TRUDEAU LIMITS WAGES

IN THIS ISSUE:
The Grinch who stole Christmas.
FINAL OFFER GIVEN

Provincial bargaining stalled

Provincial bargaining broke off Oct. 31 with the announcement by Health Labor Relations Association negotiators that they were tabling their final offer.

The offer, the worst ever put before an H.E.U. bargaining committee, could result in a monetary cutback of more than 10 per cent when the effects of inflation are taken into consideration.

HLRA is offering no wage increase for 1976 or 1977, while insisting that the present Cost of Living Adjustment (COLA) formula be maintained.

The two per cent “hurdle” incorporated into the COLA has already cost H.E.U. members a dollar shrinkage, and the six months preceding the end of the current collective agreement isn’t covered by COLA at all.

Add that to the accumulated two per cent losses for each reference period in HLRA’s proposed contract and it’s easy to see the beating that would be taken by wages proposed for H.E.U. members. (See accompanying chart.)

HLRA’s insulting package also includes the following:
- eliminate training program
- eliminate super stats
- eliminate retroactivity on government job evaluation (some retroactive to January 1, 1974, others retroactive to January 1, 1975)
- eliminate pay rate adjustments
- no change in northern differential
- no change in hours of work
- no change in on-call differential
- no change in annual vacations
- no change in sick leave
- no change in maternity leave
- no change in severance allowance
- no dental plan
- no extended health care plan
- no special leave.

Special offer from HLRA!
The amazing shrinking dollar

This illustration shows the erosion of the dollar in terms of wages to H.E.U. members if HLRA’s contract offer were accepted.

A dollar on July 1, 1975, dropped to a value of 98 cents by Sept. 1 of this year under the present COLA formula, and will dip to 95 cents by Jan. 1, 1976.


The freezing of H.E.U. wages as of Sept. 1, 1975, as HLRA proposes, would obviously have a devastating effect on the purchasing power of members’ wages.

“We know we can’t take it with us... our only problem is making it last until we’re ready to go.”
EDITORIAL

THE SENSIBLE WAY

Where do we go from here?
We have observed and opposed the formation of the Health
Labour Relations Association.

We have received and rejected their final offer for a new Collec-
tive Agreement to be effective January 1, 1976.

And we have seen and cannot support Prime Minister Trudeau's
fallacious and lopsided wage and price guidelines.

We must now decide whether or not we are prepared to stand
and confront those who would see our relative and real economic well-
being eroded by inflation and rolled back by employers.

The message brought back to H.E.U. members by delegates to the
Fourth Provincial Wage Policy Conference this fall was loud and
clear — it’s going to be the “toughest ever” round of collective
bargaining. The warning had been given by the Union’s Secretary-
Business Manager, Jack Gerow, and has turned out to be on target.

After 31 strike-free years of collective bargaining, the Union has
demonstrated time and again that it will make every effort to
negotiate a settlement without a work stoppage. No exception is
being made at this round of negotiations. The record will show that
the Union was prepared to continue direct negotiations longer than
HLRA. Although it is now academic who broke off the bargaining,
HLRA must and will be held accountable for forcing the breakdown.

Instead of facing up to its responsibility to negotiate a contract
with hospital employees HLRA opted for mediation, making a travesty
of good faith collective bargaining and a mockery of mediation.

The Union will not allow HLRA to misuse mediation services and,
accordingly, will not participate in the process. Instead, the Union
has been making initiatives for the appointment of an industrial
inquiry commission similar to the commission that forced hospital
employers to agree to the existing contract.

The Union’s proposal would include a government inquiry of not
only the dispute over a new collective agreement but also the dispu-
tes on severance allowance, job evaluation, apprenticeship pro-
gram and other outstanding issues.

It’s the sensible way to end the current impasse.

College offers Union courses

North Vancouver’s Capilano College
has begun a program on a subject that
has been long overdue in the education
field: labor studies.

The courses are a departure from
the traditional approach of higher edu-
cation centres, which usually consider
labour studies as a collection of tips for
management on how to “deal with
unions.”

The Capilano program is ideal for
trade union members, particularly
shop stewards and other officers. The
innovative program has been set up
despite the announcement by the pro-
vincial government of a planned labor
education centre. (Details of the gov-
ernment program haven’t been final-
ized).

Some examples of the Capilano
courses:

Extraordinary Lives — the Untold
History of Working People:
“Working people have been por-
trayed, among other things, as red-
nocks, lazy, antisocial and violent. Yet
the real story is a story of struggle, love
and solidarity. We will study the real
history of working people and how they
have learned to cope with their
daily struggle.”

Contemporary Economics:
“This course will focus on the causes
of and government reactions to infla-
tion, recession and unemployment.
Problems arising from technological
change and the multi-national corpora-
tion will be discussed. Particular at-
tention will be paid by the way our
capitalist economic system affects trade
unions and working people. Other eco-
nomic systems will also be looked at.”

Tuition fees for the courses are low.
H.E.U. members should keep an eye
on their Union bulletin boards for
details.

“Do yourself a favor and stay out of the dis-
cotheques. At your age it’s not dancing, it’s
bone-by-bone suicide.”
Barrett challenges opposition

Summing up some of the achievements of three years of NDP government in B.C., Premier Dave Barrett received an enthusiastic response from most delegates to the recent B.C. Federation of Labor convention in Vancouver.

Barrett also issued a challenge to opposition parties to take a stand on each of the government's programs. Citing Mincome and Pharmacare legislation, the premier said the Social Credit Opposition had indicated approval of it, "but they never did it before."

"What makes you think they're going to keep it now?" Barrett asked.

"Why wasn't it done before? Who are they trying to kid?"

Barrett said the province can afford Pharmacare, for example, because of finances provided by succession duty and gift taxes, which are levied on the wealthy.

"They should have been done a long time ago. These programs are for the people. Why are they being threatened during this campaign by subtle innuendoes against them?"

Barrett was interrupted several times by applause from the 500 delegates and received a standing ovation at the end of his speech, which also covered some of the jobs being maintained by government operations such as Kootenay Forest Products, 500 jobs; Panco Poultry, 450 jobs; B.C. Rail's boxcar factory, 220 jobs; and ferry builders at B.C. shipyards, 675 jobs.

"Who is it that wants to go back to the bad old days?" Barrett said.

"What vested interests are behind that mask of Social Credit? I say never, never again."

Guidelines stall talks over nation's contracts

Prime Minister Trudeau's wage and price control program, announced in October, has thrown a wrench into the machinery of collective bargaining across Canada.

In B.C., between 100,000 and 140,000 employees could have contract negotiations stalled under the cloud of Trudeau's vague program — details of which hadn't been fully released at press time.

Organized labor is fully aware that an extended wage and price control program can only lower the standard of living of the working person, chiefly because of the impossibility of regulating prices.

Considering also that the gap in wages between male and female workers has widened in recent years on a national average, the blow is a particularly hard one for women. How soon International Women's Year was forgotten, and it isn't even over yet.

Premier Barrett's announcement of a B.C. price control plan may help adjust some of the imbalance, but in the long run — if Trudeau's rules are enforced — the losers will be the average employee. That was obvious from the glint in the eyes of employers across the country as they gleefully rushed to the news media to announce full support of the wage guidelines, knowing that ever-rising prices will — as they have always done — take care of themselves.

"Make sure those tiny time pills are set for daylight saving time."
Anyone wondering why Unions came into existence need not search the history books for chapters marked Middle Ages.

Right here in British Columbia — at Peace Arch District Hospital, White Rock, to be precise — is an excellent example of medieval intimidation of employees.

Nurse aides were recently called into a room and told that discontent "will not be tolerated."

A list of forbidden activities that was recited to them included "conversation likely to cause discontent."

They were also warned against "shop talk in and out of hospital," and told that violations would be listed in each individual's personnel file.

The Union is investigating the incident as well as reports that similar intimidation is going on in other departments.

H.E.U. has acquired a copy of a report given at the nurse aide meeting, dated Oct. 24, 1975, which included the above and other threats. Among the conduct forbidden:

- Insubordination;
- Disloyalty;
- Abuse of privileges;
- Giving false statements;
- Rudeness to staff or patients;
- Late for work;
- Neglect of duties;
- Calling in sick in conjunction with days off.

As if that weren't enough, the nurse aides were told: "If you just cannot adjust or be happy in your work situation it is very foolish to continue. Please do not feel obliged to stay on our staff but let us have your resignation promptly.

The rest of the staff find no pleasure in working with you."

There have also been reports of individual intimidation, such as a case where a female employee was reduced to tears after being tongue-lashed by a supervisor in a "private talk."

The Union is acting on this outrageous form of intimidation, and has reported it to the Labor Relations Board. (An LRB officer was appalled when he was told of the above threats.)

Such intimidation is consistent with the neanderthal approach to labor relations displayed on many other occasions by the White Rock hospital's administrator, Derrald Thompson.

Negotiations for a new collective agreement for the Peace Arch unit have broken down because of ridiculous conditions laid down by Thompson.

As for this latest round of oppression, H.E.U. will not permit employees to be intimidated. Any such acts should be reported to the Union immediately. White Rock members can be assured they will be protected against the administration's efforts to suppress individual freedoms and contractual rights.
Board members listed

Who are the individuals who collectively are trying to remove benefits from the Collective Agreement?

Members of the Health Labor Relations (HLRA) board are as follows: Tim Thomas, administrator, Quesnel; Tom McMillan, assistant administrator, Lions Gate (North Vancouver); Jim Denholme (board chairman), trustee, Sunny Hill (Vancouver); Tom McAdam, deputy executive director, Royal Columbian; M. K. Barraclough, personnel director, Royal Jubilee; Terry Herriwigg, trustee, Powell River; L. V. Truitt, director hospital services, Vancouver General; L. Swenerton, administrator, Cranbrook; D. K. Taylor, trustee, Kootenay Lake; Dennis Barber, trustee, Kitimat; Chuck McConville, trustee, St. Paul’s.

Take two aspirins......

A hypochondriac went to a lecture on kidney diseases, then frantically phoned his doctor to report his latest fear. The doctor explained that with that particular disease there were no pains or discomfort of any kind.

"I knew it," gasped the hypochondriac, "my symptoms exactly."

Another member of the board, David Chapman, Kelowna hospital board chairman, went missing last month after a single engine plane he was operating crashed in the bush near Hope. He left the plane, leaving a note, and subsequent searches failed to locate him. The official search has been called off, as low temperatures in the area make survival unlikely.
UNIT OFFICERS at G. F. Strong Rehabilitation Centre give reports to unit members after Wage Policy Conference this fall. From left are: Enid Shackles, Vice-Chairperson; Dennis Mow, Chairperson; Ron Dion, Secretary.

“He’s descended from a long line I once listened to.”

**RNs adopt sad attitude to program**

Among the more unfortunate public stands recently was the one taken by the Registered Nurses’ Association on H.E.U.’s practical nurse/orderly training.

The RNABC’s actions are reprehensible in light of the fact that the training program is currently under negotiation between the Union and the Health Labor Relations Association.

It’s clear that the timing of the RNABC announcement was calculated to thwart the objectives of the Union’s training program and is the kind of interference in free collective bargaining one would expect from the ILRA, but not from an employees’ association.

In fact, why would any employee organization oppose a training program like the Union’s? The program ensures the training of the quality and quantity of practical nurses and orderlies required by B.C. hospitals.

If the Registered Nurses’ Association were involved with the Union in its 1976-77 provincial bargaining, their skepticism of the training program would turn to support.

One of the problems with current training programs is that service to the hospital takes precedence over clinical experience. The Union’s program with the use of not only clinical instructors but also clinical student counsellors will put an end to an imbalanced program.

Practical nurse/orderly trainees are in the process of entering hospitals on Vancouver Island to complete their training program. Under the terms of the Union’s collective agreement, these trainees can look forward to receiving for the first time the payment of wages for services rendered to the hospital. Their wages will be a percentage of the qualified rate for a practical nurse/orderly, starting at 50 per cent.

B.C. currently imports approximately half of its practical nurses. The training program could meet all of the province’s needs in that respect, and later be broadened to include other types of specialized training for hospital employees.

H.E.U. supports the stand taken by Labor Minister Bill King, who has publicly backed the program and the principle of fair wages for trainees who perform work in the hospitals. King has said there is too much emphasis at the colleges on academics and has urged those who run the colleges to respond to the needs of the community.

And the Union agrees with him.

The Union also agrees with Associate Deputy Minister of Labor, R. S. Azad, who recently criticized the “shocking snobbery” on the job training programs at the college level and in the community. Azad, who recently joined King at a two-day labor relations seminar in Trail, asked why a trainee practical nurse should not be paid for work performed, when wages are paid to trainees in other fields and to accountants when they are articling.

There’s no reason at all, of course, and the colleges can’t come up with one despite their efforts to interfere with free collective bargaining while failing to meet industry needs.

The program comes under the jurisdiction of the provincial departments of education and labor, as outlined in a report released jointly by King and Education Minister Eileen Dailly in 1973. Among the areas touched on by the report were the location of programs in B.C. colleges and vocational schools, establishment of financial and administrative arrangements and quality of instruction.

The program is designed to give fair treatment to students, many of whom under the present system find it almost impossible to meet financial obligations.

Alleviating this problem will ultimately aid the patient and the community when the student’s attention is focussed on learning — rather than worrying about costs of taking training.

Occupational mobility within the health field will also aid more than just the individual trainees. A program that allows employees to upgrade their skills helps job satisfaction which is advantageous to all involved.

The program is long overdue. The fact that supposedly responsible organizations and individuals are resisting such badly needed change is indefensible.
A lot can happen in three years.....

The past three years have constituted a significant period in British Columbia...significant in particular for the health care field.

As the fall of 1972 approached, provincial election fever was hardly enough of a diversion to alleviate the feeling of depression that had fallen on the hospital industry. Frozen funding, regressive policies, anti-labor legislation and almost total lack of communication with Victoria, nourished that depression.

The election of a new government brought new hope. Idealists tried to suppress unrealistic optimism, though it wasn’t easy. The ideal, of course, can never be attained but it can be attempted.

How does the record stand? Chronic care beds have risen in number from 2,400 in 1972 to 3,800 at present, with almost 2,000 currently under construction.

Emergency care has been greatly improved, including a province-wide ambulance service that operates for a flat $5 fee per trip, a concept long advocated by the Union.

Improved training for ambulance attendants has elevated them from the role of chauffeur to the level of highly-trained personnel using sophisticated new equipment, in contact by radio with doctors at the hospital during emergencies where seconds count.

An ambulance trip is no longer the frightening experience it used to be, thanks to achievements of the Emergency Services Commission.

The B.C. Medical Centre has been set up, a unique grouping of hospitals designed to co-ordinate treatment on all levels to meet many of the province’s health care needs.

Included in recent developments has been the spinal injuries unit at Shaughnessy Hospital, formerly a veterans’ hospital run by the federal government. Now under provincial jurisdiction, Shaughnessy will also have children’s hospital facilities. Among other hospitals under BCMA jurisdiction: Vancouver General, Burnaby, Lions Gate, Royal Columbian, St. Paul’s and Maple Ridge.

Home care programs have been expanded to provide more economical (and in many cases better) care for patients who do not require hospital facilities. The purchasing of private hospitals by the government — also advocated by H.E.U. years ago — has also begun in an effort to improve chronic care in B.C.

The fight has been stepped up against breast cancer, a major killer of women. Twenty-two hospitals are in the process of being equipped for breast cancer detection.

The provincial government has also established the Cancer Control Agency as part of the B.C. Medical Centre.

Achievements by H.E.U. in the battle to eliminate discrimination by sex in the hospital industry were made possible by government co-operation.

Even acupuncture, a fascinating, ancient practice from China, is being looked at — however cautiously — by the provincial government. Two acupuncture clinics are operating on a referral basis.

HEALTH MINISTER Dennis Cocke.

The idea of the pre-1972 health department making such a move is unthinkable.

Communication between the Union and the government has been instrumental in solving several disputes and potential disputes — battles which would have been uphill all the way before 1972.

One of the most important achievements of the past three years is the feeling of confidence that has been established in the health field. The best medical care and treatment has to be paid for — whether it is labor, buildings or equipment — and the present provincial government has been willing to make those vital commitments.

As the provincial election nears it is vital for support to be thrown behind the candidates who are committed to these programs and to the goal of providing the best health care available.
Count those days for overtime pay

Have you got some overtime pay coming that nobody has mentioned to you?

It's possible, under the provisions of Article IX, Section 1 (Statutory Holidays) of the collective agreement.

H.E.U. employees are entitled to 115 days off per year exclusive of annual vacations. That's the total of two days off per week, plus 11 statutory holidays.

Check to make sure you've had your 115 days. If not, you are entitled to pay at the rate of time-and-one-half for those days that are owed to you at the end of the year.

Previously, 114 days was specified but an August statutory holiday—B.C. Day—was added this year.

MEDICAL PLAN

New number? Let 'em know

Running into difficulty with your medical payment claims?

If you are, the provincial department of health advises that the cure is simple: give your new Medical Services Plan of B.C. identification number to the medical people with whom you are dealing.

According to a department spokesman, too many people have been ignoring their new medical cards and leaving their old numbers on file at doctor's offices. The result has been an initial rejection of many claims and a delay in payment. The new cards came into being when the Medical Services Plan of B.C. became responsible for all the work done previously by other carriers, and it is essential that doctors' offices, clinics and hospitals providing services under the plan be furnished with the new numbers.
FOUR HOURS OFF

The Provincial Elections Act provides that all employees must have a minimum of four consecutive hours away from the job on voting day.

Section 200 (1) of the Act states:

“Every registered elector of the electoral district who does not have four consecutive hours free from his employment between the hours of the opening and closing of the poll on polling-day is entitled to have such time free from his employment, without loss of pay therefor, as may be required to provide him with four consecutive hours between the opening and closing of the poll on polling-day in which to cast his vote.”

The polls are open from 8:00 a.m. until 8:00 p.m. Under the Act, if you commence work prior to noon on voting day, you are entitled to end your shift by 4:00 p.m. at the latest.

Be Sure You Vote on December 11th
Unusual air prevails at northern meeting

A surprise diversion almost broke up a recent unit meeting in Fort St. James.

The gathering was listening to a report by a Staff Representative from the Provincial Office when they were made aware of another guest: a skunk was doing its thing just outside the hospital. The normal flow of fresh air into the hospital cafeteria was abruptly replaced by a distinctly unpleasant odor, and one of the members — a maintenance employee — went outside to have a look.

The gathering hoped, however, that he wouldn’t find the skunk. They had visions of him being caught in the line of fire and having to be rushed to the nearest shower for a bath of tomato juice (the best known treatment in such cases).

But he didn’t find the skunk, which reportedly had been chased to the hospital by a dog.

There was no word on the fate of the dog, which probably wasn’t as lucky as the maintenance man.

Talks continue for Port Alberni hospital unit

Bargaining has been continuing between H.E.U. and the Port Alberni hospital, which opted out of HLRA for the 1976-77 contract.

Secretary-Business Manager Jack Gerow and Staff Representative Bob McCartney met with members of the hospital board, in talks that have been progressing slowly. (Hospital trustees are handling the negotiations for management.)

Further meetings were planned at press time.

An interesting aspect to the bargaining is that most of the trustees are union members — in the International Woodworkers of America or Canadian Paperworkers’ Union.

Watch that booze count!

We hope you have a happy Christmas and New Year ... and hope that the joy of the season isn't shattered by one of the seemingly inevitable tragedies that result from drinking and driving this time of year.

Once again, television, radio and newspapers are attempting to drive the message home — to an almost depressing extent; but unfortunately the message won't get through to some drivers, and the post-Christmas and New Year's news reports will contain their names and those of the innocent victims.

As a guide to how much Christmas "spirit" you can consume and still be able to look a policeman straight in the eye, we print the following chart.

The safest method, however, is to take a taxi to and from the party. Then you can forget about studying charts, and just enjoy yourself.

BLOOD-ALCOHOL CHART

Showing estimated % of alcohol in the blood by number of drinks in relation to body weight. (drink equaling 1½ volume-oz. of rum, rye, scotch, brandy, gin, vodka, etc.; one 12-oz. bottle of beer; or 3 oz. of wine.)

Count 1 drink of over-proof rum as 2 drinks.

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Driving impairment is reached before .080%
For SAFETY — DON'T DRINK and DRIVE!
We all share the burden....

We regret the inconveniences and delays you might encounter in receiving your copy of the Guardian. It's a bit of a struggle all round.

In the lower mainland, Fraser Valley and Vancouver Island areas, Staff Representatives have been delivering Guardians by hand, with the assistance of unit officers in some cases. Greater utilization of bus services has also helped during the current mail strike.

Alternative transportation has been required for some of the stacks of correspondence that flow from the Provincial and Regional offices by mail in normal times, and, of course, much of it just isn't being sent at the moment.

It shows that Unions are affected by strikes as much as anybody else, but it's all part of the sacrifice that has to be made in the battle for economic survival, the improvement of working conditions and job security.

Universal cure.....

A man hurt his forehead and was advised to rub it with brandy. When asked a few days later how the treatment was going, he said, "I keep trying, but I can never get the glass higher than my mouth."