

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION 180

Vol. IX

VANCOUVER, B.C., APRIL, 1972



No. 2

SHOULD MAKE B.C.H.A. HAPPY

GOVERNMENT DOES HATCHET JOB ON HOSPITAL WORKERS

The Provincial Government and its Agents, the B.C. Mediation Commission and the Employee Relations Council of the B.C. Hospitals' Association, have conspired to use the full weight of legislative privilege to deny the modest bargaining goals of the men and women who staff our Hospitals.

On April 20th, 1972, the B.C. Mediation Commission handed down its Award for both the H.E.U. and the Registered Nurses' Association of B.C.

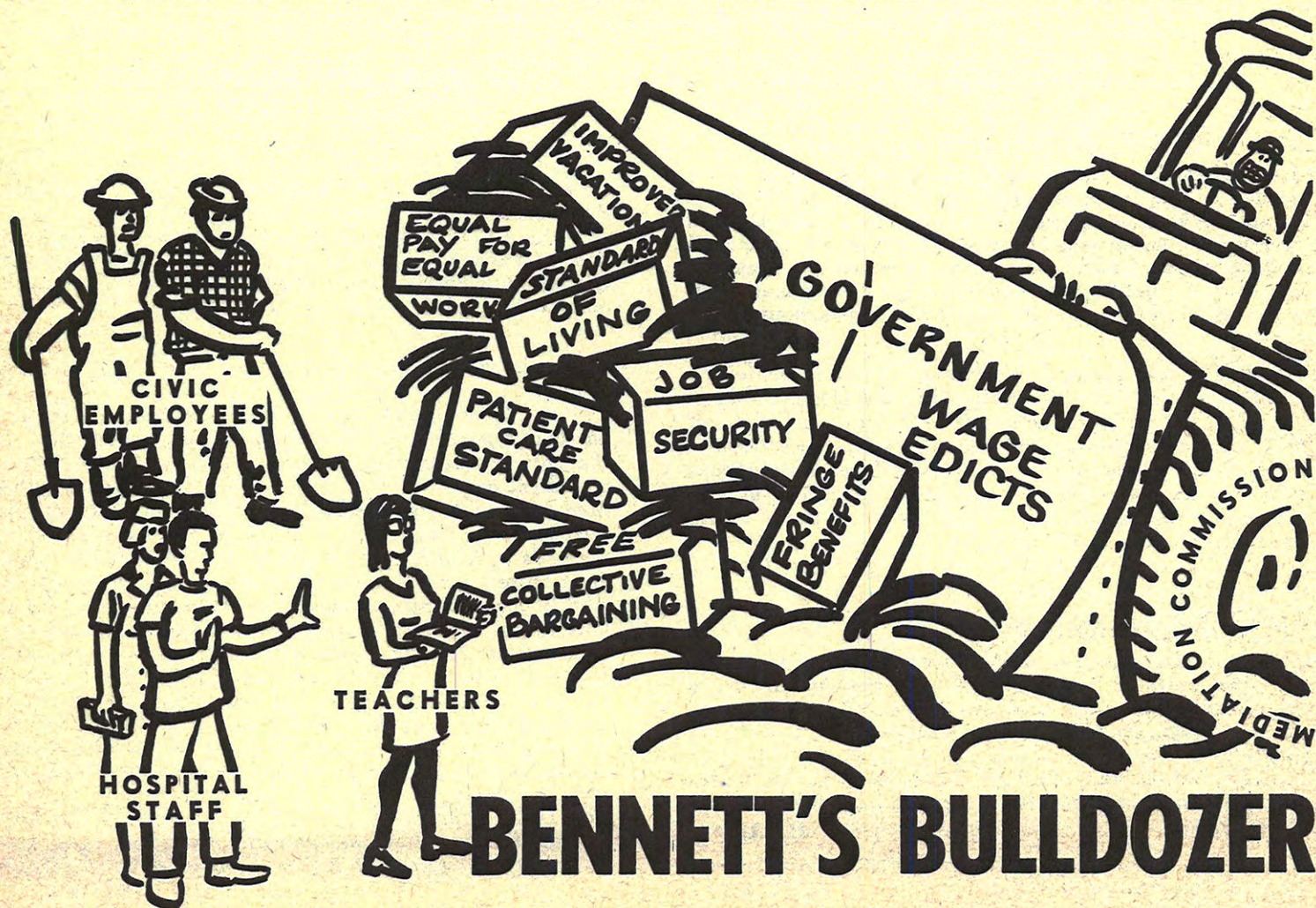
In the case of the H.E.U., the Award was for a 6¼% general wage increase in 1972, with a further 6¼% general wage increase in 1973. In both years, there is to be a minimum increase of \$30.00 monthly. Only two other improve-

ments were awarded, those being three weeks' vacation after one year's service, and an improvement in the Shift Differential from 10c per hour to 16c per hour (effective January 1st, 1973).

The Mediation Commission in its decision stated "There is to be no more of this so-called Job Standardization," and rejected the Union's proposals for wage standardization of Clerical, Dietary and Stores classifications. The Commission also refused to incorporate into its Award some tentative areas of agreement that would provide improvements in the area of Compassionate Leave and Uniforms.

In justifying the 6¼% general wage

(Continued on Page 13)



H.E.U. or B.C.H.A.**A MATTER OF OPINION**

Unit Secretaries have been provided copies of all Union and Hospital submissions to the Mediation Commission Hearings held from February 8th to March 15th, 1972.

Members of the Union wishing to read the three binders containing approximately 1200 pages of submissions should contact their Unit Officers for copies which have been made available for that purpose.

For *Guardian* readers who do not have time to read the complete set of arguments, the differing positions of the two parties are available in capsule form.

ON WAGE INCREASE

"... hospital workers are, like other members of the community, dependent upon an adequate level of wages to meet the rising cost of living ... hospital employees' incomes are still sub-standard ... there are few hospital employees who earn more than the average wage in B.C. ... the economy of the province can well afford to increase the wages of hospital workers to the levels proposed by H.E.U. ... It is the goal of B.C.'s hospital worker to participate in the wage activity in his community and not become an observer only. He and she desire the same access to a little modest affluence afforded to other B.C. workers."

H.E.U.

"The Union spokesman" ... does his best to convince us that the B.C. Hospital worker is a member of an under-privileged group who "want to participate in the community on the same basis as other workers." We submit that the B.C. hospital worker is participating now on a basis equal to the best in local industry and any other impression should be dispelled ... We feel most strongly that any increase in excess of these proposals (1971 rates + 1971 % increase in the Consumer Price Index for Vancouver) cannot be justified in light of the wage rate evidence we have presented ..."

B.C.H.A.

ON EMPLOYEE DEFINITIONS

"A caste system of hyphenated employee groupings is not needed in the hospital community. An employee is an employee. The purpose of the Union's proposal is to ensure all employees receive their full benefits of the Union's bargaining activities ... removes all form of qualification, condition, or discrimination in terms of receiving benefits under the Agreement."

H.E.U.

"It is clear that the Union's intent ... is to achieve a great increase in membership and, therefore, in dues. B.C.H.A. is totally opposed to the implication ... that ALL casual employees will receive "all perquisites and benefits of this agreement ... apart from a significant cost increase involved in granting to ALL casual employees "all perquisites and benefits" ... there would be considerable added administrative costs ..."

B.C.H.A.

ON REDUCED HOURS

"The Union's proposal to reduce the work week to thirty-six (36) hours ... is consistent with the aim to secure additional days away from the "place of employment" without detracting from the ability to earn a living wage."

... Hospital workers must get up too early in the morning to be able to spend their nights at anything except sleeping."

H.E.U.

"... neither our employees nor the hospitals would benefit from this change ..."

B.C.H.A.

ON "UNION" GRIEVANCES

"The Union negotiates the collective agreement and it must have the right to defend it ... it is inappropriate that the defence of a collective agreement involving many thousands must be confined to whatever action is initiated by a solitary individual ... individuals can be unaware of their rights, or, because of their need for continued employment, fearful to initiate any action that might displease their Superiors."

H.E.U.

"The Union could initiate an employee grievance, where perhaps none might have occurred or seemed necessary to the employee had the Union not grieved on the employee's behalf."

B.C.H.A.

ON WORK LOAD STANDARDS

"It is the Union's opinion that the Provincial Government is not providing adequate monies to hospitals for hospital operations and that the level of staff and quality of patient care and hospital operation deserve serious public attention.

... the absolute economic dependency of Hospitals upon the B.C.H.I.S. makes it improvident for Hospital Administrators or Boards to effectively protest against politically-motivated staff cuts ...

... one of the few effective mechanisms still left to ensure the security of patients is the Union's Grievance Procedure ...

... the Union proposes that the Collective Agreement and its various provisions be made available to ensure that minima standards of Hospital Care ... will be available to the public, when needed."

H.E.U.

"... it is an inherent management right to allocate resources ...

... the level of patient care that has to be given to a particular patient in a hospital is largely determined by the patient's attending physician. The judgment here is a medical one.

Medical science is making tremendous advances in the introduction of new technology and improved operating methods in health care. Hospitals must be free to introduce these improvements in order to fulfill their responsibility for patient care at a cost our economy can support. Many of these improvements involve phasing-out or combining services which now exist in our public general hospitals. Such changes will frequently involve the need to re-allocate hospital personnel. Hospital management must have the freedom to do this. If the Union's proposal was accepted, it would severely restrict management's capability to introduce improvements in health care and to restrain spiralling costs ...

The Union's proposal, if implemented, would seriously restrict this essential management right, and thus, hospitals feel strongly that the proposal must be rejected."

B.C.H.A.

ON UNIFORMS

"The Union questions why the Hospitals must retain the unilateral right to select the type, colour and style of the uniforms they supply to their employees, since it is their employees who must WEAR what has been chosen for them.

Approximately 50% of a person's waking time is spent on the job, performing the duties of that job. If an employee does not wear a uniform, by far the largest part of the wear-and-tear on his clothing is directly and/or indirectly related to the fact that he has a job."

H.E.U.

"The hospitals do not feel it is necessary to set up a Union/Management Committee to regulate the supply and maintenance of uniforms. The hospital must retain the right to select the type, colour, and style of the uniforms it supplies to its employees.

Uniforms are carefully selected as to style and material so as to be compatible with the laundry process. Uniforms are also selected to indicate the work area for the benefit of patients, visitors, doctors and other staff. Utter chaos and confusion would be the result of complying with the Union's demand."

B.C.H.A.

ON CONTRACTING OUT

"... the formation of a collective agreement requires all employees to perform the requirements of a job during the life of that agreement... the employee does not have the right to strike and is subject to discipline for not maintaining a satisfactory level of performance." "... the same standard of performance should be expected of the employer in that the employer should recognize the collective agreement as it applies to each individual employee, and should be prohibited from breaking the employment contract, or, in effect, "locking out" any employee or group of employees... the employer should bear the same standard of performance during the life of the collective agreement as is expected of an employee."

H.E.U.

"With the rapidly rising costs of hospital operation, it is essential that management retain the freedom of organizing and operating the hospital in the most efficient manner possible. Thus, if the rising costs of a particular operation necessitate the work being done by another hospital or an outside firm, the hospital must retain the right to follow this course of action."

B.C.H.A.

ON COMPULSORY MEDIATION

"If the B.C. Hospitals' Association recognizes the future likelihood of mediation compulsion in hospital negotiations regardless of whether there is a strike "contrary to the public interest," then it is the concern of the Union that there will be little incentive to the Employer to bargain responsibly, expeditiously or constructively."

H.E.U.

"... the most capable, effective, and satisfactory binding tribunal process is that provided by law under the Mediation Commission Act."

B.C.H.A.

ON VACATIONS

"Workers are not just "living tools"... a paid vacation is recognition to the worth and dignity of the ordinary labouring man and woman."

H.E.U.

"The four weeks after one year's service vacation provision for Registered Nurses is an inheritance from a much earlier period... hospitals have not been successful in negotiating out the favourable vacation provision."

B.C.H.A.

ON EMPLOYEE INSIGNIA

"Employees will be permitted to wear pins from recognized Health Care Associations and Union pins or Shop Steward badges."

H.E.U.

"We agree that employees may wear pins or badges representing recognized Health Care Associations or the Union, providing the method of attaching the identification does not promote damage to the Hospital uniforms."

B.C.H.A.

ON EMPLOYEE SECURITY

"Only contract language will make "employee security and safety" a right... this is a "priority concern" that is reasonable and responsible and would not involve significant cost. Hospitals have had the recommendations from the Travel Home Study for approximately one year and yet there is little evidence of implementation."

"... hospitals in metropolitan areas provide 'security' for plant and equipment by hiring Pinkerton Guards... the Union does not object to the Employers' attempts to provide security for their 'possessions'... these measures should be extended to embrace Hospital Personnel on a first-priority basis."

H.E.U.

"A major concern of ours is that this whole idea of providing a security system on hospital properties could mushroom out of all proportion to the real or imagined dangers. If we provide all that the Union has asked for and some incident occurs, then what do we do? Increase the number of guards or the wattage of the lighting used? This could soon lead to the absurd. We reject the proposal of implementing cumbersome security measures."

B.C.H.A.

ON BARGAINING PROCEDURES

"The proliferation of bargaining agents in the hospital industry which in part has been encouraged and supported by the B.C.H.A. has led to frustration in the bargaining process... there were a number of delays in the bargaining process between H.E.U. and the B.C.H.A. By the admission of the chief spokesman of the B.C.H.A., these delays were due to other commitments in bargaining with other (smaller) bargaining agents... it is impossible to conclude negotiations with dispatch where you have the situation of at least four or more bargaining agents lined up outside the B.C.H.A. doors all wanting to bargain... the Union's desire to get out of the "crowd" and down to realistic bargaining relationships..."

H.E.U.

"We cannot accept the Union's suggestion that they should have first priority in collective bargaining with B.C.H.A. because they represent the largest number of hospital employees and that other unions should have to wait their turn. Every union, once certified, has equal rights under labour legislation."

B.C.H.A.

ON NORTHERN ALLOWANCE

"High costs are associated with living in northern communities. Employees living in northern communities are exposed to costs for accommodation, transportation, food, and other necessities which are significantly higher than those incurred in other centres of the province."

H.E.U.

"In the majority of cases involving small communities, whether they are north of the 53rd parallel or not, the hospital is already paying wages which are comparable to, if not higher than the local community... might well upset the relationship between wages paid in local industry and hospitals... would be very disruptive to the well-being of the community..."

B.C.H.A.

THE HOSPITAL GUARDIAN

Published by

Provincial Executive, Local 180, Hospital Employees' Union

All submissions and correspondence to be sent to:

JOHN DARBY, Financial Secretary

538 West Broadway

Vancouver 9, B.C.

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

BROADWAY PRINTERS LTD.

EDITORIAL

WHAT DOES THE UNION WANT?

The following article is an excerpt from the Union's Provincial Bargaining Committee Summary to the B.C. Mediation Hearings held February 8th to March 15th, 1972.

"... the Union wants a Collective Agreement!

We want a Collective Agreement that is signed!

We want a Collective Agreement that is implemented and honoured!

We want a Collective Agreement that will provide our Members with better salaries and improved fringe benefits!

We want a Collective Agreement that embodies the principle of participatory industrial democracy with security and dignity for the individual worker!

We want to establish a satisfying and rewarding relationship between the employee and his Employer, and between the Union and Management.

These goals are not "pie-in-the-sky" goals. They are attainable. Here. Now.

They demand, however, the democratic participation of the work force and the sympathetic understanding by Hospitals and this Commission of the intrinsic needs and aspirations of the work force.

Unlike more richly endowed salary earners, the man or woman who works by the hour, or who works at a relatively low wage level, cannot diversify the investment of his only asset — his ability to work.

He is forced to risk everything he has in one place with a job that seldom pays more than a living wage.

With needs for food, clothing, housing and schooling for his children as great as the men and women of higher earning capacity; with chances of promotion limited; and sometimes unfair restraints used when he tries to secure a better job elsewhere; with the risk of arbitrary discharge always present; with inadequate and diminishing opportunities to communicate with those in authority; and with little appreciation or recognition for good work performed or faithful service rendered; the Hospital Worker feels his position and his future is insecure.

Remove this insecurity. Recognize the contribution the worker can make. Eliminate the concept of "traditional rights" and substitute, in their stead, "mutual rights" and "mutual responsibility" and you pave the way to an Employee-Employer relationship within which all of us can participate with pride . . ."

**Have you heard
the one about . . .**



Convulsed at the story that Jack Gerow tells of Loffmark and St. Peter are: from left to right: Sister E. Knippleberg; W. H. Perkin; Sister J. Murdoch. Standing is Jack Gerow, Director of Membership Services.

... Loffmark and St. Peter?

When Loffmark passed away, and the Devil came to claim him, he protested he wanted to appeal to a "higher" Court. The Devil, being an obliging fellow, agreed to wait.

When Loffmark approached Heaven, he encountered St. Peter, assisted by a Clerk, sitting before the Pearly Gates. When Loffmark demanded entrance, St. Peter inquired "What have you done to earn entry into Heaven?"

Loffmark thought about this request and stated that, when a young boy, he put a nickel in the Sunday School Collection Plate. At a nod from St. Peter, the Clerk checked the Heavenly Records, and on Page 536, indicated such an incident had taken place.

St. Peter responded that 5c was not enough to gain admission to Heaven, but before he could reject Loffmark's application, Loffmark protested "Wait, wait — when I was a young man, I gave a Widow 5c for streetcar fare."

Again, the Clerk checked the records and, on Page 847, sure enough, there was an entry that Loffmark had given a Widow 5c for car fare.

St. Peter said, "After a misspent life, 5c for car fare is still not enough to gain entry to Heaven."

In desperation, Loffmark cried out, "But in 1972, I offered B.C.'s Hospital Workers a 5c an hour wage increase." Again, the Clerk checked the records and, on Page 1236, was an entry that Loffmark had, indeed, offered a 5c increase to B.C.'s Hospital Workers.

St. Peter then turned to the Clerk and instructed him, in his sternest voice, "Give him his 15c back, and tell him to go to Hell."

THE END OF FREE COLLECTIVE BARGAINING?

Over the past two months, Representatives from the Hospital Employees' Union have been participating on a Committee known as the COMMITTEE IN DEFENCE OF COLLECTIVE BARGAINING.

This Joint Committee, which is composed of Representatives from the B.C. Teachers' Federation; the B.C. Government Employees' Union; the Canadian Union of Public Employees; the Psychiatric Nurses' Association; along with representation from the B.C. Federation of Labour, and others, has held several meetings to discuss recent legislative changes proposed by the present Provincial Government, and their implication on the free Collective Bargaining Process.

The Committee has also organized rallies which have been held in Vancouver, Trail, Victoria, and Nanaimo; and are being planned for other centres throughout the Province. These rallies have been well-attended and have been for the purpose of informing the respective Memberships of the participant Union of the issues involved, along with giving the opportunity to various political parties to state their view and position regarding free Collective Bargaining.

The efforts of the Joint Committee in Defence of Collective Bargaining have been non-partisan and have been confined to the discussion of issues and implications from recent Government legislation that restrict the free Collective Bargaining Process.

Hospital Workers to Mediation Commission

Hospital employees will recall that their rights to free Collective Bargaining were removed when the Government passed an Order-in-Council invoking compulsory mediation. This Order-in-Council was passed without discussion of the Legislative Assembly which is the full body of representatives from all parties and was put into effect without a strike or imminent possibility of a strike.

As the leader of the Provincial Liberal Party later stated, "This act of passing an Order-in-Council (without first discussing the dispute in the Legislative Assembly) was contempt of the Legislature."

Bill 3—Attack on Labour

Teachers; School Board employees; and Government employees have been the victims of the Government's attack on organized labour and the free Collective Bargaining Process.

Agnes Kripps, Social Credit, M.L.A. for Vancouver South, recently stated in a Newsletter to her constituents:

"Bill 3 will limit the government share of increased Teachers' salaries to 6.5% per annum. This decision is not limited to Teachers. It applies to all Provincial Civil Service employees, Hospital employees subjected to the Mediation Commission, and Medical Doctors to hold the line on their schedule of fees."

The free Collective Bargaining Process has both legal and economic implications and significance.

The right to free Collective Bargaining and contract is a fundamental legal

right of all individuals. To the degree that this right to contract is removed, is an indication of how far we have slipped toward dictatorship.

Perhaps the experience in the Province of Saskatchewan is relevant where the Education Minister, Gordon MacMurchy, recently stated in response to a question, that the

"Government is committed to the process of collective bargaining and the legislature now is in the process of withdrawing compulsory arbitration legislation from the statute books."

Freedom to Bargain

The matter of free Collective Bargaining is not often understood by the general public and is often down-graded into simple political bids, or confused with the complex issues of inflation.

However, the benefits of the free Collective Bargaining Process are recognized by many economists, trade unionists and some management personnel.

The recent attack of the Provincial Government on the free Collective Bargaining Process gives such economists, trade unionists and management personnel cause for concern in that Provincial Government Edicts can only lead to a breakdown in price mechanisms and the adaptability of various components in the price mechanism to adapt to changing conditions.

A frustration in the Employer-Employee relationship will also create the incentive to respond or react to unreasonable actions in the same manner.

The position of the H.E.U. is the same as most trade unions and many economists who would argue that:

Canada and B.C. have one of the highest standards of living and lowest rates of labour management confrontation in the industrialized nations of the world. Part of this high

performance is due to natural resource endowment and scarce population. The other part is due to high labour productivity and the countervailing representations of both Labour and Management.

This high standard of living and intense but relatively infrequent labour management confrontation should not be criticized unless there is a better alternative.

The Federal Government recognizes the fact. The Provincial Government does not!

Government involvement cannot contribute to industrial peace because Government involvement is generally inefficient and operates both on a political calendar (i.e., term of office) and from a political perspective (i.e., uninformed population consensus).

The H.E.U. will continue to participate with other interested trade unions in repelling these recent attacks by the Provincial Government on the free Collective Bargaining Process.

Northern Representative

A Union Maid

Under threat of being denied enrolment into the British Registered Nurses' Training School if she did not stop trying to organize the lay staff into a Union, Sister Peggie Heinze first came into the Hospital Field.

A 20-year old Nurse-in-training, Sister Heinze met and married her soldier-husband who was a patient in the Newcastle-on-Tyne Eye Hospital.

Her marriage concluded two years of Registered Nurses' Training as married women were not permitted in the Registered Nurses' Training Programme.



Sister Heinze has been employed at the Prince George Regional Hospital since August of 1957, as a Licenced Practical Nurse.

Sister Heinze has been the Chairman of the Prince George Unit for 8 Terms, and Secretary of the Unit for 1 Term.

At the 1970 Convention of the Local Union, Peggie was elected as the Regional Executive Board Member for the Northern Area.

A member of the Union's Provincial Bargaining Committee, Peggie Heinze is still fighting on behalf of the Hospital lay worker who she first attempted to organize back in 1939.

OUND THE LOCAL

UNITS HOLD ANNUAL MEETINGS AND ELECT NEW OFFICERS



- A. Ladywell — Crawford, Trustee; Modzinski, Trustee; Crawford, Regional Representative; Mojovsky, Secretary; Richmond, Chairman.
- B. G.H. Partridge, Merrill; Ricciardi, Matthews; Harrington, Chair.
- C. Lyton — Murray, Chairman; Van Dyke, Secretary.
- D. Lilloet — Shandy, Chairman; Field, Secretary.
- E. Sunny Hill — Smith, MacDonald, Chairman; Preston, Vice-Chairman.
- F. Kilmale — Members from Laundry Department.
- G. Kilmale — Members from Laundry Department.
- H. Ashford — Spoon Hill, R.I., Chairman; S. Thompson, P.N., Secretary.
- I. Lyton Unit Meeting.
- K. Price George — New Members Initiated; Lee Sumner, Secretary; Roth, Vice-Chairman.
- L. Surrey — Ellis, Chairman.
- M. Jubilee — Penier, Chairman; Evans; Merrill; Benn, Secretary; Dator, Price.
- N. Kilmale — Woodward, Secretary; Arnold, Chairman; Craven, Vice-Chairman.
- O. Mount St. Joseph — Chan, Chairman; Perkins, Staff Representative.
- P. Duncan Unit Meeting, March, 1972.
- Q. Duncan — Kerr, Secretary; Greenoth, Chairman; Holobon, Vice-Chairman.
- R. Roseland — Stevenson, Secretary; Hughes, Chairman.
- S. Campbell River — Harper, Chairman; Pettis, Secretary.
- T. Lions Gate — Claude Francis; Mona Leaker; Clate Gardner.
- V. R.C.H. — R. Rallo, Chairman.
- W. Kootenay Unit — Boardman, Secretary (Kimberly); A. Mackey, Chairman (Loy); Muroch, Chairman (Trill); Macdonald, Chairman (Grantbrook); Botnick, Chairman (Framo).
- X. Ashcroft Unit Meeting.

AROUND THE LOCAL

UNITS HOLD ANNUAL MEETINGS



S AND ELECT NEW OFFICERS



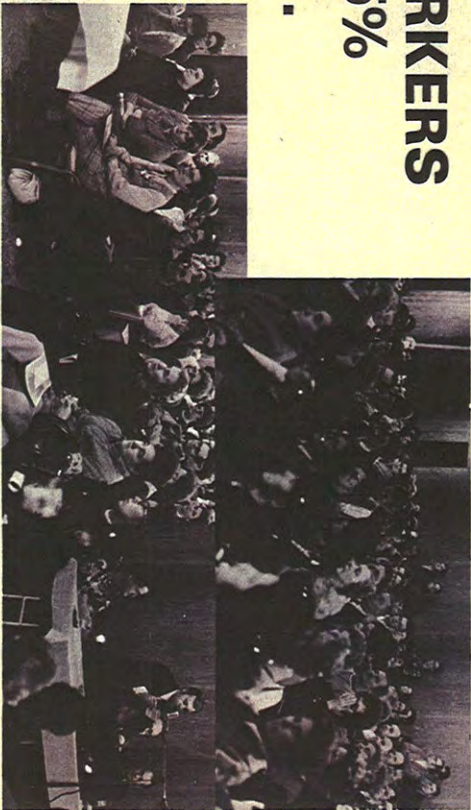
- A. Ladysmith — Crawford, Trustee; Miodzainowski, Trustee; Crawford, Regional Representative; Mayovsky, Secretary; Richmond, Chairman.
 B. V.G.H. — Wright; Marshall; Ricketts; Meagher; Matthews; Harrington, Chairman; Parrish, Secretary.
 C. Lytton — Shamley, Chairman Van Dyke, Secretary.
 D. Lillooet — Murray, Chairman; Field, Secretary.
 E. Hope — Tourigny, Convention Delegate.
 F. Sunny Hill — Smith; MacDonald, Chairman; Preston, Vice-Chairman.
 G. Kitimat — Members from Laundry Department.
 H. Nanaimo — Isobel Neave, Chairman; Gordon, Vice-Chairman.
 I. Ashcroft — Sharon Hicks, R.T., Chairman; S. Thompson, P.N., Secretary.
 J. Lytton Unit Meeting.
 K. Prince George — New Members Initiated; Lee Summer, Secretary; Roth, Vice-Chairman.
 L. Surrey — Elias, Chairman.

- M. Jubilee — Panter, Chairman; Evans; Martell; Benn, Secretary; Dafee; Price.
 N. Kitimat — Woodward, Secretary; Arnold, Chairman; Craven, Vice-Chairman.
 O. Mount St. Joseph — Chan, Chairman; Perkin, Staff Representative.
 P. Duncan Unit Meeting, March, 1972
 Q. Duncan — Moir, Secretary; Gutensohn, Chairman; Hollobon, Vice-Chairman.
 R. Lions Gate — Robinson, Secretary; Third, Chairman; Gardner, Vice-Chairman.
 S. Rossland — Stevenson, Secretary; Hughes, Chairman.
 T. Campbell River — Harper, Chairman; Petrie, Secretary.
 U. Lions Gate — Claude Francis; Mona Leaker; Clarke Gardner.
 V. R.C.H. — R. Raffle, Chairman.
 W. Kootenay Units — Broadhurst, Secretary (Kimberley); A. MacKay, Chairman (Grand Forks); Gerow (Provincial Office); Knippleberg, Chairman (Kimberley); Murdoch, Chairman (Trail); McMahon, Chairman (Cranbrook); Botrakoff, Chairman (Fernie).
 X. Ashcroft Unit Meeting.

HOSPITAL WORKERS REJECT 6.5% EDICT . . .



Lower Mainland members meet at combined meeting held at P.N.E. Grounds.



Ken Wight, Okanagan Regional Executive Board Member (lower right) addresses meeting held in Kelowna.



Albert Teiz
Provincial Bargaining
Committee

Cecelia McInnes
Past Secretary
Kamloops Unit

Ken Wight
Secretary
Kamloops Unit



Kamloops members vote to support their bargaining demands.



Berthe Hall
Chairman
Kamloops Unit

Albert Vandervliet
Shop Steward
Kamloops Unit

W. H. Perkin
Staff Representative

A. Teiz
Provincial Bargaining
Committee



Provincial President W. D. Black (upper left) addresses overflow meeting of Lions Gate Unit.



MEMBERS ATTENDING KIMBERLEY MEETING HEAR REPORT FROM SECRETARY-BUSINESS MANAGER. Officers shown in inset are from left to right: Angus MacKay, Kootenay Regional Executive Board Member; R. S. McCready, Secretary-Business Manager; E. Knipfleberg, Past Chairman, Kimberley Unit; W. H. Perkin, Staff Representative; June Murdoch, Provincial Bargaining Committee.

HOSPITAL REJECT EDIC



Lower Mainland members meet at combined meeting held at P.N.E. Grounds.



Albert Tetz
Provincial Bargaining
Committee

Cecilia McInnes
Past Secretary
Kamloops Unit

Ken Wight
Secretary
Kamloops Unit



Kamloops members vote



Provincial President W. D. Black (upper left) addresses overflow meeting of Lions Gate Unit.

WORKERS 6.5%

■ ■ ■



Ken Wight, Okanagan Regional Executive Board Member (lower right) addresses meeting held in Kelowna.



their bargaining demands.



Berthe Hall
Chairman
Kamloops Unit

Albert Vandervliet
Shop Steward
Kamloops Unit

W. H. Perkin
Staff Representative

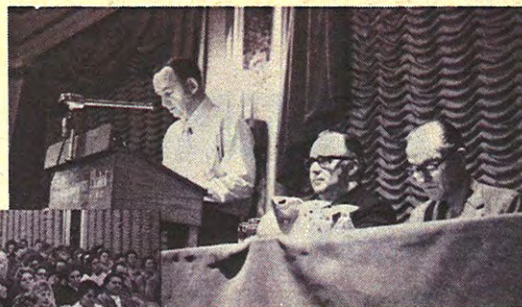
A. Tetz
Provincial Bargaining
Committee



MEMBERS ATTENDING KIMBERLEY MEETING HEAR REPORT FROM SECRETARY-BUSINESS MANAGER. Officers shown in inset are from left to right: Angus MacKay, Kootenay Regional Executive Board Member; R. S. McCready, Secretary-Business Manager; E. Knippleberg, Past Chairman, Kimberley Unit; W. H. Perkin, Staff Representative; June Murdoch, Provincial Bargaining Committee.

■ ■ ■

... AND VOTE IN FAVOUR OF STRIKE ACTION



QUEEN VICTORIA UNIT MEMBERS VOTE AT AN OVERFLOW MEETING IN VICTORIA . . . (Top) Jack Crawford, Vancouver Island Provincial Executive Board Member opens meeting as R. S. McCready, Secretary-Business Manager, and J. Darby, Financial Secretary, await opportunity to address meeting.



Port Alberni Unit takes a militant stand and votes by a 94.7% margin to strike in support of their bargaining demands.



Frustration over Government Wage Freeze Edict after four months' Bargaining is reflected on the faces of Rossland Unit membership. (Upper left) Trail Unit members give serious attention to Bargaining Committee Report. (Upper right) Several "Fraternal Guests" from Nelson Unit show concern. (Middle) Several members of Bargaining Committee give their report.

In Favour of Union**Board of Arbitration awards**

Since the last issue of *The Hospital Guardian* in January, the Union has proceeded to three Boards of Arbitration. These Boards of Arbitration have all awarded in favour of the Union.

A brief summary of the details and issues involved in this latest series of Boards of Arbitration is provided to acquaint the Membership with the interpretation that has been applied to various circumstances and provisions of the Collective Agreement.

It is significant that the Union has proceeded to seven Boards of Arbitration, of which six were awarded in favour of the Union, over the past six months, which is a high number, or percentage, by comparison to other industries.

Boards of Arbitration involve time and expense and are made necessary in many cases by the attitude of some hospitals of either being totally unreasonable, or not using expert Labour Relations advice, but, rather, relying on the lay opinion of nursing personnel in line management positions.

Scanlon Case

On January 12th, a Board of Arbitration heard a dispute on whether a female employee with seniority should be bypassed in consideration for full-time employment as a Patient Escort Porter which is a classification filled by both male and female employees.

In an unanimous Award dated the 21st of January, the Board of Arbitration decision was that the employee should be given the next opening to a full-time Escort Porter under the provisions of Article VI, Section 3 — Seniority.

This employee presently is in a full-time Patient Escort position and by all reports, both the employee and the hospital are satisfied with the Award and the performance of the employee in the position.

Vernon Member Reinstated

The second Board of Arbitration was held in Vernon on March 15th and involved the dismissal of an employee from the Vernon Jubilee Hospital.

In a majority Award dated March 18th, the Board of Arbitration held that the employee was improperly or unjustly dismissed and should be reinstated, but without compensation, effective the day of the Hearing, without loss of seniority or other rights, benefits or privileges.

Two Months' Wages Awarded

The third Board of Arbitration held during this period involved the termination of an employee who was pregnant and terminated prior to the six-week period of pregnancy leave outlined in the Collective Agreement.

The Union claimed that the employee was unjustly terminated and was, therefore, entitled to reinstatement and five months' retroactive wages.

In an unanimous Award, the Board of Arbitration held that the employee was improperly laid off, or discharged, but only awarded back wages for a period of two months because the Board was not satisfied that the employee had made constructive efforts to retain, or regain employment following the birth of her child.

As the employee was leaving the country to return to India, reinstatement was not asked for, but the employee received a cheque for approximately \$800 for the two months' retroactive wages that she would have earned had the lay-off, or termination not taken place prior to her confinement.

**McQUILLAN REINSTATED**

Shown circled in the above picture is Jim McQuillan. Brother McQuillan, who has 22 years' service at the Vernon Jubilee Hospital, was reinstated in his position as Shift Engineer at the Hospital by a recent Arbitration Board Ruling (see story alongside).

IN V.G.H.**FOOD SUPERVISORS IN UNION**

Apparently embracing the philosophy that it is less costly to award fancy sounding job titles in preference to salaries commensurate with job responsibilities, some employers have created departments that are top-heavy with first-line supervisory personnel.

Such a situation was disclosed recently at the Vancouver General Hospital. The hospital disbanded its own dietetic supervisory structure a few months ago, and engaged Mannings of Canada Ltd. to head up its Dietary Department.

To stop the proliferation of "fancy titles" dreamed up by Mannings, the Union requested the Department of Labour to rule on the employee status of twelve employees.

The following is an extract from the Department of Labour's ruling:

"The trade union requested the decision of the Board as to whether twelve persons are employees, and as to whether they are included in or excluded from the unit. The employer did not reply to notice of this request.

After considering submissions of the trade union, and a report on the investigation, the Board decided, under Section 65(1) of the Act, that the following persons are employees, and that they are included in the unit:

Terry Barany—Food Service Supervisor, Heather Pavilion, Main Kitchen;
 Sophia Brazier—Food Service Supervisor, Centennial Pavilion, Dietary Office;
 Pat Gallagher—Food Service Supervisor, Heather Pavilion, North;
 Mrs. Evelyn Neumann—Food Service Supervisor, Heather Pavilion, Annex;
 Miss Vicky M. Sameshima—Food Service Supervisor, Centennial Pavilion, Dietary Office;
 Vivian Taylor—Food Service Supervisor, Heather Pavilion, B4 Dietary Office;
 Irene Robinson—Food Service Supervisor, Heather Pavilion, Main Kitchen;
 Helen Connors—Food Service Supervisor, Centennial Pavilion, Main Kitchen;
 Miss Yoshi Katayama—Food Service Supervisor, Fairview and Health Centre for Children;
 Mrs. L. C. Phillips—Food Service Supervisor, Heather Pavilion, C2 and C6 Dietary Office;
 Mrs. V. D. Taylor—Food Service Supervisor, Fairview Building; and
 Mrs. J. Walker—Food Service Supervisor, Heather Pavilion, Main Kitchen."

Compensation Act Improved

A number of important amendments to the Workmen's Compensation Act were enacted during the recent sitting of the Provincial Legislature. Some of the improvements include:

- Effective March 30th, 1972, elimination of the three-day waiting period for Workmen's Compensation benefits. Compensation for temporary total disability will begin the day following the injury, i.e., a man injured and missing his next shift would be entitled to one day Workmen's Compensation.
- The minimum pension for permanent total disability is raised from \$150 to \$250.00.
- Widow's pensions increased by \$10.00 to \$155.85 per month.
- Lump sum payment to a widow doubled to \$500.00.
- Funeral benefits raised from \$350.00 to \$500.00.
- Protective eye glasses may be authorized when the workman's injury has resulted in the loss or serious impairment of the sight of one eye.
- Common law relationship is now recognized, for purposes of widow's pension, after two years, if there are children and after six years if there are no children.
- Persons carrying on duties in the public interest, i.e., mountain rescue team, may, with approval of the Lieutenant-Governor in Council, be deemed workmen of the Crown.
- The Board is authorized to entertain a claim based on disability due to an industrial disease where the last exposure was more than a year prior to date of disability.

Members encountering any difficulty in establishing a Workmen's Compensation claim should contact the Local Union Servicing Representative assigned to their Hospital.



MARY HICKS
Practical Nurse

Retires after 27 years service

A guest of the Ashcroft Unit at a special dinner meeting held on March 15th, 1972, Sister Hicks retires after 27 years' service at the Lady Minto Hospital, Ashcroft, B.C.

A native of Nova Scotia, Sister Hicks commenced her employment in the Hospital Laundry during 1944. In 1947, she transferred to the Nursing Department as an Aide, and in 1966, received a licence as a Practical Nurse.

Mary's many friends in the Hospital Employees' Union wish her a long and happy retirement.



Long Service Recognized

J. Ballard, left, receives a gold 25-year Anniversary Service Award from Mr. J. Roberts, Director of Management Services at the Vancouver General Hospital.

Brother Ballard, who was recently appointed to the full-time staff of the Local Union, has 32 years' service at the Vancouver General Hospital.

Other members of the Vancouver General Unit who received 25-year Service Pins at the Service Recognition Dinner held on March 16th, 1972, were: Sisters Heather Dawson, Dorothy Bell,

Christina Brown, Joan Grimley, R. Shirley Williamson, Hazel Diner, Nell Mauro, Frances Robinson, Eva Warkentin, Mabel French, Rose Lawson, F. Marjorie Reedman, Alice Richardson, Evelyn Foster, Sylvia Brekko, Catherine Stonehouse, and Brothers John Basaraba, William Alexander, Elmer Leslie, Alexander Ramsay, Robert Armour, Peter Cornies, Alfred Schuller, Edward Foster, Robert Wardrop, Raymond Airhart, Warren Hession, Robert Finnie, G. Leslie Emigh, Leslie Jenkins, Stanley Morley, C. Leslie Whittaker.

UNLIKE THE PREMIER . . .

WE DIDN'T SMILE

"Mr. McCready's presentation of the Union rebuttal evoked images which could almost lead one to tears: images of the unfortunate, underpaid, overworked victim of a cruel and rapacious management, let us say, for instance, gardeners, bereft of their "bone dries" — toiling unremittingly in the sub-zero cold, snow, rain and wind endemic in Victoria (truly "wet backs", so to speak!); victims of malnutrition and overwork, succumbing to the attacks of pneumonia and/or T.B.: finally expiring to the strains of La Bohème while the helpless Mr. McCready holds their tiny frozen hands."

EXCERPT FROM B.C.H.A. REBUTTAL
PRESENTATION TO MEDIATION
COMMISSION — P.P. R.V.6.1.

A smart Alecky remark? Quite likely! But no more smart Alecky or out of place than the B.C.H.A. final Wage Proposal.

On Page M.18.31 of the B.C.H.A. Submission to the recent Mediation Hearings, the Association proposed the Commission should award a two-year Agreement with 1972 wage rates based on "1971 rates + 1971 % increase in the Consumer Price Index for Vancouver," and 1973 wage rates based on "1972 rates + 1972 % increase in the Consumer Price Index for Vancouver."

CONSUMER PRICE INDEX, VANCOUVER

* January, 1971 = 124.5	} Difference 5.5%
* January, 1972 = 130.0	
% INCREASE:	
January, 1972 over	
January, 1971	= 5.5
	<u>124.5</u> X 100
	— 4.4%

* Source: Statistics Canada

After months of bargaining; after the Government's 6.5% Wage Freeze Edicts had been repudiated by Arbitration Boards throughout the Province; and after Hospital Employees voted to go on strike in preference to an inadequate 6.5% wage increase, the B.C. Hospitals' Association had the effrontery to offer a 4.4% wage packet to all employees covered by the Union's Certification.

Many Hospital Employers have never understood or thought it worthwhile attempting to understand labour relations. Sometimes their clumsiness in Employee Relations is unbelievable. Occasionally, as in the instance of the B.C.H.A. wage proposals, they seem to be deliberately provocative.

This sort of Employer and their Bargaining Agency do a disservice not only to themselves, but to all who are engaged in the Hospital Community, including those Trade Union Officials who are seeking to maintain Labour-Management relations on a sound and business-like basis.

Hospital Managements cannot ignore the actions and statements of their Bargaining Agent. The B.C.H.A. speaks not for itself, but for Hospitals — it is the voice of Hospitals.

If the "voice of the Hospitals" is not speaking the position of Hospitals, then let the individual Hospital Administrator or Board Member speak up and publicly renounce the 4.4% wage offer made to their employees by the Hospital Bargaining Agent.

Silence on the part of Hospital Management will only confirm that the Union is still dealing with old-fashioned Employers who believe Trade Unions are a damned nuisance anyway, and any dealings with them should be avoided for as long as possible, or delegated to someone else.

HATCHET JOB

(Continued from Page 1)

increase, the Mediation Commission stated that "It is evident that B.C. Hospital Workers are leaders in Canadian Hospital wages."

While the Mediation Commission claims to be an independent tribunal not dictated to, nor influenced by the Provincial Government, nevertheless, it is interesting to note that in their Award they make the following comment:

"We must also take note that the Government of B.C. expresses concern for restraint of cost increases in order to permit the extension of hospital facilities and services, and commitment for new services in the existing hospitals."

Members of the Hospital Employees' Union respect the legislative and judicial processes of law. There can be no respect for those who hide in the shadows and use the lawful processes to punish and thwart the goals of the law-abiding Members of the Union.

Not once during three months of Bargaining did the B.C.H.A. Employee Relations Council make a wage offer to the Union. The Hospitals' Bargaining Agent spent most of its time and effort attempting to dilute present working conditions and fringe benefits.

Not once during the Bargaining Period did the Employee Relations Council advise the Union that they had been in conversation with Health Minister Loffmark, and not once, even though they were aware that the Government was going to impose a wage freeze on Hospital Workers, did they communicate this information to the Union.

The Provincial Cabinet interfered with the normal Bargaining Procedures by "ordering" the Union to appear before the Commission. Statements and actions by both Government Spokesmen and those of the B.C. Mediation Commission lend themselves to the suspicion that the Government would like to use the Union as a pawn in its desire to incite unlawful Trade Union acts as an excuse for an election.

The Mediation Commission Award has temporarily stopped the Union in its thrust toward the goals of "adequate wages"; "elimination of wage discrimination because of sex", "legitimate employee security provisions", "minimum levels of patient care standards", and other pressing needs of its Members.

Health Care Students

WORKERS WIN WITH WHYTE

In May, 1971, the B.C. Hospitals' Association requested the Board of Industrial Relations to exempt the following categories of Health Care Students from the provisions of Minimum Wage Legislation:

Dietetic Undergraduate,
Dietetic Postgraduate,
Food Service Technician,
Medical Laboratory Technologist,
Radiology Technician,
Physiotherapist Undergraduate,
Physiotherapist Postgraduate,
Occupational Therapy Undergraduate,
Occupational Therapy Postgraduate,
Pharmacist.

These Students(?) are employed in such hospitals as the Vancouver General, St. Paul's, Queen Victoria, Royal Jubilee, Royal Inland, Royal Columbian, Prince George Regional, and Lions Gate Hospitals.

The hospitals' requested "exemption" came at a time when both the Union and proponents of the Health Sciences Association were reviewing "Certifications."

Upon learning that the B.C. Hospitals' Association had made such an application, the Union sent a four-page submission to the Board of Industrial Relations *opposing* the Association's application.

In support of their application, the B.C. Hospitals' Association had made the following statements:

The educational programmes are very similar in their design to the programmes that exist for student nurses and student L.P.N.'s (who are presently exempted) . . .

All of the health care students follow a definite programme of studies during their Hospital Internship . . .

The work content during internship in all of these health care student categories is minimal . . . (and) in all cases is directly related to the continuing education of the student and is not classed as normal productive work.

The Union did not agree:

First, the educational programmes for Health Care Students do differ from those of Registered and Practical Nurses. On the one hand, for Registered and Practical Nurses, hospital experience is an *integral part* of their educational programmes. On the other hand, in the case of Health Care Students, hospital experience is *supplementary* to their educational programmes; their hospital internship generally occurs *after* the completion of a course of studies involving two to five years of post-secondary education at the university or technical school level.

Second, as hospital employees, Health Care Students should be paid according to the Wage Schedule in the Collective Agreement or according to the provisions of the Minimum Wage Acts.

Third, the requested exemption was not necessary, expedient, or in the best interests of the employees concerned. The exemption, if granted, would have amounted to the virtual exploitation of Health Care Students.

Fourth, such an exemption would have afforded an opportunity for hospitals to pay Health Care Students a wage less than the minimum wage whereas, in a number of instances, these students were already receiving more than the minimum wage.

On January 6th, 1972, the B.C. Hospitals' Association was advised that the Board of Industrial Relations was not prepared to exempt Health Care Students from the operation of the Minimum Wage Act, and that, accordingly, they were required to be paid not less than the minimum wage rate.

The Union does not now, nor did it then, hold certified bargaining rights to represent these para-medical student-employees.

Somebody had to stop the employer from tearing down already established standards. Because there was nobody else apparently able, or willing to intercede, the Union stepped into the breach.

As these Pharmacy, Physiotherapy, Dietetic, and Laboratory Students attain full accreditation, perhaps they will sometimes remember that it was Sister Lee Whyte, and the Union, that eased their economic problems while they were student-employees.

Hawaiian Nights Dance

UKRAINIAN
CATHOLIC CENTRE

3150 - 16th & Ash St.

SATURDAY, APRIL 29, 1972

Dancing: 9:00 til 1:00

Buffet: 10:30 p.m.

Members Free

Guests \$2.50

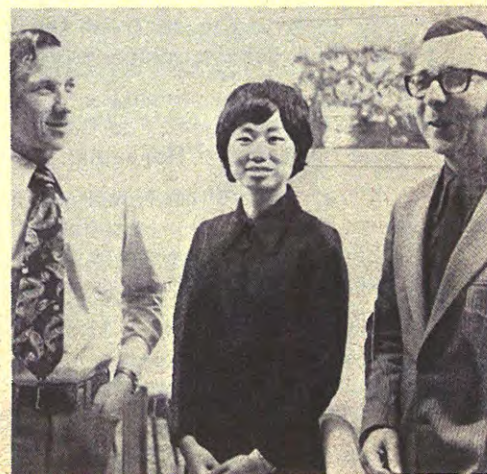
Sponsored by ST. PAUL'S UNIT

Committee Members Visit Units

Members of the Union's Provincial Bargaining Committee availed themselves of every break in the recent Mediation Hearings to attend as many Unit meetings as possible.

The Union's "elected" members of the Bargaining Committee: Sisters P. Heinze, P.N., from Prince George, and June Murdoch, Cook, from the Trail Unit; and Brothers L. Richards, Plumber, of V.G.H.; P. Endres, Housekeeping, of Queen Victoria, Victoria; and Albert Tetz, Materials and Equipment Manager, of Vernon Jubilee; attending meetings throughout the Lower Mainland area, including Lions Gate, St. Paul's, V.G.H., R.C.H., Sunny Hill, Grace, Chilliwack, St. Mary's (N.W.).

Shown below at the Mission Unit meeting held in March is Wm. Zomers, left, chairman of the Unit, and Fraser Valley Executive Board member; Lee Whyte, Research Analyst; and Pete Endres, elected Bargaining Committee member.



Failure in Fernie**HOSPITALS LACK LEADERSHIP**

Unmade beds, delayed treatment, not enough time to reassure apprehensive patients — unaccomplished tasks are destroying hospital staff morale.

Worn-out equipment, obsolescent buildings, a chronic shortage of hospital facilities jeopardize even minimal hospital care for seriously-ill patients in many B.C. communities.

The numbers of staff available to nurse the sick in B.C. hospitals is the lowest in any Canadian province. There are fewer hospital beds in B.C. per 1000 of population than anywhere else in Canada with the possible exception of the Maritimes.

The situation continues to deteriorate!

B.C.H.I.S. provides no leadership!

Because of their financial dependence upon the Insurance Service, the B.C. Hospitals' Association and Hospital Boards are too silent, too often. Perhaps they fear economic reprisals against their hospitals if they speak out in protest against inadequate and deteriorating hospital care services.

To help stem the leadership drift of the Hospital Community, the Union proposed to negotiate minimum hospital care standards into its 1972 Collective Agreement. Hospitals, through their Bargaining Agent, the B.C. Hospitals' Association, have rejected the Union's proposals and have turned a blind eye towards the hospital needs of our communities.

The B.C.H.A. claims they, and the Community Hospital Boards, are equal to the task of safeguarding our hospital needs.

Until the B.C.H.A. and Hospital Boards demonstrate to the Union's satisfaction, at least, that they are competent to the demands of adequate Health Care, *The Guardian* intends to remind these self-styled leaders of their failures.

Hospital leadership has failed in Fernie.

**BURNED ACCIDENT VICTIM ON STRETCHER
AS WOMAN SUCCUMBS ON CORRIDOR FLOOR****No Hospital Bed for Dying Woman**

By ADRIAN KENNEDY, *Fernie Free Press*

A woman died on a mattress on the corridor floor of Fernie Memorial Hospital in the men's ward last Wednesday, because there were no beds available.

At the same time, an accident victim with severe burns was lying on a stretcher waiting also for a bed.

Fernie now is in its seventh year of a campaign to get a new hospital. The board has felt for seven years that the present hospital, 43 bed capacity, lacking in facilities and some modern amenities, was needed to serve the population of Fernie and district.

Since 1968, population of Fernie alone has almost doubled, from 2,761 to the present 4,500. Population of the area has more than doubled.

Acting chairman of the hospital board, Aubrey Dayman, asked about the overcrowding which resulted in the death on the mattress, described it as "ridiculous." I don't want to see it that overcrowded again," he added.

Two Hours Later

The woman who died was admitted about 6 a.m. She died two hours later, her relatives crouched or kneeling around the mattress. Had she survived a short time longer, she could have had a bed.

Her daughter, in the women's ward upstairs, was going to be discharged and

the dying mother could have moved into the bed of the healthier daughter. There were other alternatives the hospital was thinking of also to accommodate the dying woman.

It wasn't necessary. She died before she got a bed. Her body was moved into the doctors' room, before being moved downstairs to wait for the undertaker.

Fire Hazard

Recently, Dr. George Leroux, seriously ill himself, and one of the senior doctors here, was accommodated in a private room on the women's floor.

Office in Morgue

The morgue downstairs doubles as a storage room and has been used for additional day-time office space.

It's probable that many readers can identify the woman who breathed her last on the mattress in the corridor. Many patients may have seen a doctor or nurses attempting to treat the woman in her final two hours in the awkward position of the corridor floor.

There have been several cases of women being temporarily in the hall on the men's or women's wards. Pregnant women have been a not uncommon sight in beds in the corridor of the women's floor.

GUEST EDITORIAL**NO PLACE
TO DIE**

Fernie Free Press

We think it is disgraceful that a woman, taken to hospital critically ill by her husband, should have to be treated by medical staff and attended by her relatives on the floor of a supposedly modern hospital in the prosperous city of Fernie in Beautiful British Columbia, the province of "the good life."

Efforts to replace Fernie district's 43-bed hospital started seven years ago. They still haven't achieved success.

That's the main reason why a woman had to be treated little better than a favorite dog, as far as accommodation is concerned, when she breathed her last. She died on a mattress on the floor of the corridor in the men's wing.

That's not "the good life." It's a disgrace to the city, the hospital and most of all, the province.

It is perfectly true that valuable hospital beds are being occupied by chronically ill patients in Fernie Memorial Hospital. We understand that this fact of life has been a bone of contention in the past with the provincial hospital construction authorities.

What does the great clan of gods in Victoria think we should do with our unfortunate friends and relatives who are long ill, who are old and don't die soon enough to suit their accommodation plans?

Are we supposed to stack THEM on mattresses instead? Perhaps send them home, even when they can't look after themselves, nor can find others capable of doing it for them? Or is that other solution the one that's being rammed down our throats . . . to ship them to some hospital farther away where they can rot to their deaths in loneliness and sorrow, unable, even, to have the solace of a visit from a friend or relative.

We're tired of being told why we cannot have a hospital. We're tired of procrastination and general horsing around on the part of Victoria, and yes, on the part of the local board too, which seems to be content to pussy foot around and accept whatever unpalatable medicine Victoria doles out.

It's time some noise was made about the need for a hospital here. No. Not just a hospital for our temporarily ill, but for our aged, our infirm, our chronically diseased.

Surely, something can be done now to prevent this kind of disgrace ever happening again.

PENSION DISABILITY BENEFITS

If you are unable to continue in your present employment because of physical or mental disability, you may qualify for Disability Benefits.

Hospital Employees are covered under two Pension Plans and may be eligible for Disability Payment under one or another of the two Plans, or even under both Plans.

MUNICIPAL SUPERANNUATION ACT

For the purposes of the Municipal Superannuation Act, a disabled employee is one who is totally and permanently disabled which means a total and permanent incapacity, arising out of mental or physical disability, to fill or occupy any position in the service of the Employer, made available to him, the duties of which he might reasonably be expected to carry out.

No employee shall be considered to be totally and permanently disabled until he has been examined, by at least two duly qualified medical practitioners of which one shall be appointed by the Commissioner and who both agree that, to the best of their knowledge, and belief, the employee is totally and permanently disabled.

WHO CAN APPLY FOR A DISABILITY PENSION?

1. An employee who is currently employed by an Employer to whom the Municipal Superannuation Act applies, and
2. Who is a contributor to the Municipal Superannuation Fund, and
3. Who has at least 10 years of pensionable service under the Municipal Superannuation Act, and
4. Who has not reached the minimum retirement age.

The employee must make written application for the Disability Pension and send it to the Superannuation Commissioner, and the employee must provide, at his own expense, a report from his Doctor which outlines the reasons and the extent of his disability as well as the Doctor's opinion as to whether or not he is totally and permanently disabled.

The employee must arrange with his Employer to provide a statement to the Commissioner that the Employer is unable to place or offer an alternative position to the applicant.

When the application has been received by the Superannuation Commissioner, arrangements will be made for a medical examination of the applicant at no cost to the employee except any transportation costs that may be incurred which will be the responsibility of the applicant.

CANADA PENSION PLAN

An employee is considered to be disabled if he has a physical or mental disability that is so severe and likely to continue so long that he cannot get steady work. This will be determined by a test of a contributor's disability and employability.

When you apply for a Disability Pension, you must submit a medical report form completed by your family physician. However, the question as to whether or not you are disabled will be decided by a review board. If it is decided that an additional medical examination is needed, the Canada Pension Plan will pay the expenses involved.

You may also be asked to undergo reasonable rehabilitation measures, the cost of which will be paid by the Plan.

If you are unwilling to have this additional medical exam-

ination or, without a good cause, to undertake the suggested rehabilitation, you may be declared not eligible for a Disability Pension.

In order to qualify for this Pension, you must be disabled and have contributed to the Plan for:

- at least 5 years;
- 1/3 of the years you could have contributed to the Plan or for 10 years, whichever is smaller;
- 5 of the last 10 years you could have contributed.

A contributor's Disability Pension is a flat-rate \$25 a month plus 75 per cent of his retirement pension. Since his retirement pension will not yet be payable, this will be calculated as if he had reached age 65 at the time he became disabled.

A Disability Pension, however, will not be based on a reduced retirement pension. This pension, as well as all survivor's benefits, will be based on a contributor's full retirement pension.

CANADA PENSION PLAN MONTHLY DISABILITY PENSIONS										
Average Monthly Earnings	\$100.00	150.00	200.00	250.00	300.00	350.00	400.00	416.67		
Monthly Retirement Pension	\$ 25.00	37.50	50.00	62.50	75.00	87.50	100.00	104.17		
Disability Pension (\$25 plus 75% of Retirement Pension)	\$ 43.75	53.13	62.50	71.88	81.25	90.63	100.00	103.13		

No Contributions While Disabled

No contributions are to be made by people while they are receiving Disability Pensions.

Payment of Pensions

Upon approval, a Disability Pension starts four months after the month in which the disability is considered to have begun. It is paid until recovery, age 65, or death. At age 65, the Disability Pension is replaced by a retirement pension. When a person receiving a Disability Pension dies, survivor's benefits are payable to his widow and children.

CANADA PENSION PLAN MONTHLY DISABILITY PENSION COMBINED WITH BENEFITS FOR CONTRIBUTOR'S CHILDREN										
Average Monthly Earnings	\$100.00	150.00	200.00	250.00	300.00	350.00	400.00	416.67		
Disability Pension	\$ 43.75	53.13	62.50	71.88	81.25	90.63	100.00	103.13		
Combined with Benefit for One Child	\$ 68.75	78.13	87.50	96.88	106.25	115.63	125.00	128.13		
for Two Children	\$ 93.75	103.13	112.50	121.88	131.25	140.63	150.00	153.13		
for Three Children	\$118.75	128.13	137.50	146.88	156.25	165.63	175.00	178.13		
for Four Children	\$143.75	153.13	162.50	171.88	181.25	190.63	200.00	203.13		
for Five Children	\$156.25	165.63	175.00	184.38	193.75	203.13	212.50	215.63		

If you require further information, or assistance in applying for Disability Benefits, or other pension benefits you are entitled to receive, contact your Local Union Office.