

# Black Warns Gov't. Wage Freeze Means Drop In Hospital Services

## The Hospital GUARDIAN

HOSPITAL EMPLOYEES FEDERAL UNION, 180

VANCOUVER, JANUARY 25, 1956

Four Pages

### Financial Problems Mounting Interior Crisis Needs Action

Hospitals throughout the interior of B.C. are facing a grave financial crisis which is plunging morale of both workers and hospital management to its lowest point in years.

Because of the crisis—and government inaction in the face of an obviously impossible situation—hospital workers are being deprived of the rights enjoyed by other workers, and are beginning to believe that the B.C. Labor Relations Act is a mockery so far as they are concerned.

These are the findings of Business Manager Bill Black, who returned from the interior this week to deliver a comprehensive report on the state of negotiations in smaller hospitals of the province.

At Kimberley General Hospital, Trail-Tadanac Hospital, Mater Misericordiae at Rossland, and St. Martin's at Oliver—where the union is negotiating first contacts—Black found a situation

(Cont'd page 4)

### Two Year Pact Sought At VGH

An arbitration board will sit next week to establish a two-year contract for our union's biggest unit—the 1400 employees of Vancouver General Hospital.

Chairman is Fred Smelts. Our nominee is "Parm" Pettipiece, veteran labor leader who served for many years on the VGH board of governors. Lawyer A. C. DesBrisay, Q.C., is acting for the hospital.

The union is requesting chiefly a five-cent increase for all and a contributory medical plan. The hospital has suggested nothing but "hold the line" policies to date.

While these important meetings are under way, we are also negotiating at Vancouver Island hospitals, Royal Columbian and Grace hospitals.



BILL BLACK . . . "time for action"

### Directive Violates Labor Act; Forces Many Staff Changes

Government attempts to roll back wages and working conditions of hospital employees through wage freeze orders will force a downtrend in hospital service, W. M. "Bill" Black warned this month.

In a constructive attack on the government's wage freeze directive, the union business manager declared any further attempt to roll back wages and conditions would be forcing hospital workers to subsidize the health service and result in poorer service to the public.

Service would falter through a constant turnover of staff forced by dissatisfaction with wages and working conditions—a turn-over rate already the highest in Canada, he told a crowded meeting of hospital workers.

#### END OF BARGAINING

"The freeze order simply means an end to collective bargaining—it freezes wages in all hospitals and is contrary to the intent and purpose laid down in the government's own Labor Relations Act," he said.

He pointed out there are many reasons for soaring hospital costs in B.C.—the existence of BSHIS, large number of older residents, and the shortage of chronic hospital beds.

Business manager Black agreed that wages paid hospital workers have improved in recent years, but he cautioned that "wages are responsible for only part of the cost."

#### CHALLENGE GOVT.

He challenged government statements that wages paid and the number of employees for each 100 patients in B.C. were the highest in the country.

"This is not true," he declared. "And I challenge anyone to prove it."

The government has never produced figures to back up such a statement, Black said.

On wage rates, Mr. Black said that in common with wages for all types of work, rates are somewhat lower in the East, but at the same time expenses per patient day in eastern cities were very close to the B.C. level.

This doesn't mean hospital workers in B.C. are being overpaid, he stated.

"There are still many hospital employees grossly underpaid."

"To suggest that hospital employees—nurse aides with salaries ranging from \$150 to \$170 a month, general kitchen help from \$150 to \$160, orderlies from \$230 to \$250, janitors from \$210 to \$230—to suggest that these people are extremely well paid in view of today's economic conditions, is incorrect," he said.

Hospital workers, he pointed out, do not enjoy group insurance, medical coverage, or unemployment insurance—and only two hospitals are covered by superannuation.

Mr. Black said his union would battle the wage freeze order because it "would be tantamount to instructing hospitals to reduce service, cut staff, or break a trade union contract."

### Hospitals DO Face Deficits

Union manager Bill Black has tackled Health Minister Martin's attempt to minimize 1955 hospital deficits. Black said that hospitals claim these deficits are faced: Royal Columbian, \$70,000; Burnaby, \$40,000; North Vancouver, \$35,000; Langley, \$20,000; Kelowna, \$25,000; Vernon, \$35,000; Rossland, \$20,000; Trail-Tadanac, \$40,000.

#### AN EDITORIAL

## What We Want For Hospitals

Hospital Employees Federal Union is the largest union of hospital workers in Canada. It is the only organization of its kind in the country covering and serving an entire province in the hospital field.

Through many years of experience—experience gained by persons who work in hospitals and have had to tackle the lay-to-day problems—we believe we are in a position to give sound opinions and technical advice on hospital operation and the B.C. Hospital Insurance Service.

Listed below is a program which we believe is sound, just, and in the best interest of all—for the welfare of not only hospital workers, but for hospitals throughout the province and for the B.C. citizen who is entitled to adequate standards of medical and surgical hospital care.

If these policies were adopted, the Hospital Employees' Union would pledge itself anew to give both the highest standards of service within its power, and every co-operation both to hospital administration and BCHIS.

We propose:

- 1—Setting up of a Royal Commission to enquire into charges of laxity and maladministration in hospital management.
- 2—Bringing of hospital employees under compulsory arbitration provisions with decisions final and binding on both parties.
- 3—Withdrawing of freeze order No. 55-7, allowing hospital wages to find their own level through the democratic process of collective bargaining.
- 4—Instituting a system of medical coverage in all hospitals, on a contributory basis.
- 5—Bringing hospital workers under Unemployment Insurance coverage.
- 6—Instituting a training program for hospital employees.
- 7—Setting up labor-management committees in individual hospitals for mutual co-operation in solving specific hospital problems.

# The Hospital GUARDIAN

Published by the Hospital Employees Federal Union, Local 180, Room 116, Labor Temple, 307 W. Broadway, Vancouver, B.C.

W. M. Black, Business Manager,  
Eric Thomas, chairman, press committee.

Vancouver, B.C., January 25, 1956

## Statement of Principles

By **BILL BLACK**

Business Manager, Hospital Employees Federal Union

It may be well at this time to state the principles on which the Hospital Employees' Federal Union, Local 180 stands.

1. We believe, and have declared many times in the past, that the British Columbia Hospital Insurance Service is a good scheme. Good for the patient, good for the hospital worker, and good for the Hospital Boards.

In time of stress and mental anguish, it ensures the best treatment possible for the patient at little financial cost.

2. We support the present method of paying for Hospital Insurance through a sales tax and we are convinced that the majority of B. C. citizens do likewise.

The Hospital Employees' Federal Union's largest unit, the Vancouver General Hospital, was the first organization to urge an increase in sales tax to pay for hospital insurance.

The complete and abject failure of previous administrations to place the BCHIS on a reasonable actuarial basis through premium collections, created a great deal of misunderstanding and dissatisfaction with the BCHIS.

3. Hospital Insurance is the responsibility of the Provincial Government; it is a social service enjoyed by all our people which should and will advance in relation to the expanding economy of our province and in relation to all other goods and services.

The Government should not be a party to interfering with the normal collective bargaining procedures as defined in the Labor Relations Act.

We stand ready at any time, as the Premier once suggested, to meet with representatives of the Government, the BCHIS, and the B.C. Hospitals Association, to review the operation of the BCHIS as it affects the standards of living of our people.

## Make It Work

We call on the provincial government to take action NOW to rectify a situation which makes proper financing of hospitals impossible.

Here are the facts.

Hospitals throughout the province prepare their budget on the calendar year ending December 31. BCHIS budgets on the fiscal year, which ends March 31.

But hospitals depend financially on BCHIS. The result: thanks to overlapping budget procedures, it often approaches mid-year before hospital budgets are approved.

This is unfair to the workers. It is unfair to the hospitals. It is also unfair to those we both strive to serve—the people of B.C.

We sincerely ask that the government put an end to a system which helps no one.

ments are made, it is possible a hospital will leave its deficit position and wind up with a surplus."

On consultation with the dictionary, I find that the word "possible" is defined as—"that may happen," or "perhaps."

I further note that the word I'm sure the hospitals would have preferred Mr. Martin to use, is "probable", defined as "likely to occur."

While it is possible that some adjustments may be made, the actions of the BCHIS throughout the year

Proposal to amend the Hospital Act to provide for compulsory binding arbitration of labor disputes in hospitals has won support in many quarters.

The proposal made by Hospital Employees Federal Union in the interests of stabilizing labor relations in an important public service, would forego the right of hospital workers to use the strike weapon.

With a realistic approach, the union executive pointed out this month it would be a major disaster if in any community, hospital workers were forced into the position that a strike would be necessary.

The executive said compulsory arbitration is not wholly desirable but is considered the only sensible method to settle disputes in the hospital field.

Binding arbitration has been written into some of the union's contracts and has been sought in others.

The executive said "we are at all times ready and willing to put our case before a board of arbitration to settle any dispute" and has challenged BCHIS to advise all hospitals to adopt the same attitude.

A recent editorial from the Abbotsford News illustrates public thinking on hospital labor-management problems.

It stated:

"For months, Hon. Mr. Martin has been ordering hospital boards of British Columbia to 'hold the line' at 1954 budget levels. He has specifically refused to permit adjustment of hospital insurance rates to cover wage increases, even when hospitals were in danger of losing valuable personnel if they did not adjust wages.

"Hon. Mr. Martin and his officials have termed this wage freeze order "high government policy," and left the hospital boards to deal with the irate unions about it. It is a sort of "I'll hold your coat while you do the scrapping" policy, and so far Victoria has remained on the sidelines while hospital boards all over British Columbia have been getting the bruises.

"Mr. Black, however, is no fool and he realizes that so far he and his people have not come to grips with their real opponent in this question, the government itself. They have been involved in a series of inconclusive local skirmishes without too much result. Perhaps in an attempt to force a government reconsideration of this wage freeze policy, Mr. Black told the civil servants convention

that hospital personnel "have the right to strike."

"The fact that 'we have a conscience' has ruled out strike action in the past, the business agent intimated, but 'someone else is going to have to get a conscience or we are going to exercise our rights.'

"While the business agent may be technically correct that he and his people have the right to strike he must also be aware that no more unpopular action could be imagined. If there is one place in the world that has no room for labor-management warfare it surely is a hospital.

"Without attempting to judge for the moment between the claims of employees or the wage freeze policy of the present government it is certain that neither attitude should be persisted in to the point of closing hospital doors.

"If the authorities and the hospital unions cannot compose their own differences of opinion the people of British Columbia have every right to insist that some other authority be established to do it for them.

"Compulsory arbitration is never a pleasant prospect for either party to accept in a labor dispute, but in this situation it is the only answer if the present stubborn points of view are maintained.

"The people have every right to expect hospitals will be kept open."



248. — "Must be from a hospital worker—you mentioned the word 'freeze'!"

## Fewer Employees In B. C. Hospitals

Hospitals in B.C. are being operated at a lower "expense per patient day" than almost all hospitals in the U.S. and at only a slightly higher rate than similar institutions in Ontario and Quebec.

In addition, our B.C. hospitals are operated with fewer employees for every hundred patients than hospitals in both eastern Canada and the U.S.

The claims which should answer once and for all time the often repeated charge that B.C. hospitals are "overpaid and over staffed"—are drawn from the Hospital Administrative Guide of August 19, 1955, and the recent report, "Financing Hospital Care in the United States."

Here are the figures, covering non-profit hospitals in 1954:

	Expenses per Patient day	Employees per 100 patients
B. C. ....	\$16.70	150
Ontario .....	15.04	166
Quebec .....	15.09	151
Oregon .....	24.98	210
Washington .....	26.89	222

(These figures do not include student nurses, interns.)

Non-Profit U.S. Hospitals Beds	Expenses per Patient day	Employees per 100 patients
Under 25 .....	\$17.42	168
25-49 .....	18.56	174
50-99 .....	19.84	190
100-199 .....	22.12	210
200-299 .....	24.01	213
300-499 .....	23.61	208
500 and over.....	26.45	222

## The Readers Write: 'Mr. Martin and The Deficits'

Editor, The Guardian:

In the grand finale to the recent Vancouver Centre by-election, the minister of health and welfare stated, and we quote from a Vancouver newspaper of January, 1956:

"I want to point out to you, at no time can you rely on the figures given out by hospitals or anyone else—whether it be a deficiency of a surplus, until after December 31 when the BCHIS receives the hospital reports, analyses them, and then makes certain adjustments. When these adjust-

ments are made, it is possible a hospital will leave its deficit position and wind up with a surplus."

On consultation with the dictionary, I find that the word "possible" is defined as—"that may happen," or "perhaps."

I further note that the word I'm sure the hospitals would have preferred Mr. Martin to use, is "probable", defined as "likely to occur."

While it is possible that some adjustments may be made, the actions of the BCHIS throughout the year

1955 make it probable that most hospitals are going to be in an "impossible" position.

While there are, at this time, no full figures on hospital deficits, it is known that six hospitals, of which only one can be considered a fairly large institution, have between them a deficit of nearly a quarter of a million dollars and that no hospital has received any financial assistance for wage increases or fringe benefits negotiated in 1954 for 1955.

All hospitals are in a deficit

position due to the budgeting procedures and control exercised by the B.C. Hospital Insurance Service.

In contrast to this parsimonious attitude on the part of the department of health and welfare, is that of Mr. Gaglardi, who, bubbling over with high good cheer, told the same rally, according to the same paper:

"You can imagine what fun I have had spending \$173,000,000 on the roads in B. C. in three years. If it wasn't for

Premier Bennett who knows finance and pours money into my hands, we couldn't spend it," he said.

"And every minister is saving money to give it to me to spend for you."

While such a prospect is doubtless pleasing to Mr. Gaglardi, harassed hospital boards which are bedevilled by unpaid creditors and harried by bank overdrafts will no doubt fail to see the full humor of the situation.

"ANXIOUS".

# 'Staph' Bug Hits Hospital Crews

Hospital workers are taking the brunt of danger caused by the spread of staphylococcol infections, and hospital hygiene is decreasing due to "assembly line" procedures made necessary by the freeze order.

This is the warning given by Hospital Employees to provincial government, through a brief presented by the provincial executive.

"There is no question but what hospital hygiene has been decreasing," the brief states.

"From a public health point of view, practices are being pursued which would not be ac-

cepted by Public Health officers."

The executive explains that the dangerous situation in hospitals is brought about, to large extent, by the BCHIS attitude that "you are only entitled to so many employees" which does not take into consideration the physical characteristics of the individual hospital concerned.

"This (attitude) is affecting the maintenance and general cleanliness of all our acute hospitals," the executive stated.

They charged that because of so-called economy moves, janitors are sometimes acting as orderlies, orderlies are working part-time in the power house, and female cleaners must move from the wards to the kitchen and back again.

In addition, many employees are doing work for which they are not properly trained.

The brief quotes at length from a speech by Dr. John C. Colbeck before the B.C. Hospital Association, in which he said that "true facts and figures on hospital infection are being kept in the background. . . . Poor housekeeping and infection control in hospitals has been responsible for part of a large increase in hospital infections, many of which have caused death."

This was brought home to hospital members when the executive stated:

"Our organization has been aware of the staphylococcol infection for a considerable time; many of our members have been off sick, with no medical coverage; some covered by Workmen's Compensation, others not.

"If anyone is taking the brunt of this infection it has been the hospital worker."

## Pension Plan This Year Is A Must

Establishment of a province-wide pension plan and a Health Insurance scheme is a MUST for all hospital workers.

This is emphasized by surprising figures which appeared recently in the business pages of the Victoria Colonist.

They show that pension plans are no longer the prerogative of the Civil Service and larger commercial organizations.

In fact, 78 percent of all office employees were covered by some form of pension plan in 1954.

Industrial figures are even more surprising. Of all the plant workers in Canada, 67 percent enjoyed the protection of a pension plan last year. In utility plants 97 percent of all employees are covered.

This happy situation just doesn't exist in the hospital field in B.C. Only two hospitals have any kind of pension plans.

Hospital workers, after years of faithful service at wages so low that savings are impossible, are in a bad position. Many are nearing the age at which retirement is highly desirable from the standpoint of the employee and the hospital.

A pension plan is a must.



GOING TO BAT in earnest are executive members of Hospital Union, as battle for sweeping changes gets under way this month. Indulging in mild horseplay for benefit of photographer are, from left (back row) trustees Phil Seven and Jim Ballard; executive member Henry Phelps of Vernon; trustee Phil Forsha, and vice-president John Fleming. In front are Alex Paterson, Bill Black and president Hector Carden.

## Union Asks 'End Freeze'; Full Hospital Probe Urged

Hospital Employees Union has called on the provincial government to withdraw the controversial "freeze order" circular and appoint an impartial commission to make a thorough survey of the hospital service.

The commission would endeavor to "place hospitals on a more equitable basis, guaranteeing an efficient service to the general public, and protecting the democratic rights of hospital workers."

These are the chief requests in a brief to the Cabinet. The Cabinet has so far refused to meet the union executives to discuss the proposals.

The brief points up the unfair and often ridiculous situation caused by the freeze order, and drives home to the legislators three main points. They are:

### THREE POINTS

1. Many hospital workers are still grossly underpaid, and none could be described as overpaid;
2. B. C. hospitals are understaffed compared with standards elsewhere, and productivity of our workers is extremely high;
3. Hospital costs are admittedly high, but this is a natural development arising from many causes, and the government must realize that in future overall costs will soar even higher.

Throughout, the brief stresses this point: The government will never solve the problem of hospital financing by the arbitrary issuing of freeze orders.

OFTEN UNDERPAID

Supporting the claim that hospital workers are often underpaid, the brief provides these figures: nurse aids get from \$120 to \$170 per month; kitchen help from \$80 to \$160 monthly; janitors from \$180 to \$230. In addition, there are many fringe benefits enjoyed by majority of workers but denied hospital employees.

"We have no group insurance, no medical coverage, only two hospitals are covered by unemployment insurance and by superannuation," the brief states.

"The productivity of our people is just as high as that of any

other class of worker in B.C. and we have no intention of having our standard of living frozen while everyone else takes advantage of the economic possibilities of the times.

"We, too, make a substantial contribution to society."

The provincial executive produced figures which give the lie to repeated suggestions that our hospitals are over-staffed. The figures show that B.C. hospitals employ 150 employees per 100 patients, as compared with 166 in Ontario and 222 in the state of Washington. (See detailed figures elsewhere in this issue.)

### MANY OLDER PEOPLE

Regarding the cost of hospitals, the brief notes that the number of hospital days being utilized in B.C. is greater than in any other province in Canada. It attributes this situation partly to the fact that our favorable climate draws a large number of senior citizens, and charges that no provision has been made for chronic beds.

"In many centres acute beds

are being used for chronic purposes."

The brief points out that life expectancy has increased tremendously due to the contributions of medical science, and today hospitals perform many functions which in past years were carried out by private laboratories.

"One thing is certain: The government will never solve the problem of hospital financing by the arbitrary issuing of freeze orders. In the years to come, due to the increase in life expectancy and standard of hospital care expected by the public, the cost of hospitalization will be pushed even higher.

"As to the overall cost of operating BCHIS, we believe that a continued attempt on the part of the government to adhere rigidly to a fixed budget in the face of unpredictable price increases in all hospital costs, supplies and equipment as well as wages, will be an added threat to the wage levels and living standards of hospital employees.

## Sure We Like BCHS — But It Got a Bad Start

"I can't quite understand it," said the man in the street.

"You Hospital Employees say you support B.C. Hospital Insurance, but in the same breath you criticize it."

The answer to this seeming contradiction is simple — and when properly explained, will lead to greater understanding by government and public of the hospital workers' problems.

Hospital employees DO support BSHIS, and believe it to be one of the best schemes devised anywhere to give all people the treatment and service they need.

Unfortunately, this excellent scheme was founded on the wrong financial basis. Prior to unionization of workers, wage rates were atrociously low.

Like other workers, hospital employees have improved their lot. But the scheme remained the same, and as a result, hospital workers have been blamed for the high cost of hospitalization in B.C.

In addition, it was never appreciated that hospitals would be used to a greater degree than ever before. People who once hesitated about going into hospital are now taking full advantage; older people, attracted by the benefits of a moderate climate and first class hospital plan, are flocking to B.C.

Hospital workers are being asked to take a beating because of basic economic facts which should have been faced into the first place.

## WHITE ROCK WORKERS JOIN 180's FAMILY

Welcome, White Rock hospital employees.

All units in B.C. are "glad to have you aboard" as the newest section of our expanding union.

Certification for 27 workers in the White Rock and District Hospital was awarded on January 9 after organization meetings in December.

The certification covers all employees other than nurses.

## Hospital Kiddies Say Thank You

Kamloops unit has won a special thanks from John Holdstock, administrator of Queen Alexander Solarium for Crippled Children.

The thanks came from the hospital and the kiddies to secretary Jean Schneider for donation of \$109.07 raised by Kamloops hospital employees in a raffle at their Christmas party.

Provincial Executive also sent \$25 to the Solarium, and \$25 to the Salvation Army at Christmas.

## Freeze Order Violates Labor Code

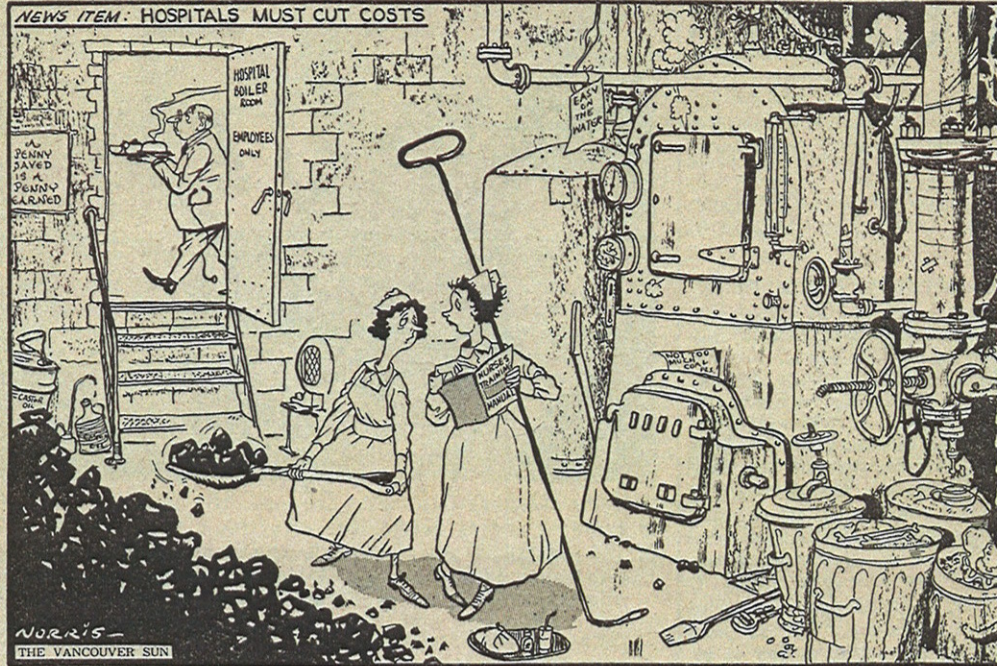
Hospital Workers have charged before the provincial cabinet that due to the freeze order many provisions of the labor code set up to protect workers are being violated in the hospital field.

In its brief to the cabinet, the union charges that some hospitals are violating regulations covering equal pay for equal work, Monthly Pay Act, and two per cent holiday allowance.

# Our Best, Yes; But Please, Not That Freeze!

(With apologies to no one)

When the freeze order came along  
From the BCHIS,  
The way we kept expenses down  
Was phenomenal, I guess.  
The whole staff learned to go around,  
All helping one another,  
Until relationships became  
Like sister and big brother.  
The cooks helped out the boiler men  
Cleaning the sooty flues,  
The boiler men helped out the cooks  
Concocting onion stews.  
The gardener washed the babies  
With a little garden hose,  
He pinned on all the diapers  
And wiped each tiny nose.  
The nurses mowed the big front lawn  
And sprayed with 2-4-D  
They mopped and polished all the floors,  
And then they quit for tea.  
The office staff came back at night  
To spend their well-earned leisure,  
Gathering and burning garbage up,  
Another gallant measure.  
The Matron ran the laundry,  
And really made it go,  
With patients picked out by the rule,  
Of eeny meeny mo.  
The doctors helped the orderlies,  
For orderlies jobs abound,  
And the Administrator, too,  
Carried the bed pans around.  
The wardmaids helped with things  
The Lab workers do;  
The X-ray staff did their own job  
And helped the pharmacist too.  
Even the week-end visitors  
Managed to do their share,  
Moving the dirty laundry out,  
With a little muttered swear.  
That's the way we worked  
To keep expenses tight,  
But there's little doubt about it  
This system just ain't right!



Courtesy Vancouver Sun  
"It's in here alright... it is the duty of nurses to see that patients are warm and comfortable at all times..."

## MESSAGE FROM GERVIN:

# 'Work Is Not Yet Done'

By R. K. GERVIN  
Sec'y Vancouver TLC

This is the first time the "Hospital Guardian" has appeared as a full-size printed paper. Congratulations to Local 180, Hospital Employees' Union. You have grown up and it is time our governments, provincial and municipal—and the hospital boards—realize this.

Local 180 through its unceasing effort, has compelled the authorities to recognize workers. Through their own efforts they have been successful in moving from a very low standard to one that is almost reasonable. But your work is not yet done.

With few exceptions hospital employees do not enjoy pensions, health insurance, accident and sickness prevention. Those are some of the things that are now a "must" in our way of life.

When employers go to the bargaining table they seem to think they should settle for the very least possible. This is all wrong. Such thinking is out-moded, and leads only to depression.

It is not enough to say that workers should maintain their standard of living—workers should ever be striving to improve their standard. Had we been content to simply maintain our standard of living, then such things as motor cars, frigidaires, television, and automatic homes would

Annual general meeting of the City Hall Employees Credit Union is slated for February 10 in Amputation Hall, 1431 West Broadway, and chairman of the board Hector Carden urges all members to attend.

Agenda will include election of officers and review of the year's business.

still be considered a luxury rather than the normal necessities of life.

Our governments should take more interest in the findings of conciliation and arbitration boards and the way in which they affect the lives of the workers. Our governments should remember that only as the purchasing power of the worker is increased, and his standard of living improved, will he be in a position to purchase the goods and mate-

rials produced. Only a government that pays heed to such things can truthfully say it is looking after the real interest of its people.

Hospital employees have made a success of their struggles in the past. I am confident that although the obstacles appearing in your path at the moment may be most difficult, with the ingenuity and the spirit displayed in the past, you will have no difficulty in achieving your goals.

## DEFENCE FUND WINS UNANIMOUS SUPPORT

Defence fund levy of \$1 extra a month on all members has been approved unanimously by all 25 units throughout the province.

Kamloops and Cranbrook were the last to approve the Provincial executive recommendations to set up the \$50,000 defence fund.

Collection of the defence levy probably will be made in most units during February.

Business manager Bill Black said the fund "is not necessarily a strike fund." He said it will be used in the fight to gain fair and just collective bargaining rights for hospital workers.

### Special Edition

Dear readers: This special issue of The Hospital Guardian has been composed and published entirely by the Provincial Executive of Local 180 with the assistance of Brother Jim Murray, chairman of the Vancouver General Hospital Unit, under the guidance of Brother Bill Black, our business manager.

The V.G.H. Education Committee takes this opportunity of thanking them on behalf of the membership for all the extra time and effort that they have put into it.

Readers please note that the regular January issue of The Hospital Guardian is being published as usual.

E. R. Thomas, Chairman,

## HOSPITAL WORKERS

If there is no union where you work get in touch with the union that fights for all hospital employees.

Write, wire or phone to

W. M. Black,  
Business Manager

Hospital Employees Federal Union 180, Room 116, Labor Temple, 307 West Broadway, Vancouver, B.C.

## Wage Peg Jeopardizes Bargaining

May 2, 1955, turned out to be quite an eventful day.

On that day, Health and Welfare Minister Eric Martin issued his famous circular freezing hospital finances—and indirectly wages—at their 1954 level.

The rest of the story is well-known to hospital workers, but often misunderstood by the general public. This is what happened:

The circular was issued after a majority of organized hospitals had completed their bargaining for the year, and as a result these institutions were forced into a deficit position, with resultant confusion by management and staff.

The final result: hospitals throughout the province will not bargain for the year 1956, because they don't know where they stand.

And the future? That lies in the hands of the 1956 legislature, which meets this month.

## FINANCIAL (Cont'd)

probably unprecedented in labor-management annals.

### NO DISPUTE HERE

No dispute exists between the union and these hospital boards. The hospitals admit wages and conditions are sub-standard. They are willing to bargain in good faith and to meet union demands. But management hands are tied by a government order which arbitrarily refuses financial aid despite changing conditions.

### NEEDLESS EXPENSE

Business Agent Black sums up the situation this way:

"What is the position of the conciliation officer? Does he recommend a conciliation board to adjudicate a dispute when no dispute exists, thus causing the various hospital boards, the union, and the government he represents to spend time and money needlessly?"

"Is the Labor Relations Act just a mockery so far as hospital workers are concerned? Is the government taking advantage of what it construes to be weakness in the Hospital Employees' organization, their lack of desire to use the strike weapon to force their demands?"

"All members of the legislature must assume responsibility for what has transpired."

### IMPOSSIBLE SITUATION

At the four hospitals concerned, immediate problems were solved by an agreement to extend the appointment of the conciliation officer pending clarification in the current legislature.

But at Kelowna, Kamloops and Penticton, an equally impossible situation has been revealed—the union has been fighting since 1954 to finalize negotiations covering 1955 and 1956.

At Penticton, a conciliation board by unanimous decision on May 12, 1955, granted an increase of \$10.44 per month. This has never been implemented.

Said Black: "These situations demonstrate that the hospitals of B.C. are facing a crisis—and that the government stand on the matter is a farce."

"Every representative in the B.C. Legislature has a responsibility to see that the situation is corrected at this session."

## THE BROMIDE SECTION

Her husband being slightly indisposed, a young and inexperienced wife attempted to take his temperature. In a state of great excitement, she called the doctor.

"Doctor, come quick! My husband's temperature is 136 degree!" she exclaimed.

The doctor replied, "Madam, the case is beyond my skill. Send for the fire engine."

Visitor to a farmer: "Which do you say—is a hen sitting or is a hen setting?"

Farmer: "I don't know, and I don't care. All I bother about is when she cackles, is she layin' or is she lyin'?"

"Good gracious," objected a patient, "five dollars is an awful price for just the few seconds it takes to pull a tooth!"

"All right, then," replied the dentist, "I'll pull yours out very slowly."