

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION, 180, N.U.P.E., C.I.C.

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No. 1

LABOR'S PARLIAMENT ELECTS LEADERS AT VANCOUVER



BILL BLACK

Hospital workers in B.C. take particular pride in the selection of Local 180 secretary and business manager Bill Black as regional vice-president of the Canadian Labour Congress representing B.C. workers.

Bill Black started his labor career as a leader of the unemployed in 1934, and he has reached the top in the labor movement the hard way. He has worked long hours, fighting for better wages and conditions for the workers of B.C. And with his familiar Scottish burr, he has poured shame and scorn on those who would deny men and women a fair standard of living in return for their labor.

CLAUDE JODOIN

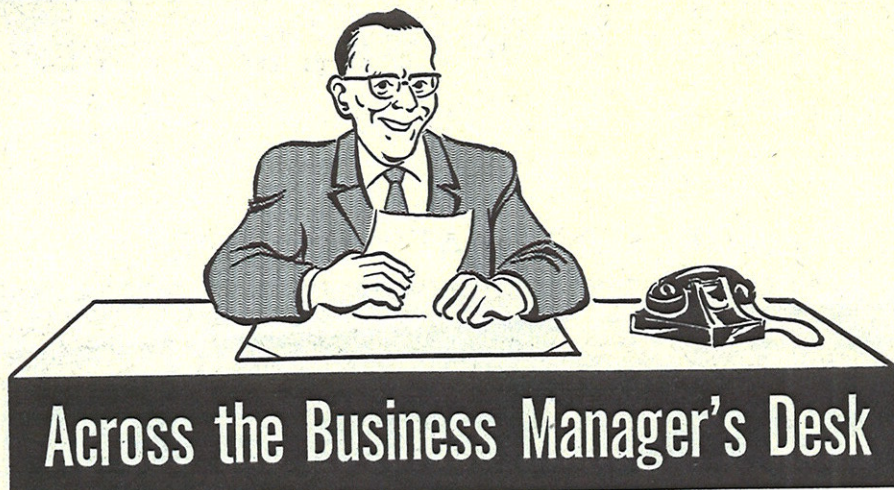
Claude Jodoin, once an obscure official of the Garment Workers' Union in Montreal, has moved by sheer force of character to become Canada's best known labor personality.

Brother Jodoin—big, hardworking, powerful, yet always courteous and unassuming — was again chosen by Canadian working men and women to lead the CLC, Canada's parliament of labor. At the Vancouver convention, Brother Jodoin easily defeated the first opposition candidate who has appeared since he became president of the CLC in 1956.

ED SIMS

Ed Sims, also named regional vice-president of the CLC, has been a labor man all his life. In his early twenties he was secretary of the Brewery and Soft Drink Workers Local 300. His enthusiasm, sincerity and qualities of leadership were recognized by his fellow workers in 1947, when he was named first international representative in Canada for his union. In 1952, he was appointed to his present position as Canadian director of his international union.

Brother Sims is best known as the president of the Vancouver and District Labor Council.



On Feb. 1, 1962, the Department of Labour issued a Declaration of Certification naming Local 180 as the collective bargaining agent on behalf of the non-professional staff employed at St. Joseph's Hospital, Victoria, B.C.

A local unit was set up on a functioning basis, meetings were held with the members, and an executive was elected in conformity with the Local Union Constitution. It was required from the outset that a contract be promptly negotiated between the Union and the Hospital. The membership elected a committee of three, Sister Irene Laundry, and Brothers Les Spencer and Allan Young, to assist and advise the Business Manager and the full time staff regarding the membership requirements and internal picture of the hospital.

Negotiations commenced on April 25. Our objective: "A good day's wages for a good day's work." At the outset the bargaining committee ran into difficulties sometimes associated with "first time" negotiations, and I believe it fair to say here that Local 180's affairs are always conducted with courtesy and dignity.

During negotiations, tempers are sometimes ruffled and uncharitable things said, or thought, about the people on the other side of the bargaining table, but once standard ground rules covering the conduct of the negotiations were mutually agreed upon, bargaining moved expeditiously and harmoniously.

The agreement between the hospital and the union provides, in part, these items which are beneficial for both parties:

- Union Shop.
- Grievance Procedure.
- Recognition of Shop Stewards.
- Seniority.
- Job Descriptions.
- Sick Leave based on 1½ days per month accumulative to 120 days.
- Annual vacations of four weeks after 15 years of service (effective Jan. 1, 1963).
- Uniforms to be provided by the Hospital.

- Rest periods.
- Jury duty pay.
- Accelerated wage increment steps.
- Upward revision in anomalous category rates.
- A wage increase based generally on 5 per cent.
- A further 3 per cent across the board increase effective Jan. 1, 1963.

Fraser Valley

Fraser Valley negotiations were handled this year on a regional basis for the first time. All hospitals in the region except Maple Ridge sent their representatives to sit at the bargaining table and negotiate a regional contract with Local 180.

Negotiations proceeded with the proper spirit of give and take, and mutual recognition of problems.

Representatives of the Union bargaining committee were: William Black, spokesman; Sisters Rose B. Kettle of Matsqui-Sumas-Abbotsford; Lydia Batke, Mission; Ida Thompson, Fraser Canyon; and Brothers George Holland of Chilliwack and L. Moore of Langley.

H. H. Goossen, chairman of the Fraser Valley Regional Bargaining Committee, proved himself to be an able and fair-minded negotiator.

The bargaining committee signed a two-year agreement with wages based on a general seven per cent package. The

"Bargaining is a process of giving and taking. Knowing how much to give and when to seize the opportunity of taking is an art requiring experience, knowledge and skill. Union negotiators are generally conceded to have this ability." — BILL BLACK.

package also provided these benefits for all non-professional staff in the Fraser Valley region:

- Four weeks annual vacation after ten years service.
- A shift differential of 20 cents per shift.
- A standard if and when UIC clause.
- Provision for "next higher rate of pay" after one work day for relieving employees.

Maple Ridge

As in the past, the management of Maple Ridge Hospital was not prepared to negotiate on a regional basis and it was necessary to negotiate a contract with this hospital independently of the other Fraser Valley hospitals.

Despite their reluctance to bargain regionally, wages and conditions were brought into regional alignment for 1962. A shift differential for those staff members affected was written into the wage scale. Anomalous category rates were upgraded with further increases.

Maple Ridge signed a one-year contract and in the latter part of this year will have to meet the Union Bargaining Committee at the bargaining table once more.

Squamish

An unrealistic approach to bargaining by the representatives of the Squamish General Hospital required the Local Union to make application for the services of a conciliation officer.

The department of labour appointed Mr. J. Laffling to conciliate the dispute. Brother S. McDonald, Assistant Business Manager, reported it appeared the hospital representatives wished to substitute the Master and Servants Act for the Union Contract.

The Conciliation officer recommended:

- A two-year contract.
- A wage increase of 9 per cent, 4 per cent effective Jan. 1, 1962, 2 per cent effective July 1, 1962, and a further 3 per cent increase effective Jan. 1, 1963.
- Accumulation of sick leave to a maximum of 120 days.
- Payment of full wages when on jury duty.
- Four weeks annual vacation after 15 years of service.

Kitimat

As we go to press, terms of settlement covering a new agreement with Kitimat General Hospital are being recommended to the respective parties.

In part the recommended settlement includes:

- 3% across-the-board wage increase, effective July 1st.
- Four weeks vacation with pay after 15 years' service.
- Inclusion of Easter Monday as a paid Statutory Holiday.
- Reclassification of Nursing Categories.

Dawson Creek

Employees at the St. Joseph General Hospital, Dawson Creek, have been organized and Local 180 has now received certification. The Local Union office is preparing to meet the management of St. Joseph at the bargaining table shortly.

A Merger in the Making



Officers of NUPSE and NUPE unions met recently in historic merger talks that could lead to one powerful union of public employees in Canada. From left are: NUPSE vice-president A. Papizzo; NUPSE vice-president E. Trulson; NUPSE treasurer H. Wrightman, NUPSE vice-president F. Rogers, NUPSE presi-

dent S. A. Little, CLC secretary-treasurer Donald MacDonald, CLC president Claude Jodoin, CLC executive vice-president W. Dodge, CLC Organization director J. MacKenzie, NUPE president W. Buss, NUPE national director R. P. Rintoul, NUPE vice-presidents W. Black, F. Taylor and A. Cochrane.

NATIONAL UNIONS PLANNING MERGER; HOSPITAL WORKERS TAKE KEEN INTEREST

Members of Local 180, Hospital Employees' Union are taking a keen interest in important pre-merger meetings between the executive officers of the National Union of Public Service Employees and the National Union of Public Employees.

Hospital Workers in B.C. are represented at the talks by Bill Black, secretary business manager of Local 180, and first vice-president of the National Union of Public Employees. Pre-merger meetings have been held in both Ottawa and Vancouver, during March and April.

Both national unions hold parallel jurisdiction in the public service field. Unlike some unions, which are unable to solve their jurisdictional disputes without resorting to raiding and open conflict, NUPE and NUPSE are finding solutions to their problems. Claude Jodoin, president of the Canadian Labor Congress is chairman of the meetings.

The organizations have two memberships, two organizations, two loyalties, but they are united as one in the fraternity of unionism. The two unions have common goals and common ideals, and will find the avenue to solve present difficulties and weld the two organizations into one progressive and militant organization.

Considerable progress has been reported, covering financial arrangements, union structure, basis of representation and administrative and organization staffing.

A working committee of three representatives from each national union has been set up to work on further merger details. Although no firm commitments have been made, it is understood that both unions will work towards a merger convention sometime in 1963.

Successful merger of these two national unions will be the first major merger since the creation of the CLC. If present plans are carried out, Local 180 Hospital Employees Union will become part of the largest national union in Canada, with a membership of close to 100,000.

AT UBC HOSPITAL

Top Post for Detwiller

Lloyd F. Detwiller, Assistant Commissioner of the B.C. Hospital Insurance Service, has been appointed Administrator of the new proposed 420-bed University Hospital, which is now in the planning stage.

This new institution will be the most modern in the province and will become the health center for British Columbia.

The U.B.C. Health Service Center will cover the University Hospital, the Faculties of Medicine, Dentistry and Pharmacy and the Schools of Nursing and Rehabilitative Medicine.

Mr. Detwiller will act as consultant on the planning of the Health Services Center, as well as Administrator for the new hospital.

Mr. Detwiller, a 1939 graduate of U.B.C., has taken post graduate work in

hospital administration at the Universities of California and Minnesota.

He was also the first Commissioner of the B.C. Hospital Insurance Service. He performed the difficult task of switching from the premium method of payment for health coverage, which proved to be inoperable, to the sales tax system which is in operation today.

In all our years of coming in contact with Mr. Detwiller, both as Commissioner and Assistant Commissioner, he has maintained an "open door" policy and has adopted a fair minded approach in his relationships with our Union and with organized labor as a whole.

We wish him well in his new appointment, and we have every confidence that the employees of this new institution will receive fair treatment.

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

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The Federal Election - A Challenge

Election day approaches, and there are things which every hospital worker should consider closely before going to the polls.

Let us remember the attitudes with which we were confronted at the bargaining table. We asked for reasonable things. We sought a fair minimum wage for male and female workers. We sought reasonable fringe benefits, proper regulations covering hours of work, a desirable environment in which to work. These are modest goals, and yet the attainment of them is about as difficult as a landing on the moon. We were often frustrated.

Before we vote, let us consider thoroughly whether we wish to perpetuate in the councils of government the attitude we encounter across the bargaining table.

Old line politicians tell us there is no unemployment. But when we ask management to increase salaries, we are told that salaries must be all right because unemployed workers are queued up looking for jobs. They tell us that hospital workers making \$200 to \$300 a month—and these workers are the backbone of the hospital operation—are pricing hospitals out of existence.

Before polling day, let us consider well whether we wish to maintain in office politicians who consider that a large pool of unemployed is a normal thing.

The old line economists tell us of the stability of our economy and the devaluation of the dollar. To hospital workers and others on fixed incomes, these fancy phrases mean that the cost of living is going up, and the standard of living of our people is going down.

Before election day, let us think seriously if we wish to elect representatives to whom the cost of living squeeze is an abstraction, not a daily struggle.

Hospital workers have invested their skill and their working lives in the hospitals of Canada. They must give proper, efficient service. But let us consider well, before June 18, whether the 100,000 hospital workers of this country should vote for policies under which they in effect subsidize hospital services through low wages and high productivity.

Let us be positive in our approach to election day. Man's effort can be turned towards the humanities. We should elect the type of government that will give positive leadership in the creative evolution of human society.

We say in Canada there should be equality. Our definition of equality means the opportunity to develop the individual personality without the handicaps of poverty, the lack of education, ill health, or legal restriction.

It means the chance to be free, to govern oneself, to have an education, a job, to enjoy economic security, to express a vital personality.

These things must apply to the ordinary man and not just to a minority.

When you, the workers vote on June 18, you should weigh your position most carefully. It is your own, and your children's future which is at stake. You are the pawns in the game.

It is not good enough to be swayed by mass media, Gallup polls, and popular trends. This is what happened at the last election and you know the results.

Don't direct resolutions to trade union centres. Don't cry about unemployment and the lack of security in the days ahead. You are being given the opportunity, as individuals, to protest, to select the party, and the men, and the women, who will act in the best interest of the common people of Canada.

When you go into the polling booth, this should be your only guide, your only yardstick.

We cannot tell you how to vote. Nobody but you is going to make that decision.

To refrain from voting—to stay away from the ballot box—is to condone the status quo.

Volunteers: — Hazard or Helpmate?

The security of Hospital workers today is being endangered not only by new technological techniques and automation. We now find that there are "volunteers" who are taking over the jobs which were performed in the past by the career hospital worker.

We have every respect for the contribution made by "volunteers" in hospital gift shops, their library carts, and with their various ancillary duties which are not normally carried out by trained hospital workers.

We are informed that we have in our midst one Hospital where "volunteers" are increasingly taking over the duties normally carried out by the non-professional staff. This pre-emption of Hospital workers' jobs is not appreciated.

Trend in U.S.

We are aware this is a practice that is becoming more and more prevalent in the U.S.A., where the Hospitals are privately owned. The *Volunteer Highlights* of the Valley Presbyterian Hospital in Southern California says: "There are two general types of adult activities — patient care and work in the departments requiring miscellaneous volunteer assistance, which includes such diverse but important topics as admission, transfer and discharge of patients, serving food to patients, transportation of patients, bed making, in-care of flowers. The course is carefully designed to give the volunteers the skills necessary to work on the nursing floors. Those who do not wish to work directly with patients are assigned to medical records, the business office, information desk, central supply linen room."

A Backward Step

Hospitals in British Columbia are supported through finances made available by all the citizens through the Sales Tax. The people of B.C. are entitled to the very best medical care and attention possible. Leaving the care of the sick and injured to "volunteers" is a backward step and unworthy of an enlightened populace.

The use of "volunteers" to replace regular workers is a threat to the security and stability of our work forces, and who knows, it might even spread to the extent that many of the Personnel Supervisors, and yes, even the Administrators of our various Hospitals might, one of these days, find they have been replaced by the "volunteer."

Most people save for a rainy day.
Too many presume it will be only a light shower.

SEMINAR BY THE SEA



Members of Local 180 are shown in this composite panorama of scenes as they learned to be better members of the hospital union movement while attending their week-long seminar at Parkville. (1) Delegates prepare to present "grievances" to a workshop session on duties of shop stewards; (2) Bill Black reviews history of the labor movement; (3) Students give instructor Percy Lawson

careful attention during lectures; (4) Dan Radford and class in parliamentary procedure; (5) An evening song session featuring the grand old songs of the labor movement; (6) It wasn't all work; the ladies find time here for a tea break and a spot of conversation; (7) Men delegates also had time to relax with bowling and shuffleboard.

LOCAL 180 MEMBERS LEARN BY DOING

More than 50 members of Local 180 Hospital Employees Union became students at a unique "seminar by the sea" for a whole week this spring.

Local 180 students gathered at the Island Hall Hotel, Parkville, on the doorstep of the Pacific Ocean. Nurse aides, janitors, plumbers, orderlies, practical nurses, clerical workers, cooks and other trades from hospitals throughout B.C. were elected by their fellow workers to attend the seminar. They learned how to be better union workers, about the fundamental duties and responsibilities of shop stewards, and basic techniques of parliamentary procedure.

After welcoming students to the school, Brother Bill Black turned the formal academic training over to Dan

Radford, CLC director of education, and Percy Lawson, CLC representative.

The students formed two classes, and for two days each group participated in either the shop steward classes conducted by Brother Lawson or the parliamentary procedure sessions under Brother Radford.

After the first two days, classes switched subjects and instructors.

The courses consisted of lectures and class participation, with students taking a turn at chairing meetings, moving motions, and working their way through simulated day-to-day problems of workers in the hospital.

On the last day of the seminar, Brother Black traced the history and

growth of Local 180 and the trade union movement. Through his eyes, students learned about the struggle and sacrifice of workers to build present day unions.

During the evenings, spontaneous discussion groups "solved" trade union problems, discussed the world situation, and dealt with such basic problems as man's relationship to man on a national basis.

Not all the activities of the school were academic. For the first time in their lives, many of the students heard and sang the grand old songs of the labor movement — Solidarity, Hold the Fort, We Shall Not Be Moved. Not only did the students sing these songs — they learned of the conditions which prompted their origin and their history.

FIFTH WHEEL

Nelson Man's Bright Idea Brings Praise

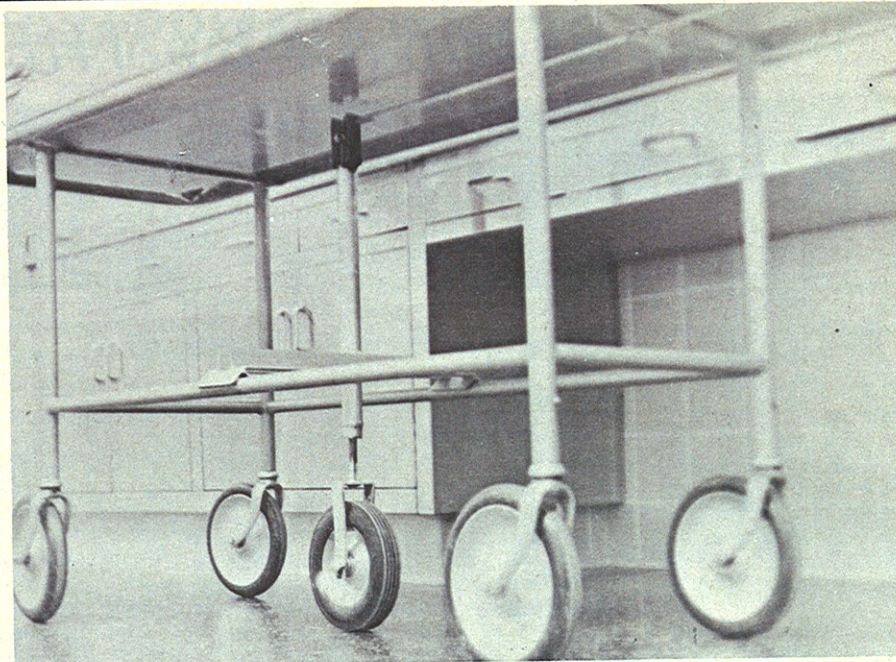
NELSON — Rolfe Brock, charter member of Hospital Employees Union Local 180, Kootenay Lake General Hospital unit, has been granted a patent for a unique five wheel stretcher in use at the hospital here.

Officially, his invention is known as a "Retractable Non-Castering Wheel for Fully Castering Vehicles." But to hospital workers and patients, it is known familiarly as "The Fifth Wheel."

Associated with Mr. Brock in development of the invention are Ted Bennett and Earl Halliwell, employees in a Nelson hardware business.

The "Fifth Wheel" idea grows out of a fact known only too well to all hospital employees — standard hospital stretchers are difficult to manoeuvre through hospital corridors and around corners.

The four-wheel swivel type castering stretchers are almost impossible for one person to steer, which can result in hazards to patients and sometimes in damage to costly hospital equipment.



ROLFE BROCK INVENTION

The "Fifth Wheel" gets around most of these difficulties.

The operator has only to turn a handle to select straight or side travel. Steering and turning can be handled by one person. When the fifth wheel is lowered, the stretcher will turn 360 degrees in its own length. When the opera-

tor wants to move sideways the wheel is simply raised by turning the handle. And when the stretcher is snugged up to a bed or operating table, it may be held there firmly by lowering the wheel.

Of course the basic idea isn't limited to stretchers, but can be utilized for any load carrying cart.

AT FOUR DAY MEET

Local 180 To Set Future Policy

The Hospital Employees' Union, Local 180, moves into its Third Biennial Convention May 29 in Penticton and will be in session for four days.

On opening day, many dignitaries will be in attendance, representing various labor centers, the government, the Superannuation Commission. Among those giving opening day addresses will be Ed. Sims, Regional Vice-President of the Canadian Labor Congress; the Hon. Eric Martin, Minister of Health Services and Hospital Insurance; and H. R. Slade, President of the B.C. Hospitals Association.

This will be a working convention.

We will be reviewing the results of our regional negotiations and our relationships with the various hospitals over the past year and a half.

The decisions reached at this convention could well influence the future activities of our organization. One day has been allocated for a completely closed session, when policies will be determined and steps will be taken to re-align our forces and our thinking — to map our strategy for the days that lie ahead.

It is anticipated there will be approxi-

mately one hundred delegates from all centers in British Columbia. This affords an opportunity for the exchange of ideas and opinions. It gives us a chance to examine the various labor-management techniques that exist in the individual hospitals.

But, it will not be all work. With the usual hospitality of the membership in the Okanagan, time has been set aside for recreation.

We are quite confident that this will be one of the finest conventions in the history of our organization.

JOB EVALUATION PROJECT TO HELP BARGAINING

With the cost of hospital care distributed through taxation over the total population, hospitals have been transformed from charitable organizations to service organizations.

That's the real meaning of the revolution in the hospital field in the last few years. It means that the hospitals' tradition of inability to pay fair and equitable wage rates is no longer valid.

But what is a fair and equitable wage rate?

The union suggests that many wage structures in the past have been based on tradition. Too often, favoritism or

discrimination have been reflected in these wage rates.

In the East and West Kootenay districts, hospitals are working on job descriptions, the first step in job evaluation.

Without job descriptions based on a thorough analysis and understanding of each job, a fair and equitable wage rate is pure conjecture.

Job descriptions and job evaluation — when completed — will strengthen the union's position when the time comes to negotiate equitable wage rates for the hospital workers in these areas.

THE MEDICAL MYTH

A SPECIAL REPORT FROM SASKATCHEWAN

By **BILL BLACK**

This writer recently attended a week-end convention of the National Union of Public Employees, which includes hospital workers, in the Province of Saskatchewan, where I listened with a great deal of interest to the pros and cons of the controversial medical care program.

I am not too amazed at the attitude of the doctors and their decision to withdraw their services, except in emergency situations, if the plan is implemented on July 1st.

They have driven fear into the hearts of families. Nine hundred doctors are flaunting the government and intimidating the population. The present Government of Saskatchewan was elected on its medical care program, but this means nothing to the physicians.

They have managed to solicit the support of the daily news media, who are having a field day trying to panic the citizenry.

When the Premier of the province, in all dignity, addressed a mass meeting of the doctors, he was treated discourteously. He was jeered and booed. If the trade union movement had pursued this type of action, it would have been well publicized.

We note there were three physicians

from British Columbia in attendance as observers. No doubt, they are in training for what may happen in this province.

And political parties — those who have promised a medical care program at the national level — are getting in on the act. In Saskatchewan, they are talking out of both sides of their mouths.

But, the actions of the doctors could teach the trade unionists something about solidarity and certainly something about political action. After reviewing the situation, I came to the conclusion that we are mere amateurs.

Don't let anyone be fooled. The Hippocratic Oath means little to some physicians. The only philosophy this group understands is that of economic determinism.

According to national figures, the medical profession is the highest paid and its members are in the highest taxable income brackets in the nation.

Unlike trade unions, they have the right to raise their fees — a right given to them by government — without recourse to conciliation or arbitration. This right could also be taken away from them.

This is not meant as a general con-

demnation of the medical profession. We have every respect for many dedicated general practitioners, who, if the truth was known, would willingly accept either a provincial or a national medical care program.

But medicine is becoming big business. You have the specialists and the medical clinics. These are the boys who are dictating the terms.

We note that this is not happening only in Saskatchewan. There is no socialism in the United States — or even any facsimile thereof — but the doctors there are fighting President Kennedy's medical care plan for the aged.

These are the physicians, whether they be in the United States or in Canada, who have no particular use for the trade union movement, but who will take advantage of the urgent desire on the part of trade unionists to negotiate welfare plans. We hazard a guess that in the Province of British Columbia, through C.U. & C., M.S.A., Sun Life, Telephone, Fraser Valley and other plans, roughly 20 million dollars per year are collected and passed along to the doctors.

The doctor has the use of all our hospital facilities, which to a large measure are controlled by the state. He uses the facilities of all our technicians for diagnostic purposes and they, too, are paid by the state. I am not detracting from their natural abilities, but doctors are educated in our universities and they intern in our training centers, both of which are financed through the state with money derived from general taxation.

In our opinion, the physician never had it so good.

I wonder what would happen if the hospital workers, upon whom the doctors are dependent, attempted to dictate their own terms. I wonder what would happen if they decided to withhold their services, except in emergency situations, because they didn't like the ground rules.

Our doctors have excellent training and background, a place at the top of society and an income to match. But it appears that our hospital workers have much more concern for ethics than the physician, despite his advantages.

If we were to use the strike weapon — or even if we threatened to use it — we would be castigated and vilified.

However, the doctors may rue the day they created these precedents. We know now they have feet of clay.

We predict that within five years medical care programs will be common throughout Canada. And there is an element of poetic justice in the thought that our doctors by their mercenary, grasping attitudes, will have actually helped to bring this happy state of affairs into being.



THE QUEEN OF THE COOKS

Employees of Arrow Lakes Hospital have said goodbye and good luck to Mrs. Hilda Wiles, pioneer member of Local 180 commonly known as Hilda, the Queen of the Cooks. Shown here is a party at the hospital where Hilda was presented with a rocking chair and a wallet. She will spend her retirement years at her home in Nakusp. Mrs. Wiles is one of a staunch band who helped establish the union. She has been at the hospital for 18 years.

AUTOMATION: Other Industries Have It It's Coming in Our Field We've Got to Face it Now

Your general office has become concerned with reports that are continually coming into the office relating to the hours of work and the productivity of our people.

When one talks of automation and speed-up, one usually thinks of industry. But quietly, but steadily, revolutionary changes are taking place in the hospital field.

- Job opportunities for men and women are becoming scarcer.
- New laundry techniques are being developed.
- I.B.M. machines are being introduced.
- Printing techniques are being modernized.
- New centralized methods of operation are being set up.
- We are informed that a machine has been developed that will wash, press, and fold linen in six seconds.

With the introduction of the "educated" slide rule and with completely automated phonetic typewriters it is evident that the job security of the "white collar" and the "blue collar" and the plain collar workers is no longer safe.

It is not only the question of mechanization that bothers us, but also the general speeding up of the work force to the extent that they are becoming seriously overworked.

The economists tell us that the only real reason for an increase in wages is increased productivity.

According to the best statistical information available to us, covering roughly 1400 hospitals in the United States and Canada, the average ratio of employees to patients in hospitals with 250 beds and over with maximum services, is approximately two employees per patient.

It can be said without contradiction that in the province of B.C., we have less employees per hundred patients than anywhere in the United States, or any other province in Canada.

Upon reviewing the annual report of the Vancouver General Hospital, and working with the statistics available to us it is safe to say that the employee-patient ratio is 1½ employees per patient.

This same trend is being portrayed throughout British Columbia.

The day is approaching when Hospital Workers will have to take a long

look at automation; will have to take a long look at their productivity.

Autoworkers, steelworkers, and workers in other industries are securing the "Guaranteed Annual Wage." It is possible that Hospital Workers have arrived at the time when they too must seek the "Guaranteed Annual Wage" in order to have a measure of security. It is possible also that the 35-hour-week must be initiated and pioneered in the hospital field.

We are not unmindful there are many precedents for the 35-hour-week including also those precedents set in the hospital field.

New Financial Statements Could Prove Revealing

The Labor Statutes of British Columbia require that we meet certain requirements, such as the filing of affidavits pertaining to our use of union funds.

Some Hospital Administrations were very quick to demand these documents, pointing out that "It's the Law."

When we go to the bargaining table we are confronted with community averages. We're fair game. They'll compare our salaries with everyone.

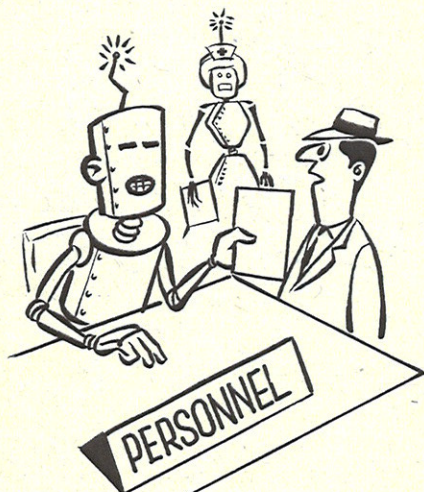
The salaries of our government officials or municipal officials are no secret. Since comparisons are going to be made, we take the liberty of pointing out there is now a Statute known as Bill 23, which is mandatory in its terms. Known as "An Act Respecting Public Bodies Financial Information," this Bill requires that all Hospitals operating within the framework of BCHIS, as well as any other institutions that receive public funds "... shall, within six months after the close of each financial year, publish a financial statement for that financial year which shall include:

- a statement of the assets and liabilities;
- an operation statement;
- a statement of debt;
- a statement showing all remuneration, bonuses and gratuities paid to each employee;
- a statement showing all expenses paid on behalf of each employee; and
- a statement showing each individual account in an amount of \$500 or more paid during the last financial year, and showing all other accounts paid as a consolidated total."

The wages and salaries of the employees that are represented by Local 180 have always been public knowledge.

The wages and salaries of the hospital administrators, directors, and others in managerial position must now be published.

Local 180 is interested in how quickly the law will be complied with in this instance. At any rate, once this public information is available all things will be equal.



"We aren't hiring so many humans these days . . ."

FISHING DERBY

VANCOUVER GENERAL HOSPITAL UNIT, LOCAL 180

SATURDAY, AUGUST 18th, at SUNRISE

SEWELL'S WHARF — HORSESHOE BAY

\$5.00 BOAT DEPOSIT

ENTRY FEE \$1.00

★ ★ 10 CASH PRIZES! ★ ★

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