

# THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION 180

Vol. X

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No. 1

## AT WAGE MEET

# DISCRIMINATION CHALLENGED

- Health Brief - Page 8
- Doctor Ousted - Page 12



JUNE MURDOCH  
Vice-President has say

When the Hospital Employees' Union heads for the bargaining table this year a high priority objective is going to be equal opportunity and wages for women workers in the health care field.

Delegates to the Union's Third Provincial Wage Policy Conference at Penticton May 26-27 put the fight against discrimination alongside the demand for a \$1 an hour or 25 per cent increase — whichever is greater — in a two-year contract.

The conference, which drew 115 delegates from around the province produced proposals that were sized up by veteran observers as "reasonable," particularly in view of the fact that increases two years ago were held to 6.25 per cent by the Mediation Commission, the now-defunct body that also stripped the Union contract of some of its standard protection.

The wage demand carries with it a stipulation that \$5 million in addition to the wage proposal be designated by the hospitals to eliminate or substantially eliminate, discriminatory wage differentials based on sex. It also calls for a standardization program to ensure that members won't earn less than the people

(Continued on Page 2)



GORD MacPHERSON  
As Devil's Advocate

## BATTLE OF SEXES

# PRACTICAL NURSES WIN EQUAL WAGES

A new wage scale for Practical Nurses in three B.C. hospitals is being hailed by the members of the Hospital Employees' Union as a significant victory over discrimination.

For the female nurses involved, it means they are finally on even footing with males.

The gains, made through separate arbitration hearings, constitute what Local 180 Officials look upon as a breakthrough or as June Murdoch, First Vice-President, said: "just the tip of the iceberg."

The way has been cleared for a similar move on behalf of the rest of the Practical Nurses in the Union and other women Members who have yet to achieve parity with men doing the same type of work.

There is little doubt the H.E.U. action will eventually have an effect on other groups outside the union.

In the meantime, the wage adjustments mean the Practical Nurses concerned will be earning \$144.25 more per month to bring them in line with rates paid Orderlies.



At Kimberley, Arbitrator D. R. Blair (centre) is flanked by Advisors William Rolfe (left) from the Union and Harry Slade, representing the hospitals.

The Union had never been able to solve the male-female discrimination factor at the bargaining table, but found the B.C. Hospitals' Association and now-defunct Mediation Commission had left a loophole in the present collective agreement that could be acted on through arbitration.

The actual breakthrough came at Kimberley early in April when Arbitrator D. R. Blair upheld the Union's claim that 12 Practical Nurses employed by Kimberley and District Hospital were victims of wage discrimination based on sex.

Directing that they should be paid the same rate as Orderlies, he set the stage for the \$144.25 monthly hike which is retroactive to the beginning of the year. Mr. Blair also ordered that Housekeeping Maids in Golden, Windermere and Creston receive adjustments of \$88 a month

(Continued on Page 10)

## DISCRIMINATION

(Continued from Page 1)

doing the same work in outside industries.

Other recommendations approved by delegates:

- **Three weeks vacation with pay after one year, six weeks after five years.** Included is a provision for long service vacations, which would provide an extra three weeks vacation at certain intervals — any time between the 25th and 30th years of service and again in each of the following five year periods.
- **A 36-hour work week based on an eight hour day, something that would mean alternating four and five-day weeks.** Meal breaks would be included in the eight hours of evening and night shifts, but not during day shifts. There would be no reduction in pay.
- **An increase from 16 cents to 25 cents per hour in shift differential.**

Other proposals include one week's severance pay for each year worked, time-and-a-half payment for statutory holidays, extended health care paid on a 50-50 basis, pre-paid dental care, a spe-

cial morgue allowance and \$30 Northern allowance.

By special resolution, the Bargaining Committee was given the right to accept or reject individual pay rate adjustment requests. This was one of the moves to rid the contract proposal package of the cluttered look it had last time when it included 134 items.

### ANOMALOUS PROPOSALS

In addition to lumping the equal opportunities objective with the wage demand, delegates passed a resolution directing that the Bargaining Committee "have the authority and make every effort to bring an end to discriminatory practices in language, job titles and wages."

The fight on behalf of the women (they make up 85 per cent of the 11,000-Membership) stole the spotlight at the conference. It comes at a time when the Union is making some progress in bringing the wages of Practical Nurses up to the level of those paid Orderlies, (see other Page One story) and closing the wage gap between "Maids" and "Cleaners."

Among the policy recommendations agreed upon was a call for opening of negotiations for the 1974-75 agreement in September without any delay on the part of the hospitals.

## DELAYED SIGNING BRINGS ATTACK

D. L. Thompson, Administrator of Peace Arch District Hospital, has been warned that his attitude and actions pose a threat to labor relations at his hospital.

The observation is made by Hospital Employees' Union Assistant Business Manager Jack Gerow following the long-delayed signing by the hospital of the 1972-73 Collective Agreement.

In a letter to Thompson documenting the facts of the case, Gerow says in part: "As I stated earlier to the press, it was



Lila Hargreaves (left), Polly Beasley, review White Rock agreement.

ludicrous that our Members should have to take a strike vote in order to have their Collective Agreement signed. I have not changed my mind.

"Your 'play - the - game - my - way - or - I - won't - let - you - play - in - my - yard' attitude will not improve our collective bargaining relationship. In addition, it will not improve the morale of your employees."

Referring to the Mediation Commission Decision tabled April 19, 1972, Gerow points out that such decisions are not defined as collective agreements within the meaning of the Labor Relations Act.

"As a result, a number of protective measures contained within the Labor Relations Act were not available to our Members and your employees as long as the Collective Agreement between the Hospital and the Union was not signed. I challenge you to contradict this fact," Gerow says in his letter. Thompson declined to meet the challenge.

Gerow repeats in his letter that almost 87 per cent of the White Rock Unit Members present at the April 24th meeting voted in favor of strike action to support the demand that the agreement be signed.

## OTHERS TO COME

# AWARDS BOOST SOME RATES

Pay rate awards have been made in several areas by Arbitrator D. R. Blair, the most significant bringing a sampling of Practical Nurses equal pay with Orderlies. Next on the list for consideration is the Okanagan.

In a number of cases adjustments were not granted. Following is a list of awards including only categories where there was improvement:

### Vancouver General Hospital

**Messenger:** Increases from \$9.75 at minimum to \$25.00 at 12-month maximum.  
**Artificial Kidney Technician:** \$51.00 in crease on minimum step and \$42.50 increase at maximum.

**Checkers:** Reclassify as Linen Checker-Distributor; increase of \$21.50 at minimum to \$24.50 at maximum.

### Creston Valley Hospital

**Housekeeping Maid:** \$88.00; new structure recommended.  
**Operating Engineer:** \$32.00.

### Golden and District General Hospital

**Housekeeping Maid:** \$88.00; new structure recommended.

### Windermere District Hospital

**Maintenance Man:** \$62.50; classify as Maintenance 3.  
**Housekeeping Maid:** \$88.00; new structure recommended.

### Kimberley and District General Hospital

**Clerk III:** \$35.75; classify as Clerk IV.  
**Laboratory Helper:** \$30.25; classify as Nursing Service Aide III.  
**Practical Nurse:** \$144.25; equal pay to Orderly.

### Castlegar and District Hospital

**Medical Records Librarian:** \$45.25.

### Kootenay Lake District Hospital

**Switchboard Receptionist:** Parties directed to resolve under "relieving" clause in Collective Agreement.

### Trail Regional Hospital

**Practical Nurse:** (Extended Care) \$144.25; equal pay to orderly.

### Royal Jubilee Hospital (Victoria)

**Practical Nurse:** \$144.25.  
**Ward Maid:** \$87.50 at minimum, \$74.75 maximum for three specific maids, recommendation for replacement of Ward Maid and clean categories with category of Building Service Worker.  
**Nursing Service Aide I:** (C.S.R. Aides) \$13.25 at minimum, \$17.25 maximum.  
**Inhalation Therapist:** Create new position of Pulmonary Technician, adding \$18.25 at 24-month maximum.  
**Graduate Psychiatric Nurse:** (Eric Martin Institute) \$79.00 at minimum, \$81.00 at maximum after 48 months.

## FROM WILLS TO BILLS

# Immediate Response to Union Legal Aid Program

Q. Nathan Bodwinkle is tired of being beaten up by his wife. He wants to do something about it.

Henrietta Snortengruber must protect her interests against a landlord who is an ogre. She would like to push him into the Fraser River but realizes this is not the proper way to solve her problem.

What do they do, then, Q. Nathan and Henrietta? If they were members of H.E.U. (*actually they don't exist*) they would now have access to a free legal aid program the union put into effect March 15.

It didn't take long to gather proof of the need for just such a program. In the first month alone 38 members sought help. Their difficulties ranged from landlord and tenant incidents and domestic ills to injury claims, assault and wills. (See chart.)

This initial use of the program demonstrates to the Union a long unrecognized need of the average person to have ready access to legal aid.

### Breakdown of first month's requests for legal aid:

Landlord and Tenant	-	-	6
Divorce and domestic	-	-	15
Wills	-	-	3
Assault	-	-	2
Injury claims	-	-	3
Miscellaneous	-	-	9
Total	-	-	38

"As relations between people become more complex and working people are confronted with a growing array of bureaucratic institutions, the need for expert assistance away from the job becomes more important," says H.E.U. Business Manager R. S. McCready.

The program offered really boils down to free advice from the law firm that handles all of the union's legal matters.

Such advice is restricted to an initial interview or correspondence. Appointments have to be made through the Union Head Office to make sure that no one other than members in good standing use the service.

The legal aid offered does not include litigation, court appearances, arbitration boards, other tribunals or drafting of documents. It simply provides for advice on such matters as separation agreements, divorce, child maintenance problems, wills, real estate, landlord and tenant troubles, buying and selling of chattels.

Of the 38 requests made for legal aid in the first month of the service, 22 came by mail. The rest involved personal appearances or telephone calls.

The approximate time spent so far on the average case has been half an hour. This includes legal study, preparation of written opinion, or — where necessary — interview of applicant.

## A HELPING HAND

# Labor's Community Deeds Get Little Public Notice

On the surface, it is a simple little letter of seemingly limited interest.

From A. Stone, Chairman of the Mission and District Senior Citizens Housing Association, it is addressed to the Union's Mission Unit Chairman (Bill Zomers) and says in part:

"Please convey to your members our grateful thanks for your donation of \$100 to the Senior Citizens Housing Project. This money will be put to good use in the purchase of furniture for the building."

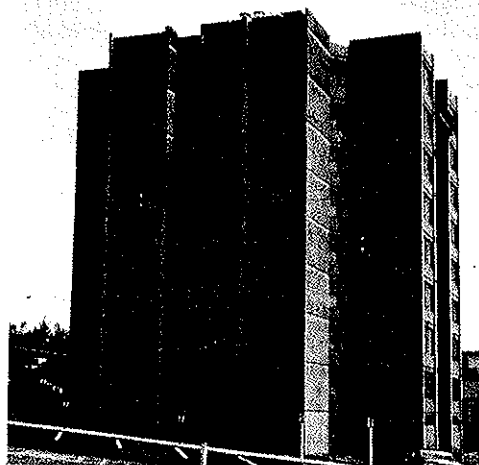
Beneath the surface, the letter is much more than it seems. It is a tribute to a side of trade union life that is largely unknown — the willingness of unionists to give of themselves to the community.

It is something which goes on all the time without much fanfare. No one writes about the union member who coaches the kids' hockey team, because what he is doing doesn't really add up to news. They write about him when he walks a picket line with his brothers and sisters. For that, measured in the parade of passing events, is news.

As a result, the average citizen doesn't get to hear about such undertakings as the Mission donation, or the many other

unselfish deeds of H.E.U. members — like the sense of community spirit demonstrated for some time now by the Kootenay Lake General Hospital Unit.

In 1959, the Unit sponsored a two-bed ward and supplied the necessary furnishings. Recently, the members decided to upgrade the ward by purchasing two Hi-Lo electric beds at a cost of \$533 each. They are also paying \$169 for new drapes.



For Mission Senior Citizens project, a helping hand from Union.

Says Russ Cole, Kootenay Lake General Hospital Unit Chairman: "Our Union Membership feels that this two-bed ward is our responsibility and we intend to keep it up to date."

There are those who remember how much the Vancouver General Hospital Unit did to help the Children's Jubilee Summer Camp; how members formed work parties to make the camp a good place for the kids; how they reached into their pockets to provide some of the material needs.

Perhaps some day union members will receive wider recognition for the many positive aspects to be found in their day-to-day routine. In the meantime, however, stories such as this, in publications such as this, will have to serve to set the record straight.

## RECOGNITION FOR P.N.'s

The Registered Psychiatric Nurses Act was due to be proclaimed at the beginning of June, bringing official status to Psychiatric Nurses in B.C.

In making the announcement, Health Minister Dennis Cocke said Psychiatric Nurses serve to demonstrate the expanding role of the health care worker.

In another development, a problem concerning the future employment of Psychiatric Nurses at Chliwack General Hospital was resolved through arbitration. The six Nurses, members of H.E.U., will be retained by the hospital.

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

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## EDITORIAL

### A CASE FOR WORKERS' LIB

No doubt someone will be hoisting the flag of Women's Lib as a result of the measure of equality won recently for Practical Nurses by the Hospital Employees' Union. It was, after all, a happy sort of story about a group of women smashing through a wage barrier that had long held them back.

This was, to say the least, a gratifying development; especially in a union where the former funny-money regime of W.A.C. Bennett did nothing to encourage equal rights.

Yet, it would not really be right to consider the Practical Nurse breakthrough simply as a matter of progress in the world of women. As a trade union sincerely trying to do its job, Local 180 is concerned first with human need. It matters not whether the Member is addressed as "Sister" or "Brother", but only that she or he is represented in the best possible way.

If it must carry a label in these times of social revolution, Local 180 might best be known as Workers' Lib. It was in this role that it fought to bring the Practical Nurses concerned parity with the Orderlies. It will continue to champion the rights of any other worker or group of workers within its jurisdiction.

It is obvious, of course, that much of the Union's work is going to involve the rights of women. They have long been the victims of wage discrimination. And now that initial victories have been achieved through arbitration, the plan is to carry the fight to the Human Rights Commission and the bargaining table in September.

The cost of wiping out discrimination could run as high as \$15 million, much more when outside groups such as the Registered Nurses pick up the lead. But, then, is it really fair to put a price tag on human rights? Is this area not too sacred to be considered in terms of a cost item?

Not everyone will agree with this. The last government condoned discriminatory wage policy. And Victoria General Hospital refused to let the arbitrator adjudicate a Practical Nurse anomaly based on merit and is not affected by the awards to some 140 practical nurses in the city's other major hospital, Royal Jubilee.

Victoria General will no doubt lose nurses to Royal Jubilee, where the rate will now be \$144 per month higher. There is already a shortage of nurses in Victoria and if Victoria General refuses to be bound by the Royal Jubilee rate there will quite obviously be a decline in standards.

Such a struggle on behalf of female employees is not new to the trade union movement. There have been campaigns concerning women's and children's wage differentials. One of the more notable triumphs occurred in the male-dominated forest industry more than 20 years ago. But here, as was so often the case, the success was offset by the release of women employees once parity had been won.

Today there is more reason for hope. The present Provincial Government is sticking by its vow not to interfere with the bargaining relations between employees and employers.

## GO TO HALEY

### Now, If Anyone Finds a Comet...

*(A delightful tidbit from Edna's Scrapbook.)*

#### Directive from administrator to Executive No. 2:

Tomorrow evening at approximately 2000 hours, Haley's Comet will be visible in this area, an event which occurs only once every 76 years. Have the full staff appear on the hospital lawn and I will explain this rare phenomenon to them. In case of rain, we will not be able to see anything, so assemble the staff in the film room and I will show a film on this.

#### Executive No. 2 to Executive No. 3:

By order of the administrator, tomorrow at 2000 hours, Haley's Comet will appear above the hospital. If it rains, march to the film room where the rare phenomenon will take place, something which occurs only every 76 years.

#### Executive No. 3 to Executive No. 4:

By order of the administrator, at 2000 hours tomorrow evening the phenomenal Haley's Comet will appear in the film room. In case of rain on the hospital lawn, the administrator will give another order, one which occurs every 76 years.

#### Executive No. 4 to Executive No. 5:

Tomorrow at 2000 hours, the administrator will appear in the film room with Haley's Comet, something which happens every 76 years. If it rains, the administrator will order the comet onto the hospital grounds.

#### Executive No. 5 to staff:

When it rains tomorrow at 2000 hours the phenomenal 76 year old Mr. Haley, accompanied by the administrator will drive his comet through the film room.

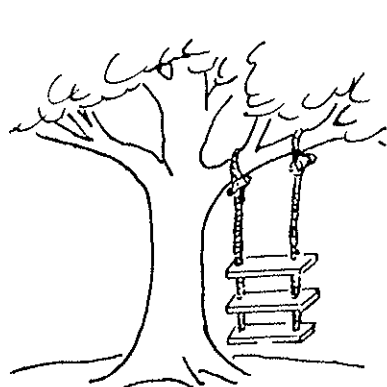
## Union Seeks Change in Labor Statutes

Just what is needed to rid this province of the illness which has infected the area of labor relations for so many years? What can be done to repair the damages left by the arbitrary ways of a Sacred Regime that didn't understand the nature of the beast it sought to tame?

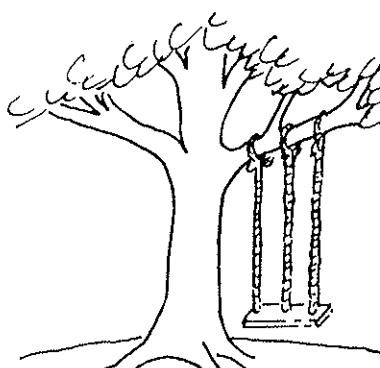
The H.E.U. has attempted to answer these and other vital questions in a brief to Labor Minister William King and his three special Advisors. The brief, recommending changes in Provincial Labor Statutes, is one of many that will be considered by the department prior to any changes in labor legislation.

It was in its final stages of preparation as this edition of the *Guardian* went to press. The next copy of the *Guardian* will carry a detailed account.

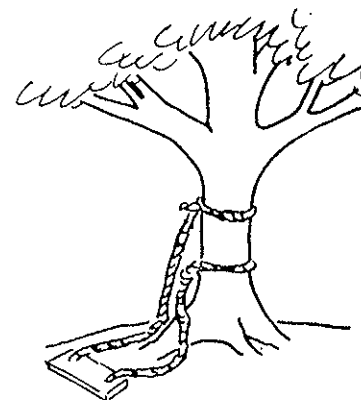
# THE SAME OLD SYSTEM



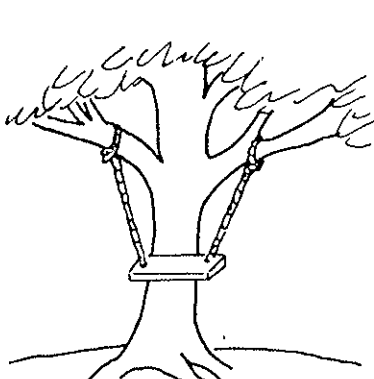
What methods suggested



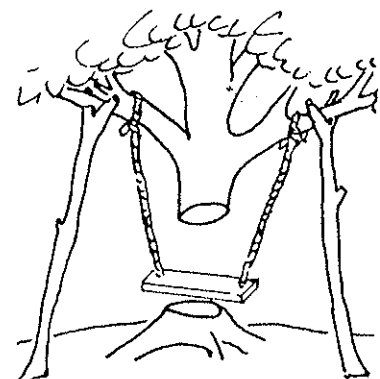
What administration approved



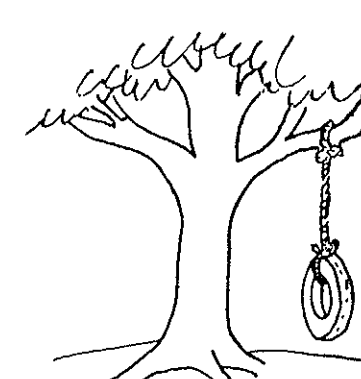
What purchasing ordered



What was delivered



As maintenance installed it



What was required

## NURSE SHORTAGE

### *Province That Didn't Care Reaping Sad Harvest*

Policies of the former Social Credit Government are being blamed for the nursing problem facing B.C. today.

The main trouble, according to the H.E.U., is a shortage of Registered Nurses and failure of the Bennett Regime to initiate proper training programs for development of nurses within the province.

Figures released in Ottawa reveal B.C. as an extremely poor supplier of home-grown talent. A recent report on nursing manpower for Canada in 1971 shows that B.C. and Ontario make more use of foreign graduates than the other provinces. In Ontario, graduates from outside the country make up 17.9 per cent of the nursing force, while B.C. is close behind with a 17.1 per cent rate.

This, however, is only part of the picture. Much of what B.C. doesn't acquire from abroad it recruits from other parts of Canada. In 1971, only 44.5 per cent of its Registered Nurses had graduated within the province.

The figures appear particularly dismal when compared with the situation in Quebec where 74.5 per cent of the nurses were trained in the province. Add to this, New Brunswick, which reached outside the country for only 2.9 per cent of its Registered Nurses.

The H. E. U. had urged better training programs for hospital staff in the past, but the former government never moved in this direction.

There are signs that the present NDP Government is repairing some of the damages. For instance, Practical Nurse Students at Penticton have been declared employees by the Department of Labor and are to be paid at least \$2 an hour while training. Rulings are awaited concerning others at Kelowna and Vernon.

Until April, the students were being paid a stipend of \$22 a week. But this was cut off then as the result of a cost-cutting move made some time ago by Ralph Loffmark when he was Health Minister in the then-ruling Socred Government.

R. S. McCready, Local 180 Business Manager, is hopeful the decision concerning Penticton will apply elsewhere. More young persons will be encouraged to take the training and it will have a "stabilizing effect" on the province's hospital industry, he says.

One of the points sought by the Union for the last contract was establishment of a joint Hospital-Union Committee on Training and Skill Upgrading.

At that time the Union said it found it "absolutely scandalous" that there was no initiative to establish employee training programs, except those urged by employee groups themselves.

The Union also sought unpaid leave-of-absence for educational purposes.

## BARGAINING COMMITTEE ALMOST SAME AS LAST

Four of the five delegates elected at the Wage Policy Conference to serve on the Provincial Committee were on the 1971 Committee.

Only newcomer is Bob Raffle of the Royal Columbian Unit in New Westminster. He was the second of the five chosen in separate ballots, following June Murdoch of the Trail Unit, who was an overwhelming winner in the first round with 68 votes to a combined total of 43 for her seven competitors.

Others elected in order were: Peggy Heinze, Prince George; Albert Tetz, Vernon, and Pete Endres, Victoria General. The three alternates, in order are: Marion Perry, Kelowna; Gord MacPherson, Victoria General, and Bill Zomers, Mission.



Union had best wishes for Jack Sherlock on his retirement as Human Rights Commission Director.

# LOCAL LIFE LINE



No easy job, but a rewarding one for Blanche Pearsall and others on Lower Mainland Organizing Committee who organized Children's Hospital.

## A FIRST FOR THEM . . . AND HIM



It was, to say the least, a pleasant change. Here was Dennis Cocke, a fairly new Health Minister in a fairly new Provincial Government taking the time from a busy Legislature schedule to drop in on a joint meeting of the five Victoria Units of H.E.U. at the Empress Hotel. Something his predecessor wouldn't think of. He spoke of new concepts in health care.



How to look attentive at meeting: Fold arms like Okanagan Staff Representative Henry Perkin (left) and Salmon Arm Chairman Frank Batkim at Salmon Arm Unit session.



Provincial Executive Vice-President Albert Tetz (right) with Oliver Unit he helped organize.



Waiting turn on witness stand during hearing on Practical Nurses' pay rate are, from left, Members Edna Dow, Janice Broadhurst, Diane Pakenham, Kathy Rieberger.

# WAGE MEET AT A GLANCE



A serious moment for Provincial President Bill Black, standing, and Business Manager R. S. McCready.



No doubt Financial Secretary John Darby is caught in the midst of some mental arithmetic.



Provincial Bargaining Committee (from left): Pete Endres, June Murdoch, Albert Tetz, Marion Perry, Bob Raffle.



Oh when, oh when are they going to call a coffee break?



No, contrary to appearances, this is not a tabernacle choir about to sing up some old-time religion. It's the Health Care Symposium.



Host delegate Dennis Jeffrey wondering what happened to that good Penticton weather he had ordered. Oh, well, Dennis . . . next time . . .





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# UP OF HEALTH SERVICES

Nor, says the brief, are such boards representative of the community. Appointments are often political and are simply a matter of prestige.

The brief says the contribution of the board is at best, marginally positive. At worst, the board is an "obstacle to efficient decision-making and a source of frustration."

"For these reasons, and in order to streamline the decision-making process, the Hospital Employee's Union, Local 180, recommends that hospital boards, as they are presently constituted and defined within the Hospital Act, be eliminated."

The strong central control the union suggests in place of the boards would have the provincial government heading a chain of command, followed in turn by B.C.H.I.S., the "superboard," and strengthened regional hospital district boards to ensure community involvement. At the bottom would be the Hospital Administrators.

The Union also feels members of dis-

trict boards should be elected instead of appointed.

The Union looks on the B.C. Hospitals' Association as simply an extension of hospital boards and calls on the government to abolish it as a separate entity. Its services could be easily taken over by B.C.H.I.S., the brief says.

Of the Association, the Union says: "A primary role of the B.C. Hospitals' Association in latter years has been to translate the anti-people policies of the previous government into direct conflict in hospital labor relations."

This it has done partly through failure to bargain in good faith, the brief says. The Association negotiates on behalf of the employer although it is not an accredited bargaining agency.

The medical profession also comes in for some criticism in the brief. The Union contends third-party payment for medical care has encouraged over-use of services by patients and a tendency by some physicians to over-serve.

There is also the fact doctors' rewards

are disproportionate in terms of what is paid paramedical personnel.

"If doctors' incomes continue to rise disproportionately, the government will have to put them on salaries or devise an alternative method of payment with an incentive feature," the brief says.

"Moreover, doctors rarely have to account to anybody except other doctors. In fact, Canada and the United States have given the medical profession much more freedom to police itself than any other countries in the world."

A licence to practise medicine in B.C. is granted by the College of Physicians and Surgeons, which the Union says is controlled by the medical profession "on its own terms."

"With increased public demand and patient loads brought on by medicare, the doctor has more patients than he can handle," the brief says. "Yet the medical profession's approach has not changed. The restrictive attitude toward licensing

(Continued on Page 11)

## And Now a Word for Our Nurses

(This is part of a letter which appeared recently in the Victoria Daily Colonist):

"I see that the Nurses at Royal Alexandra in Edmonton have received a new pay contract, but had to threaten strike action to bring their wages up to the level of Saskatchewan and B.C.

"Alberta's oil royalties were supposed to bring the good life to all Alberta citizens. Instead, not much changed except a handful of the in-group became instant millionaires.

"I don't know where they find these narrow-minded jokers to serve on Hospital Boards, but I do wish them a tricky gall bladder operation, presided over by a physician who is worried about his mortgage payments, an anaesthetist who has just had his car repossessed, and a nurse or two who have to live in a hovel because they can't afford a modern apartment.

"In this province Social Credit finally failed because they refused to provide essential services, particularly in the health and welfare fields.

"Yet these men still fail to see that a fair and reasonable standard of pay for all people boosts the economy and reduces the drain on social services."

J. GAUL,

126 Rudin Avenue,  
Victoria.

## RECOMMENDATIONS

Here in abbreviated form are 18 key recommendations from the Union's brief to Health Minister Dennis Cocke, dealing with health care delivery and hospital operation:

- (1) Press federal government for new formula for transfer payments under Hospital Insurance and Diagnostic Services Act. Advance need for provincial-federal cost-sharing in new concepts of health care delivery. Secure discretionary authority over health care options without reducing percentages of direct taxes collected by Ottawa and returned under cost-sharing program.
- (2) Integrate federal and provincial hospitals and infirmaries under B.C. Hospital Insurance Service.
- (3) Abolish complex system of financing hospital construction and capital expenditures. Fund total health care operation through provincial general revenue and appropriate federal-provincial cost-sharing arrangements.
- (4) Establish provincial planning commission with representatives from hospital administration, medical profession, organized labor and civil service to make recommendations to government on over-all policy and provincial planning of coverage, delivery and quality of health care. Commission would consider recommendations from regional districts. Bureau of health statistics should also be created as division of commission.
- (5) Review the necessity of hospital boards of trustees as stipulated under Hospital Act. As minimum requirement, individual boards should be restructured into regional boards with balanced representation from those providing health care services and those who fund and use services.
- (6) Establish pilot project embracing concept of community health centres. Would be located in both rural and metropolitan areas.
- (7) Specialization by hospitals in specific services wherever possible. This would mean equipping various hospitals to deal in particular fields such as chronic care, pediatrics, cancer, and tuberculosis. However, adequate emergency departments should be maintained at all hospitals.
- (8) Establish senior citizen housing and nursing homes under B.C.H.I.S. to eliminate profit-making operation of private hospitals and nursing homes.
- (9) Up-grade ambulance service, providing vehicles for normal transportation of patients and others with special equipment and qualified paramedics. Ambulance dispatching centres should be set up by regional districts.

(Continued on Page 11)

## LOCAL 180 BRIEF URGES SHAKE-UP OF HEALTH SERVICES

After carefully taking the pulse of the B.C. hospital industry, the Hospital Employees' Union has sent out a call for Super Commission and Super Nurse. It has also diagnosed individual hospital boards and the B.C. Hospitals' Association as obstacles in need of removal.

These were among major points made by the Union in its 61-page brief to Health Minister Dennis Cocke on needed change in health care delivery and hospital operation.

If there was one particular theme in the brief it was integration of services and various levels of care in and out of the regular hospitals.

Included in the suggestions were:

- Setting up of provincial and regional health planning councils to coordinate and integrate health services. The provincial council would be a "kind of superboard — a super-planning commission."

- Creation of a super nurse category, a move that would allow a qualified nurse

to act as a physician substitute in operating clinics in small communities.

- Establishment of regional and community health care clinics.
- Elimination of hospital boards as currently constituted and defined under the Hospital Act to allow streamlining in decision-making through a stronger central body.

- Removal of the B.C. Hospitals' Association as a separate entity with its functions being taken over by B.C.H.I.S.

In making a case for provincial and regional health planning councils, the Union says in its brief that lack of planning in the past has created an overlapping of services and an uneconomical system of health care "filled with waste and inefficiency."

Coordinated provincial and regional planning would end competition among hospitals and other health agencies and bring about an efficient system, the brief says.

A bureau of health statistics is also sought as a division of any superboard that may be set up.

### NEED FOR CLINICS

## When Doc's Away Nurse O.K.

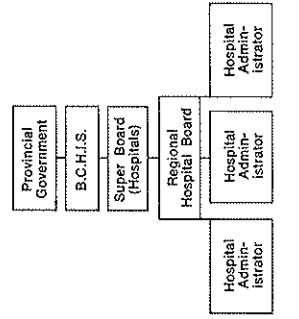
Clinics operated by Nurses may be one of the answers to Canada's doctor shortage.

It is, at least, an idea advanced by H.E.U. in its brief to B.C. Health Minister Dennis Cocke.

The Union points out that Canada has the third highest living standard in the world, but ranks 20th in doctor-population ratio. This shortage, particularly in family physicians, and the uneven distribution between urban and rural areas, is cited as a major barrier to proper health care service.

(Continued on Page 11)

### Chain of command advocated for hospital decision-making



With the government calling the shot on financing, the trustees of hospital boards no longer have any real authority in decision-making, according to the brief.

"The role of the board of trustees has been greatly altered, but, unfortunately, this is rarely recognized," it says.

"Hospital boards today are not effective and have no real power. Not sure what they are meant to be doing, trustees, collectively, and individually, interfere in complex administrative matters. This means policy decisions are delayed or not made and results in operational nightmares."

The brief also labels the hospital board system undemocratic.

"Members of the board are not elected by the taxpayers. They are not accountable to the public," the brief says. "The taxpayer supports the operation of hospitals but has no say in how they are run unless he also pays to become a member of the hospital society."

## DON'T HOLD YOUR BREATH

It might safely be said that funds don't flow when it comes to hospital projects.

Take, for example, this picture as presented by the Union in its brief to the Health Minister:

"The system of complicated government-established committees and directors, set up by the former government, designed to approve new hospital expansion and improvement plans in a manner which would ensure the slowest possible cash flow from the government treasury."

"At the present time, if a new facility is required at the Vancouver General Hospital, for example, a request for capital funds is usually submitted by the executive director to the administrator of the Greater Vancouver Regional Hospital District, who, in turn, refers it to his director of hospital planning."

"He, in turn, refers it to his advisory committee, comprising medical representatives who review the program and make their recommendations to the total district board."

"Once the board has approved the plan it is submitted to B.C.H.I.S. If B.C.H.I.S. approves the project, the hospital can proceed with detailed planning which involves two or three stages where preliminary drawings, working drawings and finally complete total accompanying have to be re-submitted. Accompanying these is a request to permit the hospital to go to tender."

Nor, says the brief, are such boards representative of the community. Appointments are often political and are simply a matter of prestige.

The brief says the contribution of the board is at best, marginally positive. At worst, the board is an "obstacle to efficient decision-making and a source of frustration."

"For these reasons, and in order to streamline the decision-making process, the Hospital Employees' Union, Local 180, recommends that hospital boards, as they are presently constituted and defined within the Hospital Act, be eliminated."

The strong central control the union suggests in place of the boards would have the provincial government heading a chain of command, followed in turn by B.C.H.I.S., the "superboard," and strengthened regional hospital district boards to ensure community involvement. At the bottom would be the Hospital Administrators.

The Union also feels members of dis-

are disproportionate in terms paid paramedical personnel.

"If doctors' incomes continue disproportionately, the government have to put them on salaries an alternative method of payment incentive feature," the brief says.

"Moreover, doctors rarely have to count to anybody except other in fact, Canada and the Union have given the medical profession more freedom to police itself in other countries in the world."

A licence to practise medicine is granted by the College of Physicians and Surgeons, which the Union controlled by the medical profession's own terms."

"With increased public demand patient loads brought on by the doctor has more patients to handle," the brief says. "Yet the profession's approach has not changed. The restrictive attitude toward

(Continued on Page 11)

## And Now a Word for Our Nurses

(This is part of a letter which appeared recently in the Victoria Daily Colonist):

"I see that the Nurses at Royal Alexandra in Edmonton have received a new pay contract, but had to threaten strike action to bring their wages up to the level of Saskatchewan and B.C."

"Alberta's oil royalties were supposed to bring the good life to all Alberta citizens. Instead, not much changed except a handful of the in-group became instant millionaires."

"I don't know where they find these narrow-minded jokers to serve on Hospital Boards, but I do wish them a tricky gall bladder operation, presided over by a physician who is worried about his mortgage payments, an anaesthetist who has just had his car repossessed, and a nurse or two who have to live in a hotel because they can't afford a modern apartment."

"In this province Social Credit finally failed because they refused to provide essential services, particularly in the health and welfare fields."

"Yet these men still fail to see that a fair and reasonable standard of pay for all people boosts the economy and reduces the drain on social services."

J. GAUL,  
126 Rudin Avenue,  
Victoria.

## RECOMMENDATION

Here in abbreviated form are 18 key recommendations from the Union Health Minister Dennis Cocke, dealing with health care delivery and hospital operation:

- (1) Press federal government for new formula for transfer payments under Insurance and Diagnostic Services Act. Advance need for provincial cost-sharing in new concepts of health care delivery. Secure discretionary over health care options without reducing percentages of direct taxes on Ottawa and returned under cost-sharing program.
- (2) Integrate federal and provincial hospitals and infirmaries under B.C.H.I.S. Insurance Service.
- (3) Abolish complex system of financing hospital construction and capital expenditures. Fund total health care operation through provincial general revenue appropriate federal-provincial cost-sharing arrangements.
- (4) Establish provincial planning commission with representatives from administration, medical profession, organized labor and civil service. Recommendations to government on over-all policy and provincial planning, age, delivery and quality of health care. Commission would consider recommendations from regional districts. Bureau of health statistics should also be a division of commission.
- (5) Review the necessity of hospital boards of trustees as stipulated under the Act. As minimum requirement, individual boards should be restructured regional boards with balanced representation from those providing health services and those who fund and use services.
- (6) Establish pilot project embracing concept of community health centres to be located in both rural and metropolitan areas.
- (7) Specialization by hospitals in specific services wherever possible. The mean equipping various hospitals to deal in particular fields such as cancer, pediatrics, cancer, and tuberculosis. However, adequate emergency care should be maintained at all hospitals.
- (8) Establish senior citizen housing and nursing homes under B.C.H.I.S. to profit-making operation of private hospitals and nursing homes.
- (9) Up-grade ambulance service, providing vehicles for normal transport patients and others with special equipment and qualified paramedics. A dispatching centres should be set up by regional districts.

(Continued on Page 11)

**KATHLEEN RUFF**

# A Pleasant Lady With a Dragon To Slay

She is a slight woman with friendly eyes and pleasant manner. That is the first thing you notice about her.

But stick around and you find out that Kathleen Ruff is, of course, much more than just that. She might be described as a woman on a mission, or a woman with a dragon to slay and the kind of determination and knowhow that just may allow her to carry it off.

Tune in, for instance, and you'll hear the new Director of the B.C. Human

Rights Commission saying things like:

"Women's competence to perform in the health industry is certainly now unquestionable."

"It appears that this area (equal rights for women) has not been a priority with government." (Including the Provincial Government that hired her.) "I hope this is going to be changed through my job."

"It has also not been a priority with the unions."

Ms. Ruff was, by the way, talking to a

union when making these comments. Speaking to delegates to the H.E.U. Wage Policy Conference at Penticton, she was aware that this, at least, was one union doing something about the sex discrimination evils that linger in modern society.

(Not long before the conference the Union had succeeded in bringing a number of Practical Nurses up to a pay level with Orderlies. It was just part of the Union's major pledge to win equal pay for equal work.)

Ms. Ruff told delegates she was happy to see some unions were heading in the right direction.

"Let this be the year when every union contract has equal pay and equal opportunity clauses written into them," she said.

Kathleen Ruff was fighting for women's rights long before her appointment and this fact, coupled with the change in government, may well be the reason her office is getting sex discrimination complaints in groups and not just in individual dribs and drabs.

"We're getting them in batches of five and 20 and this is good," she said in an interview.

She is convinced that in her own case her sex may give her better than equal rights — at least, where her job is concerned.

"It's my experience on the other side of the fence. As a woman dealing with complaints from women, you're more sensitive and more tuned in."



*Ms. Ruff (third left) and H.E.U. members exchange thoughts on equality for women.*

## BREAKTHROUGH FOR NURSES

*(Continued from Page 1)*

retroactive to Jan. 1 because of the male characteristics of their job.

The rulings mean the Practical Nurses now get a maximum of \$707 a month while the Maids earn a \$581 maximum.

The next milestone was reached toward the end of April when Practical Nurses working in the Extended Care Unit of Trail Regional Hospital received the same award from Mr. Blair. In this case a claim on behalf of the Maids failed because sufficient "material change" in their work was not established.

The major victory — in terms of numbers — came May 10 when Mr. Blair followed up a week of hearings by applying the same award to 140 Practical Nurses at Royal Jubilee Hospital in Victoria.

Selected Housekeeping Maids also received adjustments, as did Psychiatric Nurses. The wage boost and shortened increment structure to 48 month maximum from 72 months for the Psychiatric Nurses was significant in that it raised their rates well above those of the Registered Nurses.

The loophole the Union took advantage of was one of a number left by the

B.C.H.A. and the Mediation Commission.

The former government had forced the H.E.U. before the Commission for binding award. The present pay rate Addendum to the Agreement was drafted chiefly by B.C.H.A. and in their haste to apply it to the hospital industry, the Commission and the Association overlooked the loopholes.

The one used in the case of the Practical Nurses by no means provided an easy avenue to victory. The Union was required to overcome a very substantial obstacle by demonstrating "material" changes in skills, procedures, responsibility and other aspects of the women's jobs. Such work changes had to be shown before the Arbitrator could consider the merits of the sex discrimination claim.

The success achieved by the H.E.U. is particularly interesting in that it involves a Union where women make up 85 per cent of the 11,000 Membership.

Using the adjustments as precedents, the Union hopes to be in a position to eliminate wage discrimination based on sex when it goes to the bargaining table in September.

The cost of such elimination could run as high as \$15 million. That would simply

be the direct cost within the Union's jurisdiction. The indirect cost would have to be measured in what mushrooming effect the H.E.U.'s success may have on such other groups as the Registered Nurses' Association of B.C., the B.C. Government Employees' Union, the hydro workers, Riverview Hospital workers and others.

The Registered Nurses are bound to be interested. Because of the vagaries found in the wage structures of different bargaining agents within the hospital industry, Practical Nurses in many instances will be paid higher wages than Registered Nurses.

Some trends can be expected now that a respectable number of Practical Nurses are through the wage discrimination barrier. In Victoria, for instance, there could be a shifting of Practical Nurses from one major hospital to another. Victoria General Hospital has stayed clear of the arbitration procedure that affected Royal Jubilee and now has the job of retaining Practical Nurses earning \$144 less per month than their nearby counterparts.

## HEALTH SERVICES

(Continued from Page 9)

is based on groundless fears of over-supply.

"Once a licence has been authorized very little is done to make sure the practitioner is performing up to minimum standards.

"The disciplining of doctors is left to an informally organized mechanism established by the profession itself which rarely provides for consumer representation."

In Canada there is a shortage of doctors and the union feels this can be offset in small communities through clinics that would be run by "super nurses" and visited regularly by doctors. (See *other story*.)

In dealing with comprehensive health care, the union envisions a home care program that would provide bedside nursing, homemaker's service, physiotherapy, occupational therapy, laboratory services and drugs. It would be designed for those released early from general hospitals and patients who didn't have to go to hospital because care was available at home.

The Union feels community health care clinics could be established in the metropolitan areas on a trial basis.

But they should never be considered as a replacement for hospitals.

"It is our considered opinion that the acute care hospital should be the core of any health care delivery system and once it is determined that the system has an optimum number of acute care hospital beds, these should increase at the same rate as the growth in population," the brief says.

At the same time, hospital admissions could be reduced, according to the Union, if proper priority were given to expenditures for preventive medicine, health care centres, general ambulatory care centres, home care programs, regional and community clinics, nursing and convalescent homes.

"A better system cannot be achieved," it says, "until there is agreement between the federal and provincial governments on a more flexible reimbursement formula. More flexible arrangements will open the door to nursing home care insurance, home care, special rehabilitation and therapy programs and speech clinics which are not now covered under present legislation."

The brief devotes some time to what the Union sees as a need for an integrated approach to health and medical services. In this regard, it says there is no definition of goals, no cooperation between levels of government, between the public or private sectors, or between the separate departments or agencies within the provincial setup.

"Health care must be viewed as an integrated system and we must stop looking at the doctor, the hospital, financ-

ing, and delivery system, etc., as separate independent elements," the brief says. "They must be co-ordinated to provide adequate care for all persons who need it."

In turning its attention to private hospitals, the Union points out that most patients are aged victims of chronic illness and do not qualify for hospital insurance.

"The Union maintains that the government cannot, in conscience, permit B.C.H.I.S. to any longer withhold the monies and facilities so desperately needed by these patients," the brief says.

"In the main they are the pioneers of our communities. They built the hospitals originally. They financed the hospital insurance system at its inception. They should not be denied the facilities and benefits of the prepaid hospital insurance program now that they are old and in need of hospital care."

The Union believes some private hospitals, depending on their proximity to acute general hospitals, could be integrated into the provincial health care system as extended care or convalescent hospitals, with the ownership and operating costs being assumed by B.C.H.I.S.

Adds the brief:

"As most private hospitals, however, are inefficient operations and do not have the facilities to provide hospital care of

## WHEN DOC'S AWAY

(Continued from Page 8)

The "super nurse" is seen stepping into one of three roles — physician's assistant, physician's associate or nurse practitioner.

But before she (or he) can do so licensing, educational practices and operational facilities and systems will have to be changed, the brief says.

Preliminary talks in this area are now underway at the University of B.C.

"Doctors will always be central or leading figures in any modern team involved in delivery health care services," the brief adds. "Without their cooperation and enthusiastic support, without the individual and collective help of doctors, nothing much can be done to improve the shortage of medical manpower."

a high quality, we suggest they be permitted to 'wither on the vine'."

Where labor relations are concerned, the Union points out that the hospital field is faced with a proliferation of bargaining units and a number of jurisdictional disputes.

It repeats the argument that there should be one broad inclusive bargaining unit and calls on the government to do what the last government wouldn't — set up an inquiry into the problems and circumstances of the proliferation of bargaining units.

## RECOMMENDATIONS

(Continued from Page 9)

- (10) Expand out-patient services in major hospitals through "clinic-level" medical care at out-patient rates. Involved would be first-aid treatment administered by registered nurses and employee-physicians.
- (11) Set up Manpower Planning program in health care field with particular emphasis on defining under-utilization of available skills and need for skill-upgrading. In meantime, staffing criteria should be established to allow work at reasonable pace. Recommendation here is for staffing ratios based on national averages.
- (12) Appoint three-man inquiry to recommend solution to problems of competition and proliferation of bargaining units in hospital industry.
- (13) Abolish B.C. Hospitals' Association as separate entity. Hospital administration and government's paying agency, B.C.H.I.S. would take over bargaining on behalf of employers.
- (14) End wage discrimination against female workers. Find solution for wage rates that have become suspect through historical attitudes and differing wage settlements in the industry. As interim step, unilaterally recognize \$50 monthly general increase for all job classifications below the rate of male cleaner effective July 1, 1973.
- (15) Seek standardization of hospital design, construction and capital equipment.
- (16) Expand B.C.H.I.S. facilities and services to provide up-to-date expertise on personnel and materials management. Expand B.C.H.I.S. consultative services in such fields as drug control and diabetic management. End utilization of profit-making agencies in daily provision of "essential" hospital services. Implement metropolitan food commissaries where sufficient demand; establish regional laundries if geographic limitation permits and integrate provincial computer facilities. Set up industrial relations consultation division within B.C.H.I.S.
- (17) Establish common "medical emergency" telephone number on provincial basis.
- (18) Alleviate medical manpower shortage by revising present licensing, educational and operational practices which impede creation of nurse practitioners or equivalent category of "super nurse."

# GRAND FORKS GETS RID OF DOCTOR TO BRING PEACE

Dr. Salaruddin Ahmad became the odd-man out at Boundary Hospital in Grand Forks last month, a development that was necessary to avert a walkout by the staff.

It was a case of ousting the doctor or losing the services of about 30 employees. The employees won.

A letter signed by Registered Nurses, Practical Nurses, X-Ray, Laboratory and Clerical personnel, gave Administrator Angus Haines and the Hospital Board 72 hours to bar Ahmad or face a walkout. The employees concerned belonged to three organizations — the Hospital Employees' Union, Registered Nurses' Association of B.C. and the Health Sciences Association of B.C.

In March, Ahmad was stricken from the Provincial Medical Register for "infamous and unprofessional conduct," but the B.C. College of Physicians and Surgeons allowed him to continue his practice pending a June hearing before the B.C. Court of Appeal.

The letter serving notice was initiated by the nurses, something which is reflected in its content. It reads:

"We the Nursing Staff of the Boundary Hospital, feel very strongly opposed to the Hospital Privileges being restored to Dr. Ahmad. After due investigation and deliberation, the Board of Physicians and Surgeons justly struck the above-named Doctor from their Register.

"The Nurses who have to meet and contend with the emotional outbursts and threats of Dr. Ahmad now find it intolerable to again work under such conditions.

"We would like to advise you that if the situation is not rectified within 72 hours of receipt of this letter, that we, the undersigned, will find it necessary to leave our positions."

Two days after the letter was delivered the Hospital Board issued a statement saying it was terminating the hospital privileges of Ahmad because of the extenuating circumstances and the effect closure of the hospital would have.

## CATERERS DUMPED

# HAND THAT ROCKS THE LADLE WILL BE HOSPITAL WORKER'S

It is the kind of victory that those in the know say should be celebrated in only one way — with food prepared by hospital workers.

For that's what it's all about: Control of food preparation by the Hospital Employees and not by an outside catering service.

Earlier, there was the long, hard battle by H.E.U. to get Manning's International Ltd. out of Royal Columbian Hospital in New Westminster, and now Vancouver General Hospital has decided to end its dealings with the same organization.

Essentially, it has been a fight against contracting out of work and loss of jobs by hospital staff. The highlights included a sit-in at Royal Columbian and an emergency meeting at the hospital itself with Health Minister Dennis Cocke.

The amount of work done by the union in this particular case has created an impressive thick file.

The VGH decision cuts Manning's to a single catering contract with a B.C. Acute-Care Hospital. The last link is with Trail Regional Hospital.

Early in May VGH Administrator Dr. Chapin Key announced that the services of Manning's would be phased out over a several-month period with management of food operations returned to the staff. The hospital's contract with the company expires June 30.

Among the reasons listed by Dr. Key was the fact "some hospital workers resented the presence of a third party in the employer-employee relationship."

He said also, the cost of hiring Manning's was a factor and that the hospital now wanted complete management of food.

Of the hospital's move, H.E.U. Business Manager R. S. McCready, said: "We have maintained all along that the hospital itself has sufficient competent personnel to do the job.

"We had lengthy negotiations with the hospital over this, and Manning's termination should help to create better working conditions."

Last November Dietary Workers at VGH had threatened to walk out in protest to working conditions under Manning's.

The same month — Nov. 16 — 80 members of the dietary staff at Royal Columbian staged a sit-in, giving the hospital a noon deadline to resolve outstanding problems or face the possibility of a complete shutdown.

The Health Minister came to the hospital the same day and met with both sides until after 3:30 a.m. the following day. The upshot was a government study, recommendations and the easing out of Manning's.

Particularly annoying to the Union were the working conditions under Manning's and threat of job loss through a change in the system.

Under recommendations of the study committee, the size of the Dietary Staff at Royal Columbian will eventually be reduced, but not quite to the degree Manning's had suggested and more importantly, through attrition and not layoff.

# Cocke to Give Little Man Say

The man on the street is going to have a say in decisions concerning health care in the province, Health Minister Dennis Cocke told delegates to the Union's Provincial Wage Policy Conference at Penticton.

In addition to management and medical people, future health boards and hospital boards will have representatives from labor and consumers' groups, he said.

Of his own role, he said:

"No one wants a health czar in Victoria. I think health decisions are decisions that should be made by people. All of the people."

He said all groups would be asked to co-operate in a community health centre program that he hopes will be tried in the near future.

In referring to the part labor has to play in health care, Mr. Cocke said he hoped the H.E.U. would continue to work toward the development of training programs.

At an earlier point he said:

"I believe sincerely that the Trade Union Movement is the guts of the whole political process in this province and in Canada, but particularly in this province."

As such it should be a partner group in working toward "a challenge that the people will be well served," he said.

"I feel health care is a human right."

He assured delegates changes in the health system would not cost jobs. He felt there would be an opposite effect.

"I suggest that as health services expand so will your union," he said.

"Bear with us — change will not occur overnight. But as it does occur you will be consulted."