

THE HOSPITAL GUARDIAN

HOSPITAL EMPLOYEES' UNION, 180

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No. 2



CUMBERLAND GENERAL HOSPITAL . . . wins reprieve after citizens joined forces to extend death notice, pages 6, 7.

BOTH SIDES RATIFY CONTRACT

After a period spanning five months, with long hours at the bargaining table and a hectic 2½ weeks of reporting to H.E.U. members across the province, the reality of a new two-year contract was official.

Ratification by the Union's 11,500 members, and acceptance by a majority of B.C.'s hospitals, concluded collective bargaining for another — well, almost — two years.

Tabulation of votes taken in units across B.C. showed that all 79 units accepted the package.

The trying weeks of non-stop bargaining had paid off, and much of the credit had to go to D. R. Blair, the one-man industrial inquiry commission appointed by the provincial Department of Labor to chair the bargaining sessions.

H.E.U. wasted no time in commending Blair for his role. In a news release the day the final votes were in, Assistant Business Manager Jack Gerow said that, in the past, the government has not appointed an industrial inquiry commission until later after a breakdown in collective bargaining has led to a work stoppage.

Blair's presence at the bargaining table was a novel approach that was proposed and agreed to by the parties because of the essential nature of hospital care and services.

It was clear that Bert Blair was the catalyst in these negotiations and without his chairmanship a collective agreement would not have been negotiated without some kind of a confrontation.

Labor Minister King's appointment of an industrial inquiry commission to pre-

vent such a confrontation must be commended not only because of its departure from past practice but also because of its obvious effectiveness.

Not all hospitals accepted the package, but under the terms of the "delegation of bargaining authority," signed and given to the B.C. Hospitals' Association by its member hospitals, the hospitals agreed to be bound by and to execute a collective agreement provided that two-thirds of hospitals in the B.C.H.A. approved it.

Official word came to Local 180 from the B.C.H.A. on Feb. 6, and copies of the letter were sent to Health Minister Dennis Cocke, Labor Minister William King and D. R. Blair.

The previous collective agreement expired Dec. 31, 1973.



REPRESENTATIVE Bernice Gehring reports on proposed settlement, after bargaining, to Units of two hospitals — MSA (Matsqui, Sumas and Abbotsford), and Menno. As did the other Representatives, Bernice crammed many meetings into 2½ hectic weeks of reporting to members on the contract proposals.

BOARD GIVES RULING

Boundary lines defined in jurisdiction case

An important legal clarification was made recently in a jurisdictional dispute involving H.E.U. and another union.

In attempting to clear up a situation that has arisen many times in the history of Trade Unions, H.E.U. submitted its case to the provincial Labor Relations Board, and won.

It had seemed simple enough: five employees at Children's Hospital in Vancouver were spending about 90 per cent of their working hours outside the hospital's heating and power plant plant, in areas of H.E.U. jurisdiction. The Hospital Employees' Union claimed the right to bargain on behalf of the five men.

But the International Operating Engineers' Union Local 882 disagreed.

The case went before the Labor Relations Board in Vancouver recently and the matter was settled: the engineers fall within H.E.U.'s jurisdiction.

Represented by Alan Black, H.E.U. 180 submitted both written and verbal evidence and called a witness to verify the amount of time spent by the engineers outside the power plant. IOEU Business Manager William Kadey, however, called

no witnesses and gave only a brief argument.

Black told the court that H.E.U.'s submission could be reduced to two basic statements: that the five employees are within the jurisdiction of 180, and that they are bound by the collective agreement between H.E.U. and the hospital.

H.E.U. had an important precedent in a previous ruling by the board, in which engineers at Kootenay Lake District Hospital were declared within the jurisdiction of 180 because they, too, worked most of the time in areas of the hospital outside the heating and power plant.

"It is an identical situation to this," Black told the board.

His submission was backed up by Ron Valliers, the medical photographer at Children's, who has been an employee at the hospital for the past 13 years.

The engineers' duties included washing floors, repairing lighting fixtures, carpentry work and other maintenance jobs, Valliers testified.

The B.C. Hospitals' Association was also represented at the hearing, by Ian Clements, who told the board the hospital was "caught in the middle between two opposing forces."

William Kadey, speaking for the Engineers' Union, told the board he thought the dispute should never have reached the stage of a hearing.

"It's management's responsibility to determine the direction of the work force, not the Labor Relations Board."

The hospital, of course, still retains the right to direct the work force.

But the Labor Relations Board has agreed with H.E.U.'s contention that Local 180 should represent members of the work force who perform work outlined in its collective agreement with the hospital.

Hans Brown joins H.E.U. staff

A new face is seen these days around the Provincial Office and on servicing trips to some Lower Mainland hospitals.

It belongs to Hans Brown, who joined H.E.U.'s staff in January. He's working with Director of Technical Services Lee Whyte and Representative Bob McCartney, who are showing him the ropes with units such as Royal Columbian Hospital and St. Mary's in New Westminster, and Surrey Memorial Hospital.

Hans previously was provincial secretary for the NDP "for two climactic years during which we vaulted to power provincially and gained three new seats federally," he says with more than a touch of pride.

Some of the energy he's wound up during these "climactic" years will be turned loose on other H.E.U. projects. He will be



HANS BROWN . . . new Representative

working on some of the details of the practical nurse training program, doing organizational and collective bargaining work and will represent the Union on a provincial government committee dealing with community health centres, a subject dealt with in the recently - released Foulkes Report.

Community health centres are nothing new to Hans Brown. In Manitoba, he was research analyst for the Department of Health and Social Development. There, he worked on development policy for community health centres in Manitoba.

Before that — from 1969 to 1971 — he was executive assistant to former national NDP leader Tommy Douglas in Ottawa.

His introduction to Ottawa had been his MA studies at Carleton University.

Hans is from Calgary, where he spent his undergraduate years at the University of Calgary.

Agreement compiled in hip-pocket size

Even though the 1973-74 collective agreement has only just been ratified, work is already in progress on publication of a handy pocketsize booklet that will include wage rates and contract language.

The type is being set and paper stock has been selected for the booklet, which will measure approximately 3½ by 5 inches.

HEAVY *on the* LIGHT SIDE

If you find yourself wondering what happened to the sugar when you reach for it and it's not there, welcome to the club. For the past few months we've been waking up to the fact that things are disappearing. There's a world shortage of sugar, we're told, a shortage of leather, a shortage of wheat. Not to mention gold, lumber (consider those two the same), plastic and anti-freeze.

There's a world cotton shortage. Synthetic fibres, too, are at a premium. And it's bad enough we can hardly find virgin wool any more but there's a shortage of all kinds of wool.

So you can forget about resorting to paper clothes. There's a paper shortage. I guess we'll soon have to go around naked. So far, there's no weather shortage.

A beef shortage has led to a soybean shortage. In fact, crops are failing everywhere. Just ask the Italians, who are suffering most from the spaghetti shortage which is, of course, a result of the world wheat shortage.

One thing is clear: there isn't a shortage of shortages.

In England, there soon won't be any coal, so the work week will shrink even more. That will lead to a beer shortage over there because we all know where the British will be spending their six-day weekends.

There's a shortage of anchovies, which not only affects the pizza business, but also reduces the main ingredient for a type of fertilizer.

And we mustn't forget the oil shortage or the electricity shortage. The energy shortage, of course, is compounded by a policy shortage. Trouble is, it won't help if they find more oil because there's a refinery shortage . . . as well as a tanker shortage, which is the reason for those gigantic ancient floating bathtubs that can't hold oil, as it were, and regularly redecorate our beaches and harbors.

With the depletion of beef supplies comes the manure shortage and subsequent lack of compost heaps for gardens; so much for those who try to beat the food shortage by growing their own. Even those who try to end it all with the ultimate act of self-destruction will soon be out of luck. We're running out of steel for tall bridges, swords, .38s, skyscrapers and big, fast cars (which all ran out of gas 10 days ago anyway).

The feed grain shortage is getting worse and that means eggs are on the way out, so you'd better find something else to put in those omelettes. And when the last amp of electricity is squeezed out of the big generators it will be too late to rush out for candles. That's right, they're a byproduct of oil.

Who are we to blame for all this? We'll have plenty of time to think about it as we sit shivering in the darkness, our 14-speed blenders converted to button holders, our old Buicks turned into huge flower pots. The hoarders, for a start. Those wretched people who, on hearing that toilet paper is in short supply, rush out and buy enough of the stuff to service a dozen baseball teams on a tour of Mexico.

That tactic creates a shortage where one probably hadn't existed. What we must do, people, is settle down. Ignore the problem, pretend it doesn't exist, and it will simply go away.

It's all self-solving, like the rail car shortage. Since there soon will be nothing left to transport, there'll be no rail car shortage or truck shortage. That will ease the gas and diesel shortage which will in turn bring back an abundance of synthetic Christmas trees, Corvette Sting Rays and oil tankers and all the wonderful things we've come to love and need.

Either that or inflation will stop people from being able to buy anything, which will end all shortages for good.

—BOB BLAKEY.



CASTING that crucial ballot is Jean Ratzlaff of Matsqui, Sumas and Abbotsford Hospital. H.E.U. members across the province turned out, despite extreme weather in many cases, to accept the 1974-75 collective agreement.

STUDY SHOWS

'MAGIC' VITAMIN SEEMS TO WORK

The current round of sniffles that seems to be hitting almost everybody is once again causing a rise in the sales of vitamin C pills in its various forms. While the population wolfs down an unprecedented number of the tablets research is still going on in the hope of verifying the effectiveness or otherwise of the substance.

When it was suggested three years ago that massive doses of vitamin C could prevent common colds, the medical community and most scientists sniffed disdainfully at the claim. Nobel Prize-winning biochemist Linus Pauling was the man who said it, and the public literally swallowed it whole, causing sales of vitamin C to rise to an all-time high.

Recently a team of doctors in the U.S. reported in a medical journal that Pauling's recommendations may indeed be justified, citing research among 641 students at a boarding school. Given daily doses of the vitamin, and in some cases a placebo instead, the students after 14 weeks were found to provide an interesting result: The students who thought they were taking vitamin C but actually weren't ended up with about the same number of colds as the other group — but the colds stuck longer.

Cold symptoms didn't last as long with students who were on vitamin C.

It remains unclear whether the vitamin corrects a systematic nutritional deficiency, or whether it may have drug-like properties that reduce inflamed mucous membranes.

In any case, drug stores are still having to hustle to keep their shelves stocked up the "cure."

PENTICTON SIGNS FIRST

An obvious example of Union-management cooperation turned up recently toward the end of the job of sending the new collective agreements out to hospitals to be signed.

One of the documents was mailed to Penticton Regional Hospital Feb. 14.

By Feb. 19 it was back in H.E.U.'s Provincial Office, signed by hospital officials, making it the first of the agreements to be returned.

Pleasant as the news was, it came as

no surprise. Penticton Administrator Don Gray has been consistently cooperative with the Union — the relationship between the Penticton hospital and H.E.U. is one of the best.

Perhaps Gray's action will inspire other administrators in the future.

In any event, the provincial Labor Code, in sections 65 (2) and 138, should also serve as inspiration. The Code makes it clear that an agreement reached after collective bargaining must be executed.

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EDITORIAL

FOULKES DESERVES CREDIT

Dr. Richard Foulkes' report, Health Security for British Columbians, comes at a time when the hospital industry and health care field need it most.

After exhaustive study the two-volume report, delivered to Health Minister Dennis Cocke in December and released publicly last month, makes some long-overdue recommendations.

Some suggest it contains radical innovations. But there's nothing radical about the Foulkes Report. Taken as a package, it is a sound diagnosis of what is wrong with the health care field, and Foulkes and his assistants have prescribed excellent medicine.

Many of the recommendations have been part of the Hospital Employees' Union's approach for years, and indicate that Foulkes did some listening during the past year or so — to H.E.U., which compiled a 61-page brief to the Health Minister early in 1973, and to others who had valuable advice and proposals to make on the subject of health care in B.C.

Community health centres, an emergency telephone number, senior citizen housing, transportation of patients, specialization of some hospitals . . . those and other recommendations were put forward by the Union and reiterated or expanded by Foulkes.

The report's aim that health care come as close to the community as possible is consistent with H.E.U.'s approach in its brief.

We also agree with Foulkes' attitude that revision is needed in the treatment of mental patients, who at present face far too many distinctions from those receiving physical health care.

Foulkes' recommendations that health care services be integrated is a sound one. It is consistent with his dislike for aloof bureaucracies and the report's streamlining approach.

Streamlining, as the Union has said before, is certainly needed. The allotment of funds is an example. If, for instance, a new facility is required at a hospital a request for capital funds is submitted to the executive director to the administrator of the Regional Hospital District, who, in turn, hands it to his director of hospital planning. From there, it goes to an advisory committee, then, if approved, to the B.C.H.I.S. If the subsequent planning, preliminary drawings, working drawings and total documents aren't enough to slow up the process, the accompanying request to permit the hospital to go to tender is.

There are examples of red tape delays that have caused expensive equipment to sit around under dust sheets and, by the time a facility is opened, be obsolete.

The Foulkes report has, not surprisingly, caused static since its release. Some groups of people accept certain aspects of the report and reject others, and H.E.U. feels the same way.

This is predictable, but it must be remembered that Foulkes and his staff haven't simply presented a collection of independent ideas for selective approval or rejection. Nor has Foulkes recommended another series of "pilot projects."

The report was intended for consideration as a package and that's how it must be considered.

It cannot be ideal in every way to anyone, but it is a carefully integrated plan for general improvement for health care in B.C.

Foulkes must be commended for having the tenacity to stick out the tremendous challenge of researching and compiling such a report and for the bravery for being unafraid to ruffle feathers.

As shown by the new provincial labor code and the government's change of stance on the Cumberland Hospital situation, those in power are listening.

Foulkes did a lot of listening during his research.

Now its time for people to listen to him.

NEW MAN JOINS STAFF OF UNION

This issue of the Hospital Guardian is the first put out by a new man on the office staff of Local 180 — Bob Blakey.

Having contributed to previous Guardians, Blakey will now be at the helm, combining writing and photography assignments with the duties of staff representative. In addition to putting out the Guardian, he will handle news releases and other writing assignments, and Unit servicing duties.

Like his predecessor, Don Collins, Blakey comes to H.E.U. from the newspaper field. He has worked mostly in B.C. — as a reporter for weekly newspapers in Richmond, White Rock and Campbell River, and as editor of the Campbell River Courier.

While on the Island, he was involved in organizing workers at two newspapers, walking a picket line in a strike that led to a first collective agreement between the publishers and the Vancouver Typographical Union.

And while Blakey was editor of the Courier, the paper was named best week-



BOB BLAKEY . . . edits Guardian

ly newspaper in Canada by the Canadian Community Newspaper Association.

He fled for a while to the sunshine of Mexico, but is back to stay in beautiful, damp B.C. with its "honest weather."

During his career in journalism, he has handled feature stories, photography, re-writing, school board and municipal council reporting, general news, editorials, special editions and column writing. It was in the last two categories that he developed a flair for humor writing, which he hopes to inject with regularity into the Guardian.

FIVE MEMBERS

Human Rights Commission Appointments Announced

A five-member B.C. Human Rights Commission has been appointed, Labor Minister Bill King announced recently.

The commission was formed under the Human Rights Code passed in the last session of the legislature. Chairing the commission is Bishop Remi J. De Roo, Bishop of Victoria since 1962.

Other members are Larry Ryan, secretary-treasurer of the Victoria Labor Coun-

cil; Gene Errington, ombudswoman for the Vancouver Status of Women; Rose Charlie, president of the Provincial Indian Homemakers Association; and Professor William Black of the faculty of law, University of B.C.

It is the commission's intention to formulate general policy for the Human Rights Branch and promote compliance with the Human Rights Code.

It will also outline educational programs promoting human rights and will encourage and support activities by private groups throughout the province.

King said: "The commission will be an independent body and will be free to formulate its own policies."

It will act as an intermediary and will bring problems or complaints of the public to the attention of the Human Rights Branch as well as promoting programs of the Branch.

It is expected that the commission members will travel to different parts of the province to consult with interested members of the public.

Kathleen Ruff, director under the Code, will remain in charge of the administration of the Human Rights Branch and will also be chief executive officer of the commission.

Individual disputes will be heard before boards of inquiry which will be independent of both the commission and the director in order to ensure their impartiality.

CONVENTION CALL SENT OUT TO ALL

The Convention call has gone out, and this year's gathering will be the biggest of them all.

H.E.U.'s ninth biennial Convention falls on the 30th anniversary of the Union.

A total of 225 delegates will represent H.E.U.'s membership at the five-day event, to be held June 3-7, inclusive, at the Richmond Inn. It will be the first five-day convention for the Union. And for 10 new units it will be the first convention for them since joining Local 180. The extra day has been planned because of an anticipated increase in work load.

It won't be all work, however. On Monday evening, the first day of the Convention, a banquet will be held and entertainment provided, though details have yet to be worked out.



WHAT BETTER WAY to spend part of a crisp, winter afternoon than handing out copies of the *Guardian* to workers at St. Vincent's Hospital in Vancouver? None, says Representative Bernice Gehring. St. Vincent's is the latest hospital to be certified into H.E.U. and will be one of 10 new units represented at this year's Convention.

WCB opens new rehab centre in Richmond

The first phase of the Workmen's Compensation Board's new rehabilitation centre in Richmond has gone into operation.

A 200-room residence for out-of-town workers who are sent to Vancouver for treatment by the W.C.B. at its rehabilitation clinic received its first patients recently.

Prior to completion of the facility patients were given a subsistence allowance but were required to find their own accommodation when they arrived. The W.C.B. said it was felt that the living conditions were sometimes not compatible with their restoration to health.

The residence includes private rooms with bath and a small balcony for each patient, and a recreational hall on the lower floors for a variety of indoor activities.

Patients are transported by bus from the board's rehabilitation clinic in Vancouver for treatment.

The second phase of the project will consist of expanded supporting services which are expected to be completed in mid-1975, says the W.C.B. A new clinic is planned for the same site.

BOARD GIVES RULING ON SPN WAGE RATES

It was almost like a "good news, bad news" story, except the news wasn't really that bad.

After a three-month wait for a decision, the provincial Labor Relations Board handed down its decision in the case of student practical nurses in four hospitals. The Union has been fighting for a definite pay scale for the young women for the time they spend in hospitals performing work.

The Department of Labor ruled last year the student practical nurses were employees within the meaning of the Labor Relations Act, and a two-day hearing was held in Vernon last November to determine their pay.

The board announced this month the SPNs will be paid the minimum legal wage. That rate currently is \$2.25 per hour.

At first glance that might seem a disappointment. But several factors support the board's decision. B.C.'s minimum wage will rise July 1, to \$2.50 an hour. Also, there are other examples in the hospital industry of trainees receiving minimum rates: X-ray and lab technicians, for instance.

But the major influence in the decision was probably the apprenticeship training program that will be set up to meet the industry's needs for future practical nurses. In effect, the LRB's ruling is an "interim decision." SPNs can look forward to better treatment when the program goes into effect on Jan. 1, 1975.

A sliding scale will be utilized, from 50 to 100 per cent, based on the wage of a licensed practical nurse.

The board's decision affects trainees at hospitals in Vernon, Kelowna, Penticton and Prince George.

ELEVENTH-HOUR REPRIEVE EXTENDED

At Cumberland General Hospital, a historical landmark in central Vancouver Island, the new year brought both defeat and victory.

Defeat came with the news that the hospital's long-standing death warrant would be carried out, despite valiant

efforts by workers at the acute care hospital, the village council, many citizens' groups, H.E.U., the doctors and individual townspeople to prevent the announced closure.

Victory came as an 11th-hour partial reprieve: the hospital would be kept open as an intermediate care facility until a diagnostic treatment centre and a new intermediate care unit is built, sometime next year.



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*The good guys
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Health Minister Dennis Cocke had extended the closure. His decision, and the efforts of Comox MLA Karen Sanford, proved to those involved that protest can achieve positive results . . . when there's a government that listens.

It had been a trying time, not only for the rest of the community, but particularly for workers at Cumberland General. Unsure of who would be able to join the staff of St. Joseph's Hospital in nearby Comox and when, some faced the prospect of not being able to make the eight-

mile journey to St. Joseph's. The 41-bed hospital in Cumberland had been a convenient, short walk from home for so many years that not everyone had transportation. Besides, St. Joseph's couldn't take everybody.

When the hospital came into being Dec. 12, 1894, the community was known as Union, and the hospital was named the Union and Comox District Hospital. It was the third hospital built on Vancouver Island.

Directors were named that night, a matron appointed three weeks later and two nurses hired from Victoria and Nanaimo — at \$10 and \$5 a month. Wages soared to \$15 a month by the next September, and in 1900 — two years after Union became a city — nurses were up to \$25 a month. Certification with H.E.U. was still 68 years away.

It was around that time, records show, that a great improvement to the two-storey structure was made with the installation of "a new water closet with flushing apparatus."

Renamed Cumberland General Hospital in 1915, the hospital became dedicated to making patients and workers "a little happier."

Benefits, recitals, grand concerts, bazaars and canvassing for donations provided needed income. The annual Grand Society Ball and the Children's Fancy Dress Ball were as important from a social as well as fund-raising point of view, as was the Jubilee Queen contest in 1924, which brought in \$5,000 for the new Jubilee Wing.

More money came in from workers in the nearby mines. The Canadian Collieries Medical Fund was an important contributor, and coal itself was provided free for the hospital, which by 1906 had electricity and steam heat.

For Cumberland, whose lifeblood flowed in the dim shafts of the mines, the hospital was crucial. Mine disasters were met with calm efficiency by hospital staffers, such as the 1901 entombment of four men at the 800-foot level and, later, a blast in No. 6 shaft which killed 60 men and injured many others.

The hospital grew in the 1930s with wing wards sponsored by local organizations, among them the Canadian Legion and the Linger Longer Club, a social club for unmarrieds.

The growth of the hospital reflected the flourishing community around it. When the mines were booming, Cumberland was the hub of Vancouver Island. Its Chinatown alone had a population of 2,000 (Cumberland's total population is less than that today) making it the second-largest Chinese community in North



VANCOUVER ISLAND REPRESENTATIVE Bill Muir addresses Cumberland Unit meeting.

S LIFE OF CUMBERLAND HOSPITAL

Government heeds appeal by workers, residents

America, after San Francisco. The now-vanished Chinatown included among its wooden buildings a 400-seat theatre where operas were shown with sets imported from China.

But as the mines declined in the late 1940s and '50s, so did Cumberland. Its newspaper moved out, the movie theatre ran its last picture show, fewer people were seen on Dunsmuir St. — previously one of B.C.'s busiest main drags.

It was against this background of comradeship, struggle, hardship and disaster that the bitter fight was launched against the "Victoria bureaucrats" who dared to write off what many considered an essential service in a town that refused to die.

As early as 1949 the Hamilton Report had talked of phasing out Cumberland General but the reality of the move didn't become apparent until recent years. At first, the aim of such groups as the Save the Hospital Committee was to do just that — reverse the decision. When it was obvious that wouldn't happen, the goal

was simply to put off the closure until completion of a diagnostic treatment centre announced by the new NDP government.

Cumberland was told, simply, no. The hospital would be closed by March 31, 1974, and possibly sooner if the construction of a third floor at St. Joseph's Hospital in Comox was completed before that date. Letters and delegations to Victoria followed. All the suppressed frustrations

*'This will make
a hell of
a difference'*



ORIGINAL hospital . . . pride of the community.

quirement in case sudden announcements of plans leave no time for contractual notices of termination. Cousins said he sees no reason for any interruption of employment for most of the staff, who will simply apply for positions at the new facilities next year.

There is still the paperwork to be completed and severance pay to be worked out, and the nagging thought that little is yet in writing.

But after so many years of battling and wondering, a decision from a responsive government has made the latest uncertainties seem tame in the aftermath of an obvious victory for a community and hospital workers who refused to give up.



UNIT Chairman Art Wesner at work.

and anger of the residents and hospital staffers exploded on the night of last Dec. 2 when some 650 people packed into a public meeting to hear an explanation from Comox MLA Karen Sanford, and pep talks from community leaders still carrying the torch.

Nothing seemed resolved after the mass therapy session, where the good guys were cheered and the bad guys booed, but word came at the end of January from Health Minister Dennis Cocke: the hospital will stay until the treatment centre is built. Also, Cocke announced, an intermediate care centre will be built, housing 40 to 50 beds.

"I'm very happy, said Cumberland Mayor Bill "Bronco" Moncrief.

So was the hospital's administrator. "This will make a hell of a difference," said C. A. "Chuck" Cousins, whose future has become a little less uncertain with the announcement. At 62, Cousins is in his 17th year as head of the hospital and has worked there since 1949.

"Most of the staff will likely be retained," he said, including housekeeping, dietary and maintenance departments among those relieved.

The hassle isn't quite over yet, however. Letters of termination have been sent to all staff members as a legal re-



FIRST COOK Marjorie Pirozzini . . . 22 years at Cumberland General.

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But as the mines declined in the late 1940s and '50s, so did Cumberland. Its newspaper moved out, the movie theatre ran its last picture show, fewer people were seen on Dunsmuir St. — previously one of B.C.'s busiest main drags.

It was against this background of comradeship, struggle, hardship and disaster that the bitter fight was launched against the "Victoria bureaucrats" who dared to write off what many considered an essential service in a town that refused to die.

As early as 1949 the Hamilton Report had talked of phasing out Cumberland General but the reality of the move didn't become apparent until recent years. At first, the aim of such groups as the Save the Hospital Committee was to do just that — reverse the decision. When it was obvious that wouldn't happen, the goal

was simply to put off the closure until completion of a diagnostic treatment centre announced by the new NDP government.

Cumberland was told, simply, no. The hospital would be closed by March 31, 1974, and possibly sooner if the construction of a third floor at St. Joseph's Hospital in Comox was completed before that date. Letters and delegations to Victoria followed. All the suppressed frustrations

*'This will make
a hell of
a difference'*

and anger of the residents and hospital staffers exploded on the night of last Dec. 2 when some 650 people packed into a public meeting to hear an explanation from Comox MLA Karen Sanford, and pep talks from community leaders still carrying the torch.

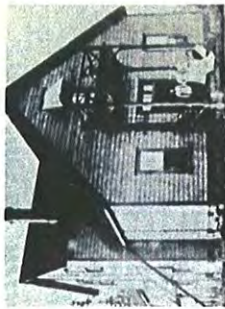
Nothing seemed resolved after the mass therapy session, where the good guys were cheered and the bad guys booed, but word came at the end of January from Health Minister Dennis Cocke: the hospital will stay until the treatment centre is built. Also, Cocke announced, an intermediate care centre will be built, housing 40 to 50 beds.

"I'm very happy," said Cumberland Mayor Bill "Bronco" Moncrief.

So was the hospital's administrator. "This will make a hell of a difference," said C.A. "Chuck" Cousins, whose future has become a little less uncertain with the announcement. At 62, Cousins is in his 17th year as head of the hospital and has worked there since 1949.

"Most of the staff will likely be retained," he said, including housekeeping, dietary and maintenance departments among those rehired.

The hassle isn't quite over yet, however. Letters of termination have been sent to all staff members as a legal re-

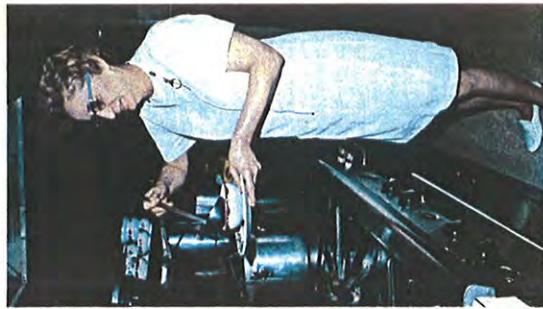


ORIGINAL hospital... pride of the community.

quirement in case sudden announcements of plans leave no time for contractual notices of termination. Cousins said he sees no reason for any interruption of employment for most of the staff, who will simply apply for positions at the new facilities next year.

There is still the paperwork to be completed and severance pay to be worked out, and the nagging thought that little is yet in writing.

But after so many years of battling and wondering, a decision from a responsive government has made the latest uncertainties seem tame in the aftermath of an obvious victory for a community and hospital workers who refused to give up.



FIRST COOK Marijorie Pipazzini... 22 years at Cumberland General.



UNIT Chairman Art Wesner at work.



VANCOUVER ISLAND REPRESENTATIVE Bill Muir addresses Cumberland Unit meeting.

PLANNERS' NEWS BAD

Vancouver inflation reflects province-wide soaring prices

Anyone looking for encouragement in these days of high inflation rates won't find it at Vancouver City Hall, where the planning department has forecast a bleak outlook.

Consumer prices in B.C.'s biggest city are going to soar at a continued high rate in the near future, the city planners reported recently.

In the first of a series of reviews to be published quarterly, the planning department said shortages of some commodities due to U.S. production cutbacks "may have a significant effect on prices of a wide range of goods bought by Vancouver consumers."

Industry has already had difficulties with supplies, particularly in petrochemical and steel goods, the review said.

"Building industry subcontractors are also having problems with erratic and unreliable supplies, even with such items as carpeting, most of which is manufactured from petrochemicals," the planners said.

With long-term uncertainties affecting major items such as steel, developers will be forced to take harder looks at the economics of offices and other large structures, the review said.

Shortages of diesel fuel in the United States are having an effect on Vancouver trucking firms that operate in the U.S., the planners reported.

On housing, the news wasn't any better. The planners reported that despite a 19.9 per cent increase in starts of single-family dwelling units in the first 11 months of 1973, the average value of house prices rose from \$31,465 in 1972 to \$41,149 in 1973. The 1973 figure for the month of December alone reached \$50,340.

The average house values were bas-

ed on the total number of new and re-sale transactions.

Greater Vancouver apartment and row housing starts were down 23.6 per cent — from 7,288 to 5,569 — for the first 11 months of 1973, the planners said. They reported that the drop in multiple dwelling starts resulted in a 0.6 per cent vacancy rate in privately owned rental accommodation in June, 1973, and preliminary estimates of a 0.2 per cent vacancy rate last December.

The resulting inflation showed rent hikes ranging from 3.2 per cent for one-bedroom units in the Marpole area to more than 20 per cent for two-bedroom apartments in all areas of the city.

Recent reports indicate rises of 15 to 20 per cent this year. As if that isn't bad enough news, the city planners predict that even those increases won't be enough to attract private builders back into the rental market.

Rental controls, said the planners, "have humanitarian appeal and short-term economic justification." But, they added, such controls by themselves have long-term effects that work against tenants — by discouraging investment, for example.

Vancouver city council has opposed rent controls but has voted to ask the provincial government to restore the rental review authority of the Vancouver Rental Accommodation Grievance Board. A recent court decision rendered the board virtually powerless.

It all goes to prove, of course, the absolute necessity of a cost-of-living clause such as the one in H.E.U.'s 1974-75 collective agreement. The situation in Vancouver is a mirror of what is going on in the rest of the province.

Forms don't move —so board does

Prosecutions have been started against several B.C. employers for repeated failure to submit accident report forms to the Workmen's Compensation Board on time, the W.C.B. has reported.

The charges follow warnings to employers by the board that consistent late filing of reports will result in prosecutions.

The Workmen's Compensation Act requires employers to submit an accident report within three days of an inquiry occurring. Further summonses are being prepared, says the W.C.B.

Where do those beasts lurk? —Among flowers

It was almost like motherhood itself had come under attack.

Of all the things that a hospital patient could think about during confinement, who would have suspected that criticism could be levelled at that age-old custom . . . the giving of bedside flowers?

Everyone who has ever spent any time in a hospital knows that the roses, carnations, gladioli and other floral tributes from friends and relatives are supposed to brighten the patient's room and help cheer him on the road to recovery.

But two medical investigators have published a report that suggests the water in a flower vase is a breeding ground for no fewer than six species of bacteria that are a particular threat to debilitated patients.

And those bacteria, said two Miami researchers in the British journal *Lancet*, are often resistant to antibiotics, to boot.

Patricia M. Mertz and David Taplin made the unhappy discovery almost by accident during a routine survey of mops, sinks, soap dishes and other "wet sources" of bacteria in two hospitals. Prompted by a report that flowers wilt and acquire a bad odor in relation to the bacteria count in their water, Taplin decided to check water samples from vases in the hospitals as well.

"We were amazed at the variety and count of the bacteria we found," the epidemiologist said.

Among the bacteria were some particularly nasty types, including *Aeromonas hydrophila*, *Escherichia coli*, and three species of *Pseudomonas*. *Aeromonas* can cause severe wound infections, *Escherichia coli* can attack the urinary tract and *Pseudomonas* can cause pneumonia and meningitis.

Most of the bacteria come from the soil around the flower stems. When flowers were put into fresh chlorinated tap water, Taplin and Mertz noted that the bacteria in a single teaspoonful of water rose to 100,000 in an hour; and 20 million by the end of three days.

Such bacteria are especially dangerous for burn victims, patients requiring kidney dialysis and those with surgical openings in their windpipes, but are not a threat to most other patients.

Taplin, who works at the University of Miami School of Medicine, banned flowers in the hospital burns unit. Since then, he reported, the number of serious post-treatment infections has dropped sharply.



CHEERFUL Peggy Young is a new addition to the staff of H.E.U.'s Provincial Office. Peggy assists Financial Secretary John Darby and handles other office duties.

A CANADIAN 'FIRST'

Training program marks major breakthrough

What a difference a new government makes!

Victoria's traditional stubborn indifference to the training needs of B.C.'s nursing personnel has finally been breached. Fresh winds of change in health and manpower policy are now blowing strongly out of Victoria.

The desperate need to train our own health care personnel right here in B.C., rather than simply pirating them from the medical and nursing schools of other provinces and other lands, will now be tackled head-on.

The first breakthrough came last

August in the historic anti-discrimination agreement between Hospital Employees' Union and the provincial government.

In Article 5 of that agreement, Health Minister Cocke agreed his department would immediately begin working with H.E.U. to establish, in consultation with the Departments of Labor and Education, a training program to "provide orderly means for the training, accreditation and promotion of non-professional nursing personnel."

That started the ball rolling.

The B.C. Hospital's Association suddenly dropped its reflex resistance to discussing training programs at the bargaining table. As a result, the new collective agreement provides for the first joint management-Union training program for practical nurses and orderlies in Canada. The program will be in operation by the end of the year.

On December 18, the provincial Ministers of Labor and Education announced "a new direction for manpower planning and training in British Columbia." Manpower planning is not only vital in health care. It is necessary right across the board.

By marshaling the resources and capabilities of these two departments, the new plan will finally put real muscle and some plain, ordinary common sense into training people for jobs now crying to be filled.

A coordinating committee of officials from the Departments of Labor and Edu-

cation will be in charge of the new approach. All training programs will be cleared through this committee.

The Department of Labor will be responsible for providing the coordinating committee with an overall plan which will identify manpower training needs in B.C., set priorities for manpower training in accordance with these needs, and determine the number of trainees required to fill our manpower shortages.

Strangely enough, no one government department has been responsible for providing this obvious manpower information in the past. The Labor Department will now do so in consultation with industry, labor and other government departments such as the Department of Health, in the case of health care manpower needs.

Having identified the needs, the Department of Labor will be required to follow through by taking "prime responsibility" for developing all non-professional training programs in the province.

This includes our own practical nurse/orderly training program which will initially be worked out by a joint H.E.U.-B.C.H.A. committee in consultation with the Department of Labor's Apprenticeship branch. In fact, our own program will be a flagship for the entire fleet of new programs to be developed.

The coordinating committee will keep close supervision over the development of training programs. Each will be scrutinized by the Department of Education and its associated organizations (colleges, vocational schools, B.C.I.T.) to provide curriculum assistance, determine where the courses will be taught and provide ongoing supervision of the programs.

Finally, programs that fit into the priorities established for manpower training in B.C., will be approved by the coordinating committee and put into action.

This whole new approach is just what the doctor ordered. It makes sense to find out exactly what manpower shortages we face in B.C. training.

It makes sense to set priorities in tackling these shortages, to beef up training programs where new specialized skills are required and to review the accreditation procedures for graduates of these programs.

It makes sense to utilize the full resources of government to get the job done.

It makes sense to work closely with those directly involved in training requirements — the industries who hire those trained, the Unions whose members have graduated from training programs, and the educational organizations who provide the training.

It's surprising it took a new government to see the obvious.

Young coin eaters face same risks

X-ray departments will continue to be utilized by children who swallow pennies, even if the one-cent coins of the future are made from aluminum. With the price of copper soaring, the U.S. Bureau of the Mint has requested permission to switch to aluminum pennies. And if copper becomes too expensive for the U.S. treasury, Canada could very well follow suit.

The mint's only doubts were resolved recently by experiments proving that an aluminum coin has radiologic visibility — that is, it could be detected by X-rays if swallowed by a child.



"She's the picture of me and the soundtrack of your daughter."



FOR THE RECORD — In the last regular issue The Guardian, we referred to Vladimir Panchekhin (above) as a Russian interpreter. He was, in fact, an officer attached to the international relations department of the Medical Workers Union in the U.S.S.R., and was in charge of the Russian tour in which H.E.U. President Bill Black and Financial Secretary John Darby took part. Sorry, Vladimir . . . we didn't mean to demote you.



ICE-PACKED HIGHWAY like this one north of Prince George are familiar to Owen Adams. They're no problem most of the time but unusually bad weather conditions — such as those of January — can make the going a true challenge.

Mailmen might battle wind and rain and sleet and snow to deliver the mail but they've got nothing on the H.E.U. reps who find themselves delivering reports to members on 1974-75 contract proposals — in December and January.

Just ask Representative Owen Adams. He'll tell you about flying into a snowstorm on the way to Smithers and ending up in the Queen Charlotte Islands. Or addressing a membership meeting in Fort St. John, clutching a moose meat sandwich with slowly-thawing fingers.

Owen's territory is the North, which is an easy trip on most occasions but which presents amazing challenges during the winter months. The scene at the H.E.U. provincial office around Christmas time was one of intense planning. Above all matters at hand, including the seasonal festivities, was the impending job of reporting the terms of the new proposed contracts to members around the province.

The mammoth job of personally informing 11,500 people had to be done within 18 days. For Owen Adams, his portion of that task was going to be a particularly demanding one. He set up the meetings across that frozen, vast area called the central interior and northern areas of B.C., booked reservations at various motels and hotels and compiled his itinerary.

But he knew the typed itinerary was a chunk of supreme optimism: the "weather permitting" phrase held the truth of the matter.

Prince George, Fort St. John, Dawson Creek, then on to Chetwynd, Fort Nelson, Terrace, Kitimat, Smithers, and finally Quesnel and Williams Lake, all over a 12-

day period. That was the plan, but it didn't quite work out that way.

After Fort Nelson, Adams was held up for a day in Prince George because of bad weather and forced to return to Vancouver. The itinerary was altered and he caught the plane for Smithers — and got that impromptu visit to Sandspit in the Queen Charlottes. Over to Terrace, then Smithers—finally—then back to Terrace to await a flight into Vancouver.

By the time he reached Vancouver, Owen was four days behind schedule.

"That's when it gets particularly tough," he says. "Rearranging all those meetings."

But the appointed rounds were eventually made and Owen, having had plenty of time to reflect on it sitting at airports and waiting, looks at the challenge philo-

DOG SLEDDING WITH OWEN:

sophically. "There's really no way to describe what it's like up there if you're too used to life in Vancouver and the lower mainland.

"In Vancouver, everything has to be done 'yesterday.' In the North, you have to approach everything with a different frame of mind. Up there, if you get snowed in you might as well accept it."

"Snowed in" doesn't quite describe it, however, when you consider Kitimat at the time of Adams' jaunt through the area: 60 inches of the fluffy white stuff in a 24-hour period, and still falling. But the coldest spots were Fort St. John and Chetwynd, where the mercury dipped to the minus 40s. Schools were shut down, busses stopped running and a child died of pneumonia near Terrace because the snowplows couldn't get through.

Travelling at one point by Greyhound bus, Owen passed by the area between Terrace and Prince Rupert where a snowslide killed seven people. It was on that trip the driver had to stop the bus four times to de-ice the windshield wipers.

"But people who live in that area take it for granted," says Adams. There, he recalls, it's not uncommon to see people shovelling snow from their roofs onto a snowbank that's higher than the house. Which is one reason the police were warning parents to keep their youngsters off the taller snow mounds because they were dangerously close to overhead power lines.

But Owens takes it all in his stride. He has to, because the residents up there have to. Like the hitchhiker he picked up between Chetwynd and Dawson Creek as the wind blew the effects of the -40 degree temperature down to numbing levels.



TRAVELLING THE (SOMETIMES) FROZEN NORTH



DIGGING FOR GOLD? Not likely, says Owen, who gets plenty of arm exercise with his trusty shovel during winter in the North. He finds during storms that if studded tires, chains and a block heater aren't enough — a Greyhound bus usually is.

"He didn't seem the least bit concerned. Must have been a local with some business to attend to that couldn't wait for the weather."

Meanwhile, the members of the various units generally turned out in full force, even when meetings were called at short notice because of a schedule change.

Owen sometimes only just made it — "I missed an excellent supper in Smithers, I found out later" — but the terms of settlement were reported. Moose meat sandwiches notwithstanding, there wasn't always time for such frivolities as meals.

Or days off. On one Sunday he had to arrange a meeting at Fort Nelson. The attendance was fair but not especially big. Afterwards, Adams went outside to see what was happening in the community.

"Everything was happening," he says. "There was old-timers' hockey, midget hockey, curling — all kinds of winter sports and outdoor activities.

Owen could probably have used some old-timers' hockey himself, but he was soon off to other units, where the attendance was excellent, packing along the essentials for a 3,000-mile trip. It's not easy keeping baggage to a minimum, however. There are spare copies of the collective agreement to take, unit supplies, current provincial statutes, plenty of writing material, ballots, and, of course, heavy and light clothing.

There's been many a time when Owen has used a motel room sink for laundry facilities in an effort to keep suitcases to a reasonable number. When he drives up there's a bit more room, but also more accessories: chains, a shovel, an emergency kit including candles and matches

in case he gets stranded, a small tool kit, block heater, studded tires and anti-freeze to 65 below . . . complete winterizing for the car. Owen sometimes wishes there was a way to winterize reps, too.

He's been making the rounds up there for about three years, doing three or four service trips a year. Owen earns his annual vacations, but where do you suppose he takes them?

"Up North," he says with a grin. "I love that country. A man has room to breathe."

For Owen Adams, relaxation can be simply a good dose of fishing and healthy breathing. "I like to dangle a bent pin in the water, even if I don't catch anything.

"Last year," he recalls of his vacation in the 70-Mile House area, "I exceeded my normal limit. I caught one fish all summer."

A nice thought, and it's probably memories like those that keep Owen going when the lakes are frozen solid and snow drifts nudge the rigid power lines.



ADAMS reports to unit members at Lions Gate Hospital, North Vancouver, on proposed contract.

STUDY RELEASED

Foulkes report backs Union recommendations

Dr. Richard Foulkes' long-awaited report on health care in B.C. was released last month and contained, not surprisingly, a number of recommendations related to proposals made by the Union in a brief last February to Health Minister Dennis Cocke.

After a year of research, Foulkes made plenty of waves when the report was finally made available to the public through a news conference at the Parliament Buildings in Victoria. The whirring of television news cameras, popping of flashes and rapid questions in the Caucus Room conference were followed by newspaper headlines and radio and TV lead-off stories on the more controversial and startling recommendations of Foulkes' two-volume report: salaries for doctors, tearing down of mental homes, compulsory fluoridation, a "super ministry."

But many other important changes were proposed by consultant Foulkes — not as tantalizing to headline writers, perhaps, but significant in their far-reaching effects on B.C. health care, if adopted by the government.

On community health centres, for example, H.E.U. proposed in its brief that such centres — while not an alternative to needed hospital beds — could be established to take health care to the

of citizens and special demands placed on health services."

The emphasis on public housing was what the Union had in mind in one of its recommendations — to "establish a program of senior citizen housing and nursing homes under the B.C.H.I.S. so as to eliminate the profit-making operators of private hospitals and nursing homes." This is of vital urgency to a neglected segment of the population.

The transportation of patients came under the spotlight last year in the Union's brief, as it did in the Foulkes' Report. The H.E.U. brief recommended that the provincial government assume the responsibility for providing and up-grading ambulance services.

Foulkes, too, envisions emergency health services on a province-wide basis, and he recommended establishment of an integrated and co-ordinated ambulance system.

Like the Union, he included among the possibilities a regional basis for the serv-

high risk neonatal care and spinal cord injuries.

"We recommend that all hospitals in the province be categorized with regard to their capability to provide emergency care," Foulkes said.

On manpower needs, the Union urged the establishment of a program of manpower planning in the health care field on a joint participation basis. "Because of the high labor input in hospitals," the H.E.U. brief said, "there should be greater emphasis on assessment; defining under-utilization of available skills; need for skill up-grading; and the standardizing and integration of standards of competency, particularly in the nursing division."

Foulkes, in describing the "new system" his report looked forward to, put the heading Manpower Needed on a chapter that pushed for training and orientation "in the new responsibilities involved and in the need for a fundamental change in attitude and thinking."

Health services financing came under attack in the Union's 1973 brief — as it did in the Foulkes Report. H.E.U. recommended total revamping of the system of financing hospital construction.

The Foulkes Report urged "changes in financing of medical care by premiums, health services by local property taxation

'Thrust fund for new construction'

community in a program of preventive medicine and home care.

Foulkes, in describing the need for "community human resource and health centres," recommended the establishment of a "thrust fund" to be made available for new construction.

Cost-sharing with the federal government was an area in need of a second look, the Union contended last February, and Foulkes subsequently agreed. H.E.U. recommended that the provincial government initiate negotiations with the federal government for the purpose of establishing a new formula for transfer payments. Foulkes also suggested talks with the federal government for "an equitable financing formula," without affecting the province's priorities for allocating health care.

Senior citizens' housing, recreational programs and nutritional counselling are needed, Foulkes said. "It is important that planning for housing for the elderly should be public planning" the report explained. "It should involve those responsible for health and social services as there are special needs for this group



Dr. Richard Foulkes

ices, with the government setting minimum and maximum standards.

An emergency telephone number was suggested by the Union on a provincial basis. Foulkes agreed.

"A 911 reporting system should be developed for all areas of the province," his report suggested.

"This is presently being discussed in Vancouver for the Vancouver area."

Foulkes said the B.C. Telephone Co. is prepared to spend \$1.2 million converting its switching equipment in a two-year plan for installation of the 911 system.

Some areas touched on in the H.E.U. brief last year are related to recommendations in the Foulkes Report while not putting quite the same suggestions across. The Union, for example, recommended more specialization of medical services in hospitals. But Foulkes narrowed it down to specialized emergency care, giving as a few examples burns,

'Fundamental change in attitude'

and hospital co-insurance," among other changes.

Foulkes will meet with H.E.U. representatives in the near future to discuss his report.

Not all of H.E.U.'s recommendations found their way into the new report, however. Some weren't touched on by the government consultant, while others displayed apparent differences in approach. On the issue of centralization, for example, the Union is against regional bargaining. Foulkes stressed his preference for "decentralization" or "regionalization."

But the two concepts may not be all that polarized. Foulkes envisages, ultimately, integration of both health and human resources ministries, with a limited role of civil servants in Victoria. He was not specific on the subject of collective bargaining.

In any case, it is obvious from comparing the Union's brief and the Foulkes Report that the H.E.U. submission made a vital contribution to a study that may trigger legislation and implementation to greatly improve health services in B.C.