With help of HEU members

Erosion Of Health Care To Be Monitored

HEU Secretary-Business Manager Jack Gerow and B.C. Nurses' Union Executive Officer Maria Paton listen to a question from the media at a press conference March 31 held by the Alliance to Save Health Care in B.C. The goal of the alliance is to stop cutbacks in health care for the sake of the patient and the health care worker.

Voting On Offer To End April 22

HEU members began voting March 30 and continue voting through April 22 on HLRA's offer, HEU's Provincial Bargaining Committee recommended rejection of the offer to the Union's Provincial Executive at a meeting in March. The executive unanimously en- dorsed the recommendation and recommended that HEU members vote as their means of setting the dispute. Results of the voting will be announced after April 22 and will be reported in upcoming Guardians.

Health care in B.C. hospitals is "reeking on the brink of a disaster" as a result of HLRA's "final" offer of March 12, according to HEU Secretary-Business Manager Jack Gerow. "I expect HEU members will make sure the offer that they will stop doing those little things that have made the hospitals get by in their current financial quagmire," said Gerow.

HLRA's "final" offer, reported in the Special Guardian that has been handed out to many HEU members since voting began March 30 at Unit meetings, called for a 3.49 per cent wage increase retroactive to January 1 and an additional 4,593 per cent boost April 22.

"Morale will plummet and certainly all this will affect health care," added Gerow.

Constitution And By-Laws Provisions

The following provisions of the HEU Constitution and By-Laws that should be of interest to Union members:

Article XI — Master Collective Agreement Negotiations

Section 5 A full and comprehensive report covering Proposed Terms of Settlement shall be given by the members directly affected by the results of such negotiations. Such Reports shall only be given at properly constituted or Group meetings by Provincial and Regional Office Staff Representatives attending, where necessary, by Members of the Provincial Bargaining Committee and/or Provincial Executive Members.

Section W Each Unit or Group shall vote separately on all recommenda- tions with respect to settlement, strike or arbitration.

Section X An overall 2/3's vote shall bind all Unites and Groups to the prevailing Membership decision.

Section Y There shall be no strike action without Provincial Executive sanction.

The alliance with the details of these situations as they arise by using the form that will be provided at your Unit.

The source of all information will be kept confidential.

Do you know about bed closure? Services reduced, or eliminated? No vacation relief? Lay-offs? Staff positions left unfilled when people leave? Do you know of situations where patient care is less than it should be? Where supplies have been cut back? Where the safety of patients, or staff, is not certain? Where some service takes too long?

Things like these mean inferior health care, and they probably result from inadequate government funding. If you have to work around this kind of obstacle, let the Alliance know.

Our union steward/representative/chairperson will have a supply of forms.

The Alliance is a joint venture of the Hospital Employees' Union, the B.C. Nurses' Union, the Union of Registered Psychiatric Nurses of B.C., the International Union of Operating Engineers, Locals 882 and 882B, the Ambulance Employees' Union, CUPE Local 873, and the Health Sciences Association.

All of us want to do good jobs in health care. We're fighting to save the system and make it better. Help the Alliance, so we can help you and your patients.

In a joint statement released March 30 the alliance criticized Premier Bill Bennett's proposed program of restricted public spending and the effect such restrictions would have on health care.

"Our members have for years been trying to cope with a seriously understaffed system. The government's proposal is the straw that broke the camel's back," said the alliance.

"Services already strained to the limit face severe cutbacks if the government imposes its program. This cannot be allowed to happen."

The alliance's main objec- tives are to fight for the preser- vation of health care standards by warning all political parties of the dangers presented by the cutbacks and by questioning the parties about their commitment to maintaining and improving health care.

HEU Secretary Business Manager Jack Gerow called for a common front of health care employees on February 18, immediately after Bennett revealed his proposed wage and expenditure restrictions.

The alliance welcomes the participation of other organizations and interested parties.

Studies Show ETO Can Be Hazardous

Recent scientific studies show that ethylene oxide gas (ETO), used in sterilizers in many hospitals, is more hazardous to health than previously thought.

All HEU members who work near an ETO sterilizer should re-examine their work proce- dures in light of the fact that the gas may be 50 times as danger- ous as previously thought.

Maple Ridge Unit Chairperson Jean Blyth said that a March Guardian story on the sterilizer at Maple Ridge Hos- pital "did a lot of good." It reported how other hospitals are calling and getting information about Maple Ridge. The management here is taking it seriously and we're doing everything we can," Blyth told The Guard- ian.

"The problem about the gas was brought out in the open through The Guardian and because the hospital manage- ment is aware of our worries they are becoming more safety conscious regarding this ETO gas."

The sterilizer at the Maple Ridge Hospital has not been turned on since March 11 when the Workers Compensation Board came to check the machine. The WCB told the hospital they would return how- ever since the sterilizer was not functioning March 11, said Blyth.

"The machine hasn't been working too good and the hos- pital has been doing a lot of work on it. They don't know when they're going to start it up again.

Health and Welfare Canada is disturbed enough about the potential ill effects of this gas that it issued a Medical Devices Alert bulletin in January to hos- pital administrators.

The Chief of the Environmental and Occupational Toxicolo- gy Division of Health and Wel- fare Canada advised HEU that, as a result of the new evidence, they are "thinking about" reducing the maximum exposure level from fifty parts per million to one part per million. In light of these new studies, HEU is attempting to ensure that employers take every pos- sible precaution to avoid expos- ing HEU members to ETO vapours.

The following HEU-researched information on ETO sterilizers should prove useful to Union members:

1. Dow Chemical (which manufactures ETO) has pro- duced a summary of studies on the effect of ETO which includes the finding that ETO inhalation at ten, thirty-three, and one hundred p.p.m. caused increased incidence of leukemia in rats, and at thirty-three and one hundred p.p.m. caused increased incidence of cancer of the stomach lining in rats.

2. ETO is extremely dangerous if exposed to open fire.

3. ETO causes chromosomal changes in barley, fruit flies, rats, dogs, and humans.

4. Early symptoms of ETO inhalation include irritation to the eyes, nose, throat, and a peculiar taste; delayed symp- toms include headaches, nau- sea, vomiting, shortness of breath, blueness, swelling of the gums, drowsiness, weak- ness, and incoordination.

5. If you can smell ETO (it has a distinctive smell — rotten cabbage was one description) you are exceeding your maxi- mum recommended exposure.

6. In Sweden, the maximum exposure standard is twenty p.p.m. In the Soviet Union, the maximum exposure standard is 5 p.p.m.
Health Care Alliance

HEU issued a call for a common front of health groups in February to deal with the provincial government's attempt to dangerously erode the level of health care being provided in the province's hospitals and facilities.

The Union's primary interest in the alliance of groups that eventually was formed is the quality of health care being delivered and the effect on health care workers who, because of government underfunding, could be forced to work under dangerously low patient-to-staff ratios causing risk to not only the patient but also to the health care worker.

The alliance is formed of the following: HEU, Ambulance Employees Union, B.C. Nurses Union, Health Sciences Association, International Union of Operating Engineers and the Union of Registered Psychiatric Nurses of B.C.

For years, British Columbians have coped with a health system that just makes the grade. Patients are affected, but health workers face the problem constantly. Coping has become a way of life for them. Most of the blame lies with the provincial government, which has ignored the problem.

Now the government wants to limit public spending for health. They think they can do it without taking the system from borderline to inadequate. Well, they better think again.

The people who deliver health care will no longer stand by quietly. HEU and the alliance will blow the whistle on the government's scheme. This alliance of health workers will monitor care and report to the public. The 49,000 members in the alliance are on the spot; they know what's happening, and their knowledge and expertise will be used.

The alliance monitoring program consists of two parts. The first will be a province-wide survey of members to document the current state of health services. A computer will analyze the questionnaires to give a detailed, overall picture. In April, health care workers will begin documenting individual incidents and problems as they occur; and this will pinpoint specific trouble spots. Information from both parts of the program will be made public.

The object of all this is to inform British Columbians. Not many people really know what happens in health care. But when they are told, they won't allow the system to be picked apart in the name of false economy. This is the alliance's hope — and the only way to save health care in B.C.
To push DOWN wages

HLRA and Employers Fight Hard

If HLRA has its way with job classification of its members, in 51 benchmark jobs would have wages lower than arbitrator Ed Peck eventually awarded on January 30.

"Many HLRA clerical members are unaware that their own employer and the HLRA fought tooth and nail during the arbitration process to push down HEU members' wages," explained Hardman Brown, HEU's nominee to the arbitration board.

Because of HLRA's persistent attempts to undervalue the work of the clerical employees, Peck agreed entirely with the employer in 8 representative categories.

In others, like the medical steno category, while Peck didn't go along totally with the employer's position, "even his compromise wage sold medical stenos short," said Brown, who explained that "HLRA didn't appreciate the complexity and diversity or the sheer speed and accuracy required to do the job."

While HEU used the Arbitration hearings to point out HLRA's "shoddy qualifications, HLRA continued to under-rate them and managed to convince the arbitrator."

In the payroll department, HEU members were forced to a lower rate because their employer convinced the arbitrator that there is nothing special about hospital payroll clerks.

The Union argued that in hospitals payroll staff must often handle the entire payroll system, including preparing salary warrants, calculating manual checks, dealing with WCB, OIC and Revenue Canada.

While both steno and payroll clerks did face trouble in Peck's clutches, they are among a minority of representative clerical positions where Peck's award is favorable to the employer rather than the Union.

Eighteen positions were agreed to by HEU and HLRA.

"Circled members should know," explained Medical Business-Manager Jack Gerow, "that it is their own employer and HLRA, not HEU that worked to undervalue their work. Peck would not have awarded lower rates if the employer hadn't pushed hard for them."

The table (below) shows the difference on 59 disputed clerical rates.

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The Hospital Guardian, April 1989, Page 3
The proposed sale of the 75-bed Florence Nightingale Private Hospital in Surrey is yet another example of "free enterprise running wild in health care," Hospital Employeas' Union Secretary-Bureaucratic Manager Jack Gerow said in March.

"We have urged the provincial government to stop the misuse the profit motive inflicts on elderly residents who have to be moved by entrepreneurs interested in making a buck in health care," said Gerow.

"We're now seeing wholesale churning off of elders to the Florence Nightingale facility. Many are too frail, both emotionally and physically to be moved. Gerow said HEU is convinced that moving elderly patients accelerates their deaths. Their lives are being risked unnecessarily," he said.

Gerow explained the solution to the problem is simple and has been requested many times by HEU — "Let's take the profit out of health care."

Staff at the Surrey health care facility were given their termination notices in February. Most of the more than 50 employees at the facility are HEU members whose jobs may and in April. Gerow said he's been shifted to other facilities forcing those currently on the long term care waiting list to wait even longer.

Gerow said the Union is looking into ways of preventing the closure of the private hospital. Hospital owner, Mr. K. Ting Yue, told Surrey council in a letter earlier this year that the 60-long term patients are needed to be relocated because, "At this point, I have no more funds." Yue has been trying to turn the hospital into a non-profit society since 1978 but has been unable to do so.

Florence Nightingale Unit Crescent, a senior care group told The Guardian in an interview that the prospective buyer of the Surrey health care facility is worried about the safety of the residents.

"One little woman resident, a frail soul, was crying when we took her out of here. She was saying — Why are you sending me away? You said you loved me?" said McKeay.

"It's too bad. She was all crying herself, when we heard her. It was too much to just stand there and watch her sobbing," said McKeay. McKeay said residents are being moved out of the facility to other homes.

"We're also worried about our jobs at the facility," he said. "There is little, hundreds of applications for only a limited number of jobs at the new Surrey Memorial Hospital long-term care extension and that has all of us concerned for our financial futures.

She added that a man named Jerry Neufeld is attempting to purchase Florence Nightingale Hospital. In an interview with HEU, Neufeld refused to discuss either the closure of the hospital or the future of the HEU members working there.

"There's nothing to discuss. Neufeld said during a telephone conversation with HEU.

An informal hearing of the Windsmore Not a Hospital has been held April 1 with respect to the closure of the facility.

Windermere Not A Hospital

HEU has lost its court bid to have binding arbitration applied to contract negotiations at Windermere Central Park Lodge in Vancouver.

B.C. Supreme Court Justice Martin Tait ruled in March that the 100 HEU members at the health care facility do not work at a hospital and therefore are not covered by the Essential Services Disputes Act, which governs arbitration.

The ruling said that the HEU and the facility's owners must follow normal collective bargaining procedures, which last year led to a four-month strike by the employees.

The court decision upheld a Labour Relations Board ruling in January that the HEU could not apply to the facility because "they are not a health care facility to its residents and not entitled to collective bargaining.

A collective agreement was reached in July of last year between HEU and Windermere's owners (Central Park Lodges of Canada Ltd.).

**Did you know...**

"At the option of the Union, any or all unresolved bargaining demands shall be submitted to resolution and binding settlement by a Board of Arbitration within the meaning of the Labour Code of the Province of British Columbia, or its successor act, by the Union giving written notice to the Employer and the Ministry of Labour." — Article XVI, Pages 67-68.

**Get Registered To Vote**

HEU members who were not enumerated for the next provincial election during the month of March should get their names on the voter registration list by contacting their local Registrar of Voters office.

The telephone number to call to get on the voter list can be found under "Elections" in the blue pages of the telephone directory in the provincial government section.

HEU members are reminded that you must be registered to vote in order to be able to cast a ballot in an election.
Says Gerow of premium hike
“Blatant act of duplicity”

HEU Secretary-Business Manager Jack Gerow has criticized the announced hikes in physicians premiums.

“IT is a blatant act of aggression and duplicity on the part of Health Minister, Jim Nelson, and his Sacred cabinet colleagues. What else can you call it when the Provincial Government imposes a 15% expenditure freeze on hospital spending and then imposes at least a 42% increase on Medicare premiums,” said Gerow.

“This kind of double dealing could be fatal to the health care system. B.C. taxpayers are entitled to it. It could mean that quality health care will not longer be a right. It’s a privilege for the rich. In effect, the present government appears to be running the province’s health care system like a used car dealership — charge whatever the traffic will bear regardless of the quality,” added Gerow.

Gerow cited the increased cost in user fees for such services as emergency hospital treatment and daily in-patient hospital bed charges as having the effect of deterring many people from using such services.

“We know that millionaires, like some of the cabinet ministers, won’t worry about user fees but what about those who cannot afford to pay? It’s obvious that we are headed to a double standard of patient care — one standard for those who can afford to pay and another for those who cannot,” Gerow said.

Gerow also said the province should get in step with the other provinces where there is no “regressive taxation” — i.e., where no Medicare premiums are charged.

Begin Promises To Defend Medicare

Federal Health Minister Monique Begin said in March she intends to meet provincial health ministers soon to start drawing up precise “rules of the game” for medicare to prevent a recurrence of what she terms the “crisis afflicting medicare today.”

Speaking at a seminar March 6 sponsored by the B.C. Health Coalition, Begin said she hopes to wipe out medicare user charges and extra billing by doctors, and perhaps even become a member of the B.C. Health Coalition.

Begin is the first Canadian minister of health to say publicly that the issue is no longer a provincial one. She also said that she had asked the three Atlantic provinces to begin “to make the rules of the game so clear that no one can hide behind vague generalities.”

Excess medical costs are a small problem in the Atlantic provinces. Begin said “the question of cuts and under-naming [in medicare] and should be dismissed as a problem in Canada.”

Those who hope that medicare will return to a market commodity arrangement are “delusional,” she said. “To me it is crystal clear that health care is a right for all Canadians.”

Federal contributions for health and education are falling because of a budget provision, which the federal government said was not earmarked for health or education.

When medicare began in 1968, the federal and provincial governments agreed to give every Canadian access to a comparable program of health services operated by the provinces. In the United States, medicare is outside their own provinces.

Begin said she wants to examine the upcoming talks, which will likely start in April in Ottawa “to see whether these conditions, "to make the rules of the game so clear that no one can hide behind vague generalities."

Members of the Victoria General Unit gathered for a celebration of the Unit’s 20th anniversary in February. Over 100 members turned out for the celebration, according to Unit spokesperson Christine Ek. Unit photo

Victoria General Unit member Archie Steves recently retired from active duty after 10 years of service in the hospital’s housekeeping department. Archie is shown here being presented with a pin from Union President Gordon MacPherson at a recent Unit meeting. Unit photo

These seven HEU members were among the number of Union staff and Union members who attended a seminar in March sponsored by the B.C. Health Coalition. The seven pictured here are: Andy Aragon, Prince George; Nancy Cardy, Royal Jubilee; Alice Jones, Maple Ridge; Gordon Macpherson, Vancouver General; Dawn Parrish, Vancouver General; and Kathy Roble, Delta.

The Hospital Guardian, April, 1982 / Page 8
The Way We Were

This Guardian feature highlights the reminiscences of a retired HEU member when the profiled member worked in a B.C. hospital or health care facility.

George Lektman, 69 and Helen Lektman, 67
M.S.A. Hospital 1955-75

George

“Because we had to live in Clearbrook in the 50s there were farms everywhere in this part of the Fraser Valley. In fact, when we bought this house we live now back in 1968, there were farms all around. It looks like any part of Vancouver.”

“The hospital was very small, in 1955, when it started as an orderly. The nurses had to do all the cooking. The staff was like a big, happy family. We all sat at the table during coffee and lunch breaks.

“In the later years, it all began to change. You seemed like another number instead of a person. The hospital got too big and impersonal for my liking.

“There was no union in the hospital in the 50s and I guess Victoria took advantage of the little people. For example, they said they couldn’t afford a full-time orderly and maintenance man, so I was working half a day as an orderly and half in maintenance — but I used to have to wear a white uniform for half the shift and a green one for the other half. It seems funny now doing all that changing of clothes back then.

“Before the union came in, working five weeks without a day off was not unusual, as well being called in during all hours of the night. But you did what you were told because jobs were scarce then, just like they’re getting now.”

Helen

“It seems like a different world, the world George and I worked in during the 1950s and early 60s. There were disadvantages then, that our young members today can’t begin to realize.

“For one, there were many things like funerals were very commonplace. You couldn’t get off the job to attend something like a funeral, whereas today it’s not as hard.

“We had to pay for our own uniforms until the Union came in and there wasn’t that much extra money to throw around then. But on the other hand, the staff, maybe because we were few in number, were closer to one another. That really made the day go by faster.

“Nowadays, our society doesn’t have this caring for one another and it hurts me to think how it has changed over the years. It’s the little things like caring if your shoes are clean and polished or if your uniform is clean. Nobody seems to give a damn about these things today.

“We are happy in retirement though. Our three girls are all grown up and on their own and George and I learned to get used to having more time to ourselves.”

“Dishonest” formula

Editor’s Note: The following is a summarized version of a column written by Rod Mickleburgh, that appeared in the Province newspaper March 17.

Will there be a hospital strike in B.C. this year?

Maybe, but not by members of the Hospital Employees Union, despite their sandbagging at the bargaining table on Friday.

That’s the speculation following the Health Labor Relations Association’s final contract offer, providing wage increases that appear to be below even the minimum 5 per cent annual rate allowed by the provincial government’s ill-defined restraint program.

The current master agreement gives HEU the right to settle outstanding issues through arbitration. If the hospitals refuse to cooperate, the union can apply to Labor Minister Jack Heinrich for an appointment.

Implicit in this strategy is a belief that HLRA is not prepared to volunteer a penny more than its final offer. A long strike, therefore, would just save the hospitals money until the government intervened to end the dispute.

According to this argument HLRA is trying to provoke a walkout, so the wisest move is to stay on the job.

Gerow, for one, thinks the hospitals are out to spark a work stoppage. As an example he points to what he calls a “devious and deceptive” news release issued by HLRA to describe its final offer.

The release makes no mention of the actual wage increase proposed by the hospitals, but claims the package represents a 13.6-cent-per-hour average annual increase.

The hospitals come up with this figure by an unusual costing formula that averages an income over an entire year when calculating percentage increases, rather than the usual method of basing increases on the most recent pay rate or “end rate.”

“Technically dishonest,” says Burton. “It seems to be an attempt to tell people that something is what it clearly is not.”

HLRA president Peter McAllister tells the hospitals’ formula, saying it was used during his years as a negotiator for B.C. Hydro.

McAllister ignores a suggestion the offer is less than the minimum eight-per-cent increase provided by the Social Credit government’s Compensation Stabilization Program (CSP).

Reporters View of HLRA Offer

Recently named directors at HEU’s Provincial Office are Sharon Yandie (left) and Hans Brown. The appointment of Yandie and Brown as directors was made in February.

Directors Appointed by HEU

Three directors were appointed at HEU’s Provincial Office staff in February.

Hans Brown, HEU’s nominee on the Peck Arbitration Board, will direct the negotiation of the E.R. Peck Award.

Brown has worked at HEU for the past eight years.

Sharon Yandie, who has worked at the Union’s Vancouver office for seven years, is a familiar face to many HEU members because of her involvement with HEU’s Winchermers Unit during the strike and the subsequent collective agreement that was signed last year. Yandie’s duties will include the directing of organizing non–HLRA collective bargaining.

Bill Rolfe, a former HEU director of Technical Services, worked on the United staff from 1969 to 1973. Rolfe was then employed by the B.C. Health Association’s Essential Services Advisory Agency and the Greater Vancouver Regional District before commencing his duties as a director at HEU’s Provincial Office in March.

Rolfe will direct “Mini-Master” collective bargaining and the VIS Services bargaining as well as rights arbitrations.

U.S. Economist Criticizes Wage Control Program

A leading United States economist has dumped criticism on the provincial government's proposed restraint program in saying it is a mistake to single out public sector workers for wage controls.

Robert Russell, former director of the Council on Wage and Price Stability under the Jimmy Carter administration, says it is "ludicrous for a province to have its own anti-inflation policy.

"It think it's a mistake to single out public sector employees. They are the people least likely to be able to get on public support to be effective. If they are seen to be ineffective, they will self-destruct," Russell said in a March interview with the Vancouver Sun newspaper.

"They are the people who are most likely to be approximated, so they will self-destruct," Russell said in a March interview with the Vancouver Sun newspaper.

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Pass Along New Addresses

HEU members who have attended HEU education sessions and have regularly changed their addresses are asked to pass along their new addresses to HEU's Provincial Office.

An attempt is made to mail their addresses at least two times. In the third round, letters are mailed to new addresses at 2208 W. 12th Ave., Vancouver, V6K 2N6, attention to Morgan McAuley.

"Say, that's a genuine Henry the 8th antique dagger. Where did you get it?"
More Unit Executive Election Results

The Port McNeill Unit elected officers for 1982 are: Janette Seth, Chairperson; Phil Wyble, Secretary-Treasurer.
The Prince George Units elected officers for 1982 are: Normal Tredgett, Chairperson; Andrea Beaton, Vice-Chairperson; Ione Dobber, Secretary-Treasurer; John Johnston; Jane Nelson, Trustee; Gurbal Bajwa, Trustee; Floyd Conductor; Joao Osmond, Trustee.
The Powell River Unit elected officers for 1982 are: John Johnson, Chairperson; Paul Williams, Vice-Chairperson; Anna Johnston, Secretary-Treasurer; Lena McNab, Trustee; Michel Burge, Trustee; Tina Coutler, Trustee; Olga Menges, Conductor; Faith Roffe, Trustee.
The Prince George Unit elected officers for 1982 are: Andy Kozyniak, Chairperson; Denise Primrose, Vice-Chairperson; Jim Brammer, Secretary-Treasurer; Mary-Pat Wheat, Conductor; Martin Velich, Trustee; Alex Kish, Trustee.
The Simon Fraser Unit elected officers for 1982 are: Matty Savigny, Chairperson; Elaine Seymour, Vice-Chairperson; Dean Thompson, Secretary-Treasurer; Linda Parkinson, Trustee; Ruth Hickey, Trustee; Anne Coban, Trustee; Gail Wells, Conductor; Yvonne Hunter, Trustee.
The Acrropolis Manor Unit elected officers for 1982 are: Bonnie Flann, Chairperson; Michelle Pate, Vice-Chairperson; Debbie Thompson, Secretary-Treasurer; Cindy Chapman, Trustee; LaVas Swinden, Trustee; Helen Moore, Trustee; Tracy Sander, Conductor; Jackie Galligan, Trustee.
The Queenel Unit elected officers for 1982 are: Rose Poirier, Chairperson; Laurie Jackson, Vice-Chairperson; Pauline Iverson, Secretary; Sylvia Spalding, Treasurer; Mary Sheedy, Conductor; Georgina Boudias, Trustee; Joyce Forkin, Trustee; Joycelyn Lichtig, Conductor; Marlene Halset, Trustee.
The Montreal Unit elected officers for 1982 are: Una Madigan, Chairperson; Madlen Paul, Vice-Chairperson; Lily Tuba, Secretary-Treasurer; Marie Leduc, Conductor; Joyce Rasmussen, Trustee; Grace MacGibbon, Trustee; Jeanne Watson, Conductor; Antoinette White, Trustee.
The Richmond Lions Unit elected officers for 1982 are: Marjorie Teed, Chairperson; Carla Bork, Vice-Chairperson; Shirley Miller, Secretary; Louise Johnson, Treasurer; Lori MacLean, Conductor; Nancy Base, Trustee; Ann Sterrett, Trustee; Peggy Bennett, Conductor; Walter Gunn, Trustee.
The Sechelt Unit elected officers for 1982 are: Dorothy Gossen, Chairperson; Shirley Mills, Vice-Chairperson; Paul, Secretary-Treasurer; Jeanne Caron, Assistant-Secretary; Phyllis Richardson, Trustee; Dina Eldred, Trustee; Joyce Farnham, Conductor; John Winter, Trustee.
The Richmond Lions Unit elected officers for 1982 are: Val Denytrie, Chairperson; Mary Stenson, Vice-Chairperson; Tony Dorathy, Secretary-Treasurer; Millie Donnelly, Assistant Secretary; Mervin Newham, Trustee; Keith Josay, Trustee.

The Summarden Unit elected officers for 1982 are: Marlene Laidley, Chairperson; Ronald Ackles, Vice-Chairperson; Susan Ainsworth, Secretary-Treasurer; Allie McKillop, Trustee; Betty Collier, Trustee; Doris Hower, Trustee; Harold Nichol, Conductor; Rosemary Halpenny, Trustee.
The Sunny Hill Unit elected officers for 1982 are: Johnny Gillot, Chairperson; Julia Hancock, Vice-Chairperson; Sherry Hilton, Secretary-Treasurer; Pat Sparks, Assistant-Secretary; Bernice Lewis, Trustee Pat Alford, Trustee; Janet Malo, Trustee; Margo Enefte, Conductor; Anne Elliott, Trustee.
The Columbia View Lodge Unit elected officers for 1982 are: Rana Kolis, Chairperson; Lynn Pichkowsky, Vice-Chairperson; Brenda Brent, Secretary-Treasurer; Christine Wilkie, Trustee; Remediosible Tadlock, Trustee; Warren Weeks, Conductor.
The Trail Unit elected officers for 1982 are: June Bradbury, Chairperson; Sid Desreumaux, Vice-Chairperson; Joan Moore, Secretary-Treasurer; Rose Espoto, Trustee; Edna Ottewell, Trustee; Tom Grant, Trustee; Gene Goldado, Warden.
The Morden Lodge Unit elected officers for 1982 are: Patricia McKay, Chairperson; Gabrielle Coburn, Vice-Chairperson; Linda Guzbrman, Secretary-Treasurer; Deanna John, Assistant-Secretary; Kay Kurtz, Trustee; Don Lernados, Trustee; Carolyn Chang, Trustee.
The Red Cross Unit elected officers for 1982 are: Basak Cakir, Chairperson; Louis Herod, Secretary-Treasurer; Marion Pendergrast, Trustee; Karen Armin, Trustee; Mary Anne, Trustee; Margot Bennett, Conductor; Linda Valentine, Trustee.
The Cancer Control Unit elected officers for 1982 are: Jeanet Norris, Chairperson; Long, Vice-Chairperson; Helen MacArthur, Secretary-Treasurer; Lia Travis, Assistant-Secretary; Ian Memone, Trustee; Marion Alexander, Trustee; Merle Koetz, Trustee; Simonne Haelttner, Conductor; Lynn Disney, Warden.
The Dogwood Lodge Unit elected officers for 1982 are: Vadim Khabovsky, Chairperson; Ellen Snary, Vice-Chairperson; Ron Maloney, Assistant Secretary; Rose Bryan, Trustee; Janet Knapp, Trustee; Dorothy Bents, Trustee; Adon Elaine, Trustee; Mary Fletcher, Trustee.
The Grace Unit elected officers for 1982 are: Blair Thomas, Chairperson; Dianne Kozak, Vice-Chairperson; Teresa Brown, Secretary-Treasurer; Omara Giltiere, Trustee; Jeff Dugovich, Trustee; Ehalbeth Cook, Trustee; Rosalie McEwen, Trustee and Warden.
The Grandview Towers Unit elected officers for 1982 are: Marilu Matkoch, Chairperson; Olafia Malelen, Vice-Chairperson; Sarah Lindsay, Secretary-Treasurer; Maria Camarillo, Assistant-Secretary; Irene McRoberts, Trustee; Vivian Bahana, Trustee; Carol McMeekin, Trustee; Howard Gerbelli, Conductor; Linda Fazio, Warden.
The Holy Family Unit elected officers for 1982 are: Hazel Meldrum, Chairperson; Theresa Deller, Secretary-Treasurer; Birgit Mcdonald, Assistant-Secretary; Kathy McMaster, Trustee; Bertha Graham, Trustee; Lillian Guzman, Trustee; Kathy McMaster, Conductor; Jeanine Whalen, Warden.
The Glengarry Unit elected officers for 1982 are: Maureen Whitley, Chairperson; Jean Bates, Vice-Chairperson; Jeanne Lafford, Secretary-Treasurer; Nancy Nuttall, Assistant-Secretary; Betty White, Trustee; Norma Mann, Trustee; Peggy Wunderlich, Trustee and Conductor; Brian Crosby, Warden.
The Gorge Unit elected officers for 1982 are: Vlade Zaitov, Chairperson; Doug McHugh, Vice-Chairperson; Pat Ridgway, Secretary-Treasurer; Bar Bob, Trustee; Alberta Asa, Assistant Secretary; Hattie Williams, Trustee; Ken McCloughlin, Trustee; Helga Raas, Trustee; Bob Lockyer, Conductor; Dave Nightingale, Warden.
The Luther Court Unit elected officers for 1982 are: Karen Gay, Chairperson; Don Milne, Vice-Chairperson; Harry Mossay, Vice-Chairperson; Betty Wait, Secretary-Treasurer.
The Priory Unit elected officers for 1982 are: Robert Standell, Chairperson; Gail McCarty, Vice-Chairperson; Peter Stokes, Secretary-Treasurer; Don Toward, Assistant-Secretary; Paul Sohnsohn, Trustee; Nick Alibert, Trustee; Betty Lockwood, Trustee; Jack Arkin, Conductor; Eva Redmond, Warden.
The St. Vincent's Unit elected officers for 1982 are: Sheila Wilkinson, Chairperson; Patrick Wahl, Vice-Chairperson; Barbara Moore, Secretary-Treasurer; Anna Mohamed, Trustee; Betty Shamley, Trustee; Clara Werner, Trustee; Joffin Lilley, Conductor and Warden.
The Arbutus Unit elected officers for 1982 are: Urula Maran, Chairperson Bernard Dowine, Vice-Chairperson; Mary Williams, Secretary-Treasurer; Manya Nyman, Trustee; Margaret Cohen, Trustee; Swela Alouette, Trustee; Mary Thiessen, Trustee; Maria Loun, Warden.
The Sunny Hill Unit elected officers for 1982 are: Isabel O'Brien, Chairperson; Aram Armas, Vice-Chairperson; Viola Hudson, Secretary-Treasurer; Doris Belford, Trustee; Gizella Klis, Trustee; Linda Martin, Trustee; Mercedes Marcon, Trustee.
The VGH Unit elected officers for 1982 are: Gordon Mcgehan, Chairperson; Larry Richards, Vice-Chairperson; Gawn Parish, Secretary-Treasurer; Zorica Bosonic, Assistant-Secretary; Bob Mason, Trustee; Herb Scholz, Trustee; Peter Grunau, Trustee; John Kandshy, Secretary-Treasurer; Spence Staug, Conductor.
The Victoria Unit elected officers for 1982 are: Hank Velinsky, Chairperson; Paul MacKie, Vice-Chairperson; Elaine Nett, Secretary; Steve Blundell, Trustee; Tony Wildman, Trustee; Laura Mackie, Trustee; Irene McInerney, Trustee; Norm Wood, Conductor; Irwin Shae, Warden.
The Aberdeen Unit elected officers for 1982 are: Carol Campbell, Chairperson; Dave Exidenc, Vice-Chairperson; Marilyn Ek, Secretary-Treasurer; Heather McFadden, Assistant-Secretary; Kathy McMaster, Trustee; Bertha Graham, Trustee; Lillian Guzman, Trustee; Kathy McMaster, Conductor; Gordon Armstrong, Warden.

These two Vancouver General Hospital retirees were among the 50 or so who gathered in February for the annual retirees' dinner. Many HEU members who used to work at the hospital gathered there.

The Hospital Guardian, April 1983 / Page 9
Mildas Works As A Uniform Attendant

At St. Paul’s Hospital

This feature appears regularly in The Guardian and is designed to profile an HEU member, in most cases a rank-and-file Union member. The article focuses on the member’s job and the duties that member performs while at work. The monthly feature is a collaborative effort, with the HEU member’s personal views on a number of varying subjects. The purpose of the Guardian profile is to give recognition to the work performed by HEU members and the members who perform the work.

Milda Ganczewski, a uniform attendant at St. Paul’s Hospital in Vancouver, has repaired a lot of linens and other items, including her 21 years of service.

"I was trained by awfully fast and here I am 21 years later," Milda told The Guardian in a April interview. "I used to be the sewing room supervisor and uniform attendant for about 12 years until they recognized the work in a couple of days. I'm basically doing the same thing but now a lot of the linen is going to 'Tilbury Laundry' (in Dallas)."

Ganczewski has repaired a lot of different linens and has a very fine sewing machine and thread press over the years — everything from making belts to old sheets.

"I've got a lot of recycling going on. We've got old sheets that go into that bag as well as making specialty items like orthopedic belts." Milda first began work at St. Paul's at the age of 19 as a single mother with two children. "It wasn't that easy then. I had to rely on my paycheck but somehow I got through it. I certainly relate to single mothers today that find themselves in the same position." In fact one of her children, Tom Kromy, was born right in St. Paul's Hospital. "Yes, Tom was born in St. Paul's. I'm proud of that."

Milda was selected as a Secretary-Treasurer for her Union and as Trustee for a couple of years. "I think involvement is something she uses at home." "I guess you could say I do something that involved me in the Union. When you're involved in the Union as many years as I was, you're bound to learn something and I hope I can pass along some knowledge whenever I can."

She told the editor that her first place as a desire to see her two children in good health. "In those days, we didn't have today today actually, we had a lot of members who could not speak English well so I wanted to make sure that they had an advantage. Even though I couldn't speak the different languages, somehow I could understand what they were trying to say." What did she learn after all those years of membership? "Mainly, that there are three types of hospital workers: nurses who want to fight and strike for what they want. Generally these are usually ones with two incomes in the family. Then there are the non-dependent. They are important but sometimes forget there are those who are in different shoes than them."

"Then there is another element of member, the one who is a single parent or heavily in debt. For those kinds of people, The Hospital Guardian, April 1986, Page 6.

Medical Stenos "Skilled" Says Donovan

Dear Sir,

Dr. Sharon Horn, the Super- visor of the Medical Steno- graphy Department and Mrs. Hazel Bezaus one of the medi- cal stenographers at the same Department, at the Royal Columbian, spoke to me about their concerns with regard to the change in their classification and a possible roll-back in their pay.

I understand that this deci- sion was made on the Peck Report.

From what I am told, this man compared a medical stenographer with a court clerk stenographer and hence categorized them similarly to receive approximately the same pay.

I think perhaps Mr. Peck may not have observed the type of work that stenographers do in an actual hospital setting.

I think that basic skills are required to type these reports accurately and certainly these ladies take a course in medical terminology which is quite intensive. Sometimes when I'm in the

Dear Sir,

I am writing to inform you of a phone, a visit to a friend and an end of 2007.

A while ago my grandmother went seven weeks there and was unable to sleep for fear she would wake in a room of fire. The doctors were not able to help her. She was in the room, all smokers (I thought it very unhealthy that non-smoking patients would be subject to such conditions, even restaurants have non-smoking sections.) Not only did the other patients smoke in bed but they smoked at all hours of the day.

I can't see how my grand- father was expected to recover from major hip surgery under these conditions. Have the nurses lost their power to enforce regulations? Have they become complacent or are there no regulations regarding these events? I know in Langley Memorial Hospital and many others I have visited, patients wish to smoke must at least 25 sub-specialties in the practice of medicine, each of which has its own terminology.

Sincerely yours,

Th. P. Godwin, M.D.

Dear M. J. D. Gorov,

The members of Fauquier Senior Citizens Branch #126 would like to acknowledge the receipt of your letter and the booklet "The Hospital Guardi- an", issued for November, 1986.

Our members have read your letter and booklet and are very interested in the "Long Term Care" situation. We highly endorse the propositions put forth in the booklet to upgrade the care of "Long Term Care" patients and we would like to put a special emphasis on the statement written on the bottom of page 90, "the government convert profitless facilities to non-profit clinics of acute hospitals."

Thank you for contacting us and we look forward to real progress in this matter through your efforts.

Yours truly,

Mrs. Alice Young

Secretary Fauquier, B.C.

Thans From Houston

Dear Sir,

Although our Northern community has no Long Term Care facilities, and precious little hospital or medical care even for short term illness, we understand the issues and support the Hospital Employees Union in its efforts to upgrade the

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A while ago my grandmother went seven weeks there and was unable to sleep for fear she would wake in a room of fire. The doctors were not able to help her. She was in the room, all smokers (I thought it very unhealthy that non-smoking patients would be subject to such conditions, even restaurants have non-smoking sections.) Not only did the other patients smoke in bed but they smoked at all hours of the day.

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Sincerely yours,

Th. P. Godwin, M.D.

LETTERS

Dear Sir,

Definitely a threat to cardiology, I think that the reports are hard even for me to understand.

A lot of this decision is going on in a very busy hospital setting where the doctors are talking and then they answer a question. The doctors are the only one who goes off and then we're discussing another one and then we're discussing another one and it makes typing more difficult in this regard as well.

Also, I think the physicians generally dictate very rapidly and it's probably one thing to get to know your own particular "boss" in an outside office and know his terminology and idio- synraces, I think it is quite another thing to work in a hospital in which we are proba- bly 25 sub-specialties in the practice of medicine, each of which has its own terminology.

Sincerely yours,

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Fauquier Seniors Endorse HEU Position

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Thank you for contacting us and we look forward to real progress in this matter through your efforts.

Yours truly,

Mrs. Alice Young

Secretary Fauquier, B.C.

Milda Ganczewski uses a thermal press (picture here) to put labels on curtains. She works as an attendant at St. Paul’s Hospital in Vancouver. Milda has been employed at the hospital since July of 1961.