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

The Hospital GUARDIAN
HOSPITAL EMPLOYEES FEDERAL UNION, 180

VANCOUR, JANUARY 25, 1956

Financial Problems Mounting
Interior Crisis Needs Action

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

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

These are the findings of Business Manager Bill Black who returned from the interior this week to deliver a comprehen-

sive report on the state of

nitations in smaller hospi-

tals of

the province.

At Kimberley General Hospi-
tal, Trail-Tadanane Hospital, Nak-

kan, Mission-Francis at Rono

hirs, and St. Martin's at Athol-

more the union is building con-

tacts—Black found a situa-

tion (Continued, page 4)

Two Year Pact Sought At VGH

An arbitration board will now

be appointed to settle a contract for our union's largest—

the 1406-member Vancouver General Hospital.

Chairman is Fred Stones. Co-
nominee is 'Pappy' Pettiet, ve-

temorary labor leader who served for many years on the VGH board of governors. Lawyer A. C. Defor, Q.C., is acting for

the hospital.

The union is requesting retro-

active back-payment for all and

a constituent medical plan. The

hospital has suggested nothing

but "hold the line" policies to date.

While these important meet-

ings are under way, we are still

negotiating at Vancouver Island

hospitals, Royal Columbian and

Grace hospitals.

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

Through many years of experience—experience gained by persons who work in hospitals and have had to tackle the day-to-day problems—she believes we are in a position to give sound opinions and technical advice on hospital opera-

tion and the B.C. Hospital Insurance Service.

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

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

Directive Violates Labor Act; Forces Many Staff Changes

Government attempts to roll back wages and working conditions of hospital employers through wage-freeze orders will force a downturn in hospital service, W. M. "Bill" Black said this week.

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

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

Government wage controls, he said, result in "ruinously high" costs at hospitals and hospitals go into "serious trouble" in the face of rising costs for medicine, food and living conditions for patients.

"Drastic wage controls," he said, "cannot be balanced by extensive non-wage income without drastic reduction of services."

Hospitals DO Face Deficits

Union manager Bill Black has tackled Health Minister to prevent a 1956 hospital deficits. Black said that hospitals claim these deficits are faced: Royal Col-

umbian, $78,000; Roncy, $400,000; North Vancouver, $350,000; Vanc-aver, $200,000; Kelowna, $150,000; Vernon, $75,000; and Trail, $75,000.

What We Want For Hospitals

We propose:

1. Bringing up of a Royal Commission to enquire into charges of laxity and maladministration in hospital management.

2. Bringing of hospital employers under compulsory arbitration provisions with decisions final and binding on both parties.

3. Withdrawing of freeze order No. 55-7, allowing hospital wages to find their own level through the democratic process of collective bargaining.

4. Instituting a system of medical coverage in all hospitals, on a contributory basis.

5. Bringing hospitals workers under Unemployment Insur-

ance coverage.

6. Instituting a training program for hospital employees.

7. Setting up labor-management committees in individual hospitals for mutual co-operation in solving specific hospital problems.
The Hospital GUARDIAN

Published by the Hospital Employees Federal Union, Local 180, Room 116, Labor Temple, 30 W. Broadway, Vancouver, B.C.

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

Vancouver, B.C., January 25, 1956

Statement of Principles

By BILL BLACK

Business Manager, Hospital Employees Federal Union

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

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

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

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

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

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

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

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

Make It Work

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

Here are the facts.

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

However, hospitals depend financially on BCHIS. The result is a tremendous overlapping budget procedure, in which the BCHIS is not always given time to make adjustments in its contributions to these hospitals.

This is unfair to the workers. It is unfair to the hospitals. It is unfair to those of us in both groups to serve the people of B.C.

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

The Sensible Solution: Compulsory Arbitration

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

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

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

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

The statement was in reaction to an advertisement that appeared in the Province last week.

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

Fewer Employees in B.C. Hospitals

Hospitals in B.C. are being operated at a lower expense per patient day than almost all hospitals in the U.S. and at one-quarter the labor-management cost in other provinces in Ontario and Quebec.

The claim which should answer once and for all the usual repeated charge that B.C. has more doctors, nurses and other personnel than hospitals need, and that the hospitals are therefore overstaffed—have been made again by the Hospital Administrative Cost of August 10, 1955, and the recent report, "Financing Hospital Care in the United States."

Here are the figures, covering non-profit hospitals in B.C.:

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<thead>
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<th>Hospital</th>
<th>Expenses per Patient Day</th>
<th>Employes per Patient Day</th>
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</thead>
<tbody>
<tr>
<td>B.C.</td>
<td>$16.50</td>
<td>10 patients</td>
</tr>
<tr>
<td>Ontario</td>
<td>$13.39</td>
<td>11 patients</td>
</tr>
<tr>
<td>Quebec</td>
<td>$12.35</td>
<td>9 patients</td>
</tr>
<tr>
<td>Ottawa</td>
<td>$23.69</td>
<td>21 patients</td>
</tr>
<tr>
<td>Vancouver</td>
<td>$24.19</td>
<td>22 patients</td>
</tr>
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Non-Profit U.S. Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Expenses per Patient Day</th>
<th>Employes per Patient Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.C.</td>
<td>$17.42</td>
<td>100 patients</td>
</tr>
<tr>
<td>Ontario</td>
<td>$18.50</td>
<td>110 patients</td>
</tr>
<tr>
<td>Quebec</td>
<td>$19.95</td>
<td>120 patients</td>
</tr>
<tr>
<td>Washington</td>
<td>$22.49</td>
<td>130 patients</td>
</tr>
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The Readers Write: "Mr. Martin and The Deficits"

Editor, The Guardian:

In the grand state to the newest Vancouver Centre by-election, the minister of health and finance stated, and we quote from a Vancouver newspaper of January, 1951, "I want to point out to you, at the time you can rely on the figures given out by hospitals or anyone else—whether it be a deficiency of a surplus, until after the December 31, BCHIS receives the hospital reports, analyses them, and then makes certain adjustments. When these adjustments are made, it is possible that some hospitals will have a deficit position and wind up with a surplus."

On compilation with the dictionary, I find that the word "possible" is defined as—"that may happen," or "perhaps." I further note that the word I'm sure the hospitals would have preferred Mr. Martin to use, is "probable," defined as—"sure to happen, or certain to happen." While it is in possible that some adjustments may be made, the actions of the BCHIS throughout the year 1955 made it probable that most hospitals are going to be in an "impossible position."

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

All hospitals are in a definitive position due to the budgeting procedures and control exercised by the B.C. Hospital Insurance Service.

In contrast to this pessimistic attitude on the part of the department of health and welfare, is that of Mr. Gagnard, who, having served the government with good cheer, told the same rally, according to the same paper: "You can imagine what fun I have had spending $173,946,000 on the roads in B.C. In three years. If it wasn't for the government who knows finance and pours money into my hands, we couldn't spend it," he said.

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

While such a proponent is doubtless pleasing to Mr. Gagnard, the hospital boards which are besetted by deficits and hard-pressed bank overdrafts will no doubt fail to see the full humor of the situation.

"ANKLOUE."
Pension Plan This Year Is a Must

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

This is emphasized by surprise retirement announcements recently in the business pages of the Press.

They show that pension plans are sponsored by all large employers.

In fact, 18 percent of all office employees are covered by some form of pension plan in 1956.

Industrial figures are even more surprising. Of all the plant workers in Canada, 47 percent enjoyed the protection of a pension plan last year. In utility plants, 90 percent of all employees are covered.

At the last meeting of the hospital workers, it was noted that the hospital system of retirement doesn’t exist. In the hospital field in B.C., only two hospitals have any kind of pension plans.

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

A pension plan is a must.

END

January 23, 1956

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THE HOSPITAL GUARDIAN

WHITEL ROCK WORKERS JOIN 180’s FAMILY

Welcome, White Rock hospital employees.

All B.C. hospitals are asked to extend you the same cordial welcome as we extend you today. You are now members of the 180 club.

The certification ceremony took place in the White Rock and District Hospital on January 19. The certification covers all employees other than nurses.

Hospital Kiddies

Say Thank You

Kamloops unit has won a special thanks from John Hild- stock, administrator of Swan Alexander Orphans’ Home for Children.

The thanks came from the hospital and the kiddies to make a donation. The proceeds were used for the benefit of the children from the Kamloops Kiddies Hospital in a benefit for their Christmas party.

The Kiddies of Kamloops also sent $25 to the Salvation Army, and $25 to the Salvation Army at Christmas.

Sure We Like BCHS — But It Got a Bad Start

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

"For Hospital Employers say you support B.C. Hospital In- surance, but in the same breath you criticize it." So said the man.

Unions Ask ‘End Freeze’; Full Hospital Probe Urged

Hospital Employees Union has called on the provincial government to withdraw the counter- special ‘freeze’ order similar and appoint an impartial commission to make a thorough survey of the hospital service.

The commission would be responsible to the government and general public, and would study the economic aspects of hospital service.

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

THREE POINTS

1. Many hospital workers are still poorly underpaid, and some could be described as impoverished.

2. E.C. hospitals are under- staffed compared with standards, however, productivity of our workers is extremely high.

3. Hospital costs are admirable, but this is a natural development arising from many causes, and the government must realize that in future overall costs will soar even higher.

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

OFTEN UNDERPAID

Supporting the claims that hospital workers are often underpaid, the brief paints those figures: more a paid from $120 to $170 per month; kitchen help from $14 to $180 weekly; maids from $180 to $250 in addition, there are many other benefits enjoyed by majority of workers but denied hospital employees.

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

The productivity of our people is just as high as that of any other class of worker in B.C. and we have no intention of having our standard of living frozen while everyone else is absolute to break the economic possibilities of society.

The provincial executive in issuing freeze order which give the 10 requested suggestions that our hospitals are overstaffed. To figure show that B.C. hospital employs 150 employees per 100 patients, as compared with 165 in Ontario and 222 in the state of Washington.

OFTEN UNDERPAID

Certification of employees in the White Rock and District Hospital was awarded on January 9 after organization meetings in December.

The certification covers all employees other than nurses.

Freeze Order Violates Labor Code

Hospital Workers have charged before the provincial cabinet that the freeze order many contravened the labor laws setting to protect workers are being violated in the hospital field.

In the brief to the cabinet, the union states that the labor laws require regulations cover the following.

Monthly Pay Act, and two percent holiday allowances.

GOING TO RAY is earnest appeal to hospital workers of B.C., as a battle for sweeping changes gets under way this month. Inducing in mild hard, a benefit for play of photographer are from left (back row) trustees Paul Seben and Jim Ballard; 11th executive members, Henry Phillips, George John and John Fleming. In front are Alex Peterson, Bill Black and president Hector Carden.

"Staph' Bug Hits Hospital Crews

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

Hospitals are being called on by Public Health officers.

The executive explains that the dangerous situation in the hospital is brought about by the BUSCH staphylococcus, which attack is not only on hospital employees or sickly patients but all healthy individuals.

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

They charged that because of scared economy nurses, patient are sometimes being moved around the hospital without notice, and that food is being prepared in unsafe ways. The food is being prepared, all employees are covered.

The hospitals are being closed, they don’t exist in the hospital field in B.C. Only two hospitals have any kind of pension plan.

Hospital workers, after years of faithful work at wages so low that workers are incapable of living on, are in a bad position. Many are nearing the age at which retirement is highly desirable from the standpoint of the employee and the hospital. A pension plan is a must.

"It can’t quite understand it," said the man in the street.

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

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

MESSAGE FROM GERVIN:

"Work Is Not Yet Done"

By R. K. GERVIN

Verna Vancouver WGC

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

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

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

When employees go to the bargaining table they seem to think they should settle for the very least possible. This is all wrong. Such thinking is not justified and leads only to friction.

It is not enough to say that workers should maintain their standard of living—workers should work to improve their standard of living, not to maintain their standard of living. Then such things as resting cars, frigidaire, television, and automatic homes would be within the reach of all.

Annual general meeting of the City Hall Employees Union is slated for February 11 at 2 p.m. in the Beer Garden on Broadway, and chairman of the board, Hector Cameron, has invited all members to attend.

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

HOSPITAL WORKERS

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


til 6

Wage Peg Jeopardizes Bargaining

May 6, 1935, turned out to be an eventful day.

On that day, Health and Welfare Minter Ernie Mathry issued his famous ermine or hospital syndrome—and indirectly wages—at their 18th session.

The rest of the story is well-known through hospital workers, but often misunderstood by the general public.

The result: hospital workers through the RCNU, will fight for the year 1936, beginning January 1, no strike.

The future? That lies in the hands of the 1940s legislators, which meets this month.

FINANCIAL

Comptroller

unusually unprecedented in labor

NO DISPUTE HERE

No dispute exists between the union and hospital boards. The hospitals admit wages and conditions are reforming plans, but are willing to bargain in good faith and hospital boards. But management boards are tied by a government system which perpetually refuses financial aid to their cause.

NEEDLESS EXPENSE

Business Agent Black says up in Scullion.

"What is the position of the present government?" he asked. "Do they recommend a conciliation board to achieve a compromise in a case when no dispute exists? Cuts carrying the venture and the union, and the government represents no other than money needlessly?"

"I am for the Labor Relations Act just a onkey so far as boundless as to intermediate are concerned because the government taking advantage of what it can do to be a demanded in the Hospital Employees' organization, their lack of desire to use the strike weapon to demand any more.

"All members of the hospital employees should work to prevent this from happening for what has transpired."

At the four hospitals concerned, immediate problems were brought to the attention of the officials of the conciliation officers pending investigation.

But at Kamloops, Lillooet, and Revelstoke, the existing situation has been revealed—conditions labor has been filled since 1945 to satisfy immediate necessities.

At Penticton, a constitution meeting was convened, May 12, 1935, and an increase of $2.25 per month. This has never been implemented. Moreover, the most recent demands demonstrates that the hospitals of the province are not in earnest, and that the government stand on the matter falls.

"Every representative in the house made a statement. There is possibilitiy to see that the situation is corrected at this session."

THE BROMIDE SECTION

"Her husband being slightly invalid, Miss Bowker was a sincere request to her to take his place in his absence, which was a great relief, she said the doctor.

"Doctor, why so slow? is my husband's temperature 130 degrees?"

"Yes, I am willing to do it.

"Doctor, by the way, are you the one who ordered my husband to take a bottle of bromide?"

"Yes, I am, I do not know if it was for the fire engine.

Visitors is a farmer: "Which do you say—is a bottle of bromide or is a fox?"

Farmer: "I don't know, and I don't care if I do. I ather abour is when she aches, is she layin' or is she in fire?"

"Good gracious," objected the patient. "Five dollars is an awful price for just a few seconds. It takes to pull a tooth.

"All right, then," replies the dentist. "I'll pull yours out very cheaply."