The Hospital Guardian

HOSPITAL EMPLOYEES' UNION LOCAL 180

JULY TO SEPT., 1979 — 2 — VOL. XVI No. 5

Smoke clearing at Nanaimo

Four-day sit-in was latest chapter in long, sad story.

With "peace talks" underway, there was guarded optimism by late August that a solution may finally be found for the lingering problems of Nanaimo Regional General Hospital.

The latest incident, a four-day sit-in that began Aug. 14, was responsible for the formation of a special 12-member committee to deal with a situation that had its beginning a long time ago.

Publicly, most of the attention had been focussed on the events of the week — a cafeteria sit-in that followed the suspension of a housekeeping employee, and a decision by fellow employees to continue their action even though the Labour Relations Board had issued an interim cease and desist order.

For the most part, reports failed to make a connection with another sit-in at the same hospital in October, 1977, or to note that the Hospital Employees' Union had been hard-pressed to head off other potential outbreaks in the 22 months separating the two major incidents.

The link is unavoidable where HEU is concerned: the disturbances have revolved around one particular man and the manner in which he has exercized his supervisory powers.

Employees of the department in which he is posted have long complained that he has made working conditions unbearable. The list of complaints is long and varied.

Matters came to a head in August with the suspension of an employee who had refused to work on garbage detail. As in most cases of this type, there was more to it than simple refusal. The argument of HEU members at the hospital was that he was given the irregular assignment after he had complained about other supervisory directives.

They question the timing and the fact that the employee in question was not familiar with garbage detail.

The sit-in began with about 35 and grew by the second day to include up to some 140 employees from such departments as housekeeping, laundry, dietary, maintenance and stores.

Assistant Executive Director John Nikitiuk said in a public press report afterward that there had been no serious problems during the four days, although elective admissions had to be suspended.

The emphasis was on the fact that the administrative staff had worked long and hard. But so had the Practical Nurses, Orderlies and Nurses Aides who belong to HEU.

HEU nursing members, instructed by the unit to keep working, were reported to be every bit as disturbed by the hospital's deteriorating industrial relations, but convinced that the sit-in by the others would get the point across without interfering with medical care.

"They knew that the argument was with the administration, not with the patients," said Pete Endres, staff representative from HEU's Victoria office.

Endres, senior Victoria staff representative Bill Muir, and other HEU officials found themselves with a difficult job on their hands as the sit-in continued.

By Wednesday — the second day — the LRB was in session in Vancouver dealing with an application for a cease and desist order. The following day it issued an interim order giving both sides until Sept. 16 to produce evidence for their individual arguments.

The union swung into action immediately. It planned to build a strong part of its case on witnesses, not only from the Nanaimo hospital, but two others where the same controversial supervisor had worked in the past. The intention was to show extreme bad employer-employee relationships wherever he had been involved.

Meanwhile, the Nanaimo unit members voted to remain off the job.

As one HEU member said, they had suffered for too long and were determined to stay out until there was promise of change.

The upshot was a high-level meeting right at the scene of battle the next day — Friday. It brought together representatives of the HEU, hospital administration, Health Labour Relations Association and the LRB.

By that night there was a return-to-work agreement that included a promise of no punishment for the employees involved and the establishment of the 12-member committee to look for a proper resolution to the lingering problem. The LRB would maintain a watch and step into the picture again if the other methods proved futile.

Half of the members on the committee are from HEU. The other six include administration, the hospital's board of trustees and HLRA.

While it was too early to gauge the chance of success after the committee's initial meeting, HEU representatives did see one possible reason for optism: they came away from the meeting with the feeling the union's complaints would get a good hearing from the hospital trustees on the committee.

It was not something the union's members expected from hospital administration members of the committee.

"After all, we have been fighting this thing for a long time and we have got nowhere with the administration," Adele Woods, HEU chairperson at Nanaimo, said.

AT MOTHERS BEDSIDE

Her devotion spelled trouble

Dismissal of a hospital employee who chose to remain at the bedside of her ailing mother would seem to have the makings of a sad story.

And it did until Industry Troubleshooter Dalton L. Larson came into the case. The matter has been cleared up and the job returned. But the lack of sensitivity that created the problem is viewed by the union as something worth recording.

Larson's investigation showed that the grievor, an employee of Vancouver General Hospital, was allowed to reschedule her vacation to a period running from Feb. 28 to March 28 after being informed by telegram that her mother was ill in Hong Kong.

Purchasing an open airline ticket, she flew to Hong Kong to be at her mother's bedside.

Two days before her vacation was to end the employee phoned her supervisor to seek more time because of her mother's continuing illness. She requested an unpaid leave of absence as an extension to her vacation.

According to Larson's report, the supervisor told her this couldn't be approved and that she was expected back at work March 29.

The employee didn't return until April 10 and was dismissed by a letter dated the same day. The reason given was abandonment.

The employee concerned was no fly-by-night worker. Hired originally as a casual employee, she had been in the regular part-time category for eight years.

In recounting the March 26 phone call for purposes of Larson's investigation, the supervisor said the employee told her she had documentation proving that her mother was ill and that her presence was needed. The supervisor said, however, that the employee did not explain the condition of her mother.

The employee's story was this:

The doctor asked her to remain another week to 10 days. Her mother was 78 and thought to be terminally ill. The employee was the only relative able to be at her bedside.

Although her mother had a maid, the employee said the doctor had asked her to stay because she would be able to "take better care" of the ailing woman than would the maid.

She would have risked job loss to do so, she said, because of her fear that her mother might die.

The mother didn't die. Her condition was improving when the employee left Hong Kong, although she was being fed intravenously.

Language in the collective agreement stipulates that an acceptable reason for absence is necessary if a job is not to be considered abandoned.

Larson said he advised the parties in this case that in his view the employee's reason for absence was acceptable.

He considered the employee "an entirely credible witness," noting that she presented a medical certificate confirming that she had been assisting in the treatment of her mother.

"In the result, this matter was settled," Larson said in his report.

Terms of that agreement were that the employee was to be re-instated in her regular shift May 13 without back pay. She was to be assigned the same shift and work that would have been given her had she never been away in the first place.

INSIDE:

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

The Hospital Guardian

Official Magazine of the

HOSPITAL EMPLOYEES' UNION LOCAL 180

The Hospital Guardian is published six times a year by the Provincial Executive of the Hospital Employees' Union, Local 180, under the direction of an Editorial Committee whose members are:

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COMMENT

Labour Day 1979.

Joe Gluck stifles an early morning yawn and drops his line in the salt chuck.

The fish may co-operate. They may not. Doesn't really matter much. It's a day of easy living.

Mabel Mudpack lingers over a late breakfast with her relatives in Alberta.

No need to worry about catching the plane home for some time. The four-day work week ahead doesn't start till Tuesday. Right now it's time to enjoy the third day of another long weekend.

Long weekend. That's what it really means to Joe and Mabel and millions of other Candians.

Spell it H-O-L-I-D-A-Y. That's how it translates. Who really stops to think of the name of the holiday? Or its significance? Who cares?

Not Joe. Not Mabel. They've got union cards, all right. But you know how it is these days. Common thing. Just like having a fingernail. Seems like it's always been there. But it's not something you spend your time thinking about — especially on that last big weekend of the summer.

Now that the H-O-L-I-D-A-Y is behind us, perhaps it would be good for Joe Gluck and Mabel Mudpack and all the others to glance briefly into the mirrors of time. They would see what once was. And in so doing, they would have a better appreciation of what now is.

They would see the sweat shops and the brutal working hours and the starvation pay.

They would see child labour and anti-union goon squads and despair.

They would see insecurity and fear and people poverty-stricken because of the sickness of the family breadwinner.

They would be treated to the pathetic sight of men begging for enough to get by on, begging for the continuation of their employment, begging forgiveness for such deadly sins as being 10 minutes late, or absent through sickness.

And then there would be the other reflections.

They would see men and women risking life and limb to bring some degree of fair play to the work place. They would see them beaten and arrested and spit upon and scorned, maligned, segregated, falsely accused.

There is one thing, though, that they wouldn't see — defeat.

Instead, there would be the image of men and women picking themselves up and returning to battle . . . defying ruthless employers and their henchmen . . . crawling under fences to organize the unorganized when it was illegal to do so.

They would see the early Knights of Labour stage the first Labour Day Parade in New York City in 1882. As early as it was, it would signal what was to come.

They would see the gradual refinement of industrial relations, the improvement of conditions and wages, the acceptance of the fact that workers had a right to be treated with dignity and respect. And they would observe that such standards showed up, not because of any sudden outpouring of human kindness on the part of the employer, but due to the strength the workers had found in themselves and in each other — the ability of the union to come to the rescue of the mistreated, to push into place a system of free collective bargaining.

They would see the modern contracts with the job security and the hard-won social gains — the built-in protection of fringe benefits, health and welfare plans, pensions to erase the fears of old age.

And Joe Gluck and Mabel Mudpack would be able to pause and consider the fact they had been paid for Labour Day and all those other holidays when they didn't work. More importantly, they would know why.

They would have reason to silently thank all those faceless, nameless men and women of the past who had fought the good fight so that following generations of workers could enjoy equality and freedom — so that Joe and Mabel could afford fishing rods and plane tickets and that thing called peace of mind.

It is not a debt that they must repay, although they should be willing to help safeguard that which has been won for them. This calls for nothing more than being good union members.

And perhaps one other little thing: giving thought next time to what that parade of 1882 stood for. Then perhaps they will look at H-O-L-I-D-A-Y and think of . . .

Labour Day 1980.

A union with growing pains ready to move

The progress of a union over the years may be measured in various ways.

But how about square feet?

It's this way:

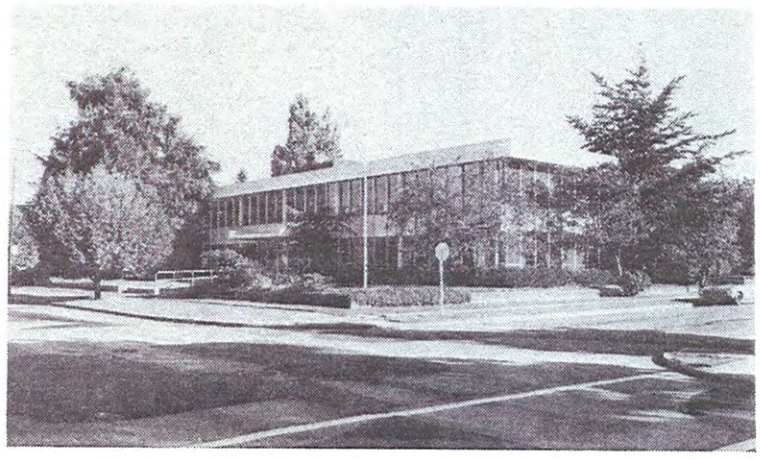
In the fall of 1968 the Hospital Employees' Union established its present headquarters at 538 West Broadway in Vancouver, intending only to occupy about 2,500 square feet on the ground floor.

The idea was to lease out the second floor, but the union's growth rate prevented this.

Today the 5,200 square feet of both floors just isn't enough. Staff representatives have been doubling up for some time and even the board room had to be converted to office space.

All of which means that after 11 years HEU headquarters is preparing for a shift to a new home with some 11,300 square feet of office space at 2286 West 12th Avenue — (corner of West 12th and Vine.)

The possession date is Oct. 1 but renovations and general upgrading will probably delay the move until late December. If all goes well, it might be timed as a Christmas present of sorts.



At long last, a medical clinic joins the family

You've come a long way!

This flip show bizz term seemed by late August to have a more than slightly appropriate meaning for the Hospital Employees' Union and employees of the Nelson Medical Associate Clinic.

At long last, after an uphill battle which at times seemed hopeless, a first collective agreement had been all but signed, sealed and delivered.

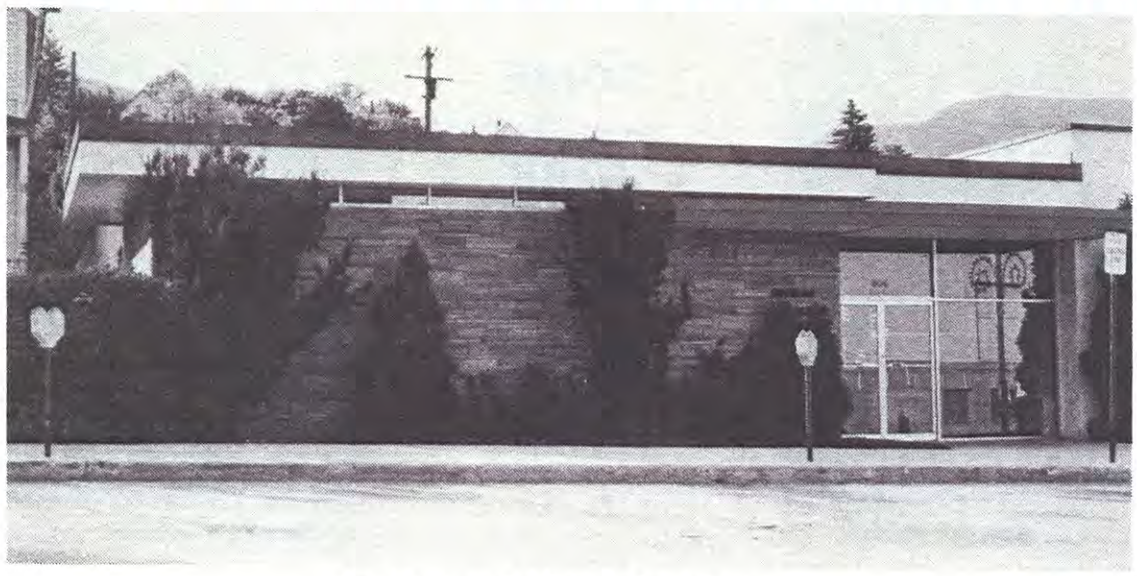
Unanimous ratification by some 22 employees Aug. 22 of terms of the first contract was being looked upon as a significant breakthrough for labour in the field of health care.

Medical clinics run by private bodies had managed to remain free of union contracts.

The case of the clinic at Nelson has taken some strange and frustrating turns.

Oddly enough, the first union presence was that of the province's biggest union — the International Woodworkers of America — which found itself in a place to represent the employees by December, 1977.

But representing them in name only was about as far as it went, in spite of concerted efforts by the IWA to lift the clinic staff out of the depths of insecurity.



First agreement at Nelson a breakthrough.

The union moved through all the stages of collective bargaining right up to mediation. It got nowhere.

There seemed to be only one avenue left.

Under the new-look Labour Code produced by the former NDP government, there is a provision for imposing a first agreement in cases of bad faith bargaining. The IWA made application for this, but wasn't successful.

Later, the IWA and HEU held discussions concerning the possible transfer of jurisdiction. This led to a representation vote and early in 1978 HEU became the new bargaining agent for the clinic employees.

For a while it looked like the IWA story all over again.

HEU served notice of its desire to negotiate an agreement but made no headway.

Mediation failed to open the door.

At this point HEU felt it had one card to play that hadn't been available to the IWA — the Essential Services Disputes Act. But an attempt to gain binding arbitration under terms of the Act was opposed by the employer.

The employer's argument that the clinic, because of its nature, was not part of the essential services picture, was supported by the LRB.

Where to go from there?

There seemed only one answer: if possible, another try at negotiations.

That was the route taken and this time there was, at last a sign of progress. HEU and the employer made a joint application for appointment of an Industrial Inquiry Commission.

Ed Peck was named commissioner. The hearings he called last April produced agreement in all areas but that of union security. Peck made recommendations of his own to cover that and the union decided to recommend acceptance of the first agreement. The employees did accept it.

At this writing, all that remained was employer ratification.

In anticipation of the final signing, HEU Secretary-Business Manager J. D. Gerow said there appeared to be "an air of co-operation."

The agreement covering employees of a medical clinic was, he said, "the first of its kind for the union."

ARBITRATE PACT

Noric House victory could set precedent

Another milestone has been reached in the difficult struggle to bring union security to employees of long-term care homes.

It involves Noric House at Vernon and the Labour Relations Board's ruling that it can be dealt with under terms of the Essential Services Disputes Act.

The Hospital Employees' Union considers it a significant decision, one that paves the way for arbitrated agreements under provisions of the Act.

The Noric House ruling comes at a time when HEU is busily engaged in negotiations and organizing in the long-term care field.

In many cases the real fight has come after clearing the hurdle of certification.

In the case of Noric House, attempts to negotiate a first collective agreement proved frustrating. Mediation was no more successful.

HEU's decision to seek an arbitrated settlement under terms of the essential services legislation was opposed by the employer.

The issue went to the LRB and in August there was a ruling that Noric House fitted the requirements for just such arbitration.

A major determining factor is this: if the majority of beds in such a facility are for intermediate care or of more critical classification, the terms of the Act should apply.

Employees of Noric House have voted to gain their difficult initial agreement by arbitration. Approximately 15 issues remained to be dealt with. The rest had already been resolved.

Elsewhere, negotiations concerning other long-term care homes remained at various stages. There were indications that more arbitrated settlements would be sought. And like Noric House, the move would be by mutual consent.

Not happy to be Glad

The United Steelworkers of America thinks it may have its boycott in the bag.

Glad bag, that is.

The union has launched a national boycott of Glad bags, wrap and other Union Carbide products like Eveready batteries and Prestone anti-freeze to support 350 members caught in a strike that has lasted about 10 months at Union Carbide's Beauharnois, Que. plant.

The demands are for better safety. The corporation, one of the world's largest with sales last year of almost $8 billion, wants to cut back on the number of employees required for each of its big furnaces.

Five workers were killed by one furnace explosion.

HOSPITAL WOES

Staff cuts, poverty face East Coasters

They're playing our song in New Brunswick these days.

At the same time, they're telling an economic horror story in Newfoundland.

That would have to be the conclusion of any HEU member tuning in on the plight of the hospital worker and health care delivery on the Eastern Frontier.

Separate issues in The Leader, a roundup of current news items published by the Canadian Union of Public Employees, picture the average hospital employee in Newfoundland well below the poverty line and warn of the peril resulting from cutbacks in New Brunswick.

An item from St. John's Nfld. in late July disclosed that CUPE hospital workers — struggling on an average yearly wage of $9,300 — were conducting a campaign to let the public know just how bad things were.

Referring to the situation as economic slavery, CUPE notes that the $9,300 is almost $4,000 below the earnings of the average Newfoundlander and nearly $2,000 under the accepted poverty line.

The last contract expired June 30.

In B.C., the lowest paying nursing category for HEU members after 12 months is $11,907 a year. A housekeeping aide gets $11,649 — practical nurses and orderlies, $14,319.

The all-to-familiar New Brunswick story had CUPE hospital workers meeting in Moncton early in August to plan strategy for fighting cutbacks.

As in B.C., staff cuts were being described as a serious threat to patient care.

According to CUPE, cutbacks were being felt at 36 hospitals where it represents some 5,500 members.

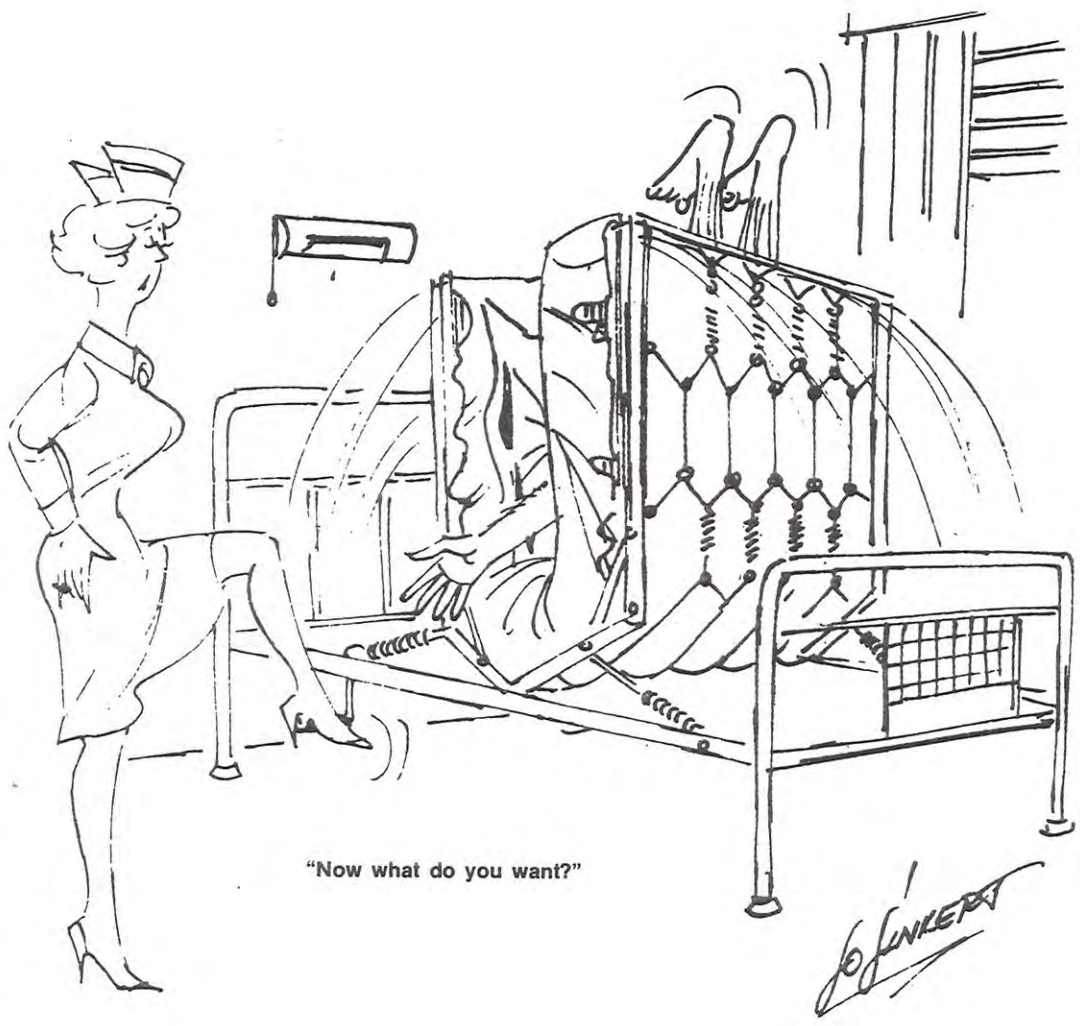
The item referred to newspaper reports of doctors blaming the death of one patient at Moncton City Hospital on the situation. The hospital, says CUPE, plans to lay off 40 staff members and eliminate the entire mental health day care program.

Patient: Doctor, why are you striking me on the back of the head with a hammer like that . . . and giving me that judo chop in the throat . . . and stomping on my toes that way . . . and kicking me in the knee?

Doctor: All necessary for a rather unique amputation, my good man.

Patient: Amputation?

Doctor: It's the manner in which I intend to cut off the relationship you are having with my wife.



"Now what do you want?"

Remember the old song about the masher who broke his leg while chasing the nurse? Love Is A Many Splintered Thing.

* * *

Patient: Doctor, there are too many women in my life. What can I do?

Doctor: Take two aspirins and go to bed, and go to bed, and go to bed.

May, 2nd left, with Bill Black, left, Lynne Smith and Bill Muir.

SOME JOBS WELL DONE

Maurice Pelletier: his green thumb will be missed at hospital.

AT CAMPBELL RIVER

Straight shooting May won their respect

The bagpipes sounded.

The crowd waited.

It was a little like the grand entrance of a political party leader.

Into the cafeteria at Campbell River and District General Hospital came May Petrie and her husband, Norm.

May is not a party leader . . . or head of state . . . or anyone whose name would be familiar in international or national circles. But it was what she had done during all those years on

Irene Thompson

the hospital staff that prompted this unique retirement send-off by the administration, the hospital board and the Hospital Employees' Union.

"If there were more people like May on both sides of the bargaining tables there would be a lot less problems in the world," said Hospital Board Chairperson Pat Martin.

"Commented HEU President Bill Black: "We have to deal with fewer problems from the Campbell River Hospital than any other hospital in the province of comparable size, and this is due in a large part to May's influence. We are losing a very valuable member."

It was something else Black said that seemed to underline the reason for the joint undertaking in this very special farewell ceremony: May, a former unit chairperson and able negotiator, had managed to find the perfect blend of toughness and fair mindedness in her approach to labour matters.

It added up, perhaps, to one word — respect.

Or, as Hospital Administrator Arthur Lightfoot put it: "When I had to meet with May on a union matter I knew that she would be tough, but also that she would be fair and open-minded. It was a pleasure to work with her and have her on our staff."

Lightfoot, master of ceremonies for the occasion, said May had demonstrated a loyalty to both her place of work and her fellow employees.

When Bill Muir, senior HEU staff representative from Victoria, first arrived on the scene he was given some pointers by May on how best to negotiate with Lightfoot.

"And she told me not to worry," recalled a smiling Muir, "if I had any problems she and a couple of the women would come and help me out."

After years on staff as an active unionist, it seemed like a fitting send-off.

In addition to the flowers, the cake and those other things that go with such retirement parties, there was an engraved silver tray from the union, a purse with a crisp new $100 bill from the Hospital Board and a hand-carved silver bracelet and earrings from the staff. The last gift was produced by two local Indian carvers.

That wasn't the end of it. A hand-tooled copper plaque, also turned out by a local Native carver, was presented to May's husband, Norm, by the Hospital Administrator to mark the 34th wedding anniversary of the couple.

Another noteworthy retirement this past summer saw the departure from Victoria General Hospital of a man who had — in a sense — spoke the beautiful language of flowers.

After 21 years, gardener Maurice Pelletier was leaving the Maintenance Department.

But as someone with a reputation as an excellent gardener, Pelletier was leaving a little of himself behind in the form of beauty.

And memories . . . as Dolores Bell of the HEU Victoria General Unit attests.

"In the past 21 years we have enjoyed the early spring daffodils, the freshly green cut lawns and overall clean and enjoyable grounds and gardens, thanks to Maurice," she says.

"Those fortunate to receive occasional flowers to brighten our desks will miss him, as will the owners of the cars which were regularly washed as a by-product of our lawn care program."

Pelletier's retirement was marked with a tea and gift presentation.

Two long-time employees — both cooks — have been honored at retirement parties given by the Ashcroft Unit.

Barbara Tofin, who worked 22 years at the Ashcroft and District General Hospital, received cheques for $230 from the hospital staff, $100 from the Unit, $100 from the Hospital Board, and a number of other gifts, including a gold locket, crystal and scrolls.

Irene Thompson, an 18-year-employee of the same hospital, received $230 from the staff, $75 from the Unit and $75 from the Board. She also got an assortment of other gifts, including a gold locket, crystal and scrolls.

The retirement parties were held at the Asian Palace, Kamloops.

Barbara Tofin

DURING PROTEST

The Chief had time for union pickets

Immortality may mean different things to different people.

In a sense, the death of John Diefenbaker in August made a statement of its own on the subject.

You can bury the man, but not the memory of the man.

You can bid farewell to the physical being, but not to the footprints he left on the road of history.

To a greater or lesser degree, this is true of all men.

In Diefenbaker's case the memories will be many and varied — the result of a long and colorful political career.

There will be the stories he told about others and the stories told about him . . . memories of the prairie lawyer, the prime minister of Canada, the leader of the opposition . . . memories of triumph and defeat, accomplishment and controversy . . . memories of a finely honed wit.

The Hospital Employees' Union has its own memory of the man. In 1970 he took time to talk and listen to HEU pickets who were, ironically, protesting what is once again a great problem — dangerous cutbacks in health care service.

As 200 HEU pickets gathered at Vancouver International Airport, John George Diefenbaker paused between planes to hear what they had to say.

He didn't promise anything. He was no longer prime minister. But he did what some other politicians wouldn't do.

He listened.

Patient: "But doctor, you said you were taking my pulse — why are you holding my wallet like that?

Doctor: With deadbeats like you, it's the only way to detect if there's a sign of life.

Say no to Chile

The Canadian consumer is being asked to give Chile the deep freeze.

The Toronto Committee for Solidarity with Democratic Chile has urged that trade unionists and other Canadians refrain from purchasing products imported from Chile as a means of cutting economic support to the right-wing military junta.

Such Chilean products as apples are said to be competing with the Canadian crop.

"I don't know what you have in your veins, but it dissolved the needle."

Decision awaited on eligibility

A decision is expected soon from the Labour Relations Board on the eligibility of HEU Secretary-Business Manger J. D. Gerow to sit on an arbitration board dealing with the all-important matter of a wage comparability formula.

HEU's appointment of Gerow was challenged last May 7 in what the union has described as one of a succession of delaying tactics by the Health Labour Relations Association.

The formula sought would bring the wages of some HEU members in line with those of B.C. Government Employees' Union members employed in the health care field. Provisions for this were contained in the Hope Arbitration Award establishing a three-year collective agreement in 1978.

The first step called for negotiations on the matter, the second for arbitration if necessary.

Negotiations proved futile and HLRA wouldn't agree on the choice of an arbitrator.

Ed Peck was appointed chairman of the board by Labour Minister Allan Williams. When greeted with HLRA's challenge of the Gerow appointment he suspended hearings and referred the case to the LRB for a decision.

Campbell River votes for HEU

The Hospital Employees' Union takes another Vancouver Island unit under its wing after a victory over the Teamsters in a Campbell River contest.

Both unions were in the race for certification at the new Yucalta Lodge until HEU won a representation vote by a 20-9 count Aug. 21.

The vote put an end to what had appeared to be one of those mysteries of the strange world of mathematics: both unions had claimed earlier to have the support of more than 50 per cent of the employees.

Americans examine a serious problem

(For many Canadians, medicare is like an old familiar shoe — around when you feel need of it, but seldom thought about. We tend to be complacent at a time when forces are chipping away at our sound public program, threatening to nudge us toward the user-pay system south of the border. To better appreciate what we have and why we must protect it, we should turn our attention to what is happening elsewhere. A good place to start is with this editorial from the July issue of Labor Unity, a publication of the Amalgamated Clothing and Textile Workers Union.)

Two separate proposals . . .

"I hope you saved something for a rainy day because it's going to pour."

Two separate proposals for national health insurance are being submitted to Congress — one by the Carter Administration and one by Senator Edward Kennedy. Carter describes his bill as a "step-by-step approach." It covers only some of the expenses of some groups of people. The Kennedy bill is far more comprehensive. It would cover most of the routine and major medical expenses of most people in the country.

The Carter plan emphasizes coverage of "catastrophic" illnesses involving over $2,500 a year for a single family. Most health care expenses of most families would not be covered since they fall below that threshold.

Medical expenses below $2,500 would be covered, only for the poor and the retired. But the elderly would still have to pay $1,250 before being covered.

The Carter plan offers no method to improve the quality of care, or mechanism to control esclating costs.

The separate bill seeking to limit hospital cost increases to 9% a year had been submitted to Congress, but has not yet passed into law.

We support the Hospital Cost Containment Bill as better than nothing, but it is a far cry from the stringent cost controls and negotiated fee schedules for doctors that are needed to put the brakes on runaway health inflation.

A government plan should also help steer the medical industry into providing service that emphasizes the diagnostic and preventive care that will lead to early detection.

The Carter bill offers no provisions for encouraging preventive medicine, an important step towards improving health and reducing costs.

The Carter plan is well intentioned. There are some parts of it we agree with. But it is inadequate. It doesn't deal with the root cause of the health crisis. It deals only with some of the most visible symptoms.

By contrast, the Kennedy-Waxman Health Care for all Americans Act provides for a comprehensive program covering all American citizens and providing payment — and cost controls — for most medical needs including doctors' office visits, outpatient treatment and hospital and surgical coverage. Financing would be through employer premiums and government expenditures.

Medical services are so vital and often in such short supply that doctors and hospital can set their own prices. On the other hand, we don't think prices should be set by supply and demand. Price comparision shopping is not the best way to choose an open heart surgeon or a family doctor.

The Kennedy plan calls for negotiated fee schedules that would apply to all doctors and hospitals. This would apply a strong brake to rising prices. The plan also provides a strong consumer voice in planning health services at local state and national levels.

Congress is in a stingy mood right now. In the recent budget debate, it made cuts in jobs, schools and poverty programs even beyond the large budget cuts Carter had proposed.

Undoubtedly, Carter is banking on this tight-fisted Congress to embrace his low cost, low benefits, health bill. Unfortunately, his bill would be far more costly in the long run.

Over 9% of our nation's Gross National Product will be devoted to paying for health services next year, regardless of whether the money comes out of the people's pockets, or from government funds collected largely through the graduated income tax. Five years down the road, the total cost of health care would be billions less under the Kennedy bill with its strong cost controls than under the Administration's bill, which has virtually no controls at all.

What's more, only a relatively few people will actually get any benefits from Carter's bill. The impact on most people will be continued rising prices and inadequate service. Few voters will be grateful to Carter or the Congress for passing a bill like that. Most polls show that over 60% of the public wants a strong comprehensive national health insurance.

National Health Insurance is not an idea whose time has come. It's an idea whose time is way overdue. Every major industrial country in the world except the U.S. and South Africa have recognized the need for a strong public hand in the health industry. In the U.S. the idea has been debated by legislators and health professionals for nearly three quarters of a centry — since it was first proposed in Teddy Roosevelt's Bull Moose party platform in 1911.

We strongly urge President Carter to revise his proposal to make it more comprehensive — and more acceptable to the American people.

We urge him to consult with the unions, the consumer groups, the Committee for National Health Insurance and others, to develop a broad consensus approach that could win overwhelming public support. United we could be an unbeatable combination for getting good legislation passed. We should be working on the same team.

Gorge RN's eye HEU

(Reprinted from Victoria Daily Colonist)

Registered nurses at Gorge Road Hospital have presented their own professional organization and the hospital industry with a surprise package by opting for membership in the Hospital Employees' Union.

The move is seen as one of significance. Similar interest in the 22,000-member HEU has been expressed by registered nurses in several other hospitals, and some were saying privately Monday that the Gorge Road group might simply be paving the way for a general shift.

Whatever the case, Vancouver officers of the Registered Nurses Association of B.C. were in Victoria Monday for special meetings with the Gorge Road nurses in an apparent effort to reverse the tide.

But a representative of the registered nurses at Gorge Road said there was little likelihood of this. She said about 70 per cent of the hospital's registered nurses had signed HEU cards last Friday, the day after holding a special meeting on the question.

Presented with the request, HEU swung into action quickly. The same day it made formal application with the Labor Relations Board for certification of the nurses. A decision from the board could be weeks away.

To those on the outside, the Gorge Road "breakthrough" would have a stunning effect. Registered nurses were considered to have no interest in the big hospital union, which acts on behalf of numerous groups of employees, most of them in the non-medical class. The only nursing personnel within the HEU now are practical nurses, orderlies and nurses' aides.

The stereotype picture of the registered nurse was one of someone interested in the professional standards of the RNABC, but somewhat cool to the straight unionism of the HEU.

But times and conditions are changing, according to some of the nurses instrumental in the Gorge Road move.

They give three main reasons for their decision: localized problems, what they see as a change for the worse in nursing, and superior union know-how and contracts within HEU.

"Their (HEU) contract is much better than ours," Gorge Road registered nurse Kay Oliver told the *Colonist*. "In fact, you might say we've been riding piggyback on the Hospital Employees' Union since they came into this hospital."

Mrs. Oliver, who has been an active officer with the RNABC, says there is no attempt to break away from professional membership within that organization. It is required if a nurse is to remain registered, and in addition to this, the organization has many strengths, she says.

She and others see the RNABC continuing to serve an important role in education and the discipline of nurses. But they feel its labor relations wing, established some time ago, has not proved nearly as professional or successful as the HEU in the area of union standards and bargaining.

The efforts of HEU over the years have brought the less qualified practical nurses close to the pay rate of the registered nurses. As of Jan. 1 this year, a practical nurse with 12 months' experience was earning $1,193 a month, compared with $1,305 for a registered nurse in her first year of service.

If the LRB grants certification, HEU will make improved wages for registered nurses a major priority, says HEU secretary-business manager Jack Gerow.

Gerow is careful to stress that his union did not go after the nurse, that it simly responded when they expressed their wishes.

He and others within HEU appear to have little doubt that the registered nurses at Gorge Road are eager to "have one voice at the bargaining table."

The big union sought last October to set up a joint union negotiating council to face the industry, but was turned down by the RNABC.

"The registered nurses may have come to the conclusion that one voice is stronger than two voices that are separated," Gerow said.

He says a united front is needed to stop the "employer's whip-sawing" at the bargaining table.

Some nurses were reported to have been impressed by HEU's strong campaign last spring against hospital budgeting restrictions.

Mrs. Oliver said she doesn't know about that. But she does say there were ample reasons for the move.

"It isn't a matter of a group of young nurses with different thinking," she said. "A great many of our nurses at our hospital are in their last 10 years before retirement. They have had more years than the others to become disenchanted with what has happened to nursing as a profession."

She said attitudes, short-staffing and "double work loads," along with other factors, have led to a serious lowering of morale.

As an example, she said 1,100 nurses had opted for non-active registration (not to seek work as nurses during the year).

Ironically, Mrs. Oliver and Garry Carlson, chairman of the Gorge Road HEU unit, worked together at Gorge Road six years ago — before HEU had come to the hospital.

"We both agreed even then that it was foolish that we didn't have one union for both of us," Carlson said.

Behavior a key factor

An employee whose conduct is questionable during his probationary period cannot really expect the same job security as a more senior employee in the same predicament.

This is the picture that emerges from a painstaking 16-page report by Industry Troubleshooter Dalton L. Larson on a Vancouver General Hospital incident.

Involved was the dismissal of an employee following complaints about drinking. The man was in the early stages of his 30-day probationary period after being hired early this year.

Relying on the language of the collective agreement, HEU had based its case on the contention that management hadn't proved just and reasonable cause for termination.

But such questions aren't that simply answered, according to the argument put forward in Larson's report — a document growing out of public and closed hearings, interviews, research and the weight of past cases.

In the Vancouver General case, there was evidence that the probationary employee had appeared under the influence of alcohol and was unsteady on one occasion, and that a fellow employee had detected the odor of alcohol on his breath at other times.

Larson's probe also turned up a questionable record of past employment and a driving record that included some drinking offences. The record of past jobs including some discharges, differed from the one furnished by the employee.

In contrast, however, was something that added a particularly sad touch to the case: the employee was well thought of because of his high standards of work. Just a week before the drinking incident, his supervisor had recommended him in glowing terms for regular employment. A fellow worker said the man was one of the best workers he had ever known.

Added to all of this was the conclusion of a VGH doctor that the employee was not intoxicated on the job "from a clinical point of view."

The man was treated by the doctor in the emergency after accidentally cutting his head on a door.

The doctor resisted pressure to send him home, claiming it wasn't his place to make managerial decisions.

This type of evidence, however, wasn't enough in Larson's view to offset the dismissal.

Taking all other factors under consideration, he concluded that the "just and reasonable cause" language contained in the collective agreement "must be interpreted as being something less than the standard applicable to seniority-rated employees."

"In addition, the union has the burden of proof in such cases," he wrote.

"With this in mind I can only conclude that the grievor was properly discharged," said Larson. "He was a probationary employee discharged under circumstances where the employer could properly conclude that the grievor might have an alcohol problem which would not make him a suitable permanent employee.

"The fact that he may not have been actually 'impaired' by alcohol is not determinative,"

At this point there is the important distinction concerning senior employees.

"It might be otherwise were he not a probationer," says Larson. "There was no proof that he was a hazard to himself or his fellow employees or that his work performance had been impeded."

He recommended that the union drop the grievance and not proceed to arbitration. The union has taken his advice.

Como Lake a first

Through the long, grinding process of organizing, bargaining and arbitration, HEU continues to break new ground.

This time its a second chapter in a success story concerning a small group of registered and graduate nurses at Como Lake Private Hospital.

They became the first registered nurses in private hospitals to find their way into HEU with certification in October, 1978. And now, through arbitration, they are on a 90 per cent pay formula in comparison with public hospital rates.

But in reality, the graduate nurses will actually fare slightly better than their counterparts in the big public hospitals by way of some variations that involve a paid lunch.

Briefly, the background is this:

Other employees at Como Lake were first organized by HEU in 1975 and a collective agreement covering them and employees in six other private hospitals resulted from arbitration under terms of the Essentials Services Disputes Act.

The award — known as the Owen-Flood award — was revised on June 12 this year after a challenge from the hospitals brought instructions from Mr. Justice Munroe for reconsideration and clarifications.

It's at this point that the group of some 10 registered and graduate nurses enter the picture again. Following their move into the union the certification covering Como Lake was varied to include them, but their wages weren't governed by the Owen-Flood award.

When bargaining failed to answer the problem, the case ended up before an arbitration board made up of Chairperson J. M. MacIntyre and members P. M. Archibald and Ray Haynes.

Unlike Victoria lawyer Dermod Owen-Flood, the board wasn't governed by the essential services legislation. It was simply there to deal with a new classification within a bargaining unit already covered by a collective agreement.

The board faced two arguments that it found interesting: the union urged it to apply the principle of the Owen-Flood award — the gradual movement of private hospital compensation toward conformity with union rates in the public hospitals. The initial effect of the Owen-Flood award was the raising of the private hospital rates to about 90 per cent of those in the public health care field.

The position taken by Como Lake Hospital was that wage increase comparison for the registered and graduate nurses should be made with other members of the same unit and not with registered and graduate nurses in public hospitals.

While it said it found merit in both the occupational and bargaining unit comparisons, the board was swayed by internal evidence supporting "equal pay for equal work."

In setting the new rates, the board noted that registered nurses in public hospitals are paid for a 7½-hour day, while those at Como Lake have been paid eight hours while working 7½. The extra half hour is a paid lunch break during which time the nurses are on call for emergencies.

After applying a complicated partial reduction of the paid lunch time, the board came up with the same rates for registered and graduate nurses at Como Lake — $6.72 an hour from Nov. 1, 1978, to July 1 this year, and $7.40 from then until March, 1980.

While these figures represent approximately 90% of the public hospital registered nurse rate, the effect of the payment of this rate to non-registered, graduate nurses coupled with the paid lunch break formula creates a daily rate that is higher than that paid to grads in public hospitals.

UNION'S DECISION UPHELD

Suspension of operations by the Joint Committee on Job Evaluation has been upheld by arbitrator Hugh Ladner.

The suspension, initiated by Hospital Employees' Union nominee J. D. Gerow, was opposed by the Health Labour Relations Association.

The job evaluation program has been a long-time goal of the union to end wage discrimination in the hospital industry. But when the committee report was tabled last Dec. 20 it was judged inadequate by HEU.

With a standoff by HEU and HLRA on implementation, Gerow moved for suspension at the committee's April 23 meeting. Committee chairman Hugh Wilkinson, wanting unanimity on such an important question, reluctantly supported Gerow's motion.

That set the stage for the HLRA challenge.

Turning to arbitration to determine if the committee acted properly, HLRA argued in part that the decision was tantamount to abandonment of all that had been accomplished. It held that such a decision was beyond the committee's jurisdiction.

However, Ladner saw the problem that had been faced by Wilkinson — a stalemate between the major parties, HEU and HLRA, that placed the committee in a difficult position.

In a 22-page decision, he concluded that HLRA's argument lost sight of "the differences between the obligation of the parties and the obligation of the Joint Committee."

"It is the parties' obligation to continue steps to implement the Job Evaluation Program, not that of the Joint Committee."

The committee's obligation, Ladner said, was to resolve questions put to it under terms of the collective agreement. There was no evidence it had failed to do so.

His final thrust dealt with HLRA's argument that the committee should have fixed a date for implementation of the program and not suspended operations indefinitely to await some sign of agreement between the parties.

"In its report of Dec. 20, 1978, the Joint Committee pleaded for advice and direction from the parties concerning certain important matters," wrote Ladner.

"That advice and direction was not forthcoming.

"In those circumstances it seems to me to be quite appropriate for the Joint Committee to say to the parties it will not fix a date for implementation of the Job Evaluation Program until the circumstances are such that there is a climate which would indicate that implementation would have a reasonable chance of success.

"In summary, it is my view that the resolution of the Joint Committee on Job Evaluation at its meeting on April 23, 1979, as set out above, was not beyond the authority of the committee."

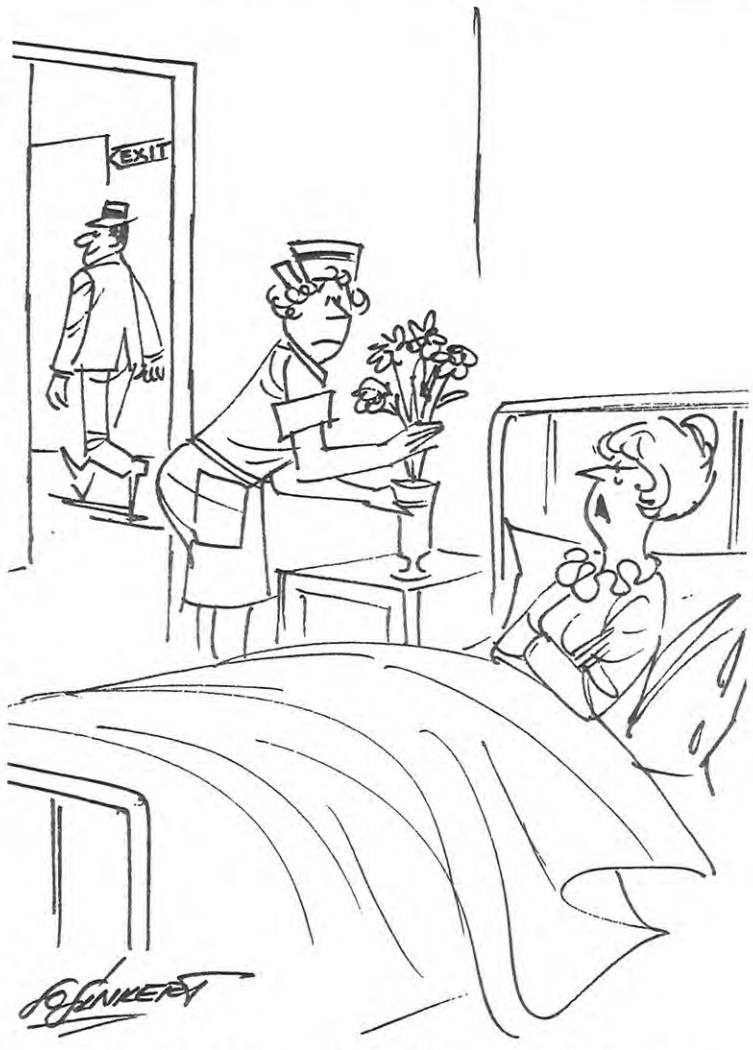
While the committee remains in existence, analytical and clerical operations have ground to a halt and the office used by the committee is all but bare.

The bitterness of the dispute could be measured by HLRA's unsuccessful effort to prevent HEU from removing some of the committee furnishings (per earlier agreement) for storage purposes.

The fate of the job evaluation program still hangs in the balance.

Gerow, the union's Secretary-Business Manager, said earlier that the plan tabled last December by the committee "does not bring order to chaos," nor did it end male-female wage discrimination.

"It does not establish wage rate justice," he said.



"Thoughtful my eye . . . he knows I'm allergic to flowers"

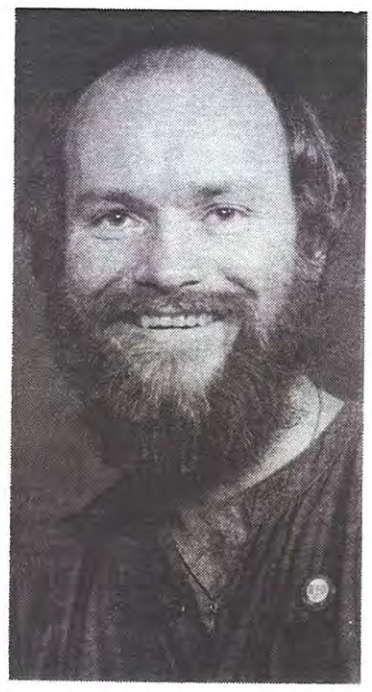
To many HEU members, the Provincial Executive may be little more than a collection of names — just so many faceless people working hard to guide the destiny of a growing union.

Who are these people, really? Where are their roots? What are their normal jobs in the industry? What do they think and feel? Why are they now doing what they are doing? Why and how did they get there?

To answer these questions and possibly a few others, the Guardian plans to run a series of profiles of Provincial Executive members.

The first such article is offered in this issue.

Pioneer's grandson likes people



Garry Carlson

It's a comment without frills — just five words.

But with it, Garry Allan Carlson answers two important questions.

Why has he chosen to spend his life in hospital work? And why has he become so actively involved in his union?

"I'm awfully fond of people," says Carlson, who at 34 is chairperson of HEU's Gorge Road Hospital Unit in Victoria, and a member of the Provincial Executive.

There seems little doubt that his attitude today was influenced by an interesting family background and his boyhood days in a small prairie town.

The great grandson of Saskatchewan homesteaders who came from Norway by way of the Dakotas, Carlson did his growing up about 96 kilometres north of Yorkton, as the crow flies.

If any self-respecting crow is making the trip today, it will find itself in a town called Sturgis.

"As a kid, I remember our main entertainment was going to hear Tommy Douglas speak in the town hall," Carlson recalls with a certain fondness.

The province not only produced federal and provincial political leaders of the stature of Douglas, but — as Carlson is fond of pointing out — sent a lot of creative people out into the world.

The winters were long and hard and a kid had a lot of time to devote to creative thought.

"All you'd have to do is look at a picture of the snow piled up against the front of a house in Sturgis and you'd know what I mean," says Carlson.

After graduating from high school, he went to Weyburn and spent a year studying psychiatric nursing at the Saskatchewan Provincial Hospital. Deciding to make the switch to Practical Nurse-Orderly, he began his career at the Grey Nuns Hospital in Regina.

That was followed by two years at Vancouver General Hospital, a return to Saskatchewan as a first aid man at a potash mine, office work on the West Coast, and finally the move to Gorge Road Hospital 6½ years ago.

It was at Gorge Road, a rehabilitation and extended care hospital, that he first became interested in unionism.

When HEU entered the picture several years ago, Carlson decided it was time to get active.

"I made up my mind I was not going to be one of those people who just sat back and complained about what happened.

"I wanted to have an active part in exactly where the union was going to lead us."

And he has.

In that time he has moved from shop steward to chief shop steward, secretary-treasurer, vice-chairperson and chairperson of his unit. At the union's last convention at Richmond he was elected to the Provincial Executive.

Carlson's admitted interest in the well-being of others shows up in other ways. He maintains an active role as a member of Grace Lutheran Church where he has served as dean on the church council.

His wife, Jeannette, shares this concern in others. She graduated last June from the University of Victoria with a degree in social work and is employed in the province's adoption service. This ties the Carlson household to a second union — the B.C. Government Employees' Union.

The Carlsons have a daughter, Marcia, 8.

NEW WEST THIS TIME

Cutback war continues

New Westminster's Royal Columbian Hospital became the latest battleground Aug. 29 in HEU's on-going campaign against critical economic constraints in the health care field.

A lunch-hour demonstration outside the hospital followed a similar show of concern at Burnaby General Hospital June 13.

The move this time was in response to the decision to close off 47 beds at Royal Columbian and eventually eliminate 140 job positions. When completed it would mean a reduction by about 10 per cent in jobs.

The union has made it clear that its fight isn't with the hospital, but with the provincial government and its budget-conscious Ministry of Health.

In spite of the late promise of some extra funds, budget restrictions are continuing to create what the union and other concerned bodies see as a dangerous threat to proper health care.

Employment also continues as a major issue with the union still holding to its original warning that the provincial hospital job picture will eventually be a reflection of that at Royal Columbian — the loss of one in 10 positions.

On the day of the Royal Columbian demonstration, HEU Secretary-Business Manager J. D. Gerow called for postponement of any more cutbacks until completion of a Health Ministry-B.C. Hospital Association review of the overall financing situation.

In so doing, however, he made it clear the union in no way supported the type of "closed-door" review that was being carried out with the aid of a private consulting firm.

"We have called for a more open public review of health care funding," said Gerow. "But even now, with the type of review we do have going on, there should be a moratorium on cutbacks."

The fortunes of individual hospitals would seem to depend to a degree on their location — strictly from a political point of view, Gerow said.

"Hospitals like Royal Columbian shouldn't be punished," he added, noting that it is sitting in the riding represented by MLA Dennis Cocke, former NDP health minister.

On the other hand, the Langley hospital in the current health minister's riding isn't suffering the same economic pains, according to Gerow.

Noon hour protest march at Royal Columbian.

Don't let those tiny ghosts get spooked on Hallowe'en

If you're the parent of someone young enough for tricking and treating, there's something you should be thinking of at this time of year.

The streets will be haunted by more than pint-sized ghosts on Hallowe'en.

There will be traffic hazards and food hazards, some unfriendly people to think about, and even unsafe costumes.

The Canada Safety Council has distributed a well thought-out list of safety tips it thinks you may want to discuss with the young pirates, spacemen or ghosts before they set out on the big night. We pass them along for your consideration:

—Wear light coloured, flame resistant costumes with retro-reflective strippings so that you are easily seen by motorists.

—Clothing should be short enough to eliminate a tripping hazard.

—Face masks should not obstruct vision — makeup is preferable.

—Make your calls along one side of the street, then along the other. Do not criss-cross. Cross the street at intersections or crosswalks.

—Carry a flashlight to see better and be better seen.

—Travel in groups of four or five. Young children should be accompanied by an adult.

—Set a curfew and boundaries within familiar neighbourhoods.

—Do not enter the house or apartment of a stranger.

—Do not eat any gifts until they can be inspected by an adult at home.

—Help keep Hallowe'en 1979 a happy occasion for everyone.

A LESSON TO BE LEARNED BY BOTH

Experienced union officials say there was a lesson for both sides in a Labour Relations Board ruling that dealt with a short-lived sit-in at King George Highway Hospital.

An LRB panel has made it clear to the employer there is no room for heavy-handed treatment of certain employees simply because they are elected unit officers.

At the same time, there was a message for HEU members at large: they should be aware that they can face a penalty for illegal job action.

The panel upheld the one-day suspensions imposed on 19 employees, finding that the hospital was not in violation of the collective agreement in handing out such penalties.

However, it ruled the five-day suspensions for three unit officers were not justified. It ordered the suspensions reduced to one day, along with back pay for the other four days.

The panel concluded there was no reason for extra discipline because there was no evidence that the three officers were more responsible than any of the others in instigating the stoppage.

The ruling came this summer in connection with an incident dating back to August, 1978.

The sit-in, lasting about an hour, involved the employer's refusal to assign a lighter workload to a pregnant employee. However, employees say the complaint was just the latest of a series involving working conditions.

THEY PAY PRICE FOR DELAY

It's been a long fight.

And it's far from over.

But the union's assault on wage discrimination in the health care industry is gradually paying off.

Batches of pay rate adjustments — approved by arbitrator John Sherlock — have been rolling in at irregular intervals.

And considering the fact that the wheels of wage justice were set in motion long ago, the awards involve considerable money.

An individual example of what delay can mean is an award that gives a food services clerk at White Rock Peace Arch Hospital another $254 a month. Its retroactivity to 1976 means a total cost to the hospital of more than $9,000 for the one position.

The advice of HEU to the various hospitals has been to abandon the resistance to the change and avoid even bigger retroactive bites in the future.

Ray McCready, HEU's Director of Membership Services, says the costly situation has developed because the hospitals have been getting "bad advice" from the Health Labour Relations Association.

With HLRA representing the hospitals on a collective basis, the trend has been to fight the awards and the economic impact they represent.

At this writing, the Labour Relations Board had not brought down a decision on HLRA's challenge of the significant Sherlock awards at Surrey Memorial Hospital.

The case involves four tradesmen and reclassification that carries with it pay adjustments and retroactive pay totalling in the neighborhood of $26,000.

The four were reclassified as maintenance tradesmen in 1972 as a result of pay rate adjustment requests.

In 1976, the union requested that two of the men be reclassified as electricians, one as a carpenter and another as a welder. Several months later, in March, 1977, the employer agreed to consider one man an electrician, but recommended that the other three remain tradesmen.

Sherlock was satisfied from evidence before him that all four were qualified for the reclassification. In July he ordered the reclassifications and necessary pay adjustments.

In its application for review of the decision, HLRA contends that Sherlock erred in reclassifying three of the employees and in ordering retroactive pay for a period prior to the 1978-1980 collective agreement.

The argument was that the tradesmen were reclassified into trades that are specifically governed by the Apprenticeship and Training Development Act. It was claimed by HLRA that the hospital was put in the position of illegally employing tradesmen not qualified under terms of the act.

The argument against retroactivity dating back to 1976 as that a special committee was to have made such determinations during the period of the previous contract.

However, the union's request for the change dated back to 1976.

McCready, who was assigned to the overall pay rate adjustment program last April following years of working on job evaluation, says the union has simply been living up to contract commitments.

"We've done our thing," he says, "but now they're complaining about the costs."

"That's not our fault. If they'd cleared this up earlier the problem they face now wouldn't have occurred."

The major movements now are toward adjustments that would mean fairly substantial boosts for some 500 housekeeping aides and a similar number of nurses aides.

The next stage would be to bring about a proper rate for some 300 clerical employees, described by McCready as "grossly underpaid."

The nurses aides were left behind when the union made its first real breakthrough against discrimination in 1973. At that time, through a special agreement with the government, the wages of practical nurses were raised to match those of orderlies. The nurses aides weren't included.

Because of opposition and delays, there are some 300 job categories that have been sitting awaiting adjustments since 1974, McCready says.

Some of the present situations are looked upon by him as "ridiculous."

Some examples of what he means:

—Clerks 3, 4 and 5 all earn the same, he says, so as not to exceed the pay level of the cleaner.

—Pot washers earn as much as Number One cooks.

—Beyond this, there's the case of the chief cook earning $1,057 a month and the male cleaner, $1,130.

"How do you justify something like that?" he asks.

The cooks in question are women, the cleaners, men.

Years of devotion bring Bill honor

William Murray Black (that's the first of HEU's two Bill Blacks) is finding that honours are starting to pile up in his years of retirement.

Last year he was made an honorary life member of the Hospital Employee's Union and now it is the B.C. Health Association that has bestowed the same honour upon him.

Following is the BCHA Citation:

CITATION
BILL BLACK

The Association and its members have known and respected William Murray (Bill) Black as a representative and spokesman of the people — the people of the health care industry.

Bill Black was born in Troon, Scotland, and arrived in Canada in 1921 with a natural Scottish burr.

His association with hospitals and the health industry, in one way or another, dates back to 1938 when he worked with the City of Vancouver Health Department as a Health Inspector.

In 1944 he became Business Manager of the Hospital Employees' Union to represent the lay staff at the Vancouver General Hospital and piloted this new group to provincial recognition. Bill retired as Business Manager of the Hospital Employees' Union in 1968 but has remained as active as ever, if not more so, in his concern for the health care industry.

Bill Black has been a leader in every aspect of organized labour, serving on the Vancouver and District Labour Council and as President of the B.C. Federation of Labour for five years. He served on the Executive Council of the Canadian Labour Congress as a Regional Vice President.

In February, 1972, he was appointed a member of the Vancouver General Hospital Board of Trustees and has unselfishly contributed his services to the British Columbia Health Association as a member of the Board representing the Lower Mainland Area Council.

Among hospital people, Bill Black became a legend in his time, able to charm his opponent, thunder economic truths, cajole the opposition, but above all, and most important, known as a man whose word is his bond.

Bill Black is married to Mary, who is equally as well known. They have two daughters, Barbara and Mary, and two sons, Douglas and Norman.

In recognition and appreciation of his long service to the health care industry, it is with pleasure that the British Columbia Health Association bestows Honourary Life Membership on William Murray (Bill) Black.

Bill Black

Big hotel boycotted

The Harbour Towers Hotel in Victoria has something special going for it: it's within a politician's shouting distance of the legislative buildings.

And therein lies a problem for the Hotel, Restaurant, Culinary and Bartenders Union. The location is attractive to trade union representatives. They tend to use the facilities despite the fact that the hotel isn't fully organized.

Pointing out that only the bar, dining facilities and kitchen are certified with his union, HRCBU organizer Tony Gerussi has been seeking the support of other unions in boycotting the Harbour Towers.

Gerussi says he has often told the hotel management that because of the location and the need of unions for meetings, everyone would benefit if the Harbour Towers became fully unionized.

"Of course, management laughs, knowing that many unions stay there regardless of the hotel's status," he says in his letter to the unions.

Gerussi will get the full support of the Hospital Employees' Union.

"We won't use Harbour Towers," says HEU Secretary-Business Manager J. D. Gerow.

Hope unit pays tribute to two outstanding men

It's a matter of months now since a particular pair of deaths entered the record books at Hope. But the memory hasn't faded, since both deaths involved men loved and respected by members of the HEU Hope Unit.

The unit has donated $100 to the Fraser Canyon Hospital Memorial Fund, $50 in the memory of each man.

Here, in its own words, is the unit's tribute to the two:

Dr. R. D. Morrison, known as Doctor Bob to all of us, passed away on March 10, 1979. A very sad day for our community and for us who held him in such high regard at Fraser Canyon Hospital.

Dr. Bob came to Hope years before our hospital was built and was an enthusiastic and untiring worker in having the hospital constructed. Through all the hardships faced, nothing was too much trouble. A friend and doctor to many, night and day, keenly interested in the elderly and children, and loved by many. His acts of kindness and outstanding personality will live on in our hearts.

Aged ninety years old, the passing of Rex H. Smith on April 21, 1979, left us all saddened. Rex for the past 12 years has been a familiar happy face in and out of Fraser Canyon Hospital. Always keen to lend a helping hand in bake sales, making tickets and doing errands. A cheery smile and a kindly word for everyone. Rex will live in memory for us all.

Termed a real gentleman and loved by many.

If not the most interesting, this, at least, was one of the more enjoyable functions of the Chilliwack Unit's annual picnic at Main Beach, Caltus Lake. However, this handiwork of Chief Shop Steward Vern Jones (left) and Mariette Percival wasn't the only food on display. Someone is said to have ended up with egg on his face ... at the egg tossing competition.