

THE HOSPITAL GUARDIAN

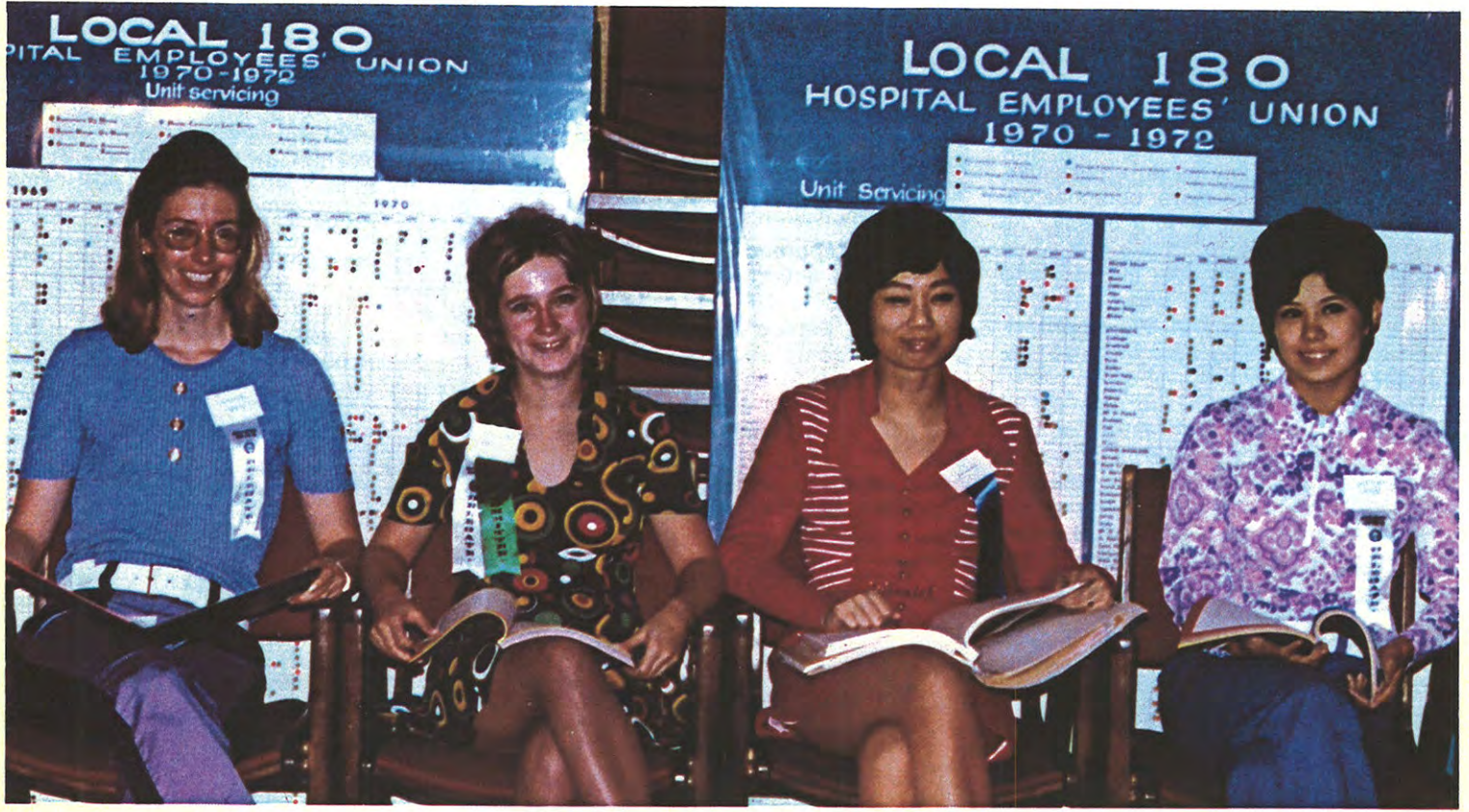
HOSPITAL EMPLOYEES' UNION 180

Vol. IX

VANCOUVER, B.C., OCTOBER, 1972



No. 5



UNION REPRESENTATIVES

YOU CAN COUNT ON THEM!

Labour Relations were once relatively simple. Employees worked within a master-servant relationship and the employer resolved conflicts in his own way.

Things have changed. Employees have chosen to give direction to their destiny. They have joined together in Unions to do collectively that which was impossible when they tried to act as individuals.

Each year Hospital Workers elect their own on-the-job Union Representatives from within their own ranks. These elected representatives are known as Shop Stewards or Union Committee Members.

In earlier times, and in other industries, Management was prone to caricature Union Representatives as cigar-chomping, rough-tongued individuals evidencing more brawn than brain — sort of blue collar King Kongs.

This is not the case with Union Representatives in B.C. Hospitals today!

Chances are that if any one of the Local Union's 10,800 Members has problems on the job, his grievance will be handled by an attractive, articulate union-trained Shop Steward.

During the first seven months of this year alone, the Union spent more than \$20,000 on Shop Steward educational seminars.

The priority given to the training of stewards is resulting in a growing cadre of top-flight employee spokesmen as represented by the sister members in the above picture. From left to right, they are: Sister Louise Shorrock, a Practical Nurse employed at the Vernon Jubilee Hospital, Unit Treasurer for 1 year; Sister Janice Broadhurst, Clerical employee at the Kimberley & District General Hospital, Unit Secretary for past 2 years; Sister Lee Whyte, full-time Staff Representative since 1971; Sister Monique Holtzman, employed as a Practical Nurse at the G. R. Baker Memorial Hospital, Quesnel, Secretary of the Unit since early 1971.

AT H.E.U. CONVENTION

Professor Herbert Views The Labour Relations Scene

I should begin by saying that it is with considerable diffidence that I responded to your kind invitation to speak today. It is really only because of the theory that I don't really exist that I thought I better put in an appearance.

There are really two reasons for this diffidence; one is I think a natural one stemming from my limited capacity as a speaker, and certainly as an entertainer. The other is a little more complicated, and I would like to refer to it briefly. As many of you are aware, I have had some direct connection with your industry and your labour problems. I was, therefore, somewhat worried about the appropriateness of my coming here in those circumstances.

When one is cast in the role of an Arbitrator, it is of the greatest significance not only to strive to be objective and neutral, but to demonstrate the appearance of neutrality.

However, I was persuaded that I might seize upon a topic that would be of interest to you, and with respect to which at least I have had nothing directly to do as between your situation and vis-a-vis your Employers.

I thought, therefore, I would say something perhaps useful or, I hope, stimulating, about a currently recurring topic, and that topic, or subject, is the procedure of Collective Bargaining.

There is currently a dilemma in the process of Collective Bargaining in this Province, particularly in the Public Sector. What happens when Collective Bargaining fails?

What is to happen when negotiations in our institutions become deadlocked?

Is the public to become the primary sufferer whenever Unions and Employers collide?

Should Government intervention be made as painful as possible so that the Parties don't turn to that means of resolution?

The principal defence of the Mediation Commission is that people are so frightened to go there that they sort things out themselves.

From the Union point of view, their goal is to achieve real gain for the persons they represent.

And I think today the Union Members are increasingly militant and perhaps as mistrustful of their own Representatives as they are of Management. You recall, for example, the Longshoring Settlement of a couple of years ago when a series of Union Executives were cast to one side over issues they thought they had resolved.

It may sound trite to say so, but I

believe that people are looking for equity and justice — the proper remuneration for the value of the tasks done for the Community. When the first phases of negotiations which normally consist of face-to-face confrontations between the two Parties are unsuccessful in achieving settlement, there are basically three avenues currently in vogue that are available to the Unions and the Employers. The three basic mechanisms are Mediation; Conciliation; and Arbitration.

Mediation Approach

Mediation according to my Dictionary of Current Labour Practices is where the contending Parties use a third person as a passive go-between. That is, the role of a Mediator is analogous to a shuttlecock, or "bird" in a badminton game — you get banged back and forth from one side to the other. I don't know that the adjective of "passive" is entirely accurate, but in strict terms, Mediation really means the employment of a third party go-between to sense, if he can, the ultimate position of the two Parties and endeavour to bring them to a consensus.



Professor R. G. Herbert, U.B.C. Faculty of Law

Conciliation Approach

Conciliation I conceive of as being more active.

In former days, under the Labour Relations Act, Conciliation Officers were beginning to play a positive role in the process of arriving at agreement. As they gained in experience and confidence, they were empowered under the Legislation to make recommendations. They could recommend Terms of Settlement, and if it occurred to them to be appropriate to do so, to not recommend the subsequent stage of a Conciliation Board.

In the exercise of that power, the role of a Conciliation Officer may be contrasted with that of the Mediation Officer under the Mediation Act.

It seems to me that the role of the Officer under the Mediation Commission is a lesser role than that available to the former Conciliation Officer, although I

sense that the intent of the Mediation Legislation was to provide a group of people of a higher calibre for the role of Mediation, certainly higher-paid with a higher degree of independence from the Department of Labour in being employees of the Commission in fulfilling their Mediation function. Once again, there is the question? Have we advanced the role of the third party in deadlocked negotiation disputes by the passage of Mediation Commission Legislation?

Under the next stage in the Conciliation process, the contending Parties might employ a Conciliation Board. The notion was that each Party nominated a Member and a Chairman was selected. The representations of the Parties to the dispute were heard and the Board came down with recommended Terms of Settlement.

They were not obliged to be accepted; they could be rejected, but, depending to some extent on whether the recommendations were unanimous, or majority, the decisions of Conciliation Boards were compelling in bringing the Parties together.

I cannot help but wonder if, by hastening into Bill 33, we didn't throw the baby out with the bath water by repealing the Conciliation solutions to the problems of Collective Bargaining.

Arbitration Approach

Arbitration can be defined in the first instance as a situation in which a third party decides for the contending Parties what those Terms and Conditions of their relationship for the next year, or two years, shall be.

Arbitration Boards tend to hear the same sort of thing that Conciliation Boards did by way of representation or argument, but their decision, rather than being a recommendation, is final and binding.

Swedish Magic

In response to the tangled situation developing in this Province over unresolved bargaining procedures, the Minister of Labour invited Mr. Justice Nemetz, among others, to investigate Swedish Labour Practices with a view to finding some magic in that northern pine-clad land for our labour problems. There is also the Prime Minister's Task Force in Industrial Relations and there are experts flashing all over the world studying other people's solutions to, or the applicability of other people's "solutions" to our problems.

They all went to Sweden, I think, and there is some magic about Sweden, I guess. The only problem was that you kept meeting Swedes coming the other way studying our situation by way of finding some solution to their problems. Justice Nemetz may not have found the panacea to all of our labour problems, but he did submit a Report to the Government that contained many practical approaches that could have been of as-

(Continued on Page 13)

COULD COST \$150,000**LABOUR DEPARTMENT RULES IN FAVOUR OF EMPLOYEES**

On October 11th, 1972, the Labour Relations Board resolved a long-simmering dispute between the Union and the B.C. Hospitals' Association.

The Labour Department has ordered the Kimberley and District General Hospital to "base its proportionate vacation leave entitlement to its regular full-time employees — who have been employed for less than one year — on the basis of fifteen working days."

The Labour Department Ruling reaffirms the past practices of Hospitals to pay full-time employees with less than one year's service a proportionate amount of the vacation entitlement appropriate to full-time employment.

While the original Ruling of the Board applies only to the Kimberley and District General Hospital, the same dispute exists in every other Hospital in the Province excepting only the two or three Hospitals that defied the B.C.H.A. Interpretation and gave their employees a 1972 Vacation based on an earned proportion of three weeks.

It is anticipated that all other Hospitals, on their own cognizance, will implement the Labour Relations Board Decision.

It is conservatively estimated that, on

a Province-wide basis, the full implementation of the Board Order has a value of \$150,000.

The Ruling of the Labour Relations Board once again brings into focus the adversary role of the B.C. Hospitals' Association.

In the past, Hospitals did not attempt to deny their employees the full enjoyment of fringe benefits contained in the Collective Agreement.

Since the establishment some three years ago of the B.C.H.A. Employee Relations Council, there has been a not-so-subtle change in Hospital Labour Relations practices throughout the Province.

The Policies of the Employee Relations Council appear to guarantee that if ever an error in judgment is to occur,

it will never bring benefit to the employee.

Mistakes are never made in favour of employees!

The most frustrating aspect of this most recent attack by the B.C.H.A. on an employee fringe benefit is the knowledge that many Hospital Administrators were sympathetic to the employees' position. Many Hospital Managements expressed their personal concern to the Union that the B.C.H.A. Policy governing Vacation Entitlements was wrong, but that their Hospitals were bound by the decision of their Bargaining Agent.

If left to their own judgment, these Hospitals indicated their employees would have received a proportionate amount of three weeks' vacation.

Despite the fact that many of the employees who have had a portion of their 1972 Vacation Entitlement wrongfully withheld can never be properly recompensed for missed Vacations, the Ruling from the Department of Labour does provide for some corrective measures.

IMPORTANT SEGMENT**PRACTICAL NURSE PARTICIPATION GROWS**

Of the 10,700 Members of the Hospital Employees' Union, 22% are Practical Nurses. This represents the largest identifiable occupational grouping within the industrial trade union structure of the Union. Because of the size of this grouping, one would think that Practical Nurses are a formidable pressure group within the Union. Unhappily, this is not the case.

In some Units throughout the Province, Practical Nurses do not participate in

the activities of the Union to the extent that they could and should. This can be frustrating to both the Unit and the Provincial Union.

At the present time, it is particularly frustrating to the Provincial Office inasmuch as the Provincial Office has launched a programme to eliminate the discrimination that has been levied against the Practical Nurses merely because they are women.

In many hospitals throughout the Pro-

vince, there are no Orderlies on staff. As a result, Practical Nurses are performing duties and responsibilities that are performed by Orderlies. However, these Practical Nurses receive not the Orderly wage rate but the Practical Nurse Wage rate which is \$135.75 per month less. This, of course, is not consistent with the philosophy of equal treatment between male and female employees.

Within the near future, the Provincial Executive will be holding a mini-convention of identifiable occupational groupings within the Nursing Division. The purpose of the mini-convention is to discuss the special interests and needs of Nursing personnel and to make recommendations to the Provincial Executive for future action.

It is hoped that Practical Nurses will take the opportunity to participate to the fullest extent in this exchange of views and experiences.

While still unrepresentative of their total number, more and more Practical Nurses are actively participating in the affairs of their Local Union.

During the past six years, there has never been less than one Practical Nurse on the Union's Provincial Executive Committee. Since the introduction four years ago of a five-Member Provincial Bargaining Committee representing the Union, at least one of the five Members has always been a Practical Nurse.

In 22 of the Union's 76 Units, Practical Nurses have been elected as either Unit Chairmen or Secretaries.



To a growing degree the important function of bedside nursing care is provided by Practical Nurses. Shown above is Bernice Gehring, President of the Practical Nurses Association of British Columbia, and an Officer of the Union's Maple Ridge Unit.



(A)



(B)



(E)



(F)



(G)



(I)



(J)



C



D

CONVENTION CAPSULES

- (A) Members of the Credentials Committee.
- (B) President Black chairs the Convention as Business Manager McCready checks course of Agenda.
- (C) Fraser Valley Delegates renew acquaintances during break in Convention Proceedings.
- (D) Delegates at work.
- (E) Bob Raffle, Chairman of R.C.H. Unit, debates contentious point.
- (F) Sister Berthe Hall, Chairman, Kamloops Unit, favours Conference of Health Care Disciplines.
- (G) Bob Harrington, Chairman of V.G.H. Unit, reports on behalf of Tabulating Committee.
- (H) Kootenay Delegates take advantage of sunny Vancouver weather to have joint photo taken.
- (I) Sister Chapman, Confidential Secretary, and Brother Darby, Financial Secretary, enjoy remarks of Delegates.
- (J) Delegates study Report on Finances.
- (K) Cameraman catches attention of Sister Anderson (middle of row), Secretary of Penticton Unit.
- (L) Taking a break in the Convention Coffee Bar.



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L

POLICIES JEOPARDIZED HOSPITAL SERVICE

JUST IN TIME

For twenty years the government of W. A. C. Bennett withheld the leadership necessary to provide a first-class health care service for the residents of B.C.

Taking advantage of the hospital facilities and personnel available in the early 1950's and converting the "premium payment" system of the previous coalition government into a 2% addition to the sales tax, the Social Credit government "skimmed" the finances necessary to maintain a healthy hospital service.

As expenses exceeded anticipated costs on other programs, the government again and again turned to the hospital industry, and again and again the hospitals were denied operating monies.

The unpredictable economic policies of the provincial government resulted in the provincial hospital service falling from a position of leadership among Canadian provinces to one where the hospital needs of patients were seriously jeopardized.

The obvious hostility of the B.C.H.I.S. to sound business practice, including the withholding of hospital budgets until mid-year, coupled with near-sighted and weak

government policies, is responsible for the present plight of hospitals.

COLLECTING MORE — SPENDING LESS

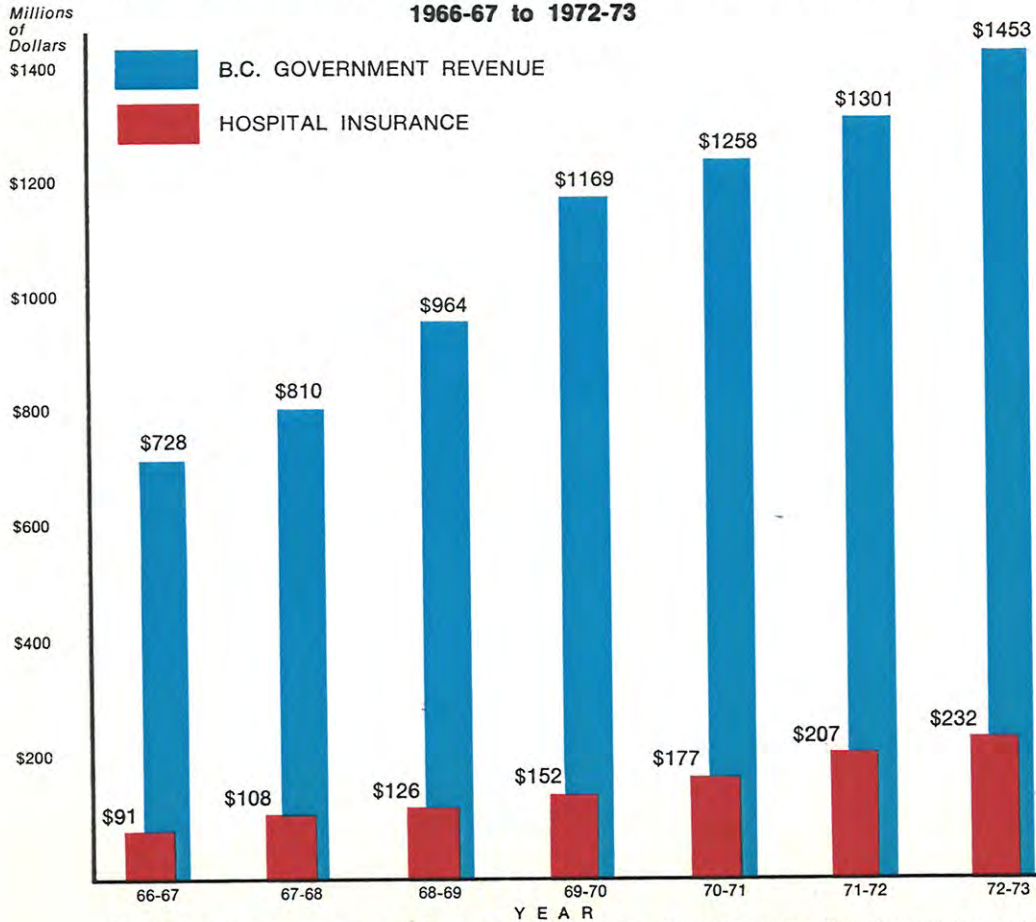
To the detriment of social services, such as health and education, the Provincial Government has been collecting more than it has been spending.

During the fiscal year ended March 31, 1972, revenues increased at the rate of 14 per cent. By "spending" — i.e. setting aside in special funds — 75 million on March 31, 1972, the last day of the fiscal year, Mr. Bennett was able to make it appear as if expenditures increased as much as revenues. The actual rate of increase in expenditures was around 10%.

The share of the Government budget for health and social services, for example, declined from 37.2% in 1970-71 to 35.7% in 1971-72.

The graph below compares the growth in revenues of the Provincial Government with the growth in expenditures on hospital care from 1966-67 to 1972-73 and illustrates that the rate of increase in revenues far exceeded the rate of increase in hospital expenditures.

**B.C. GOVERNMENT REVENUES VS. HOSPITAL EXPENDITURES,
1966-67 to 1972-73**



SOURCES: B.C. Government, *Budget Speech*, 1966 to 1972. *British Columbia Financial and Economic Review*, July 1967 to July 1971.

The net result of Mr. Bennett's spending policies is that B.C. is reported to have \$100 million in surpluses saved up.

Provincial Government publications generally also neglect to mention that the Federal Government pays approximately 50% of the cost of providing hospital services under the Hospital Insurance and Diagnostic Services Act.

HOSPITAL EXPENDITURES

Over the years, in terms of per capita income, B.C. has consistently been either the richest or second richest Canadian province. B.C. could, therefore, afford to spend more than other provinces on hospital costs but does not in fact do so.

In 1970, the latest year for which figures are available, B.C. ranked seventh in expenditures per capita on general and allied hospitals. B.C. was significantly behind Ontario, Quebec and Alberta and less far behind Manitoba, Saskatchewan and Nova Scotia.

From 1957 to 1969, B.C. per capita expenditures on hospital care went from 30 per cent above the national average of \$35.24 to 9 per cent below the national average of \$117.40.

In recent years the B.C. government has put its finger, not to mention its hands, on a lot of saved dollars in the health care field.

HOSPITAL BEDS

The ratio of hospital beds to population in the province has been decreasing over the past decade.

For instance, in the Capital Regional District (Victoria area), at the end of 1961 the district had a ratio of 6.59 acute-care beds per 1,000 of population. The ratio dropped to 5.93 at the end of 1971. In other words, the regional population increased 31.7 per cent while the number of hospital beds increased only 18.6 per cent.

In the Greater Vancouver Regional Hospital District, the ratio of hospital beds per 1,000 of population decreased from 5.58 in 1961 to 4.99 at the end of 1971.

Throughout B.C., the ratio dropped from 5.64 to 5.14 beds per 1,000 people over the decade 1961 to 1971.

In 1969, of the ten provinces, B.C. had the lowest number of acute care beds for every 1,000 people.

HOSPITAL PERSONNEL

When compared with the other provinces, the number of employees within B.C. hospitals is very low.

In 1971 (latest statistics), B.C. had 17 full-time hospital employees for every 10 general hospital beds. This was lower than

every other province except Alberta and Prince Edward Island.

B.C. was substantially lower than Quebec which had 231 employees per 100 beds, not to mention Newfoundland which employed 244 people per 100 beds.

OVERCROWDING AND UNDERSTAFFING

Hospital Administrators such as Dr. Embert Van Tilburg, who recently resigned as Executive Director of the Victoria General Hospital, have expressed concern over the continued shortage of hospital beds and hospital personnel and the overcrowding and understaffing that result from such a situation:

"To maintain the high level of care customary in this hospital is becoming more difficult year by year. We are rapidly reaching the limit of our ability to provide safe patient care."

"Not only have no new beds been added to the hospital in the past 20 years, 20 beds have been lost over that period . . ."

"... A study in 1968 pointed out 212 of the 430 beds in the hospital were obsolete by modern standards."

"Year after year we admit more patients, perform more operations, etc. I am convinced that we have reached a level of over-utilization."

"In hospital circles, 85 per cent to 90 per cent occupancy rate is considered as the maximum advisable level. Practically all our nursing units average between 92 per cent and 98 per cent."

"Tight operating budgets set by the Provincial Government have not allowed the hospital to add staff to match

the increasing workload and there has not been money to buy needed equipment."

"The story of provision of new modern facilities is probably the most dismal of any in Canada."

"It is difficult to say if this is due to a lack of public concern or lack of leadership among public representatives and hospital boards, or a combination of both!"

The conditions in the Victoria General Hospital described by Dr. Van Tilburg are typical of hospitals throughout the province.

As taxpayers, as providers of hospital care, and as consumers of hospital services, the members of the Hospital Employees' Union share Dr. Van Tilburg's

concern about the present quantity and quality of patient care in B.C. hospitals.

Hospitals need help — staffs are overworked, many are underpaid; wage discrimination based on sex is prevalent. Budgets must be established at realistic levels and disclosed to hospitals at the beginning of each year. Hospital Administrators must be permitted to administer. Agencies established and financed by the previous government for the purpose of frustrating the legitimate needs and aspirations of the patient, the work force, and management must be eliminated.

Above all, a comprehensive coordinated health care program should be established with the government taking the initiative to ensure that all sectors have the opportunity to contribute.

PROVINCIAL COMPARISONS — 1969

	Hospital Expenditures Per Capita	Hospital Beds Per 1000 Population	Full-time Hospital Personnel Per 100 Beds
CANADA	\$93.37	6.28	190.57
NEWFOUNDLAND	76.53	5.83	190.12
P.E.I.	61.99	6.62	156.46
NOVA SCOTIA	85.89	6.03	193.61
NEW BRUNSWICK	84.08	6.73	189.54
QUEBEC	95.02	5.81	217.28
ONTARIO	99.70	6.24	194.15
MANITOBA	83.44	6.18	192.10
SASKATCHEWAN	87.92	7.59	149.77
ALBERTA	97.44	8.48	155.55
B.C.	82.62	5.65	164.54

SOURCE: Statistics Canada, *Hospital Statistics*, Volumes I, III and VI, 1969.

HOSPITALS ABANDON RESPONSIBILITY

B.C. TAX MONIES GO TO AMERICAN FIRM

In apparent contradiction of the principle that B.C.H.I.S.-supported Hospitals must be "non-profit Institutions," several B.C. Hospitals have turned over the operation of their Dietary Departments to a profit-making agency. For the past year, the Dietetic Services at the Vancouver General Hospital have been operated, directed, and supervised by Mannings Inc. of California.

This contracted service is now in the Trail Regional Hospital and was recently approved for introduction into the Royal Columbian Hospital in New Westminster.

The particulars of Mannings Food Services, as provided by the Registrar of Companies, are as follows:

"Company was incorporated on the 14th day of September, 1964, in California and registered in B.C. on

August 24th, 1970. Registered office is situate at 901 Battery Street, San Francisco, California 94111, c/o John Labatt Limited, 1106 Board of Trade Tower, 1177 West Hastings Street, Vancouver 1, B.C."

"No Shareholders in B.C."

The result of "contracting-out" the Management of Dietetic Services in the Vancouver General and Royal Columbian Hospitals is a lay-off of Dietetians, some of whom have many years of service to their respective Hospitals.

The principle of contracting-out essential Hospital services to profit-motivated agencies has been strongly resisted by the Hospital Employees' Union.

The Hospital System in B.C. is structured on the premise that no one should gain profit from the Hospital needs of the sick.

The introduction of the "contracted-out" Dietetic Services of Mannings Inc. into our Hospitals is tantamount to opening the Public Purse for an American Firm to profit at the expense of B.C. residents requiring Hospital Care.

Contracting agencies must make a profit. To do so, they are required to provide poorer services; lowered standards of food quality; speed-up of the work force; or a combination of all three.

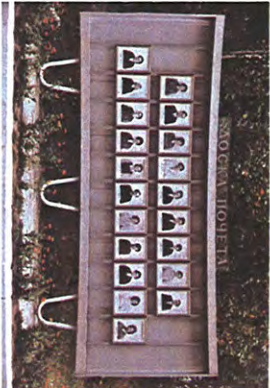
Hospital costs are high enough without the people of B.C. being asked to contribute to the profits of Companies seeking Contracts from our Public Institutions.

We appeal to the new Government to immediately investigate the Contracts given to Mannings, and/or any other profit-making agency.

LOCAL 180 SENDS DELEGATES TO CONVENTION IN U.S.S.R.



Thirteen-Bed Ward in Mental Hospital



Most Efficient Hospital Workers



Brother Gerow Addressing Congress



Delegates from New York-based Drug and Hospital Union



Ambulance Team of Doctor and Two Attendants



Nursing Station



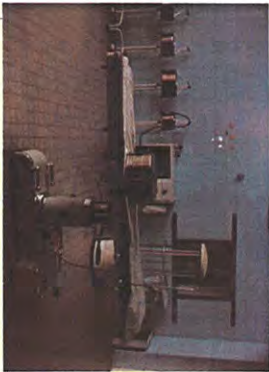
Inside View of Standard Ambulance Vehicle



Intensive Care Unit



Health Care Transportation Vehicle with Driver and Nurse



Operating Room from Acute-Care Hospital



Acute-Care Hospital - Moscow



Sister June Murdoch at the Convention



Four-Bed Ward in Acute-Care Hospital



Dietary Department in Acute-Care Hospital

At the invitation of the six-million member Medical Workers' Union of the U.S.S.R., the Provincial Executive sent two delegates to Moscow to attend the 5th International Trade Union Congress of Public and Allied Employees. In addition to the six-day Convention, the delegates visited medical institutions and facilities in Moscow and Leningrad.

In order to reflect both the hospital workers' and the full-time trade unionists' points of view, the Provincial Executive selected as delegates Sister June Murdoch, a Cook at the Trail Regional Hospital, and 1st Vice-President of the Provincial Executive, and Brother Jack Gerow, the recently-appointed Assistant Business Manager.

The Congress commenced on September 4 and continued with day-long sessions to September 9, 1972. In attendance, were approximately 250 delegates from 62 countries. The countries represented were England, France, Italy, West Germany, the U.S.A., the U.S.S.R., and all other Soviet Socialist Republics, and certain Asian, African and Latin American countries.

Sister Murdoch and Brother Gerow were the only delegates from Canada.

The International Trade Union Congress is

the supreme body of the Trade Unions International and is convened every four years.

When in session, it analyzes the situation of public workers, draws up a program of demands for the various branches of public employees including health workers, and determines the Trade Unions International's position with regard to questions concerning workers in the public sector. To achieve this end, the Congress is structured with two sections, the general sessions and the branch sessions.

The general sessions of the 5th International Congress discussed the organizational and servicing successes that the delegate trade unions had achieved since the last Congress. Also, the current political, economic and social status of the delegate trade unions' countries was discussed. From these discussions, recommendations for future action on an international scale were determined.

The branch sessions that Sister Murdoch and Brother Gerow attended dealt with the peculiar interests and problems of health workers and the society in which they live. At these Branch sessions were 51 participants representing 27 countries. In part, the health workers' branch

sessions arrived at some of the following conclusions:

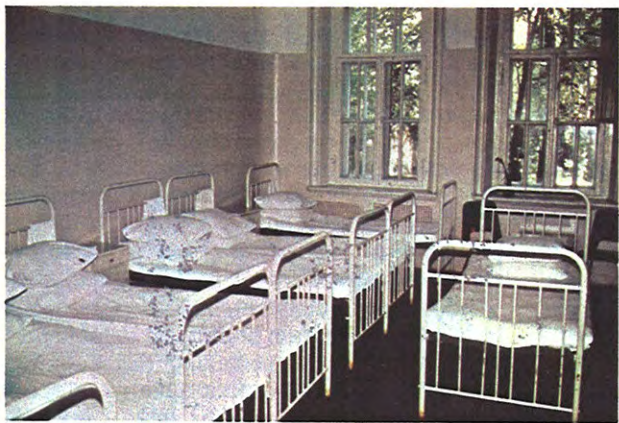
The 1970's have seen and will continue to see a constant and intensive development in all branches of sciences and technology. As the socio-economic progress of any society is dependent upon increasing levels of quantity and quality of health care delivery, health care science and technology must be allowed and encouraged to progress at a pace that is at least equal with the other branches of science and technology.

The safeguarding of peace throughout the world is the basic prerequisite for solving the problems of health care delivery. Enormous sums of money spent on armaments should be spent on humane purposes: in particular, on the development of health care delivery.

The struggle of health worker trade unions for improving the working conditions and the quality of life of their members is inseparably connected with the struggle for making the methods of delivering health care on an equal basis regardless of social, economic or political status, and for developing the methods of preventative medicine.

(Continued on Page 13)

LOCAL 180 SENDS DELEGATE



Thirteen-Bed Ward in Mental Hospital



Most Efficient Hospital Workers



Brother Gerow



Nursing Station



Intensive Care Unit



Acute-Care Hospital — Moscow

Operating Room in Acute-Care Hospital

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The general session of the Congress discussed the successes that the union had achieved since the last Congress, current political, economic and social conditions, and the delegate trade unionists discussed. From these sessions, resolutions for future action were determined.

The branch sessions of the Congress discussed the interests and problems of the various branches of the society in which they work. There were 51 sessions in 51 countries. In part,



Sister June Murdoch at the Convention

TO CONVENTION IN U.S.S.R.



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Delegates from New York-based Drug and Hospital Union



Ambulance Team of Doctor and Two Attendants

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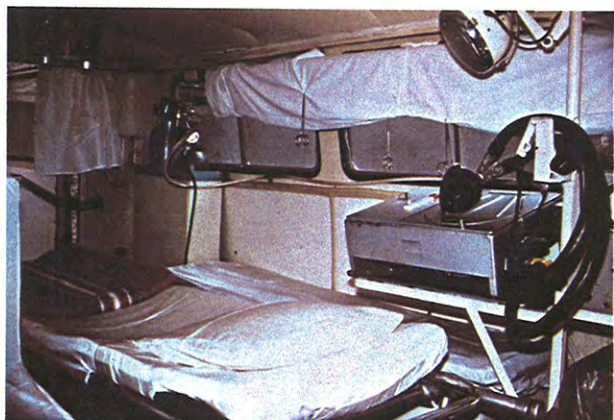
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Inside View of Standard Ambulance Vehicle



Health Care Transportation Vehicle with Driver and Nurse



Four-Bed
Ward in
Acute-Care
Hospital



Dietary
Department in
Acute-Care
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THE HOSPITAL GUARDIAN

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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.

Gerow Appointed as Assistant

At the September meeting of the Provincial Executive, the appointment of Brother Jack Gerow to the recently-established position of Assistant Business Manager was unanimously ratified. Brother Gerow assumed his new duties and responsibilities effective October 1, 1972.

The appointment of an Assistant Business Manager was the result of a Constitutional Amendment proposed by the Provincial Executive to the Biennial Convention in June of this year. The amendment provided that the Secretary-Business Manager, Brother Ray McCready could select an assistant subject to the ratification of the Provincial Executive.



J. D. GEROW

The proposal received the overwhelming support of the Convention as the establishment of an Assistant Business Manager would enable the Secretary-Business Manager to become more active in the increasingly important areas of public relations and provincial government relations. In addition, the Secretary-Business Manager would have more time available for meeting with the Membership throughout the Province at Unit Meetings.

Brother Gerow commenced his employment with the Union over four years ago as a Servicing Representative for both the East and West Kootenays. As well as servicing, he set up and conducted the Educational Program of the Union.

Because of an increased frequency of Educational Seminars, his servicing responsibilities were limited to the West Kootenays by October, 1969. Also, Brother Gerow has had servicing assignments at Burnaby General, Grace, Kamloops and Sechelt.

In his new capacity, Brother Gerow will expand the Educational Program, complete the organizing of unorganized hospital workers in the Province, and participate in the administrative function of the Provincial and Regional Offices. Also, he will assist the Secretary-Business Manager in provincial bargaining and in the administration of a Collective Agreement.

EDITORIAL

A MATTER OF LEADERSHIP

They may only be ordinary working people but it was the men and women in Hospital kitchens, laundries, clerical, housekeeping and nursing departments who took up the challenge two years ago to defend health and hospital care standards from the attacks of B.C.'s Social Credit Government.

And what of the self-styled leaders of the hospital community? What were they doing while the hospital work force marshalled its resources on the side of patient care?

Where were the Hospital Boards of Trustees when the Union sponsored and financed public meetings to save hospitals?

Where were Hospital Managements when their work force was out on the sidewalks publicly protesting patient care cutbacks?

And what of the Agencies established by Hospitals to deal with Labour Relations and other Hospital concerns?

Publicly, Hospitals and their Agencies remained inarticulate and leaderless in the face of Government attack on Hospital care standards. Privately, they permitted the Government to use the Employee Relations Council of the B.C.H.A. to economically punish those segments of the work force that actively opposed health care cutbacks.

Now that it is safe, and also, too late to prevent the abuses of the past two years to patient and staff alike, a number of Hospital Community Spokesmen are publicly identifying defects in present health care services.

These fair-weather leaders must not be entrusted the direction of Hospital care services now that there is a "friendly" Government in Victoria.

The only legitimate spokesmen for the Hospital Community are the men and women who jeopardized their very jobs protesting foolish and dangerous Hospital Policies. These spokesmen are found in the ranks of the Administrators and full-time Hospital Staffs who demonstrated the fortitude necessary to assume leadership under the most inhospitable conditions.

Union Scholarships Awarded

The University of British Columbia has announced the names of the winners of Local 180 scholarships for 1972.

Awarded the Vancouver General Hospital Unit scholarships of \$350.00 each are:

Mr. Brian Jackson, whose mother is the Unit Secretary of the Richmond Unit, and

Mr. Robert Masé, whose mother is a Practical Nurse at the Vancouver General Hospital.

Both of these winners intend to continue their studies at U.B.C.

Awarded the Victoria General Hospital (formerly St. Joseph's) Unit scholarship of \$250.00:

Mr. Mile Jovanovic, whose mother is employed by the Royal Jubilee Hospital. Mr. Jovanovic intends to continue his studies at the University of Victoria.

The Hospital Employees' Union, Local 180 scholarships of \$250.00 each were awarded to:

Miss Karen Kingston, whose mother is a Licensed Practical Nurse at the Vernon Jubilee Hospital. Miss Kingston is studying to obtain a Veterinary Degree.

Mr. Cornelius van der Pol, whose mother is employed by the Kootenay Lake District Hospital in Nelson. Mr. van der Pol intends to continue his studies at the University of Victoria.

Heartiest congratulations are extended to all these successful candidates on their splendid achievements, and the very best wishes of the Union for their future success in the advancement of their chosen careers.

An Experiment

Hospital Workers are a colourful segment of the Trade Union Movement.

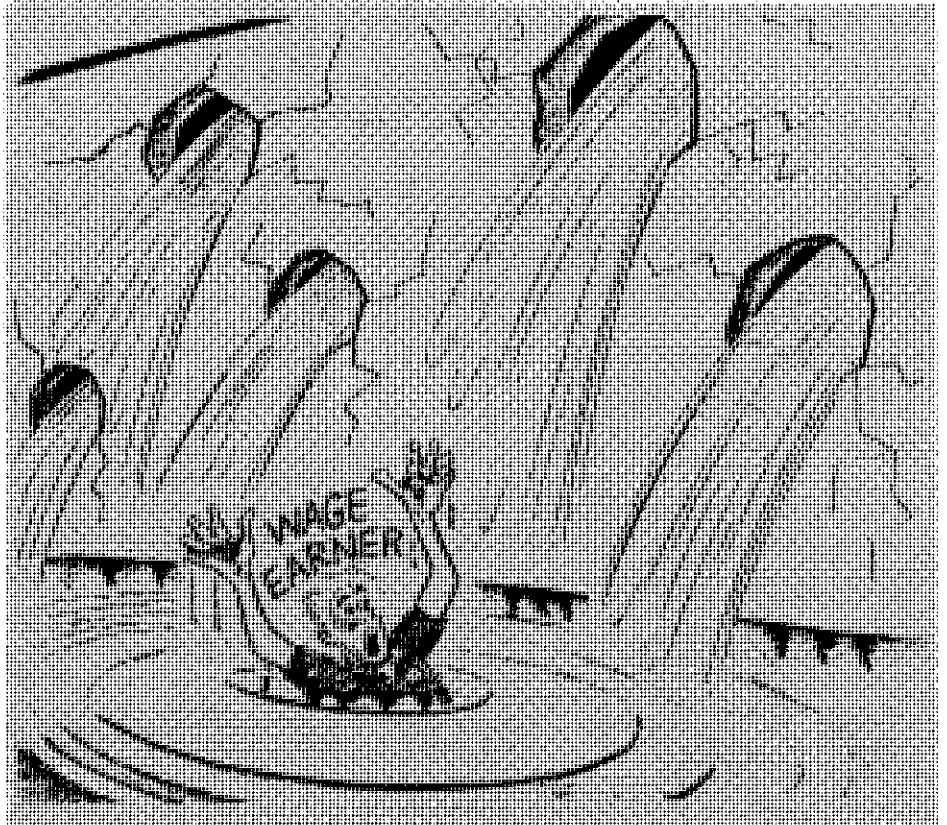
Just how colourful can be seen in this experimental colour Edition of *The Guardian*.

To provide the readers of *The Guardian* with a more attractive and innovative Trade Union Journal, the Editor is exploring the various facets of Newspaper reproduction available.

POVERTY IS NEVER HAVING ENOUGH

CLAIM: "The poor are poor because they're lazy. They don't want to work."

FACT: Three-quarters of all poor families have at least one full-time wage earner. More than 60 per cent of low-income family heads worked in 1967, the majority all year. Says the Senate Poverty Committee report: "All evidence demonstrates that they are poor not because they do not want to work, but in spite of working. The work ethic seems to have played them false."



The poverty level of \$5,400 per year was estimated by the Croll Senate Committee on Poverty last year as the minimum amount on which a family of four can exist.

In 1971, at least 25% of hospital lay employees — including House-keeping Maids, Dietary Maids, Female Laundry Help, and some Nurse Aides — earned less than \$5,400 per year.

What are the effects of poverty?

A poor family will receive less of everything and pay more for it. The family will likely be badly fed, housed and educated. What is meant by the poverty cycle can be seen in education. Precisely 37% of those with less than Grade 8 in 1961 were poor. Exactly 68.2% of the poor in 1971 had less than Grade 8. Poor nutrition and lack of privacy in overcrowded housing have been identified as factors in poor performance in school. To be poor is to be ill. The Canadian Medical Association stated the poor (20% of population) suffer 75-80% of the major illnesses.

WITHOUT CEREMONY

NEW EXECUTIVE MEETS



A

Provincial President W. D. Black wastes no time on preliminaries as he confronts the Union's new Provincial Executive with the problems facing Hospital Workers.

The Executive Committee spent 3 days during September discussing and establishing Policies relative to Public Relations; Organizing; Education; Servicing; Attitudes towards Government; and Union relations with the B.C.H.A.

The 1972-74 Provincial Executive Committee has a well-balanced representation from throughout the Province, with a Representative from almost every type of hospital employment.

- (A) President Black welcomes "new" Members to the Provincial Executive. Some of the "new" Members have had 14-17 years' experience on previous Provincial Executive Committees.
- (B) Provincial Executive spends three days establishing Local Union Policies.
- (C) Marion Perry, Chairman of the Kelowna Unit, and Bill Third, Chairman of the Lions Gate Unit, fill the Offices of Provincial 4th Vice-President, and Lower Mainland Regional Vice-President (2) respectively.
- (D) Sister Parrish, Secretary of the Vancouver General Unit, is Provincial Trustee II, and Russ Cole, Chairman of the Kootenay Lake Unit, is the Kootenay Regional Vice-President.



B



C



D

REPORT FROM RUSSIA

(Continued from Page 9)

The pollution of the air, water and soil throughout the world is reaching critical proportions. Considering that health workers have a special role to play in the war against environmental pollution, the health workers' branch has determined that the Trade Unions International's Standing Committee on Health should include this problem in the program of its activities and call upon all trade union organizations to collaborate actively in this field.

The problems of hygiene and health protection of workers in the public sector requires further study on the regional and international level and requires unity of action to correct problems.

Physicians, scientists, engineers, and other professional workers should be encouraged to participate in trade union activities.

The training and upgrading of skills for health workers must receive a higher priority.

The introduction of scientific and technological advances in health care delivery should not be allowed to de-humanize the relationship between the patient and the health worker.

More attention should be given to the special problems of women working in the field of health care delivery.

After the Convention adjourned, Sister Murdoch and Brother Gerow visited

Retired Officials relax



Former Financial Secretary, G. H. (Hugh) Duff, and S. S. (Syd) McDonald, Staff Representative (1957 to 1969), attend the Eighth Biennial Convention as Fraternal Delegates.

From their happy countenances, it is obvious that they enjoyed meeting and socializing with their many friends still active in the affairs of the Local Union.

a number of medical institutions and facilities including a mental hospital, a sanitarium, a rest home, an acute-care hospital and ambulance service facilities.

Systems Differ

As a general comment, it can be said that the Soviets have made great progress in developing their system of health care delivery. This observation is valid when it is made on a relative basis; that is, relative to the status of health care delivery at the time of the Communist Revolution of 1917.

However, a comparison of the Soviet system and the Canadian system would indicate that the Canadian system is superior especially in terms of the quality of construction of health care facilities and the production and availability of health care equipment and materials. The Soviets appear to have concentrated on quantity of health care delivery rather than quality.

One of the most interesting aspects of health care delivery in the U.S.S.R. is the ambulance service. In the U.S.S.R., the ambulance service, just like all factors of production, is state-owned and operated. Also, there is no fee for the service rendered.

The ambulance service operates as follows:

If a person requires medical or emergency service, a telephone call is placed to the Ambulance Service Dispatch Centre by dialing the telephone number "03". This number is operative throughout the U.S.S.R.

In the Ambulance Service Dispatch Centre, qualified medical practitioners are available to assess the needs of the telephone request. If it is an emergency, an ambulance with a team of a doctor and two attendants will be dispatched to the scene.

In the cities of Moscow and Leningrad, the average time between the receipt of the telephone call and the arrival of the ambulance is seven minutes.

If, on the other hand, medical service is required instead of emergency service, the Dispatch Centre will determine whether a doctor or a nurse attends. If the caller simply needs transportation to a clinic or to a hospital, then instead of an ambulance, a transportation vehicle with a driver and a nurse will be dispatched.

As far as Soviet trade unions are concerned, it is obvious that they have evolved differently than trade unions in North America. There are many differences in the role of Russian and Canadian Unions. There is at least one notable difference that could be copied by Canadian Unions. In the U.S.S.R., trade unions participate in the decision-making process of management.

For example, it is not unusual for the

PROFESSOR VIEWS

(Continued from Page 2)

sistance to both Management and Labour had his recommendations been implemented.

Mr. Justice Nemetz did not recommend the creation of the Mediation Commission as it is known today. He did say this, "In my view, the present Conciliation Service should be strengthened by recruiting a special group of Mediators both from within and from without this Branch of Government. The men recruited should be of high talent and paid salaries commensurate with those paid in Industry."

It was thought that the former system of Conciliation imposed inordinate delay in the prevention of strike action which I may call the fountainhead of Collective Bargaining.

Procedures Ineffective

From the Union point of view the former Conciliation procedures postponed the point of effective confrontation. And perhaps, speaking more here from the private sector, the quality of third party assistance was often extremely variable both at the Conciliation Officer level, and at the Conciliation Board level.

The Mediation Commission, thus far, appears to be ineffective in developing a capability to effectively intervene when Collective Bargaining has failed. I think it is naive in the extreme to suggest that Government has not, in the past, or would not now in the future, intervene in disputes considered to affect the public interest.

Of course, you people have faced that, it is right square in front of your nose. You are in an acutely public interest industry — there is just no escaping it and you must live realistically with this situation. In the light of experience and I think a perceivable trend towards intervention in disputes affecting the public, that we may not have been wise to retain that aspect of the old Conciliation Process, that is to say, permitting the Parties to effect, in the first instance at least, to construct their own Tribunal when Collective Bargaining fails.

chairman of a Local Hospital Unit to meet with the Administrator of the Hospital to discuss and decide upon a variety of issues. Along with the trade union's right to participate in the decision-making process goes the responsibility of ensuring that joint decisions will receive the full support of the workers.

Both Sister Murdoch and Brother Gerow found their experiences in the U.S.S.R. to be interesting and stimulating. In addition, they agreed that the exchange of views and experiences was most valuable. Finally, they were impressed with the Russian people's warmth, generosity and sincerity.

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*.

SHOP STEWARD INSIGNIA:

A distinctive Button to be worn by Shop Stewards and Union Committee Members has been ratified. It is anticipated that these Steward and Committee Buttons will be available for distribution in January.

WAGE POLICY CONFERENCE:

The 1973 Wage Policy Conference will be held during the month of June, 1973, at a yet undetermined site away from the Lower Mainland.

HEALTH CARE CONFERENCES:

Plans are underway to hold Conferences of the various Health Care Disciplines. The needs of Orderlies and Practical Nurses are receiving special consideration.

HEALTH CARE BRIEF:

The Provincial Office is preparing a comprehensive Survey on the Health Needs of our Communities. When the Survey is completed, the Local Union will be submitting extensive recommendations to the new Health Minister.

C.L.C. MEETINGS:

Provincial Officers have been meeting with Representatives from the Canadian Labour Congress. These Meetings have dealt with the jurisdictional problems that exist between the Canadian Union of Public Employees and Local 180. Affiliation alternatives have been reviewed. Further Meetings are slated.

PROVINCIAL EXECUTIVE MEETINGS:

Pursuant to Convention instructions, the full Executive Committee will meet during the months of January, May, and September, 1973. Additional Meetings will be held as necessary. Table Officer Meetings will be held more frequently.

UNION CALENDAR:

The Provincial Office is reviewing the feasibility of preparing and distributing a full-sized Union Calendar. If produced, this Calendar will be available for full Membership distribution and will record important Trade Union dates.

PROVINCIAL TRUSTEE REPLACED:

Sister Berthe Hall from the Kamloops Unit was elected as a Provincial Trustee at the recent Convention. With the Certification of the Health Sciences Association at Kamloops, Sister Hall was excluded from Local 180's Certification. Sister Gwen Parrish from the Vancouver General Unit, formerly a Provincial Trustee, has moved up from her 1st Provincial Executive Alternate position to take the place of Sister Hall.

FORT NELSON; PRINCETON

Two New Units Join Local 180

During the summer months, the Union's Provincial Office enabled two more Units to join the growing ranks of Hospital Workers represented by Local 180.

During July, the 50-bed Hospital at Fort Nelson was organized. Ill-advised acts on the part of this Hospital's Board of Trustees resulted in the Union initiating Court Action against the Hospital. The two employees most prominent in the organizing of the Fort Nelson Unit suddenly found themselves fired. It was only immediate action on the part of Local 180 that had the two employees reinstated.

Certification was granted to Local 180 by the Department of Labour on August 15th, 1972.

Negotiations between the Hospital and the Union are presently underway and a signed Collective Agreement appears imminent.

During August, employees of the Princeton General Hospital also indicated their desire to join Local 180, and on September 26th, 1972, the Department of Labour issued a Certificate of Bargaining Authority to Local 180. Notice to commence Bargaining has already been submitted by the Union.

\$4,500.00 IN BACK WAGES

Students Win Award

(In January, 1972, the Board of Industrial Relations rejected an application made by the B.C. Hospitals' Association to exempt certain Health Care Students from the operation of the Minimum Wage Acts.)

On April 28, 1972, the Union, on behalf of twelve Laboratory Technician Students who were receiving less than the minimum wage of \$1.50 an hour prescribed by law, initiated a complaint against the Royal Columbian Hospital for violation of the Minimum Wage Acts.

An Industrial Relations Officer was appointed to investigate the complaint and he found that the Hospital was in violation of the Minimum Wage Acts.

Because numerous delays and difficulties were experienced, the Union instructed Legal Counsel to commence a prosecution against the Hospital on July 31, 1972 for failure to comply with the provisions of the Minimum Wage Acts.

The Union was subsequently advised on August 9, 1972, that the Hospital would be carrying out the Order of the Department of Labour and that the Laboratory Technician Students would be receiving approximately \$400.00 each retroactive pay on August 26, 1972.

The total amount paid to these students by the Royal Columbian Hospital was \$4,478.28.

WORKERS BILKED

Labour Council Secretary Defends Workers' Rights

In an address to the Local Union's recent Convention, C. P. Neale, Secretary-Treasurer of the Vancouver and District Labour Council, called on W. A. C. Bennett to stop "magnifying the contributions of the capitalists, and forgetting the major role of labour who has served the province with sweat on its brow."

Maintaining that Bennett did a disservice not only to hospital workers, but to all B.C. workers when he issued his 6.5% wage freeze, Neale stated that "governments at all levels are insisting wages have to be held back because wages are inflationary." He went on "I have never been able to accept the argument that a dollar in the pocket of a worker is inflationary, but that millions of dollars in the hands of company shareholders isn't."

**PRICES OUTSTRIP WAGES**

Quoting statistics from the Economic Council of Canada, the Labour Council Secretary stated "the workers in Canada are three years behind the cost of living increases and are on a treadmill trying to catch up."

Expressing concern that the Federal Government might also seek to impose wage controls, he observed "there is no talk about guidelines on profits, on prices, on dividends, on interest rates, on rents, or on any of the other things that affect your cost of living from day to day." "It is my opinion that our governments are paying off past debts to the people that gave them the campaign

funds that put them in office in the first place."

WORKERS BEAR UNFAIR TAX LOAD

Citing recent changes in the Income Tax Act, Neale claimed that recent tax concessions granted large corporations was tantamount to "the working poor now subsidizing rich corporations." He maintains that because of the tax moves "the janitor for Standard Oil pays more income tax at the end of the year than Standard Oil pays to the Government of Canada."

LABOUR NEEDS UNITED ACTION

Calling for unity within the trade union movement, Neale stated "the Labour Movement is beset on all sides. When our Governments and our Employers make a mess of things, they have to find a scapegoat. It seems their favorite scapegoat is the workers of the country and especially the unorganized workers." He said "we must involve ourselves in politics to the same extent that the employers are involved."

Neale outlined the need for a united trade union movement "to fight wage restrictions and attempts to force compulsory arbitration on the workers of the Province, absolute unity within the labour movement must be achieved."

IS ANYONE LISTENING?

B.C.'s Hospital Workers have a message for anyone who will take the time to listen: they can do more, and do it better, and contribute a flood of valuable ideas if Management will take steps to create the right, stimulating kind of work setting.

They know more about their jobs than anyone else — they spend 5 days a week doing nothing else — and hardly any of their suggestions for improving working conditions or methods of operation are impractical. The first requirement for unlocking this stock of energy, this rich source of ideas, is to make contact, and this starts by listening. Not talking, listening. Listening to the workers tell what is wrong with their jobs, and how they can be made right.

Employees Not Living Tools

The fact that many industries are increasingly turning serious attention to making jobs more meaningful and rewarding reflects a growing awareness that employees are more than just living tools. The authoritarian Master-Servant industrial relationship is on the decline. And in its place are coming Labour-Management relationships designed to realize the full potential of the total work force.

With expanding institutions, dehuman-

ized personnel policies, and a growing emphasis on the employment of "experts", more and more workers have the feeling they are in dead-end positions, that they are figuratively "dying" at their work. Interest in doing the job well for its own sake, the old craft attitude, is vanishing.

Working under indifferent Labour Relations policies employees often express their frustration by reflecting the same attitudes of indifference in their work habits and performance. Many employees feel their jobs are no better than being in jail — that they are trapped.

The rewards of Labour-Management participatory programmes are measured by more than higher production; better quality; lower turnover and absenteeism. Less tangible perhaps, but greater in

human terms to concerned Management has been the rewarding change in climate where the outlook on work has been altered.

Joint Effort

Where there is an identifiable mutuality of interest between Management and the working force, it results in a warmer atmosphere, an air of trust, so that workers who, in the past, might have spoken discontentedly about what "they" want can talk enthusiastically about what "we" are doing.

A central Labour Relations concern of our Hospitals should be to provide a worthwhile working life for every member of the Hospital, allowing every employee to share in the responsibilities and the self-fulfillment of fully participating members of the Health Care Team.

Employees should be represented at decision-making levels of Management. Training Programmes should be made available. Educational Leave of Absence should be encouraged. Responsibility and opportunity should be commonplace.

Caring about the Workers makes the Workers Care.

LABOUR'S NOTEBOOK

A DAY TO CELEBRATE

Sometimes we see our frailties most clearly through the eyes of others.

On July 13th, the CBC programmed one of the Norman Corwin Presents series entitled "You Think You've Got Troubles?"

The story concerned itself with the fictional visit of a Martian to the planet Earth.

Through the courtesy of Westinghouse Broadcasting Company, New York, who are the owners of this copyrighted series, readers of 'The Guardian' can read a "Martian viewpoint" on the performance and promise of things here on Earth.

★ ★ ★ ★ ★

"You human beings are godlike in many ways, and lower than the ant in many others. You can fly the air and swim under the sea, and fling your voice around the world. You can turn night into day by the flick of a switch. You can take pictures of your continents by fingering a knob, and clock the yawning heavens, and tell, a million years ahead, the day, the hour, the minute, the second, of the eclipse of the sun, and exactly where the fleeting shadow will be seen on your earth.

"Your music can transport both the beasts of the jungle and yourselves. You weigh the earth you stand on; harness the pull of the magnetic pole; blast off into the vacuum of illimitable space, and scrape your feet on the sandpits of the moon.

"Yet, when you wondermen are given a problem in humaneness, such as how to keep from killing several million other wondermen, just like yourselves, every twenty years or so, you are baffled.

You who have formulas for harmony and chemistry, for the speed of light, and for the annihilation of primal matter . . . you who understand the vast complexities of the profoundest mathematics, still divide so poorly that there is want among abundance.

You can build a city overnight, yet there are people without shelter. You understand the meaning of spectrum of a star, yet not the meaninglessness of the colour of a skin.

You comprehend the structure of a leaf, split atoms, teach whales to frolic and fleas to dance; yet you don't know how to grasp the simplest truths and bend them to your will.

But I do not despair for you. For always within you are the seeds of your own betterment; and one day they will sprout. When that day comes, all humankind will emerge from quarantine . . . and that will be a day to celebrate."

AT NANAIMO

Arbitration Orders Employee Reinstated

Using the excuse that the Union's Chief Shop Steward at the Nanaimo Regional General Hospital was conducting himself in a manner designed to disrupt Hospital discipline, the Hospital terminated Brother Jack Grant.

Brother Grant's efforts to police the Collective Agreement, and his insistence that Union Members be paid Overtime, was obviously one of the motivating factors behind the Hospital's actions.

When the Grievance Procedure proved to be ineffective in reinstating Brother Grant, the dispute was referred to an Arbitration Board chaired by Dr. Noel Hall, Professor of Industrial Relations at the University of British Columbia.

On the 27th of July, the Board directed that the Employer did not have just cause for the dismissal of Mr. Grant, and awarded that he should be reinstated to his employment without loss of pay, or other benefits. The Board also directed that a warning be placed in Brother Grant's Personnel File cautioning against future overzealousness in the discharge of his responsibilities as a Union Representative.

WHAT'S THAT AGAIN?



Members of the Provincial Staff are not entirely sure that they agree with the points being made by one of the Convention Speakers.

Shown above left to right are: Brother Owen Adams, Staff Representative for the Northern Region; Brother Jim Ballard, Staff Representative for the V.G.H.; St. Paul's; Louis Brier; and Burnaby Units; Brother Henry Perkin, Staff Representative for the Okanagan and a portion of the Kootenay Region.