

# THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION, 180

Vol. XII

VANCOUVER, B.C., JANUARY-FEBRUARY, 1975



No. 1

## Final move awaited on COLA report

Word was still awaited at press time on whether the B.C. Health Association will accept or reject the report handed down by special officer Bert Blair on the Cost of Living Adjustment (COLA) dispute that led to the Kelowna sit-in last June.

Blair, who was appointed by Labor Minister Bill King to report on the dispute, delivered the last phase of the report in December.

The Union has announced it will accept the report.

The Provincial Executive made the decision in a special meeting in December.

The COLA recommendations contained both victory and loss for the Union. In effect, Blair concluded that the BCHA had been technically correct in not paying COLA monies for partial percentage increases in the cost of living, but he advised all hospitals to pay its employees according to the Union's interpretation from now on.

In the dispute over the implementation dates for COLA payments, Blair sided with the hospital, which had maintained that the payments should begin two months after the end of each six-month reference period and not be retroactive to the end of the reference period.

The Union contends that the payments should be retroactive.

On recommending full proportionate COLA payments in his 25-page report, Blair said, "To do so, will, in my judgement, not only be fair and justifiable in the light of the present conditions, but it will be an expenditure which will also provide a substantial return to the employer from an industrial relations point of view."

Blair commented on the importance of protecting employees from inflation. "The rate of increase in the cost of living which has prevailed since the very inception of the current collective agreement has pretty clearly demonstrated the employees' need of that protection against the erosion of their negotiated wage increase which is to be afforded by a cost-of-living clause.

"And the rate at which the prices curve has been, and still is, climbing indicates the employees' need to actually get into their hands the intangible benefits of that protection — the money — with as little delay as possible," Blair said.

"One per cent of an employee's wages for a period of six months represents, in this day and age, a sufficiently large dollar amount that to be deprived of nearly all of such an amount, or even a quarter of it, can be of some consequence to an employee.

"And while, at the same time, the saving which would accrue the employer in these instances is of no small conse-

quence to the latter, the fact remains that a cost of living clause is negotiated into a collective agreement expressly as a protection to the employee against the inroads of inflation into his or her pay cheque."

Blair's recommendations were not binding for any hospital other than Kelowna. His COLA report was preceded-

(Continued on page 2)



AMONG THE NEWER H.E.U. members, employees at Slokan Community Hospital form the 11-member New Denver unit of Local 180. Now serviced from the Union's Okanagan-Kootenay regional office, they are included in this issue of the Guardian's pictorial look at some of the small units. More on page 9.

## Hospital conditions draw attention of press, Cocke

H.E.U.'s bid to bring public attention to the miserable conditions of private hospitals and rest homes resulted recently in press coverage of one of the worst examples of such institutions: King George Private Hospital in Surrey.

The lower mainland municipality's mayor, Bill Vander Zalm, toured the hospital in January and expressed shock over what he found, comparing the conditions to "14 century punishment."

Vander Zalm was investigating complaints of working conditions and treatment of patients at the hospital. He saw one elderly patient "tied in a chair with a belt, calling for help."

Vancouver newspapers and radio and TV stations followed up the story and the result was an announcement by Health Minister Dennis Cocke that he would instigate an inquiry into conditions at the hospital.

(Continued on page 4)





VANCOUVER ISLAND contract analysis seminar drew members from several units (above). Held at Nanaimo General Hospital, which provided classroom and cafeteria facilities, seminar was conducted by Staff Representative Bill Muir (right). Hospitals in the area were generally co-operative, granting paid leaves of absence to H.E.U. employees at Chemainus, Campbell River, Cumberland, Port Alberni, Ladysmith and Nanaimo. Management nominees also attended and added to the value of the seminar by participating in discussions. However, Cowichan District Hospital, for reasons best known by its administration, refused to grant paid leaves of absence for candidates nominated by the Union. Consequently, only those with days off could attend.



## COLA REPORT

(Continued from page 1)

ed by reports on statutory holidays and severance allowance — two other issues that sparked the dispute at Kelowna General Hospital in which H.E.U. employees engaged in a sit-in at the hospital's cafeteria for five days last June. They return-



BERT BLAIR

ed to work when Blair was selected to look into the situation.

During the course of his investigation, Blair also, in his role as special officer, compiled a report on collective bargaining and the industrial relations climate of the hospital industry.

That report has not yet been made public.

## Herbert hearings continue into pay rate adjustments

A series of pay rate adjustment requests have been presented before arbitrator R. G. Herbert in Vancouver, totalling 26 by the end of January.

More were due to be heard, and seven had been settled out of court.

Cases heard were as follows: St. Vincent's, one request, OR orderly; Fraser Canyon (Hope), one request, maintenance supervisor; Lions Gate, three requests, electronics technologist, social work assistants, pathology attendant; Surrey, three requests, darkroom attendant, housekeeping aides (OR), OR technicians;

Royal Jubilee, four requests, pathology attendant 1, pathology attendant 2, emergency orderlies, inhalation therapist QNR; Royal Columbia, one request, OR aides;

Burnaby, two requests, ECG technicians, housekeeping aides (ECU); Nanaimo, two requests, physiotherapy aides, ward clerk; Powell River, one request, orderlies.

Cases settled out of court:

Children's, one request, driver; Royal Columbian, two requests, emergency clerks, lab tech aides; Lions Gate, one request, service aides; Royal Jubilee, three requests, OR aides, artificial kidney technicians, tractor operator; Powell River, one request, stores utility.

Cases to be heard:

Vancouver General, one request, splint room attendant; northern hospitals — Prince George, Quesnel, Smithers, Kiti-

mat, Terrace, Burns Lake, Ocean Falls — several requests (individual anomalies);

Provincial — group anomalies — engineers, psychiatric nurses, lab and X-ray technicians;

Departmental — nursing, laundry, housekeeping, maintenance.

Herbert has handed down two decisions, covering Fraser Canyon Hospital in one and three requests at Royal Jubilee with the other.

The pay rate adjustment requests were provided for in the 1974-75 collective agreement, addendum 1.



R. G. HERBERT



# THE HOSPITAL GUARDIAN

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

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## EDITORIAL

### THE SILENT TREATMENT

The name of the game is wait-and-see.

It's being played again by the B.C. Health Association as it has been by that group many times before. It's a standard ploy among organizations detached from reality and run by people who are out of their depth in jobs that demand responsibility and sensitivity.

Wait and see. If a problem arises, burrow head first into the sand hope it goes away. Except it doesn't work that way.

A report has been concluded by Bert Blair, the special officer appointed by the government to look into the Kelowna dispute and the provincial implications of that dispute. Blair handed in the last of his findings and recommendations on that topic in early December last year.

By the time the Guardian deadline arrived — early February — the BCHA had not bothered to tell anyone whether it will accept or reject Blair's report and recommendations.

Within a week of Blair's report on COLA and severance allowance being released in December, H.E.U. had called a special meeting of its Provincial Executive, whose members assembled at short notice from all over B.C.

The Executive accepted the report and immediately made its decision public. But the BCHA is still sitting on its hands.

The background to the events leading to the Kelowna dispute and the Blair report is also a story of BCHA ineptness and games of wait-and-see.

In bargaining for the 1974-75 collective agreement the BCHA agreed to certain interpretations of the severance, COLA and superstats clauses, but later adopted a different stance, after the agreement was signed.

Then it sat back with indifference to how these actions might affect people's livelihoods, the efficient running of hospitals and the long-term effects on industrial relations in the hospital field.

Union employees at Kelowna General Hospital engaged in a five-day sit-in, the second half of which was spent in the face of a court injunction to end the collective work stoppage. Members stayed off the job although the Union announced willingness to perform emergency services if necessary.

That kind of determination by Kelowna employees showed how strongly the H.E.U. membership feels about losing something it rightfully won at the bargaining table. And that determination was reinforced by the support expressed for the Kelowna members by units throughout the province.

The sit-in ended when Blair's appointment was agreed to. He conducted an investigation over several months and released his findings in stages. When he sided with the Union on superstats, H.E.U. contacted all the hospitals for acknowledgment of their acceptance of the recommendation. But it was like pulling teeth to gain a commitment.

And once again the whole hospital industry, employee and employers alike, is awaiting a decision by the BCHA.

The Union wasted no time in making up its mind, despite the fact that Blair's final report included a partial loss for its members.

But the employers' representative is still silent.

It is another sign of the kind of irresponsibility that has been displayed by the BCHA for too long.

## End is near for puffers at Lions Gate

Non-smokers have predicted for years that as soon as the tobacco habit begins to decline, the clean-lungers will emerge with an aggressiveness never before seen in living memory.

It's beginning to happen.

Lions Gate Hospital in North Vancouver recently announced a non-smoking policy for all but a few designated areas of the hospital.

Among the smoke zones will be locker rooms, cafeteria, emergency admitting area and solarium. But in other areas the ban will prevail and it will be complete, applying to hospital staff, patients and visitors.

This is a departure from previous smoking restrictions which limited staff but left visitors and patients to light up wherever they pleased.

It led to such situations as five or six people visiting someone in a two-bed room and immediately filling the area with cigarette smoke, leaving the other patient to cough in the haze.

Although this didn't kill the other patient, "it sure didn't help them or their condition," said a hospital spokesman.

Under the new ban the only people allowed to smoke in the rooms will be bed-ridden patients who have received authorization from their doctors.

The announced reasons cover not only the health aspect but also safety. During the past two years some 60 minor fires occurred at the hospital, most of them caused by smoking.

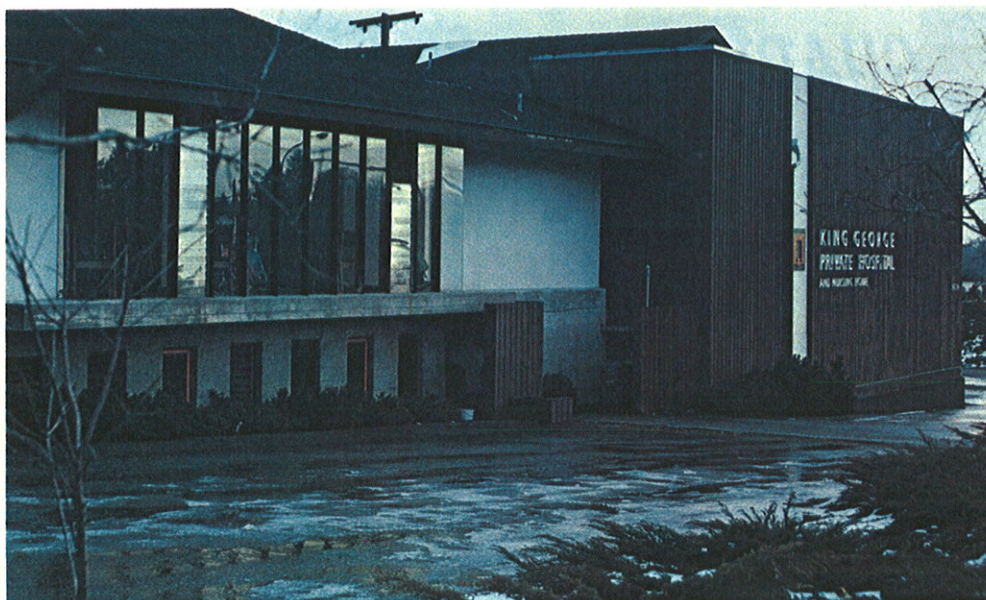
One serious fire does illustrate the danger of patients under medication being allowed to smoke, however. The fire began when a patient who was receiving oxygen decided to have a cigarette. When he lit up, the bed burst into flames and it was fortunate that he and another patient in the room weren't injured.

"A lot of patients because of their medication, aren't thinking too clearly or they may fall asleep with a lighted cigarette in their hands, causing a bed fire," spokesman said.

Those are the stated reasons. But we all know the real motivation behind it: the long-oppressed non-smokers are taking over. The dominoes have begun to fall.

A bank in Honolulu has begun issuing cheque books that are bound on the right side, for the convenience of left-handed customers. Now why didn't somebody think of that before?





CENTRE OF CONTROVERSY, King George Hospital is among private facilities being organized by H.E.U.'s private hospital division.

## Body discovered in VGH shaft

A Vancouver General Hospital patient was found dead in a ventilating shaft at the hospital recently, two days after he disappeared from his bed.

A spokesman for the hospital administration said Osborne Green, 63, of 260 East Fourth, had been reported missing but his body was found "quite by accident."

M. K. Telford, associate director of patient services, said workmen discovered the body when they went into the shaft to repair a faulty power circuit.



"There it is again, 'Snap, Crackle, Pop'."

## Hospital conditions...

(Continued from page 1)

Meanwhile, Local 180 is conducting its own investigation, and staff members at King George recently signed affidavits to back up their complaints.

Buckets which clutter the hospital when rain drips through the roof constitute just one of dozens of examples of working conditions there.

One of the laundry workers slipped in a puddle inside the building and was injured. She wasn't replaced. Consequently there was a shortage of clean laundry over Christmas and rags were used as face cloths.

Employees at King George are keeping a "pill collection," comprised of pills that were found astray — medication that should have been administered to patients but was just left lying around.

An employee emptied a tea pot on one occasion and found a patient's false teeth in it.

In an interview with a Vancouver Sun reporter one of the hospital's joint owners, Dr. Lewis T. Herberts of New Westminster, said King George is a place for patients who are at the end of their life.

"After all, these people come here to die," Dr. Herberts was quoted in the Sun.

The newspaper decided to send a reporter and photographer over to see for themselves . . . but later employees told H.E.U. that the matron was up until 3 a.m. on a "cleaning binge" which began the night before the Sun pair visited.

Meanwhile, certification has been granted H.E.U. to represent employees at six facilities: three private hospitals, one retirement lodge, one intermediate care home and a personal care home.

Applications to the Labor Relations Board for certification are pending at two private hospitals and one retirement residence.

Organizing is also being conducted among employees at six other facilities.

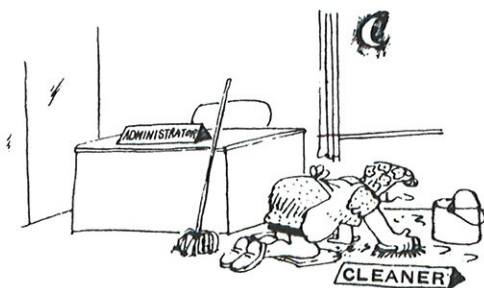
## Hearing held over dismissal

A Labor Relations Board hearing was held Jan. 24 in the case of a private hospital employee who was fired after being involved with Union activity.

H.E.U. filed the complaint against Oakhurst Private Hospital in Vancouver.

The employee, a kitchen worker, voiced support for the Union and was fired the next day.

A decision is pending.



NEW ADDITION to H.E.U. office staff is Dale Webb. Dale, intermediate clerk-stenographer, replaces Trish Smith, who is now at the Union's regional office in Kelowna.



## H.E.U. organizes new hospital in Kamloops

H.E.U. has applied for certification for the Ponderosa Lodge hospital in Kamloops.

The new facility was still awaiting completion of construction in January, although many employees were already at work preparing for the opening of the intermediate care hospital.

Some 115 employees will be on the hospital's payroll.

When completed it will contain about 250 beds.

H.E.U. organizing was begun in the latter part of December.



NEWLY ORGANIZED Ponderosa Lodge . . . intermediate care hospital in Kamloops.

## GOV'T AGREES

### Alberta aides seek parity

An equality drive is on in Alberta to bring the wages of certified nursing aides — the equivalent of B.C.'s licensed practical nurses — up to the level of those of orderlies.

The move has the backing of the province's Human Rights Commission, which announced its decision after investigations into a complaint by seven nursing aides at Edmonton's Royal Alexandra Hospital.

The aides claimed they should be paid as much as the orderlies who earned \$671 a month.

A five-year certified nursing aide at the hospital previously earned \$535.

Meanwhile, the Alberta Association of Certified Nursing Aides recently considered at their annual meeting whether to affiliate with the Canadian Union of Public Employees.

The aides are seeking greater bargain-

ing power in negotiation with the Alberta Hospital Association.

C.U.P.E. in that province is also on a parity drive, to bring up the wages of its Alberta hospital employees to the level of H.E.U. members in B.C.

Among the wage increases sought: another \$332 a month for dietary and laundry aides, a \$307 increase for cleaners and other janitorial employees and \$333 for orderlies.



"They're not meant to be modest — they're meant to be functional."

## A UNION OFFICER CAN'T WIN

- If he talks on a subject, he is trying to run things. If he's silent, he has lost interest in the organization.
- If he's seen at the office, why doesn't he get out. If he can't be found, why doesn't he come around more often.
- If he does not agree that the boss is a skunk, he is a company man. If he calls the boss a skunk, he is ignorant.
- If he is not at home at night, he must be out drinking. If he is at home, he is shirking his duty.
- If he doesn't beat his chest and yell strike, he is a conservative. If he does he is a radical.
- If he doesn't stop to talk, his job has gone to his head. If he does, that's all he had to do anyway.
- If he can't put a member to work who got into trouble, he is a poor agent. If he does, that is what he is paid for.
- If he should give someone a short answer, we'll get him in the next election. If he tries to explain something he is playing politics.
- If he gets a good contract, why didn't he ask for more.
- If his suit is pressed, he thinks he is a big shot, if it isn't he is unfit for the job.
- If he takes a vacation, he has had one all year anyway.
- If he is on the job a short time, he is inexperienced. If he's been on it a long time, there should be a change.

—Ford Facts, Local 200,  
United Auto Workers



# PROVINCIAL ST

The following wage rates are provincial standard rates, adjusted to include:

- Five per cent Cost of Living Adjustment starting Sept. 1, 1974.
- Eight per cent wage increase (or \$60 per month, whichever is greater) starting Jan. 1, 1975 as described in the 1974-75 collective agreement.

**NOTE: A further Cost of Living Adjustment will be applied March 1, 1975.**

## CLERICAL DEPARTMENT

*Fraser Valley, Kootenays, Northern  
Vancouver Island, Some Lower Mainland*

		Sept. 1, 1974 Monthly Rate	Jan. 1, 1975 Monthly Rate
Clerk Grade I.....	S	\$643.25	\$703.25
	6M	655.00	715.00
	12M	666.75	726.75
	24M	693.00	753.00
Clerk Grade II.....	S	652.75	712.75
	6M	665.75	725.75
	12M	678.50	738.50
	24M	709.50	769.50
Clerk Grade III.....	S	663.50	723.50
	6M	679.50	739.50
	12M	697.00	757.00
	24M	737.25	797.25
Clerk Grade IV.....	S	677.50	737.50
	6M	699.50	759.50
	12M	724.75	784.75
	24M	779.25	841.50
Clerk Grade V.....	S	699.50	759.50
	6M	724.75	784.75
	12M	755.75	816.25
	24M	787.25	850.25
Clerk Grade VI.....	S	724.75	784.75
	6M	757.50	818.00
	12M	787.25	850.25
	24M	787.25	850.25

## NURSING DEPARTMENT

Orderly.....	S	787.25	850.25
	6M	795.50	859.25
	12M	831.25	897.75
Orderly P.A.R. ....	S	787.25	850.25
	6M	814.25	879.50
	12M	851.00	919.00
Orderly Specialty I.....	S	802.75	867.00
	6M	877.75	948.00
Orderly Specialty II.....	S	859.75	928.50
	6M	881.25	951.75
	12M	903.00	975.25

## NURSING DEPARTMENT (Continued)

Orderly Specialty III .....

Inhalation Therapist Q.N.R.....

Inhalation Therapist Licensed.....

Nursing Service Aide I.....

Nursing Service Aide II.....

Nursing Service Aide III.....

Practical Nurse .....

Nursing Service Technical.....

## LAUNDRY DEPARTMENT

Laundry Worker I.....

Laundry Worker II.....

Laundry Worker IV.....

Laundry Worker V.....

Laundry Worker VI.....

## HOUSEKEEPING DEPARTMENT

Cleaner .....

Housekeeping Aide .....



# STANDARD RATES

Sept. 1,  
1974  
Monthly Rate

Jan. 1,  
1975  
Monthly Rate

906.00	978.50
918.00	991.50
929.50	1,003.75
858.00	926.75
893.75	965.25
929.50	1,003.75
901.25	973.25
936.50	1,011.50
972.75	1,050.50
673.00	733.00
680.25	740.25
687.00	747.00
687.00	747.00
695.75	755.75
705.00	765.00
699.00	759.00
709.00	769.00
718.75	778.75
733.75	850.25
768.50	859.25
—	897.75
754.50	814.75
767.75	829.25
781.25	843.75

664.75	724.75
671.25	731.25
677.50	737.50
671.00	731.00
678.00	738.00
685.25	745.25
787.25	850.25
787.25	850.25
787.25	850.25
800.25	864.25
813.00	878.00
825.25	891.25
814.00	879.00
826.00	892.00
838.00	905.00

787.25	850.25
787.25	850.25
787.25	850.25
642.00	702.00
656.00	716.00
670.00	730.00

## POWER AND HEATING DEPARTMENT

Operating Eng. — Chief with 3rd Class Papers.....	F
Operating Eng. — Chief with 4th Class Papers.....	F
Operating Engineer.....	F
Shift Engineer — "A" Ticket*.....	F
Shift Engineer — "B" Ticket*.....	F

\*Plus \$25.00 for Supervision.

## MAINTENANCE AND UTILITY DEPARTMENT

Maintenance Trades.....	F
Maintenance No. 3.....	F
Maintenance No. 2.....	F
Maintenance No. 1.....	F
Utility No. 3.....	F
Utility No. 2.....	F
Utility No. 1.....	F

## LABORATORY AND X-RAY DEPARTMENT

Technician Grade I.....	S
12M	
24M	
36M	
48M	
Technician Grade II.....	S
12M	
24M	
36M	
48M	
Technician Grade III.....	S
12M	
24M	
36M	
48M	
Technician Grade IV.....	S
12M	
24M	
36M	
48M	
Technician Grade V.....	S
12M	
24M	
36M	
48M	

Sept. 1,  
1974  
Monthly Rate

Jan. 1,  
1975  
Monthly Rate

1,116.50	1,205.75
1,001.50	1,081.50
968.00	1,045.50
950.50	1,026.50
894.75	966.25

1,046.00	1,129.75
968.25	1,045.75
931.25	1,005.75
894.75	966.25
877.50	947.75
845.00	912.50
812.75	877.75

787.25	850.25
825.25	891.25
865.75	935.00
906.00	978.50
946.50	1,022.25
828.00	894.25
868.25	937.75
909.00	981.75
949.25	1,025.25
990.25	1,069.50
865.75	935.00
911.50	984.50
957.00	1,033.50
1,002.00	1,082.25
1,047.75	1,131.50
946.50	1,022.25
997.25	1,077.00
1,048.25	1,132.00
1,099.25	1,187.25
1,150.00	1,242.00
1,069.25	1,154.75
1,127.75	1,218.00
1,186.25	1,281.25
1,244.75	1,344.25
1,303.50	1,407.75



# PROVINCIAL STANDARD RATES

Living wage rates are provincial standard rates, adjusted to include:

1. Provincial Cost of Living Adjustment starting Sept. 1, 1974.  
2. Provincial wage increase (or \$50 per month, whichever is greater) starting Jan. 1, 1975 as described in the 1974-75 collective agreement.

A further Cost of Living Adjustment will be applied March 1, 1975.

## AL DEPARTMENT

Alfred, Kootenays, Northern  
British Columbia, Some Lower Mainland

de I	S	\$643.25	\$703.25
	6M	655.00	715.00
	12M	666.75	726.75
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de II	S	652.75	712.75
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	24M	708.50	769.50
de III	S	665.50	723.50
	6M	678.50	739.50
	12M	697.00	757.00
	24M	737.25	797.25
de IV	S	677.50	737.50
	6M	699.50	759.50
	12M	724.75	784.75
	24M	778.25	841.50
de V	S	699.50	759.50
	6M	724.75	784.75
	12M	755.75	816.25
	24M	787.25	850.25
de VI	S	724.75	784.75
	6M	757.50	818.00
	12M	850.25	918.25
	24M	787.25	850.25





"A very perceptive diagnosis, doctor! Of the eight I've had today yours is the only one that agrees with mine!"

## New figures out for COLA payment

The cost of living in B.C. jumped a total of 6.2 per cent during the second COLA reference period, a figure that will result in a 4.2 per cent wage increase with proportionate application of the COLA clause in March. (See front page story.)

For the months July to December, the Consumer Price Index (CPI) for B.C. translates into a 6.2 per cent increase.

The monthly breakdown: July 0.8 per cent; August 2.2; September 2.9; October 3.8; November 4.9; December 6.2.

The two per cent hurdle defined in the collective agreement nets the 4.2 per cent adjustment.

Total for the year 1974 is a staggering 13.6 per cent rise in British Columbia's cost of living.

## HONESTLY ....

As he walked up to the counter at Safeway this fellow said to the checking girl "I have to be honest. I trod on a grape. How much do I owe you for that?"

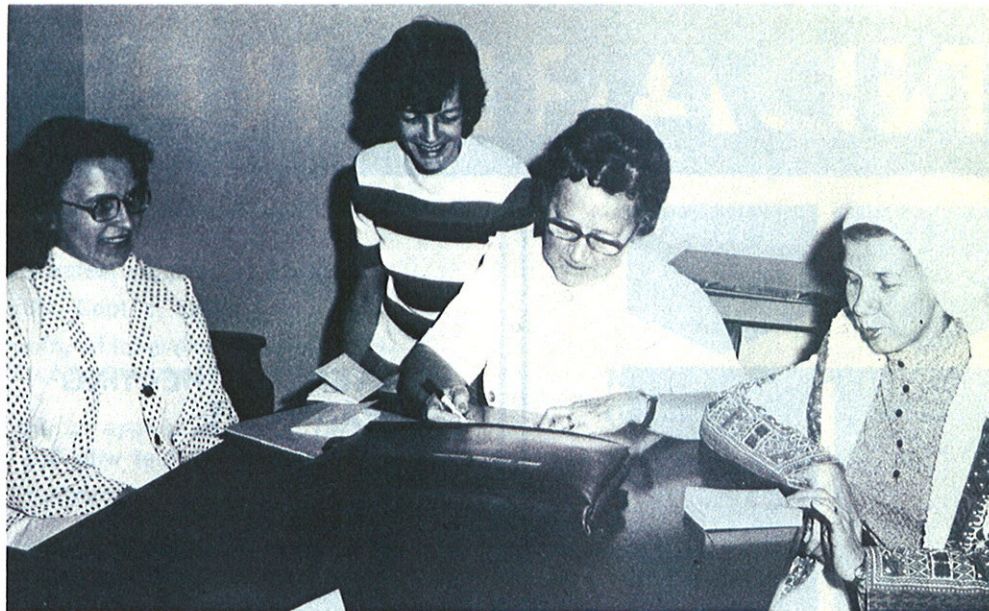
"That's 10 cents," she replied.

"Well you know what you can do with that!" he said.

"Sorry," she replied, "I already have a \$1 cucumber and a \$2 cabbage ahead of your order."

## Adding it all up

*I think that I shall never see,  
A pay cheque that is all for me.  
Deductions keep me in the red  
Wish I could cash the stub instead.*



SETTLING DOWN to business at unit meeting on rainy night in Ocean Falls, are, from left: Gail Walker, Lyne Coulombe, Bert Owens and Genia Skorupka. Chaired by Mrs. Owens, meeting included discussion with Staff Representative on problems in Ocean Falls — an isolated coastal community that has faced a precarious future in recent years.

## COST OF LIVING ALLOWANCE PERFORMANCE

% Increase  
Cost of  
living since  
June 1974

7%

6%

5%

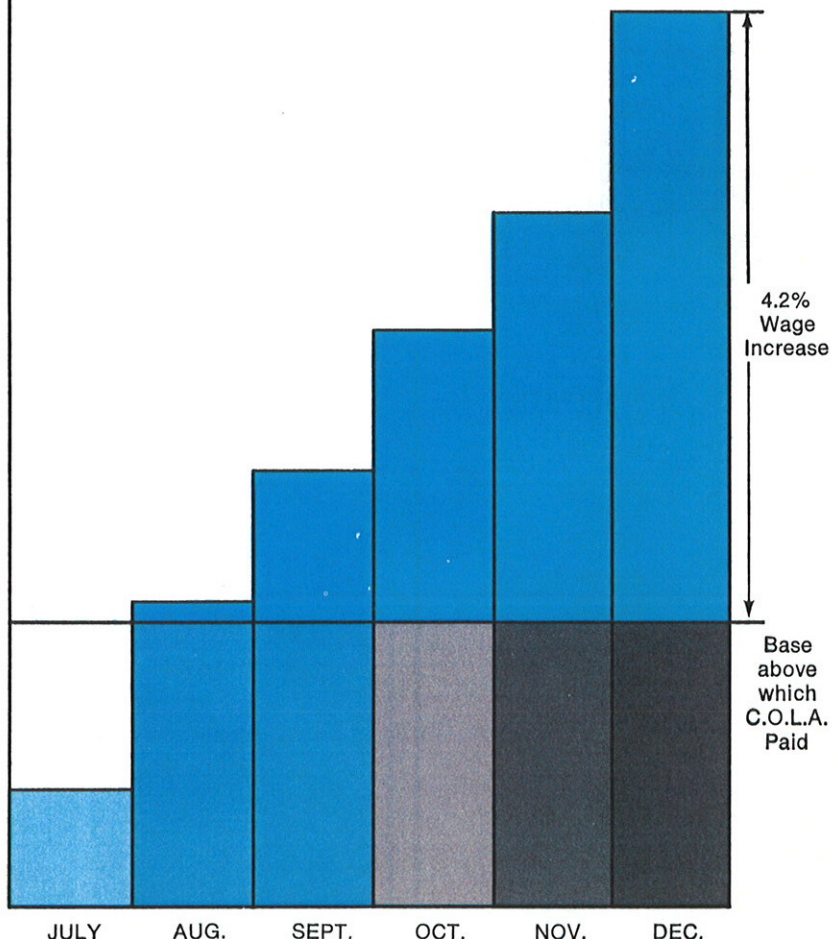
4%

3%

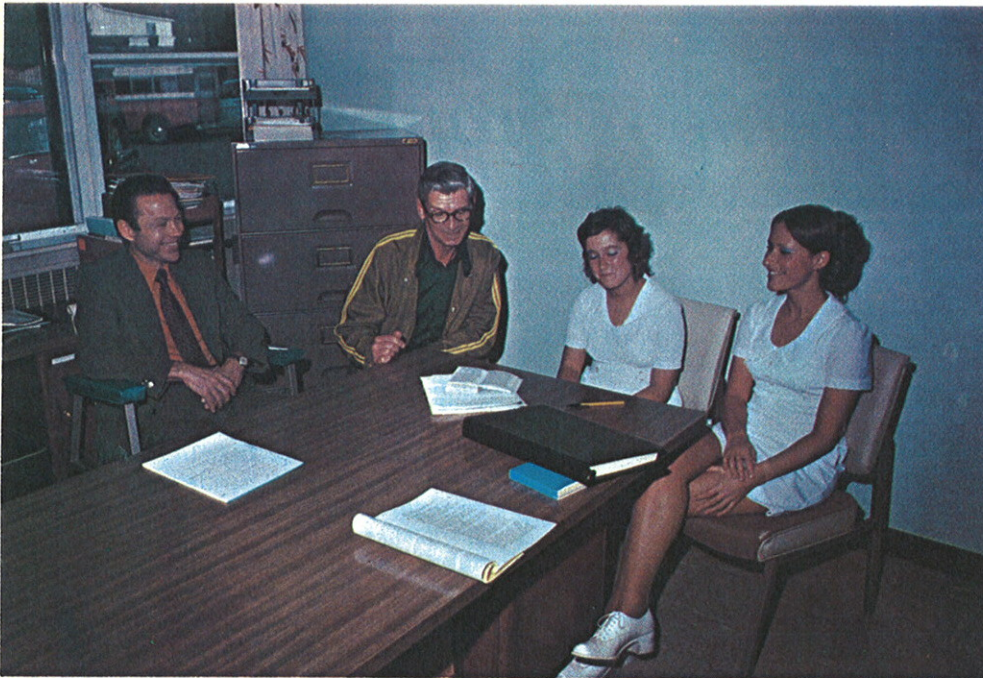
2%

1%

0%







RECENT MEETINGS at two units in Kootenay area included a diversion from regular Union business while Staff Representative Ray McCready took these photos. At top are members from Kimberley and District General Hospital, a unit with a total of 38, while the above photo includes Nakusp members from Arrow Lakes Hospital. H.E.U. membership there totals 19.

## 'DOCTOR' ADVISES

# Take two garlic and...

In this age of shortages there's one thing that everybody has to offer, free of charge, in abundant amounts: advice.

The mimeographed newspaper that keeps Ocean Falls residents informed is no exception. Here are some excerpts from a column called "The Doctor Advises," by Dr. Mucous Welby, V.D., in the *Ocean Falls Informer*:

Dear Doctor: I wake up every morning with two pinpricks in my neck. I am weak, pale and tired.—Annie Myck.

Dear Annie: Avoid full moons. Take two garlic and call me in the morning.

Dear Doctor: I have had a frail chest for 20 years. Is this serious? — Cyril Onosis.

Dear Cyril: Only if you go to the hospital.

Dear Doctor: I have an irrepressible urge to remove all my clothes and run through the store on Saturday. — Olivia Skin.

Dear Olivia: What time?

## Program planned for diagnosis of breast cancer

Plans for installation of special diagnostic equipment for breast cancer diagnosis in 25 B.C. hospitals were announced recently by Health Minister Dennis Cocke.

The cost to the province for expansion of facilities is estimated between \$700,000 and \$1.4 million. Annual operating costs, which will also be paid by the provincial government, are expected to be \$400,000 the first year, increasing to at least \$1 million per year as more women are referred by their doctors for diagnostic mammography.

The hospitals involved have not been named.

Cocke said the approvals were based on recommendations made by the Radiological Advisory Council, which were reviewed by the newly-established B.C. Cancer Control Agency.

Breast cancer treatment data showed that long-term patient survival rate was essentially the same for all standard means of treatment and that there had been little change in the past 40 years, a spokesman at Cocke's office reported.

"It is expected that the earlier detection of breast cancer, assisted by recent developments in diagnostic equipment and techniques could improve the survival rate," the spokesman said.

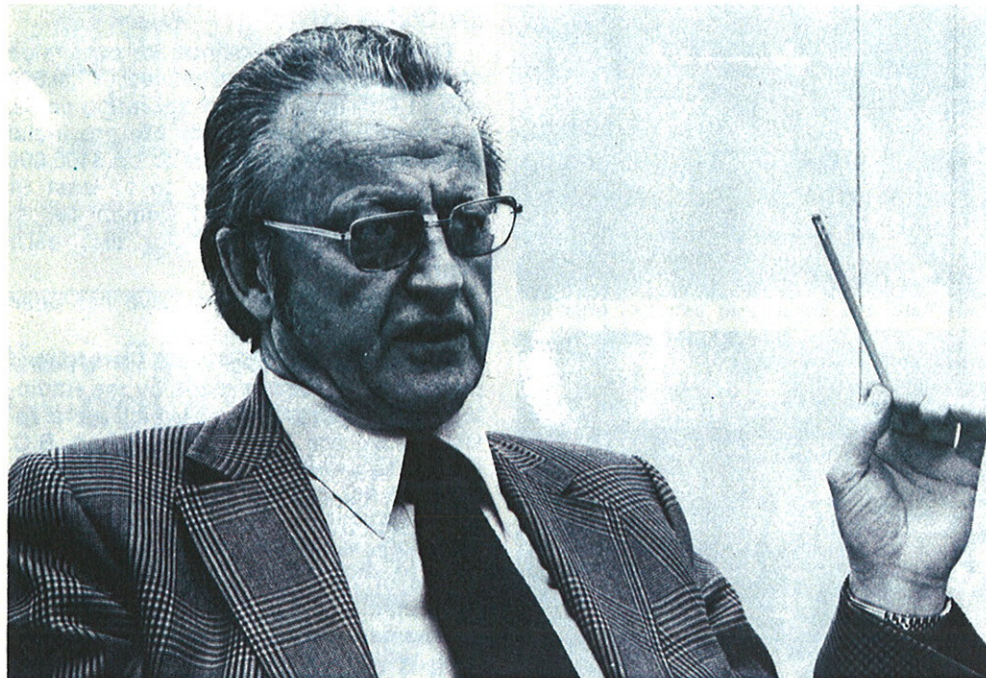
Spotted on Douglas St. by one of our Victoria members: a tow truck displaying the sign "Happy Hooker."



"Are we going to eat our din-din, or are we going to be fed in-in again."



## Shaughnessy settlement proposal heard



A black and white photograph capturing a moment of gift-giving in a modern, brightly lit interior. In the center, a woman wearing a patterned dress and glasses is receiving a rectangular gift box wrapped in light-colored paper. She is smiling and looking down at the gift. A man standing opposite her, wearing a white shirt and a dark vest with a large diamond or argyle pattern, is handing her the box. To the left, a man in a dark suit jacket over a white shirt with a dark, ornate patterned vest stands with his hands in his pockets, looking towards the woman. Behind him, another man in a light-colored jacket is partially visible. In the background, another woman in a dark dress is watching the exchange. To the right, an older man in a dark suit and glasses stands with his hands on his hips, also observing. The setting includes a large clock on the wall, a wooden reception desk, and a modern chair, suggesting a public or institutional environment.

**Shortly before press time, employees at Shaughnessy and George Derby voted 96 per cent in favor of terms of settlement proposed by the unit's bargaining committee. Some items, including wages, will go to arbitration.**



"Haven't you another pill which GROWS hair as a side effect?"



## More games at Gorge Rd.

It is a little over a year since H.E.U. negotiated a first collective agreement at Victoria's Gorge Road Hospital, but in that short time the Gorge Road file has grown thick with details of labor-management clashes.

The latest in a series of time-consuming disputes is about to go to arbitration. Keith Wilson, chairman of the Gorge Road unit, is ready to join the staff at H.E.U.'s provincial office pending approval of a leave of absence application. Administrator W. E. Morrison is fighting the leave of absence application.

The situation is indicative of Morrison's puzzling and provocative attitudes toward labor-management relations. He has refused to negotiate for building service workers at the hospital, claiming he is waiting for the B.C. Health Association to get involved.

The trouble that has been brewing at Gorge Road under Morrison's administration has reached boiling point from time to time. Employees last year came to the brink of a work-to-rule campaign after blatant contract violations and other disruptive practices by management.

Morrison agreed to correct the faults and the work-to-rule was called off, but the administrator is still playing games.

In fact, it has been a relationship that began on the wrong foot and has never changed step.

Before the 1974-75 collective agreement was signed employees at Gorge Road had to take three strikes votes, each one achieving a higher percentage than the one before.

Such attitudes on the part of a hospital's administration achieve nothing but wasted time and money, and polarization within an institution that requires unity to function properly.



*OLD AND NEW mingle in communities like Lytton where, just a few feet from the town's well-equipped, spotless hospital, this ancient means of transportation was seen on New Year's Day by H.E.U. Staff Representatives returning from an organizing trip. Unfortunately there was neither apples nor lumps of sugar handy as a contribution for fuel.*

## Government backing eyed for Family Planning role

The problem of getting birth control information to people who need it most is far from being solved. Evidence of this includes the pregnant teenage girls who show up regularly at the offices of the Family Planning Association or the Vancouver Women's Health Collective looking for advice.

Advice can be had — through those organizations' counselling, education programs and clinics — but too often young girls seek it only after they become pregnant.

Some progress may be on the horizon. The provincial government is currently negotiating with Family Planning for more involvement by B.C.'s health department in financing programs such as those offered by the association, and the establishment of more clinics across the province.

Present funding for Family Planning comes from three sources: the federal and provincial governments and United Services.

Whatever expansion is planned, those concerned with related problems look forward to the day when fewer restrictions — both legal and cultural — accompany the distribution of birth control information.

"It's a social issue, not a medical one," says Melanie Conn of the Women's Health Collective. Part of the problem, she says, is a general reliance for information and birth control methods on doctors, whose personal views often dictate their advice.

"There's a mystique about doctors,"

says Conn. "If one doctor says no, the person doesn't think to try another."

Birth control is just one of the subjects within the broad scope of the Women's Health Collective, which offers help and information on sex in general, menopause, abortion and self-examination of the body to encourage women to take more interest in their health.

If the provincial government becomes more involved with Family Planning's present role some of those areas may become part of an expanded program to bring attitudes toward women's health needs into the 20th century.



*"That's what Mom's been expecting for nine months?"*

## Unit officers elections held

H.E.U. units throughout the province this past month elected officers for the coming year.

Chairpersons, vice-chairpersons, secretary treasurers, conductors, wardens and trustees were elected under guidelines set out by Article XIII of the Constitution and Bylaws.

Some 90 units are involved.



## ROUNDUP

The provincial government has stepped into a dispute among the board of trustees for Fernie and District Hospital. The collapsed hospital board, hit by resignations and feuding factions, had accumulated complaints against the administrator and the director of nursing.

Vancouver was cited as the place for young single men to get vasectomies. The *Victoria Colonist* warned young men

they would have less luck convincing a doctor of the need for the operation in Victoria because doctors there are reluctant to perform the operation on men under 25 or even 30.

St. Paul's Hospital officials have been burning over a decision by Vancouver city council to charge "market value" for the use of Pendrell St. for hospital expansion. Referring to the price of

\$809,000 as a pound of flesh, the hospital board chairman questioned the idea of pricing a street so high when it's out of bounds for commercial development anyway. Hospitals are usually charged a nominal \$1 for such land.

Over in England, hospital workers were the subject of a tabloid newspaper story about a strike threat. In true *Daily Mirror* style, the country's big-circulation daily headlined the tale: "Mrs. Mopp's knickers are in a twist." Some 300 cleaners at a Newcastle hospital were told by management to change their underwear daily, have a bath before work each day and clean their fingernails regularly. When a walkout almost occurred, hospital management made quick apologies and had talks with the National Union of Public Employees. The redfaced administrator wouldn't talk to the press.

B.C. radiologists termed the recent operations on Happy Rockefeller and Betty Ford blessings in disguise for womanhood. The surgical removal of those famous women's breasts has brought much publicity and public awareness to the subject of breast cancer, they said, and it is long overdue.

Sparks flew when consumer groups and nearby residents started to realize how big Shaughnessy Hospital is going to grow. With a target size of 1,100 beds, the complex will now be planned with the participation of citizens, protestors were told by B.C. Medical Centre representatives.



HIGH ABOVE shores of False Creek, new building which houses office of B.C. Medical Centre offers spectacular view of Vancouver's West End. Panorama will be even more pleasant when development of creek area is completed for public recreation.



### Ouch!

EITHER SOMEBODY doesn't like us or a physical strength fanatic got tired of tearing up phone books and took to bending steel. The more likely reason for the demise of the sign in front of H.E.U.'s provincial office recently is simply vandalism. Covered by insurance, the sign will soon be replaced to a sturdier one — placed well above the reach of sidewalk-level passersby.

## Poison centre at St. Paul's

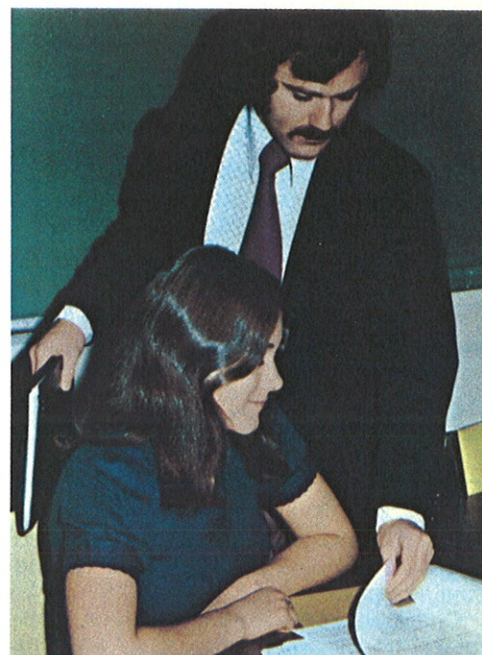
A start is to be made soon on a consolidated drug and poison control information centre for B.C.

It will be at St. Paul's Hospital, and will be organized by the University of B.C.'s pharmaceutical faculty and the hospital.

The aim is to expand the service started — as a research project — by the poison control centre at UBC. It will assemble in one place information on all medical and common drugs, their effects and interaction on each other, and similar data on poisons.

Health Minister Dennis Cocke said at a news conference in Vancouver the new service will be paid for by B.C. through the B.C. Hospital Insurance Service.

He said it would be available only to doctors, nurses, pharmacists and other health professionals. The public should contact their local health worker or poison control centre in the emergency room of the local hospital first.



ASSISTING new employee at Vancouver General Hospital is Staff Representative Bob McCartney at induction session. VGH holds induction sessions every Friday.