

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION 180

Vol. VIII

VANCOUVER, B.C., AUGUST, 1971



No. 5

After many delays

KOOTENAY HEARING SET

Professor R. G. Herbert of the University of British Columbia will shortly be reconvening the Arbitration Inquiry into the Inclusive Shift dispute affecting 12 Kootenay Hospitals.

The formal Arbitration Hearing will bring to an end the long-simmering dispute between the Union and the B.C. Hospitals Association.

For more than 14 months the Union has been frustrated in all of its attempts to resolve the grievance over preferential Inclusive Shift Arrangements to which the Union's Kootenay members are entitled.

Proposals by the Union that the dispute should be written into the Collective Agreement, thus affording the parties an opportunity to arbitrate the dispute if some other mutually agreeable solution was not found, were summarily rejected by the B.C.H.A.

During the month of June, the Local Union conducted Strike Votes in four

Kootenay Units and 72-hour Strike Notice was subsequently served on the Hospitals located at Creston, Kimberley, Nelson and Trail.

An eleventh-hour agreement hammered out between officers of the Union, the B.C.H.A., and Kootenay Hospital Administrators narrowly averted what could have been B.C.'s first acute general hospital strike.

The strike deadline was Sunday, June 27th; the parties agreed, on this date, that the dispute would be arbitrated before a three-man Board of Arbitration chaired by Professor Herbert.

B.C.H.A. Continues To Stall

When more than three weeks had elapsed and the B.C.H.A. was still refusing to meet with Professor Herbert, it became obvious that the B.C.H.A. was going to continue its delaying tactics. Demonstrating an unseemly lack of concern to resolve the issue, B.C.H.A. principals, involved with the dispute, went on their annual vacation.

Heretofore undisclosed copies of telegrams and correspondence between the B.C.H.A. and the Union were sent to Hospital Administrators, soliciting their assistance to have their Association honour the commitment given to the Union.

It was not until Wednesday, July 21, when the B.C.H.A. was aware that the Union's Business Manager was returning to the Kootenay Region, that they finally agreed to hold an initial meeting with Professor Herbert.

On July 22, representatives from the B.C.H.A. and the Union met with Professor Herbert and outlined what they considered to be the question requiring the binding decision of an Arbitration Ruling.

B.C.H.A. Manipulates Hospitals

For twenty-six years, Employee Representatives, Administrators, and Board Members have successfully reconciled bargaining differences in B.C. acute general hospitals without the spectre of strike action influencing the relations between the parties.

The introduction of the B.C. Hospitals' Association, "Employee Relations Council" in the field of labour-management relations and as bargaining representative of hospitals affiliated to the Association has militated against the reasonable conduct of affairs between the Hospitals and the Union.

Relations Deteriorate

During the two-year existence of the Employee Relations Council, there has been a stream of unresolved disputes being referred to Standing Committees, Arbitration Boards and to the Courts of the Province. The Union suggests it is the poor advice given to hospitals by the Employee Relations Council that has resulted in the large majority of judgments going against hospitals.

(Continued on Page Two)

Cease and Desist

On Wednesday, July 14, 1971, the Labour Relations Board conducted a hearing into charges of Unfair Labour Practices lodged by the Hospital Employees' Union against Harwood Holdings Ltd.

Harwood Holdings Ltd. is the corporate name of the doctors who own and operate the strikebound Westview Medical Clinic.

On Friday, July 16, 1971, the Labour Relations Board ruled:

ORDER

Pursuant to Section 7 of the Labour Relations Act, the Labour Relations Board directs Harwood Holdings Ltd. to cease using coercion or intimidation of any kind that could reasonably have the effect of compelling or inducing any person to refrain from becoming or continuing to be a member of a trade union, to wit, the Hospital Employees' Union, Local No. 180.

The Department rejected the Union complaints that Harwood Holdings Ltd. had dismissed two employees because of their Union activity.

OUT IN THE OPEN

"In any civilized community private rights should cease when they become public wrongs."

—Mackenzie King

★ ★ ★

The democratic process and our institutions survive only when the activities of our representatives are subjected to public scrutiny.

And yet, in the Province of British Columbia, more than 150 million dollars annually is placed in the hands of Hospital Board Members for the purpose of administering the Province's acute general hospitals.

These Board Members are not elected. They are not responsible to any public electorate. Their activities are conducted behind closed doors.

The people of British Columbia are fortunate that, by and large, the men and women who have received appointments to our Hospital Boards have been competent and persons of integrity.

But the weakness of appointed, rather than elected, representatives being permitted to conduct the affairs of our acute hospitals and spend public monies without being accountable to that public was recently demonstrated at the Trail Regional Hospital.

On the eve of a calamitous strike situation, the Hospital Board stubbornly and adamantly refused to meet with the elected Representatives of their work force.

The Hospital Board had decided they would sooner have their employees go on strike than meet them at the Bargaining Table.

Only the exercise of restraint and responsibility on the part of the Union and its Members stands between the hospital's patients and a strike.

The actions of the Trail Hospital Board, or at least some of its Members, indicates they do not feel they have to accept the obligation and responsibilities imposed on Employers.

It is obvious they are no longer sensitive to the need of the patient they serve, or the employees they direct.

It is also obvious that the failure of the Trail Hospital Board to respond to the needs of their community hospital cannot continue unnoticed and uncorrected.

Election to Hospital Boards should replace appointments.

Doors must be opened and the affairs of the hospital available to community scrutiny.

Public wrongs must cease. The taxpaying public should be made aware of the issues between the hospital and its employees by making the press privy to Bargaining Sessions between the Union and the Hospitals.

HEARING

(Cont'd from Page 1)

The Union also advances the bias that the conduct of the Employee Relations Council at the bargaining table and in matters specifically relating to the Collective Agreement enhances the possibility of strikes occurring in B.C. Hospital field.

Improper Conduct by Council?

The questionable course of action determined by the Council requiring all hospitals to withhold their signatures from the 1970-71 Collective Agreement is a good case in point. If the policy of not signing the Agreement was correct in June of 1970, then the Council was wrong to advise hospitals to sign it in June of 1971. On the other hand, if the Council was correct in June of 1971, and the Union believes it was, then the Council has been guilty of bad faith since June of 1970.

Obviously beset by internal dissension over the terms of settlement they negotiated with the Union, the B.C.H.A. appears to have embarked on a policy of appeasement toward their principals by advising them not to sign the Union Agreement and thus eliminate the need to honour contractual provisions they do not favour.

Representatives of the B.C.H.A. are paid out of the public purse and they should be reminded of the responsibility they have to seek reasoned and reasonable solutions to labour disputes in the hospital community.

An excerpt from the *Nelson Daily News* demonstrates the potential consequence of a Hospital Strike:

"A Hospital Strike is more than pickets, placards and vacated jobs.

"Dirty dishes won't wait for labour settlements. Nor will soiled laundry, uncooked meals, dirty floors, frantic in-patients, or disgruntled truck drivers delivering 45-gallon barrels of antiseptic detergent.

"Someone must operate life-giving oxygen tents, keep floors in the operating rooms clean, regardless of hours-of-work disputes and strikes. The 24-hours-a-day, seven-days-a-week service a hospital must provide its current patients and promise its in-patients must be maintained in the event of any emergency — whether the emergency be a labour strike or a power failure."

The Union has devoted almost a year and a half in an attempt to resolve this dispute; it left its 10,000 members vulnerable through unsigned collective agreements because the Union would not grant the concession the B.C.H.A. was seeking by denying the Inclusive Shift to Kootenay Members; it consistently proposed the dispute go to Arbitration.

Unfortunately, the B.C.H.A. did little to resolve the dispute other than taking the stance that the Union abandon its members or, alternatively, go on strike.

CRESTON VALLEY

ON DUTY

After working under an "Inclusive Shift" arrangement for more than 14 years, Members of the Hospital Employees' Union were advised on February 1st, 1971, that the Creston Valley Hospital would no longer observe "Inclusive Shifts."

Employees were advised, in a Notice directed to all Licenced Practical Nurses that "commencing immediately, the employees concerned will remain on the job for 7½ hours plus ½ hour for a meal break."

There is insufficient staff on Afternoon and Night Shifts to set up regular Lunch and Rest Breaks.

The Hospital is well aware that for years past and even today, four months since the Inclusive Shifts were wrongfully discontinued, that Practical Nurses on Afternoon and Night Shifts must respond to the needs of the patient.

The Hospital is deliberately ignoring the long-standing custom of all Nursing Personnel, R.N.s and Practical Nurses alike, to "catch a bite on the fly" rather than establish set periods for Lunch and Rest Breaks.

The Creston Valley Hospital is taking advantage of the dedication to patient care shown by the Hospital's Nursing Personnel.

Provincial Statute requires all employers to guarantee set times off-duty for their employees. The Union Contract requires Night and Afternoon Shift employees to work an Inclusive Shift. You'd think the Hospital would at least give token recognition to the Statutory and contractual requirements expected of them.

HISTORY
of
INCLUSIVE SHIFTS

Hospital Employees differ from other workers. They must respond to the needs of the patient, and this often means they are either called away or miss their Meal and Rest Periods altogether.

In recognition of this Hospital need, and as a concession to Personnel who are scheduled to work throughout all 7 days of the week, and on around-the-clock rotations, a work shift including the Lunch Period was agreed upon between the Hospital and its employees. These shifts are known as "Inclusive Shifts."

The "Inclusive Shift" Clauses were never negotiated out of the Contract, but because of a negotiated reduction in the Hours of Work, many Hospitals are refusing to honour the long-standing Inclusive Shift Arrangement.

The following Chart indicates that Inclusive Shifts have been in effect in some Kootenay Hospitals for more than 14 years.

1956	Rossland	—Inclusive Shift for All Employees except Steady Day Shift.
	Trail	—Inclusive Shift for All Employees except Steady Day Shift.
1957	Creston	—Inclusive Shift for Employees on All Shifts.
	Kimberley	—Inclusive Shift for "On-Call" Employees.
1964	Golden	—Inclusive Shift for Employees on All Shifts.
1966	Regional Contract: All Hospitals	—Standard Inclusive Shift for All Employees on Afternoon and Night Shifts.



Concerned Members of the Creston Unit pay close attention to the report that strike action may be required to resolve their contractual problems because of the refusal of Hospitals to co-operate in the selection of an Arbiter. Giving the report is Kootenay Regional Staff Representative Henry Perkin (inset).

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

NEVER AGAIN!

By JOHN DARBY

As the time for the Union's Wage Policy Conference nears, it is useful to look at one of the major problems of the past two years, and some of the general issues which face all hospital workers in the days ahead.

It does not seem too long ago we were at the Bargaining Table. At that time, less than two years ago, the Union asked for a Reduction in Hours of Work on a *Weekly Basis* as one of its Bargaining Demands.

As a result of collective bargaining (the process of give and take until there is agreement on a package), the employer agreed to a Reduction in the Hours of Work but only on a *Daily Basis*. The Union argued that a daily reduction was not the most workable method, however, with the Registered Nurses proposing and agreeing to such a reduction, the employer's position was strengthened by precedent.

Over the past year it has been this daily reduction in Hours of Work along with the Inclusive Meal Shift for some employees on certain shifts which has created operational and political repercussions.

It was as a result of these repercussions that the Union has become concerned about the authority of the B.C. Hospitals' Association to negotiate and conclude a Collective Agreement on behalf of individual hospitals.

The same problem used to exist, and still does to a lesser degree, in the strife-ridden Construction Industry where employers would delegate their Bargaining Authority to an Agent and after the Agent and the Union would negotiate a Collective Agreement, the contractor often took the position he was not bound by the decision of his Bargaining Agent. After

much confusion and frustration to both sides, employer and employees alike, the Contractors formed a central Bargaining Authority and began to give it fuller authority, under the Accreditation Process, to act and conclude on the employer's behalf.

While accreditation is not the only means of bringing authority and integrity into the Employee Relations Council of the B.C. Hospitals' Association, nevertheless, it is certainly the responsibility of the Hospital Employees' Union not to get caught off base while the B.C. Hospitals' Association and individual hospitals pass the ball back and forth. Over the past two years administration of the Collective Agreement has been made needlessly difficult because of the non-execution (or signing) of the Collective Agreement by most hospitals.

While most hospitals have now signed their Collective Agreements, the problem of Hours of Work, the inability of the B.C. Hospitals' Association to commit all hospitals to Job Evaluation, and the further proliferation of Bargaining Units must cause the Union to say, "NEVER AGAIN" can the Union negotiate with a Bargaining Committee that does not have full authority to negotiate and conclude a Collective Agreement.

You've come a long way baby!

Extracts from Employee Relations Policies, Western Electric Company, in effect 1927. Directions to management:

1. **To pay all employees adequately** for services rendered . . . it is your duty to see that rates of pay are adjusted fairly, giving consideration to cost of living.
2. **To maintain reasonable hours of work** and safe working conditions. Special attention **MUST** be paid to conserving the well-being of employees. Careful consideration must be given to hours of work, vacations, and payment in case of absence.
3. **To provide continuous employment.** In the management of the business a continuous effort must be made to provide steady work and permanent employment.
4. **To place employees in kind of work best suited** to their abilities, which offers opportunity for his maximum growth. Trial should be given on different kinds of work where necessary.
5. **To help each individual progress.** When vacancies occur those already in the company are entitled to first consideration, and there should be provision for training on the job, variety and progression of experience. Information and advice should be made available for those wishing to take advantage of outside educational opportunities.
6. **To aid employees in time of need.** It is necessary for you to understand fully the purpose and scope of the Employee Benefit Fund for giving aid in time of sickness or accident and for granting retiring allowances.
7. **To encourage thrift.** Employees desiring information or advice should be put in touch with those best qualified to advise them on matters of home buying, building, insurance programmes and other problems.
8. **To co-operate in social, athletic, and other recreational activities.** Encouragement may be given by supplying facilities, by sharing in the operating expenses . . .
9. **To accord to each employee, the right to discuss freely** with executives any matter concerning his or her welfare. Sympathetic and unprejudiced consideration will be given to every employee . . .
10. **To carry on the daily work in a spirit of friendliness.** Discipline, standards and precedents become more necessary with size, but the spirit in which they are administered must be friendly as well as just.

That was in 1927.

YOU'VE COME A LONG WAY, BABY!

What A Way To Treat Human Beings!

By VANCOUVER ALDERMAN HARRY RANKIN

Rest Home Patients Threatened

Welfare patients in privately owned rest homes are threatened with eviction. The owners of these homes, who operate them strictly for profit, want \$225 a month from the government for each patient. Rehabilitation minister Phil Gaglardi is willing to pay only \$150 to \$174. In the meantime, these sick old people who haven't a penny to their names nor anyone to come to their defence, are talked about as if they were so many unwanted bags of potatoes, grudgingly being stored (at a price) until nature takes its inevitable toll.

What a way to treat human beings! These elderly folk worked hard all their lives. They made their contribution to the wealth of B.C. and Canada by honest hard work not by land speculation or government contracts. They raised families. Now sick, old and unwanted, they have to worry about being thrown out on the street. Is this how they are to celebrate our centennial year?

Profits Before Patients

The whole system of farming out these poor old people by placing them in penny-pinching privately owned institutions is wrong in principle. No trained or adequate staff is or can be provided by private operators who run their rest homes for profit. Nor can these old people be supplied with

the diet they need when the whole object of the rest home is to cut expenses to the bone so as to increase profits. There is no guarantee that even if monthly grants were increased to \$225, the patients would benefit — it could all go into the operators' pockets.

Government Shirks Responsibility

Rest homes for welfare patients and chronically ill elderly citizens should all be government owned and operated. They should be properly equipped and staffed to provide a high level of care and service to those who haven't the means to take care of themselves. This is a responsibility of society and of government and we shouldn't allow heartless politicians to shirk their duty.

And how much longer will the people of B.C. tolerate the spectacle of a cabinet minister (who incidentally has done very well for himself) preaching "do unto others as you would have others do unto you" from the pulpit on Sundays, and then spending the rest of the week devising ways and means of cutting aid to the unemployed, the sick and the poor?

There is no reason in the wide world for not having our elderly chronic care people looked after by a comprehensive program under the British Columbia Hospital Insurance Service. No other approach is adequate to deal with this problem.

How will Benson's tax changes affect you?

TAX EXEMPT

1. **Personal exemptions:** increased to \$1,500 from \$1,000 for single taxpayers and to \$2,850 from \$2,000 for married taxpayers.
2. **Child-care expenses:** deductions of up to \$500 for each child under age 14, with a maximum of \$2,000 per family; in addition to the general deduction for children as dependents; normally claimed by the mother although in some cases deduction may be claimed by the father.
3. **Employment expenses:** deduction of 3% of employment income up to a maximum of \$150 a year.
4. **Unemployment insurance premiums:** deductible.
5. **Moving expenses:** broad deductions for the expenses involved in moving to a new job.
6. **Pension and retirement plan contributions:** limits raised on contributions to registered plans permitted as deductions.

TAXABLE

1. **Medical care insurance:** value of premiums paid by an employer on behalf of an employee to government medical care plan taxable to the employee.
2. **Capital gains:** one-half taxable as income, however no tax on personal homes. No tax on personal property with a value of less than \$1,000.
3. **Unemployment insurance benefits:** taxable.
4. **Manpower training allowances:** taxable.

IN TERMS OF TAX RATES, IT HAS BEEN ESTIMATED THAT:

1. All taxpayers claiming the married exemption with income solely from wages and salaries will pay less tax than at present.
2. Taxpayers claiming the single exemption with only employment income of under \$8,000 will pay less tax.
3. Single-status taxpayers earning more than \$8,000 of employment income will have a tax increase of no more than \$78.

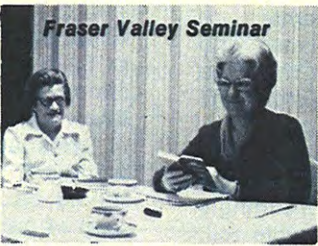
VACATION TIP



AROUND THE LOC



Lillooet



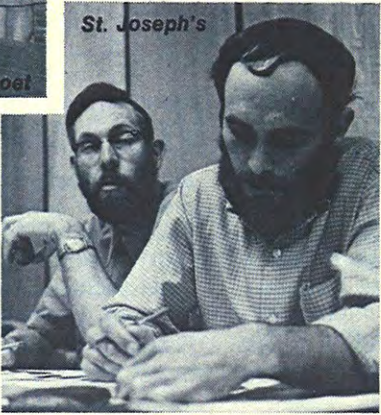
Fraser Valley Seminar



Merritt



Jubilee



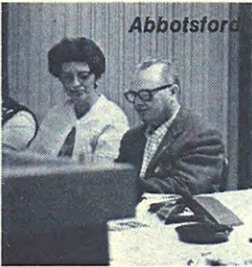
St. Joseph's



Fraser Valley



Summerland



Abbotsford



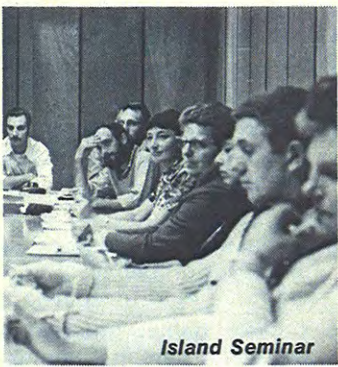
Ashcroft



Ashcroft



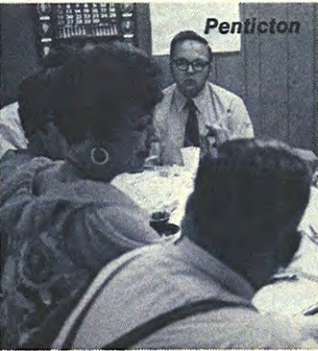
Lytton



Island Seminar



Vernon



Penticton



Kimberley

L WITH A CAMERA

KOOTENAYS

**ON
STRIKE..**
VOLUNTEERS
ARE
SCABS

Hopkinson
**STOP
STALLING**

**Jim
Little..**
TALK
- **DON'T
HIDE**

**TRAIL
HOSPITAL**
UNFAIR
to
EMPLOYEES

**KOOTENAY LAKE
GENERAL
Employees**
**Have
RIGHTS
too**



**UNION
WILL
TALK**
**Hospital
refuses**



**PATIENT
CARE**
OR
**RUSSIAN
ROULETTE**



**HONOUR
&
INTEGRITY**
**WHERE
HAVE
THEY
GONE?**

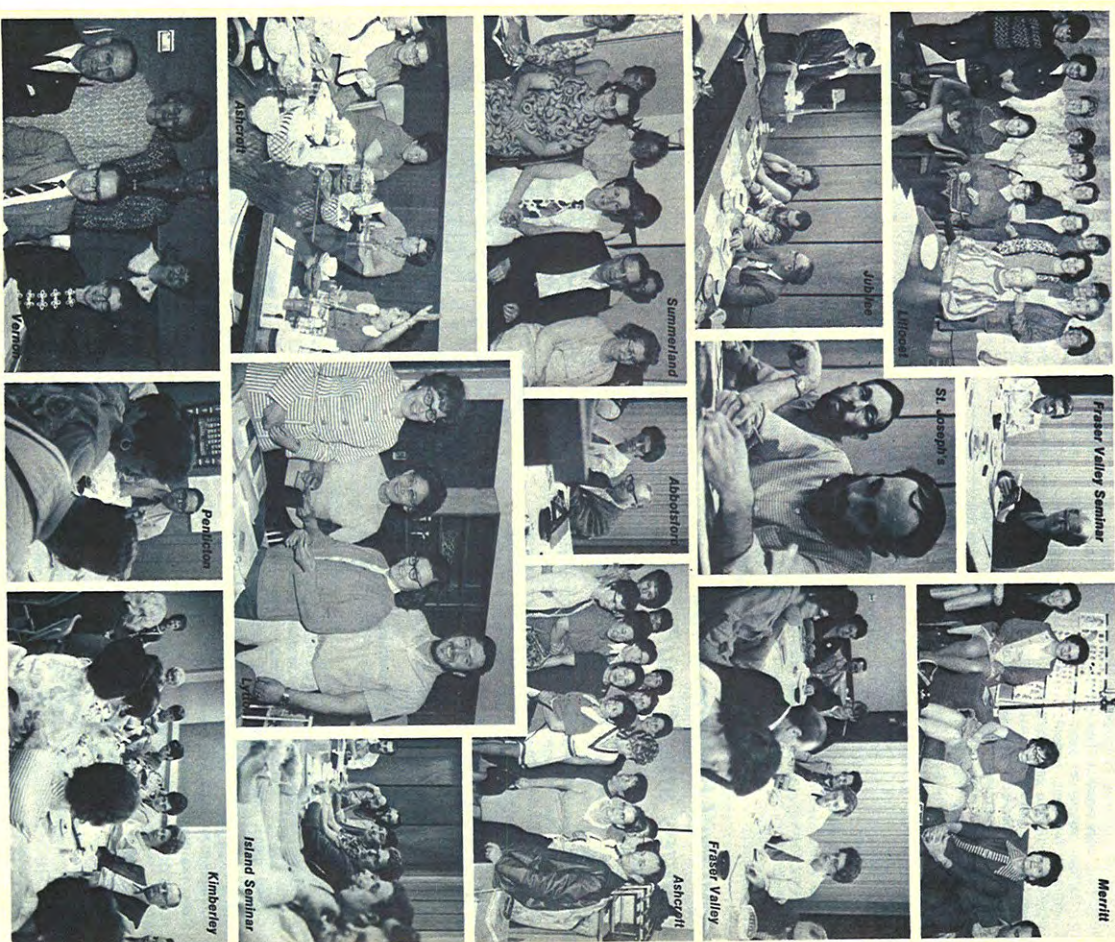
**GOOD
EMPLOYERS**
sign
THEIR
AGREEMENTS

**HOSPITAL EMPLOYEES
UNION
LOCAL 180**
**ON
STRIKE**

**TRAIL
HOSPITAL**
PAWN
OF
B.C.H.A.

**NO
CONTRACT
NO
WORK**

AROUND THE LOCAL WITH A CAMERA



KOOTENAYS

ON STRIKE... VOLUNTEERS ARE SCARS	Hopkinson STOP STALLING	Jim Little TALK - DON'T HIDE	TRAIL HOSPITAL UNFAIR TO EMPLOYEES	KOOTENAY LAKE GENERAL Employees Have Rights +100
HONOUR & INTEGRITY WHERE HAVE THEY GONE?	GOOD EMPLOYERS Sign THEIR AGREEMENTS	HOSPITAL EMPLOYEES LOCAL 180 ON STRIKE	TRAIL HOSPITAL PAWN OF B.C.H.A.	NO CONTRACT NO WORK
PATIENT CARE OR RUSSIAN ROULETTE	UNION WILL TALK Hospital refuses			

*In Powell River***MEDICAL CLINIC STRIKE CONTINUES**

The Strike at Westview Medical Clinic has now entered its 3rd month as the girls on strike continue to picket as a result of a break-down in negotiations for an initial Collective Agreement.

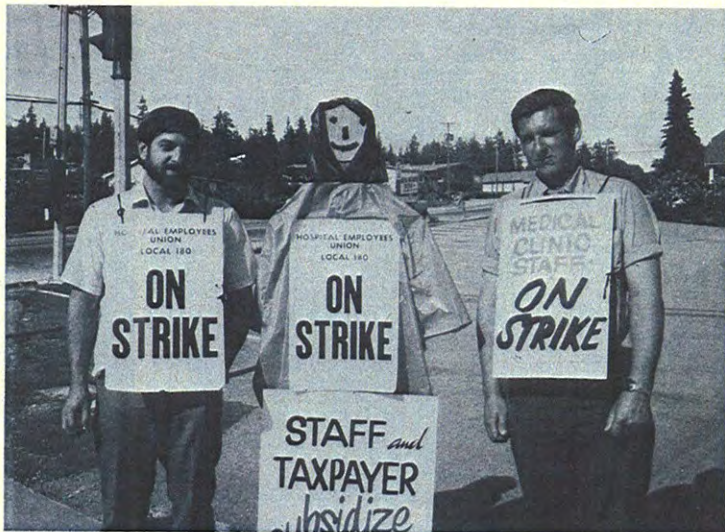
The Clinic remains open because two Registered Nurses, a Laboratory Technician, a University Student, and the daughter of one of the Doctors are "scabbing" the jobs normally performed by the girls on Strike.

The Union's repeated efforts to get the Employer back to the Bargaining Table have failed as the doctors appear determined not to recognize the right of their employees to belong to a Union and to earn decent wages.

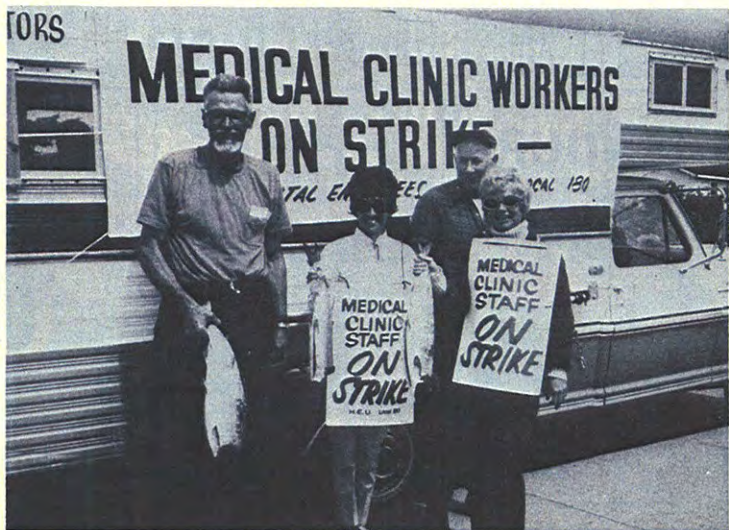
On July 23, 1971, the Union's Provincial Office sent the following telegram to Dr. D. C. Hosgood, Chairman of the Harwood Holdings Ltd.:

PLEASE RESPOND TO PROPOSAL THAT THE UNION WILL REMOVE ITS PICKET LINES AT THE CLINIC IN CONSIDERATION OF IMMEDIATE RETURN TO WORK OF STRIKING EMPLOYEES WHO WILL BE GIVEN, EFFECTIVE UPON THEIR RETURN, A WAGE INCREASE OF FIFTY DOLLARS MONTHLY EACH STOP BOTH PARTIES AGREE TO COMMENCE COLLECTIVE BARGAINING AS SOON AS POSSIBLE AND FAILING A NEGOTIATED SETTLEMENT BY AUGUST THIRTIETH BOTH PARTIES TO REFER DISPUTE TO BINDING DECISION OF MUTUALLY AGREED ARBITER OR IF FAILING MUTUAL AGREEMENT ON SELECTION OF ARBITER TO AN ARBITER SELECTED BY THE DEPARTMENT OF LABOUR STOP ON BEHALF OF UNION MEMBERS AFFECTED I CONFIRM THIS PROPOSAL IS ACCEPTABLE TO ME STOP PLEASE ADVISE STOP

At the time of printing, the doctors at the Westview Medical Clinic have not replied to their telegram.



Shown here: Assisting the striking employees of the Westview Medical Clinic on the picket line are members of Local 180 from the Powell River Hospital, and members of Local 76, International Brotherhood of Pulp, Sulphite and Paper Mill Workers; B.C. Government Employees Union members, and a member of the United Fishermen and Allied Workers Union.

*In Seattle***Registered Nurses set up Information Pickets**

Registered Nurses set up information Pickets around five Seattle Hospitals on July 6, as a sign of solidarity in their contract negotiations with the Seattle Area Hospital Council.

Picketing was informational only as the Registered Nurses were not on strike. An impasse in their negotiations has been referred to a Mediator who will make recommendations for terms of settlement that must be ratified by both parties.

Base rate in 1970 for Registered Nurses in Seattle was \$661 and rising to \$724 over five years.

Recent settlements in California and San Francisco have brought Registered Nurses' Base Rate close to \$900 per month.

Overworked and Underpaid

80% of H.E.U. members earn less than average wage

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

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

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

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

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

B.C. Personnel Work Harder

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

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

Within a few months, Registered

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

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

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

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

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

YOU may save a life

Recently a small girl in Vancouver drank some paint thinner. The mother rushed her to the doctor's office, taking the bottle marked POISON with her. Since the label did not state what the poison was, a serious delay ensued while the doctor made several phone calls to the paint store, wholesaler, etc. etc., to find out what it was, before he could administer an antidote. This delay could have been fatal.

The solution is a simple one. Every product sold to the public containing any poisonous substance should have the nature of the poison printed on the label, and the antidote.

Regulations covering this can be introduced by Hon. Ron Basford, Minister for Consumer Affairs, and probably will be, if the Minister is made aware of a substantial public demand for it. Take a few minutes and write to Mr. Basford or the Member of Parliament for your area, c/o

HOSPITAL REQUESTS POLICE PROTECTION

St. Paul's Hospital wants a uniformed policeman on duty in its emergency department on Friday and Saturday nights for the safety of patients and staff.

D. C. Gemino, director of finance, pointed to the need for such protection by citing two recent incidents, one in which a patient was attacked and another in which vandals invaded the emergency department.

Police have always responded rapidly when called, Gemino said, but the board of management believed the presence of "a man in blue" during the weekend would be a deterrent.

Parliament Buildings, Ottawa, Ontario (no postage required).

YOU MAY SAVE A LIFE!

Accordingly, the board sent a request to the police commission. The Commission asked Chief Constable John Fisk to have an officer discuss the matter with the hospital's executive director, Dr. Hugh D. McDonald.

"We are trying to develop a security plan," said Gemino. "We're open 24 hours a day. We're on the main line, in the flyway between Gastown and Kitsilano Beach."

THE LABEL LOOK

The International Ladies Garment Workers Union offers this guide for dress buying:

Mini, Midi, Maxi, Mo,
Fashions come and fashions go.
One thing stands out firm and stable.
The dress will carry the Union Label.

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*.

ORGANIZING

The Provincial Office has organized the 21-bed Victorian Hospital of Kaslo, Kaslo, B.C., and the 19-bed Michel-Natal District Hospital, Natal, B.C. Collective bargaining is presently at the mediation stage for these two new units.

WAGE POLICY CONFERENCE

The Provincial Office is currently making reservations at the Plaza 500 for out of town delegates that will be attending the Wage Policy Conference on September 18 and 19, 1971, in Vancouver.

EDUCATIONAL SEMINARS

The Local Union had to cancel the Seminars scheduled for June 21 and 22, 1971, June 24 and 25, 1971, and June 29 and 30, 1971, in the East Kootenays, West Kootenays and the Northern Region respectively, because of the deteriorated situation in the Kootenay hospitals.

PRIVATE HOSPITALS, LOCAL 181

Members of the Provincial Executive met with the certified units in the Private Hospital sector. Executive Members Brothers MacDonald and Zomers volunteered to assist the Private Hospital Employees' Union by negotiating their first agreement.

SPECIAL ISSUES OF THE GUARDIAN

Fourteen thousand copies of a special 12-page edition of the *Guardian* were sent through the mail to every home and business establishment in Trail, Nelson, Creston and Kimberley. This edition dealt with the Kootenay hospital dispute.

Five thousand copies of the regular May, 1971, edition of the *Guardian* were sent to every home in Powell River and Westview.

MONTHLY MEETING NOTICES

Monthly Meeting Notices are going to be re-designed and will be made available to all Unit Secretaries early in the fall.

PROVINCIAL EXECUTIVE MEETING

The next Provincial Executive Meeting takes place on August 27 and 28, 1971, in Vancouver.

Leaves Local Union

Ron Magill feted by colleagues

After serving more than three years as a Staff Representative for Local 180, Brother Ron Magill tendered his resignation effective July 2, 1971.

Brother Magill spent more than 17 years with the Vancouver Police Department and was the President of the Policemen's Union for the seven years preceding his employment with the Hospital Employees' Union.

Ron's Servicing Territory was on the Lower Mainland and involved the Vancouver General Hospital, St. Paul's Hospital, Lions Gate Hospital, Peace Arch District Hospital, and the Langley Memorial Hospital.

His colleagues in the Union's Provincial Office presented him with a combination clock-radio-pen set and their personal best wishes in his new Trade Union venture.

Brother Magill will be working with the Canadian Union of Public Employees.



AT HOPE

Unit Secretary marries

Popular Secretary of the Fraser Canyon Unit, Hope, B.C., Miss Linda Houston married during June. Linda has submitted her resignation as Unit Secretary and is leaving the hospital to devote full time to being a home maker.



\$2,500.00 In Back Wages**Lab. Technician wins with Union**

On March 4, 1971, a Laboratory Technician working at Chilliwack General Hospital was fired by her Supervisor. Because she was a member of the Union and had the right to grieve her dismissal, the employee discussed the matter with Local Unit Officers and the Staff Representative of the Union.

Taking up her case, the Union held discussions with the Administrator and the Supervisor in an attempt to get the employee re-instated.

Since the Union and the Hospital could not agree on the terms of reinstatement, the Union proceeded through the grievance procedure and finally into arbitration.

By the middle of May, 1971, a Board of Arbitration had been formed, composed of the Hospital's nominee, Mr. J. Linklater of the B.C. Hospitals' Association, the Union's nominee, Mr. W. Rolfe of the Hospital Employees' Union, and Professor Ray Herbert of the University of B.C. as Chairman.

On May 31 and June 3, the Board convened Hearings wherein witnesses gave evidence on behalf of the Hospital and in defence of the employee.

On a dismissal case, the onus of proof rested with the Hospital to demonstrate that they had "just cause" to dismiss the employee.

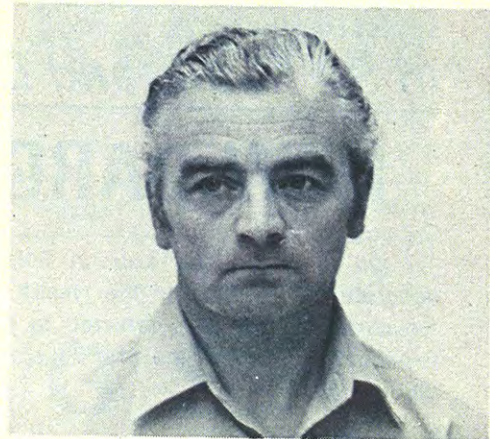
On July 9th, 1971, the Board of Arbitration handed down its ruling:

The employee is to be reinstated with full retroactive wages for the time lost from work.

This case clearly demonstrates that the Union can and does represent employees who are improperly dismissed and is able to secure just treatment for its members.

In the Hospital Employees' Union there is no conflict of interest or dual role to hamper or distract from its role as the Employees' Representative when the occasion or circumstance so warrants.

Pat Doherty, Psychiatric Nurse, Eric Martin Institute, Royal Jubilee Hospital.

**Members of 180****Psychiatric Nurses participate**

Psychiatric Nurses in British Columbia have never had the opportunity to participate in Collective Bargaining.

The majority of Psychiatric Nurses are employed in Government Institutions and, as Civil Servants, have not had the freedom to negotiate their Wages and Working Conditions around the Bargaining Table.

Psychiatric Nurses employed at the Royal Jubilee Hospital have had their wages and some of their working conditions pegged at Provincial Standards established between the B.C. Government Employees and the Civil Service Commission.

When the employees of the Royal Jubilee Hospital chose to join with the Hospital Employees' Union last December, it gave promise that the Psychiatric Nurses could go to the Bargaining Table for the first time in their history in British Columbia.

Brother Pat Doherty, a member of the Jubilee Unit, is looking forward to Union Negotiations in the Fall.

He says, "I feel that the Hospital Employees' Union is the most effective and best Union in the Hospital Field in North America. It has most certainly demonstrated that. It is a Provincial Union, composed of Hospital Employees with the Provincial Office at Vancouver, and a Regional Office at Victoria to service the Vancouver Island Region.

"As a Psychiatric Nurse at the Royal Jubilee Hospital in Victoria, I have been a member of the Union for less than a year, as have the other Jubilee members, and I am looking forward to the determinations of the Wage Policy Conference this Fall; the Contract Negotiations; and the Reports of the Bargaining Committee.

"An exciting period to look forward to, don't you agree?"

Brother Doherty is joined by 10,000 other B.C. Hospital Workers who are also looking forward to the negotiations ahead.

A new malady:**CLEANERS' HANDS**

A Colorado skin specialist has uncovered a new occupational hazard for members of many institutional cleaning staffs — "floor and wall cleaner hands."

The malady is caused by two chemicals contained in a relatively large number of industrial germicidal detergent cleaners and which could be contained in some similar cleaners used in homes.

And it is a lot worse than the dishpan hands of television commercial fame, since it involves the destruction of the skin pigment of the hands and forearms.

Dr. Guinter Kahn, assistant professor of the division of dermatology at the University of Colorado Medical Centre,

said he suspects the problem is widespread.

He first spotted the problem in five members of the cleaning staff at a local hospital.

He traced the depigmentation phenomenon to two phenol chemicals contained in a germicidal detergent cleaner being used to keep the walls, floors and other hard surfaces in the hospital free from bacteria as well as dirt.

The phenols are para-tertiary-butyl and para-tertiary-amyl-phenol which Dr. Kahn said he has found in about 20 industrial cleaners used in low-bacteria institutions to minimize bacterial contamination and infection.

Two of the five victims of the depigmentation recovered their skin pigment within about a year after the use of the cleaner was suspended. (Other effective germicidal cleaners that do not contain the two chemicals are readily available.)

But three others have not yet repigmented.

The pigment gives the skin its color and its main protection from sunlight and is thought to be important in protecting persons from skin cancer.

But since skin cancer takes up to 50 years to develop, none has been noticed in known victims of the cleaner problem to date, Dr. Kahn said, nor is it known whether skin cancer will actually result in such victims.

Other victims of the phenomenon have been reported to Dr. Kahn from other hospital and institutional cleaning staffs.

In St. Paul's and Lions Gate

NEW BARGAINING AGENT CERTIFIED

On June 25, the Labour Relations Board granted separate Certification to the Health Sciences Association for certain employees, referred to as "para-medical professional groups", at the St. Paul's and Lions Gate Hospitals in Vancouver.

The decision followed a two-day Hearing on June 22 and 23 at the Provincial Department of Labour Office in Vancouver.

At the Hearing, all interested parties were given the opportunity to express their opinions or state their position regarding the Application and its appropriateness.

As a matter of record, all HEU members should know what positions were taken by the interested parties present.

B.C. Hospitals' Association (Employer Bargaining Agent)

Supported the Application.

Registered Nurses' Association of British Columbia

Would not oppose Application.

Psychiatric Nurses at Lions Gate

If the Health Sciences Association were certified, then Psychiatric Nurses at Lions Gate would join the Health Sciences Association of B.C.

International Brotherhood of Operating Engineers, Local 882

No statement made.

Hospital Employees' Union, Local 180

Opposed the Application for several reasons:

- (1) **The Health Sciences Association is not a "Union" within the meaning of the Labour Relations Act.**
- (2) **The individual "professional groups" were dominated by persons in supervisory positions. In the Union's opinion, while the Health Sciences Association would give "status" to certain employees, nevertheless, it was solely an umbrella for the individual professional groups and the Association would tend to be self-perpetuating because the working level employee would have little, or no control over the leadership.**
- (3) **The Application was out-of-time in that the law stipulates that decertification into a new**

union can only take place during the 7th and 8th month (July and August) of a Collective Agreement. Legal Counsel for B.C. Hospitals' Association challenged this by stating the Hospitals knew they were not bound by a legally executed Collective Agreement in December when the Application was made.

Regardless of the reasons for concern expressed by the Union which were not appreciated by other "interested parties", the Board granted two new certificates. Now let us examine the possibilities or questions that arise following the Board's decision to grant Certification and further proliferate the number of Bargaining Agents:

- (1) Which Bargaining Agent bargains first? Which Bargaining Agent will establish precedents which another Bargaining Agent will try to better, to hold or win support?
- (2) By granting certification to a new Bargaining Agent in only two hospitals, to what degree will this create problems associated with proliferation, raiding and competitiveness among groups and to what degree will this adversely affect industrial peace and harmony?

It is possible that the precedent and nature of the Health Sciences Association will create more frustration than the fostering by B.C.H.A. and granting of the Certificate by the Labour Relations Board was intended to resolve.

The best interests of Hospital Personnel cannot be served by the proliferation of Bargaining Units within the Hospital Community.

The Hospital Employees' Union will continue to advance the philosophy that the common good of all within the Health Care Field can only be served when the common needs of all take precedence over the narrow interests of a few.

The lure of establishing Bargaining Units based on "functional differences" can only lead to confusion and consternation among the Employee Groups.

Responsible and responsive Labour Relations cannot be fostered by creating an Industrial Tower of Babel through the proliferation of Bargaining Units.