G — Difference between total spent and Federal Contribution = Provincial Share
 H — 2/5 Sales Tax and Amusement Tax less Provincial portion = Amount Underspent

*Hospital Patients, Hospital Workers,
 and the Public are the "Victims" of
 this type of Money Management!*

DETERIORATED POSITION

WHAT 6½% WOULD MEAN

The question is often asked "What would the 6½% guideline mean to the average hospital worker in terms of his/her relative wage position?"

To answer the question requires some clarification as to what the 6½% guideline laid down by the Provincial Government involves.

The 6½% ceiling is for all wage and cost benefits that are negotiable including the costs associated with Hours of Work, Annual Vacation and a variety of other expenses. However, in order to answer the question "What 6½% Would Mean?" and making the assumption that the entire 6½% is to be applied in a general wage increase, then there are two possibilities as to how the wage increase could be calculated.

Firstly, if 6½% were applied directly to individual job classifications, then on maximum rates, the general wage increase would vary according to the wage level and as a cross section would be as follows:

Orderly	\$40.70 per month
Cleaner	\$38.55 per month
Practical Nurse	\$32.37 per month
Nurses Aide	\$29.20 per month
Maid	\$28.15 per month

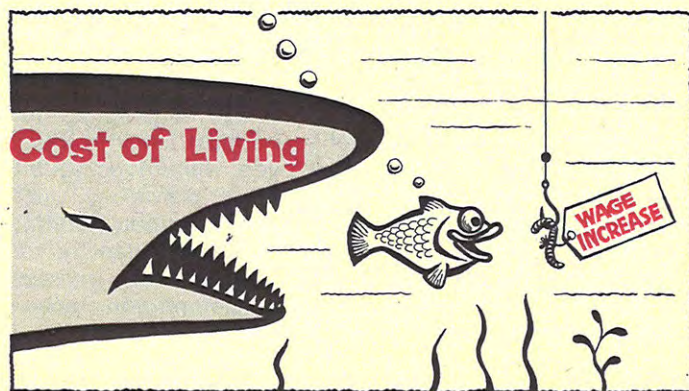
If, on the other hand, a 6½% increase in payroll costs was averaged across-the-board amongst the total personnel in the hospital industry then the monthly increase for hospital workers would be in the neighbourhood of \$32 per month.

The average wage (weighted) of Hospital Employees' Union members is \$504 per month. Therefore, using either of the two assumptions made above, the average wage for H.E.U. members based on 6½% increase for 1972 would be approximately \$536 per month.

In any case, with the Cost of Living increasing at the rate of approximately 5% per year (using the compounding method to extrapolate the rate of change), with U.I.C. deductions of approximately 1¼%, with Income Tax taking approximately 1% of the wage increase and with all the other increased deductions including Municipal Superannuation and Canada Pension that would be added deductions due to the wage increase, IT IS NOT DIFFICULT TO SHOW THAT A 6½% WAGE INCREASE, WHETHER DIRECTLY APPLIED OR AVERAGED ACROSS-THE-BOARD BASED ON PAYROLL COST WOULD RESULT IN A DETERIORATED POSITION FOR THE AVERAGE HOSPITAL WORKER.

In other words, with a 6½% wage increase (and no other improvements in Hours of Work, Annual Vacations or other working conditions) the average hospital worker would be poorer in 1972 than he or she was in 1971 as a result of the increasing Cost of Living and the deductions that would be made against the wage increase itself.

This shows the effect and inadequacy of the dictatorial and discriminatory 6½% ceiling announced by the Provincial Government. Hospital workers must have a general wage increase comparable to those gained by other Unions in the community which are in the neighbourhood of 10 to 15% if the hospital worker is to keep pace with the Cost of Living and is not swallowed up by it.



Provincial President Challenges Prejudice

Women Have a Role in Trade Unions

"The age-old conflict between the sexes still exists and persists into the work place and interferes with early achievement of economic equality between male and female workers . . .

"The old 'hangover' that a 'woman's place is in the home' is not nurtured by men alone, however, because it is still very evident in attitudes within women themselves . . .

"In these days when old traditions are being challenged everywhere, you will find that employee attitudes towards Unions are also undergoing a transformation. Historically, trade unions have been viewed as masculine institutions. The traditional male work force has been in the vanguard during the past, in organizing, servicing, and communicating with the public . . .

"When you ask the man or woman in the street what they think about when they think of Unions, they think of men picketing, or men agitating, or men involved in public demonstrations, or they have not thought of women when they thought of unions in the past . . .

"Many men and women at work today no longer hold sacred the old traditions. Both male and female workers, particularly in our own local union, are determined to stamp out the old role that employers forced upon women as being the source of cheap labour . . .

"In the past two years, the tempo of representation to achieve economic equality for the women employed in the hospital industry has been accelerated. Where the Union has not always been able to successfully negotiate equal pay for equal work, it has, by employing Arbitration Boards, been able to make significant advances in the eventual goal of equal pay for equal work."

Excerpts from a speech given by Provincial President, W. D. Black, on the role of the B.C. Human Rights Commission in February 1971.



Unit Representatives on Vancouver Island



The Effect of Tax Reform on the Wage Earner

The following article was prepared on request by Mr. Ted Waterman of Gardner & MacDonald, who are the Union's Accountants and Auditors.

The new tax system will provide some relief to the average employee who relies completely on salaries or wages to provide support for his family. Some of the personal exemptions have been increased for the first time since 1948, however, the increases in exemptions are considerably less than the increases in the cost of living since 1948. The exemption for individuals is up 50% from \$1,000 to \$1,500, married taxpayers up 42% from \$2,000 to \$2,850 and the extra allowance for taxpayers over 65 years of age is up 30% from \$500 to \$650. The maximum allowances for dependents are unchanged, however, the allowances are now reduced gradually by earnings of the dependent where they may have been eliminated completely under the present Act.

The employee will also receive an allowance to compensate him for miscellaneous expenses not allowed individually such as work clothes, special equipment, tools, etc. The employment expense is a flat 3% of employment income for each employee (maximum \$150) and no proof of the expense is required. The Government has now recognized the necessity of moving to new locations in order to remain self-supporting. Where the move is to a location 25 miles closer to the new job, a taxpayer may deduct many of his moving expenses from wages earned on the new job.

Another common expense that has been overlooked for too long is the cost of having someone care for your children while both parents are working, or even more important, while the only remaining parent is forced into working to support the family. The new Act allows the mother (or father, where the mother is absent) to deduct from earnings up to \$500 for each child under 14, or infirm, (\$2,000 per family). If the expense exceeded 2/3 of earnings, the excess would not be allowed.

Other new deductions are unemployment insurance contributions (but receipts are now taxable), room and board while at a job site away from home and capital losses on certain assets, mainly the type that do not depreciate. Capital gains are, of course, taxable to the extent of one-half of the gain on disposing of most assets where the proceeds exceed \$1,000. Your home (principal residence) is exempt, except for any portion rented out or during any of the period owned when it was not your principal residence. Prizes and winnings are not taxable gains.

The subject of capital gains is too extensive to be covered more fully in this article, however, you should be receiving an "information package" from the tax department shortly after the Bill is passed by Parliament. Hopefully, it will provide the answers to most of your questions. In the meantime, if you have any assets that may be subject to capital gains tax, we suggest that you try to substantiate your cost and the current market value with receipts, offers, prices asked or paid for similar property, and

any other evidence available. Such assets would include real estate, cars, boats, coin or stamp collections, antiques, jewellery, etc.

The effect of the increased exemptions and additional allowances for expenses is to reduce income taxes for most employees who support a wife and have only salary income. For example, an employee supporting a wife and two young children on a salary of \$600 per month would save approximately \$80 or 9% in taxes each year. On the other hand, single taxpayers earning more than \$4,000 will pay more tax, as will many married taxpayers where both husband and wife are working. A couple earning \$6,000 each will pay approximately \$20 more in taxes for the year.

There is little doubt that the new tax system will become effective January 1, 1972, and you should be careful to keep a record of all costs pertaining to allowable expenses, or purchase of and additions to capital assets. Receipts should identify the transaction and the person giving you a receipt for child care should note his social insurance number on the receipt. Amounts paid to a relative under 21 do not qualify.

We have attempted to cover the changes most likely to affect an average employee without going into the many other new provisions such as taxing scholarships, grants, contributions to a public medicare plan by your employer, etc. If you have any questions that need answers before you receive the information booklets from the Government, we suggest that you contact a professional tax advisor.

OVER THE PAST THREE MONTHS

Board of Arbitration Decisions

Over the past three months, the Union has proceeded on three disputes to Boards of Arbitration for final resolution. Below are summary facts surrounding these disputes. The names of the employees concerned have not been published as the decision of these Boards of Arbitration is more significant in the resolution of the issue or interpretation of the Collective Agreement.

On October 25th a Board of Arbitration heard a dispute involving the dismissal of an employee of the Fraser Canyon Hospital on the basis that the employee had improperly administered a controlled drug (Nembutol Suppository) without first checking with the Registered Nurse on duty. In a minority award signed by the Chairman and Hospital's nominee, the Board of Arbitration upheld the dismissal as being "just cause" for dismissal. While the evidence indicated that it was standard practice for Nurse Aides and Practical Nurses to administer nembutol suppositories, nevertheless there was also evidence that Nurse Aides or Practical Nurses should not give any form of medication.

The Union's nominee to the Board of Arbitration dissented from the Chairman and Hospital's nominee and stated in a minority report that in his opinion the Hospital has not carried the burden of proof and that even if the employee did administer a nembutol suppository without first checking, that under the circumstances where such was a standard practice and where there was a standing order by the Doctor for nembutol suppositories and in view of the fact that the Registered Nurse on duty was not available, dismissal was too severe a penalty.

Nevertheless as stated above, the other two members of this Board of Arbitration were of the opinion that on the balance of probabilities that a rule had been broken and therefore the Hospital had just cause to fire the employee.

The second Board of Arbitration was

held on November 19th and involved a case where the Lions Gate Hospital terminated the services of an employee because a bonding company under which the employee was covered by a blanket fidelity bond decided not to continue coverage for the individual employee.

No reasons were given by the bonding company which had its Head Office in the United States.

After hearing all the evidence, the Board of Arbitration by an unanimous award, declared that the employee was improperly dismissed and therefore ordered reinstated with full compensation along with suggestions to assist both the Hospital and the individual employee with regard to the matter of bonding.

A third Board of Arbitration was held on December 13th to hear a dispute involving the Armstrong Hospital and a Relief Cook. The dispute revolved around the question whether an employee with seniority should be given first opportunity to a Head Cook position before any new employees were taken on the staff.

The particular Article and Section in dispute was Article VI Section 2 involving the Release, Transfer and Promotion of employees and the matter of recognition of seniority.

In a majority award signed by the Chairman and the Union's nominee, the Board of Arbitration awarded that the employee with seniority should be given the opportunity in the higher rated Head Cook position and instructed the Hospital to make the necessary adjustments.

CALL FOR THE R.N.

Don't Take the Risk!

How often are hospital employees requested, required or instructed to take upon themselves responsibilities above and beyond the requirements of their job classification?

More often than administrative personnel would care to admit or recognize.

It does happen all too frequently. What is done today voluntarily in order to get the job done, could be an obligation tomorrow and cause for dismissal on a subsequent occasion with a different supervisor, or if something goes wrong.

It can happen. It has happened as a recent arbitration award clearly emphasized. We find it difficult to believe that after more than twenty years' experience, a Nursing Assistant would administer a medication without being told to do so if such was not the custom dependant upon the requirements of the moment; and yet the dismissal was upheld.

Know the extent of your duties and licence. "Other related duties" at the end of your job description or job posting afford you no protection or licence.

If what you are doing is not within your scope of duties either by virtue of your job description or licence, you may be placing yourself in jeopardy.

What is condoned by one supervisor or even requested, could be unpardonable to another and cause for dismissal.

POWELL RIVER STRIKE

DOCTORS AND UNION TALKING

After approximately eight months of picketing the Westview Medical Clinic in Powell River, there may be a break in the strike as a result of the doctors, who are the owners of the Clinic and employers of the girls on strike, recently indicating they are willing to discuss the proposed Collective Agreement between themselves and H.E.U.

While it is impossible at the time of the printing of this issue of the *Guardian* to indicate whether this recent willingness by the doctors to sit down and meet with the Union for the purpose of negotiating a Collective Agreement will prove to be successful, nevertheless, it is the hope of all H.E.U. members that this long strike and the determined effort by the girls on strike, will result in a Collective Agreement and recognition of the Union which will bring improvements and protection to the girls should an agreement be reached and the girls return to their jobs.

FAMILY AFFAIR

ROSSLAND UNIT ELECTIONS

Throughout the Province, Unit Elections are confirmed in the month of January with Unit Officer positions being filled by both old and new faces.

In Rossland, Unit Chairman John Hughes will be assisted by the husband and wife team of Dan and Annette Lyall. Dan, an Orderly, will assume the role of Vice-Chairman, and Annette, a Licensed Practical Nurse, the role of Trustee for the year 1972.

Both Brother Hughes and Brother Lyall have been officers before. Brother Hughes, known to many members throughout the Province, has been the Unit Chairman at Rossland since 1961.

Brother Lyall has served two terms as Unit Secretary.



John Hughes, Dan and Annette Lyall of Rossland Unit.

EXECUTIVE REPORT

By W. D. BLACK, *Provincial President*

At the Sixth Biennial Convention of Local 180, a resolution was endorsed providing that a Summary of Non-Confidential Business of Provincial Executive Meetings be sent to each Unit Secretary.

To avoid duplication of effort on the part of your Provincial Office Staff and yet ensure that the activities of your Provincial Executive are being communicated to the membership, a Summary of Executive Activity will be published in each issue of *The Guardian*.

KOOTENAY EDUCATIONAL SEMINARS:

Being re-scheduled to early 1972; these Seminars have had to be cancelled because of the pressure of Negotiations.

CONVENTION CALL:

The Provincial Office will be forwarding the official Eighth Biennial Convention Call during the month of February, 1972.

HOSPITAL-EVALUATION PLANS:

The Provincial Executive requests that all Members of the Union refrain from participation in any Job Evaluation Programmes that do not have the official sanction of the Union.

PRIVATE HOSPITALS' BARGAINING:

Brother Zomers reports that, to date, all meetings between the Mediation Officers; the Cottage Private Hospital; and the Private Hospitals' Bargaining Committee have been cancelled by the Mediation Officer.

To date, the Hospital has refused to grant any monetary concessions.

HOSPITAL PROSECUTION:

Legal Counsel for the Union is awaiting a response from the Jubilee Hospital in Victoria over the Union's move to prosecute the Hospital alleging the Hospital has not implemented an Arbitration Award.

This award was won by the Royal Jubilee Hospital Employees' Association approximately 18 months ago, and provided substantial wage increases for female Housekeeping Staff performing arduous jobs normally done by men.



JACK LAWSON

During the month of November, 1971, it was with regret that the Union received the resignation of Brother Jack Lawson who was the Staff Representative for

the Northern Region and other units throughout the Sunshine Coast, and Fraser Canyon.

Brother Lawson, as an employee of the H.E.U. for approximately four years, won the respect and friendship of H.E.U. members and members of the Provincial Office Staff.

Jack, who was formerly a cook in the Vancouver General Hospital, has decided to open his own business and purchased the Oakridge Plaza Coffee Shop in Vancouver.

We trust that all will go well in Jack's new venture and wish him every success in the future.

Dangerous Tool if Improperly Used

Union Boycotts One-Sided Job Evaluation

As reported in the last edition of the *Hospital Guardian* of November, 1971, the B.C.H.A. has unilaterally employed Job Analysts and is unilaterally undertaking job evaluation studies in selected hospitals throughout the Province.

In view of this fact and along with the other considerations at the present time in the hospital industry including the refusal by the Provincial Government to make reasonable monies available for labour expense, the Provincial Executive of the Union, by motion, has declared that the Union will not co-operate with the B.C.H.A. in their present approach to job evaluation and has asked Unit Executives to resist all efforts requesting co-operation at the hospital level to job evaluation until such job evaluation is implemented with mutual safeguards and protections.

Job evaluation as a management and labour relations system to internal wage relationships could be of value to both Hospital Management and the Hospital worker. However, if the Provincial Government simply will not make money available for those cases where an upward wage adjustment would be indicated through the process of job evaluation, then the job evaluation itself must be without purpose.

Secondly, in the hands of politically oriented or appeasing labour relations agents, a job evaluation programme could become a dangerous tool that could be used against unwary hospital workers.

Through the process of job evaluation and its counterpart, management engineering, hospital management could use the information derived from job evaluation to further delete positions and change methods of operation so as to meet financial or budgetary restraints. All this in turn would result in further jeopardy to job security and would create conflict in those work areas and those areas of hospital management where some effort is made to provide a healthy and productive work environment.

It is with regret that the Union must take a position contrary to job evaluation but under the circumstances it is in the best interests of the Union members and Hospital workers generally that the Union not remain silent when the Employers' bargaining agent and the Provincial Government through the B.C. Hospital Insurance is employing the tools and technique of job evaluation for their own selfish objectives and not for the purpose of deriving a mutually acceptable job evaluation programme.

Hospital folk, here's your B.C. straitjacket

(A reprint from The Province, Wednesday, December 8, 1971, by Pat Hrushowy)

Ladies and gentlemen, we're gathered here today to discuss a new contract for all you hospital employees.

You all know, of course, that the provincial government has tied our hands in the field of monetary items and we are bound to limit any pay increases we give you, including benefits, to 6.5 per cent.

However, I'm sure we can get together and see to it that the 6.5 per cent pay package is made up of components that will be very satisfactory to your membership.

Now then, let's get down to discussing some of the contract items that do not cost any money.

Wait a minute, I forgot something. You will all be paying for unemployment insurance in January and for those of you that haven't done this before the employer contribution will not be considered as a pay increase in terms of the limit. Isn't that nice?

Now, where were we? Oh yes, let's talk about contract items that don't cost money.

You say you want maternity leave of 15 weeks instead of 12. That will cost money; we'll talk about that later and see if it can fit into the 6.5 per cent limit.

You want sick leave pay if medical complications occur during pregnancy? Darn — that'll cost money too so let's leave that and see if it can fit into the limit too.

What do you mean you want to eliminate progressively the disparity between the wages paid men and women? I doubt that that would fit into the limit.

Ho, ho. This reduction in work week from 37½ to 36 hours will also cost money. Do you want to see if it too will fit in the limit?

Is there anything else you want to discuss before we get into the components of the 6.5 per cent limit?

No? Well then, let's discuss this demand for a \$500 monthly base rate and the 25 per cent pay increase you have demanded. Some of it may fit into the limit.

None of the foregoing has ever been said and is probably not likely to issue forth from any representative of the B.C. Hospitals Association.

What it does point out, however, is how ludicrous collective bargaining can become when severe limits are imposed on the process by a government.

Union and management met briefly on Tuesday and then adjourned until Thursday to give the hospitals association time to discuss with their principals the impact of the provincial decree.

The provincial order did say the 6.5 per cent pay increase limit did include fringe benefits but it still has not been made clear if that limit is to include all cost items. It probably does.

This limit is particularly tough, especially now, because the union, which has predominantly female membership, was making a special push to equalize things, such as pay.

All of the items referred to above were in the union's demands but it is hard to see how any one of them can be written into the new agreement without consuming most of the limit.

The union has no other choice but to reject the limit but to date has not released any major strategy it will be using.

The hospitals themselves are over a barrel in that any pay increase over the limit will have to come from some other part of the operating budget and that always seems to smack of cutting down on patient care.

No doubt the hospitals association breathed a large sigh of relief when the provincial government imposed the limit but its members can't help but be disturbed at the ultimate results of this disruption of free collective bargaining.

TEACHERS BREAK 6.5%

The recent statement by Health Minister Loffmark that salary and fringe benefit increases for Hospital workers would be subject to a maximum limit of 6.5% imposed by the Provincial Government has provoked a reaction of contempt not only from Hospital Workers' representatives but also from newspaper columnists and commentators throughout the Province. Acceptance of Loffmark's ruling would mean an end to "free collective bargaining".

Loffmark is clearly following the lead of fellow Cabinet Minister Donald Brothers, who attempted earlier to impose identical limitations on the school teachers.

The failure of the Government to implement the restrictions imposed by Brothers is clearly demonstrated by the salary increases awarded to teachers recently.

Of the 77 Teacher Bargaining Units in the Province, 28 had concluded negotiations before the 6.5% edict

was announced with average increases ranging from 7.4% to 8.9%. Salary increases resulting from compulsory arbitration in many of the 49 other units range from 7.4% to 8.2% with several units still to negotiate or presently as Arbitration informed sources predict, a Provincial average increase of not less than 7.5%.

* * *

Other workers in the Community have already negotiated their wage settlements for the forthcoming year.

We are not unaware that Vancouver Policemen will be receiving wage increases of \$125 per month in two stages over a one-year contract; nor have the other settlements such as: B.C. Telephone's 40c per hour across-the-board effective January 1st, 1971, and 50c effective January 1st, 1972, for plant and operating employees; the Painters' 55c-59c per hour increases; the Sheet Metal Workers' 62c per hour increase; and the Retail Clerks' 21% increase over two years; gone by unnoticed.

UNEMPLOYMENT INSURANCE AND THE HOSPITAL EMPLOYEE

BENEFITS AND COST

Hospital Workers already covered by Unemployment Insurance will continue to pay premiums at the regular rate based on 0.9% of earnings.

Monthly Salary	Regular Premium Monthly
\$250	\$2.25
300	2.70
350	4.15
400	4.60
450	4.05
500	4.50
550	4.95
600	5.40
650 and over	5.85 maximum

Hospital Workers previously excluded will be phased into the plan as far as premiums are concerned and in 1972 their contributions will be based on 40% of the regular rate.

Monthly Salary	Reduced Rate Monthly
\$250	\$0.90
300	1.08
350	1.26
400	1.44
450	1.62
500	1.80
550	1.98
600	2.16
650	2.34 maximum

The above premiums will increase gradually until January 1, 1975, when the regular rate of premiums will become effective.

Premiums are based on earnings. It is an allowable deduction for income tax purposes. Benefits are taxable income.

Newly covered employees are entitled to minimum benefits after eight weeks of contribution. Full benefit after 20 weeks of contribution. An insured week is one in which a contribution has been made. Eligibility for benefit is based on the number of insured weeks worked in the previous 52 or in the time since a previous claim was allowed. This is the qualifying period.

A person with less than 8 weeks of insured employment cannot qualify for benefits.

REGULAR BENEFITS

Following a two week waiting period those who qualify will receive a three-week payment in two parts, the first of which would be received in the third week of unemployment. The unemployed person is entitled to keep this entire payment even though he may find work prior to the fifth week of unemployment.

SPECIAL BENEFITS

Sickness, maternity and retirement benefits are available only to major attachment claimants. In the case of sickness or pregnancy, benefits are paid during the 29-week initial benefit period. Retirement benefits are payable on retirement from the work force and consists of a three-week payment.

SICKNESS

Up to 15 weeks of unemployment insurance are payable to major attachment claimants except those covered by Workmen's Compensation. The normal two week waiting period is waived in those instances where the interruption of earnings is due to the exhaustion of paid sick leave if the claimant has been ill for more than two weeks.

MATERNITY

Benefits are payable for up to 9 weeks prior and 6 weeks subsequent to confinement of a major attachment claimant whose earnings are interrupted by pregnancy. The claimant must also have had at least 10 weeks of insured employment between the 50th and 30th week prior to the expired date of confinement.

BENEFIT RATES

Minimum weekly benefit is \$20. Maximum weekly benefit is \$100 depending upon earnings, dependants and length of time unemployed. Maximum entitlement is 51 weeks.

CONTRIBUTIONS

Under this plan the salary ceiling disappears and all employees are insured. However, contributions will be levied only on the first \$150 per week. This amount may vary from time to time to reflect the changes in average income, as will the employee's contributions, dependant upon the average unemployment rate.

Part time workers will contribute and be entitled to benefits where earnings are \$30 per week or more.

COVERAGE

The new legislation will provide for almost universal coverage, an estimated 96% of the total work force.

EARNINGS WHILST CLAIMING UNEMPLOYMENT INSURANCE

All earnings during the two week waiting period will be deductible from the first benefit payment. Whilst in receipt of unemployment benefits, earnings in excess of 25% of the regular weekly benefit will be deducted. Exceptions are during sickness or maternity claims when earnings are not allowed.

SOME USEFUL DEFINITIONS

A minor attachment is defined as from 8-19 weeks of insured employment within the qualifying period.

A major attachment is defined as 20 weeks or more of insured employment.

NOTE: Sickness, Maternity and Retirement benefits are available only to Major attachment claimants.

PART-TIME EMPLOYEES

Any person who is hired for casual work which is pertinent to the employer's regular trade or business is considered a part-time employee.