CRISIS CONTINUES IN B.C. HOSPITALS; PATIENT CARE STANDARDS THREATENED

The continuing crisis in the hospitals of B.C. entered a new phase this month as politicians and voters embarked on a new election campaign.

Here is the situation in brief:

Faced by mounting pressure, the provincial government pumped enough money into some hospitals to prevent the operations of B.C. Hospital Insurance Service from bogging down completely. The money was frequently too little and often too late. But it saved the operations of B.C. Hospital Insurance Service for the time being.

Despite this display of eleventh hour financial juggling, the crisis continues. It is marked chiefly by political expediency that has no place in the hospital field.

Late Payments

In late August, hospitals were receiving money which should have been available at the first of the year. They had to get along on bank credit, paying interest which BCHIS does not recognize as a proper expense. The hospitals had no way of knowing their per diem rate or if their costs were to be recognized.

This has been done despite assurance from Health Minister Martin that it is not the intention of the government to encroach upon the autonomy of hospitals.

Standards of service to patients — the only real criterion of hospital efficiency — have been maintained chiefly at the expense of the hospital worker.

But there is reason to believe, in spite of their efforts, the standard of care in B.C. may well have fallen behind that of the rest of Canada and the U.S.A., as reported in an article in a recent edition of the Journal of the Canadian Hospitals' Association.

Against this troubled background, the provincial government has announced a $40 million surplus. The government can afford to remove tolls from the Oak Street Bridge and the Deas Island Tunnel. The government can afford to proceed with both Peace River and Columbia hydro projects, and with other projects which will come clear as the political campaign continues.

Workers Contribute

The hospital workers of B.C. have made a substantial contribution to this surplus. They have worked under adverse conditions. Many of the labour statutes have been violated. The government refuses to recognize the payment of overtime. Split shifts are encouraged. Workers put in an excessive number of work days before receiving adequate time off.

These are not the only troubles facing hospital workers.

There is also the bogey of third party intervention in labour affairs. The ghost of Health Minister Eric Martin and his arbitrary edicts are still at every negotiating table.

The government has reserved the right to arbitrarily slash salary budgets, and to regulate the size of staffs. The government indicates what is good and what is not good for hospitals.

Little Autonomy

People are sick and tired of this pseudo type of socialism administered by so-called free enterprise, which relegates the hospital workers to a kind of economic serfdom. It makes it impossible for them to conduct collective bargaining in a proper climate.

Hospital boards have little autonomy in the things that really matter. It is true

(Continued on Page 2)
TIGHT MONEY?

Hospitals Starve But $10 Million Remains Unspent

Last fall, the Hospital Guardian provided publicly that over a four year period more than $27 million in taxes raised for hospitals had been diverted during that time to other projects.

This has never been seriously disputed.

What has happened since then?

Our research indicates that when 1963 is over, the sum of approximately $10 million provided for hospitals this year will have been diverted to something else.

Hospital workers should understand this, because it has a direct bearing on their lives.

When the insurance service was first instituted, there was no indication of a cost sharing formula with the federal government. In fact, we still hear very little about this federal participation from Victoria.

Rapid Climb

However, the first federal contributions were made in 1959, and these have climbed rapidly from an initial yearly contribution of $12,784,000 to $30.1 million in 1963.

In B.C., we did away with premiums, and established in their place a two percent sales tax to take care of the operation of our hospitals. The sales tax yield has increased steadily each year.

It is estimated that the full five percent sales tax will hit better than $100 million this year. Two fifths of $100 million is $40 million, which means that with the federal contribution better than $70 million annually is available to operate hospitals.

But the legislature at the last session allocated only $60.25 million for the operation of our acute general hospitals.

Into the Pot

The other $10 million has disappeared somewhere into the great melting pot of government finances — or rather into the alleged $40 million surplus. This has been done when hospitals are short of beds, staff and money.

This is why we believe there has been no necessity for the crisis atmosphere in the hospital field over the years.

And while we agree that the government of necessity must control the amount of money spent on hospitals, we question the rigid attitude brought to bear on the hospitals by the provincial government.

Chart A — This chart shows the percentage increase in the gross operating expense of active treatment hospitals on a provincial per capita basis from 1953 to 1961. Source: Health care series of the Department of National Health and Welfare, published March, 1963.

AN EDITORIAL

The Hospital Crisis, 1963

This issue of the Hospital Guardian has two clear purposes.

One is to inform hospital workers of the steps being taken to unite the public employees of Canada into one large union which will speak clearly from coast to coast. The present status of this great undertaking is set forth in detail inside the paper.

The second purpose lies closer to home. In this paper we show, in terms that cannot be denied, that hospital finance in B.C. is a mess.

Hospitals are not getting the money which taxpayers provide; the money which does go to hospitals is administered in such an obscure manner that no hospital can plan efficiently or operate efficiently; political expediency rather than the satisfaction of human needs is the order of the day.

The brunt of this conflict falls in large measure upon the hospital workers of B.C. Time and time again our members subsidize the hospital operation and so prevent deterioration of patient service.

We ask our members to familiarize themselves with the facts and the issues vital to the hospital field, and to keep these things in mind in the light of forthcoming events.

CRISIS CONTINUES: From First Page

that they appoint committees and control their internal operations. But they have little to say about revenues and expenditures. These are set by the rate board of the hospital insurance service.

BCHIS is cute in its operation. The service has its finger in every pie.

Hospital boards have government representatives sitting on them. Many of these representatives are board chairmen, which gives the government still greater controls.

It is this type of bureaucratic control which puts hospitals in a straight jacket. It is this insidious third party intervention to which labour and management takes strong exception.

The complete operation and set-up of this essential service is wrong. Hospitals should not be subject to partisan politics, or subject to political pressures.

SALARIES SLASHED AT PRINCE RUPERT

PRINCE RUPERT — The budget for salaries at Prince Rupert General Hospital has been cut by $48,000.

The salary cuts are the major item in a total budget cut of $37,000, which resulted in an approved budget of $701,943.

The hospital now has an approved per diem rate of $20.65, a cut of $2.04 from the per diem rate which the hospital originally considered necessary.
THE MERGER STORY

Hospital Workers' Division Urged

100,000 strong — from the Atlantic to the Pacific.

That is the goal of Local 180's delegates to the C.U.P.E. Convention. They want the convention to ratify a proposal which would establish, within the framework of the newly merged organization — a Hospital Workers' Division.

They propose also, that a national director be appointed or elected to coordinate the organizational, research, and negotiations activities of the component groups within such a division.

The evergrowing membership potential of the 100,000 workers presently in the hospital field, who are as yet, largely unorganized, requires direct and vigorous action to bring to these workers the benefits of unionization which they so sorely need.

A diet of dried beans and salt pork is no more justified for hospital workers on the Atlantic, than it would be on the Pacific Coast.

We thank God that we on the Pacific Coast have risen somewhat above that level. But it has only been because of intensive unionization on a provincial scale. But, as long as there are workers at the "salt pork and dried beans" level, the organized worker is in danger of losing his present standards. The organized worker is hampered in his efforts to effect further improvements in his working and economic conditions as long as he must keep looking over his shoulder to see that workers conditions elsewhere are not deteriorating even further.

Organized Opposition

The people with whom the hospital workers' representatives must negotiate and deal are organized. They are organized at the community level, the provincial level, and the national level through their various hospital associations.

Workers at the individual hospital level cannot hope to equal or match the staffing available to the individual hospitals for statistical research, for trained negotiating personnel etc., that is available to the hospitals through its hospitals associations.

Only through a comparable and parallel organizational structure can the hospital worker meet with the hospital employer on an equal basis.

Third Party Intervention

The continuing impetus towards provincial hospitalization on a national scale is bringing in its wake, "third party intervention." Governments are becoming the shadowy powers at the bargaining table, a situation that can only be counteracted by a strong provincially and nationally structured organization.

Local 180's delegates do not subscribe to the principle of organization for the sake of organization, but rather of organization for the sake of best serving the needs and desires of the workers that are organized. That is why they propose a Division of Hospital Workers — a structure they feel best able to serve the requirements of the hospital worker.

Local 180 delegates believe the hospital worker needs a strong cohesive co-ordinating national division — 100,000 strong — from the Atlantic to the Pacific.
Across the Business Manager’s Desk

It has been a number of months since the last issue of the Guardian was published. Since that time negotiations have been concluded in the Lower Mainland, Okanagan, Kootenay, and North-east regional areas, p l u s contracts agreed upon for the numerous independently negotiating hospitals which included the Vancouver General Hospital, Maple Ridge Hospital, Haney, B.C., and St. Joseph General Hospital, Dawson Creek. Wage settlements generally were from 3 to 5% with anomalous adjustments and contractual standardization.

... One hundred and fifty members were welcomed into the family of Local 180 by the organization of the Lillooet General Hospital, Sunnyhill Hospital for Children, Vancouver; St. Mary’s Hospital, Garden Bay and Cariboo Memorial Hospital, Williams Lake.

... We were also in a position to utilize our offices to organize the Ambulance Drivers on the lower mainland, and with the cooperation of the national union, these workers now have their own local union known as the Ambulance Employees’ Union, Local 873.

We were requested by the employees of Berkeley Hospital Ltd., a privately owned and operated hospital located in White Rock, to organize them. We received certification March 12, proceeded to negotiations, ultimately going through the process of conciliation. Management of this hospital has not as yet seen fit to sign a mutually agreeable collective agreement and it is possible that these members may have to consider strike action to resolve this dispute.

In every issue of the Guardian since December 1961, it has been necessary to comment on the contractual violations of some Department Heads and Supervisors. This is not to mean there are no good supervisors in our B.C. Hospitals. There are many. What we cannot understand is “top management’s” toleration for the incompetent and irresponsible actions and behaviour of the “few” poorly informed, poorly trained supervisors.

We think top management has a responsibility — they hired these supervisors, the good with the bad — a responsibility to remove from supervisory service those people not fitted to coordinate the work of others, not fitted to assume authority over others.

We think management’s responsibility goes even further. Management should see that the Supervisor or Department Head is thoroughly acquainted with up-to-date personnel practices. He or she can no longer push this off on the personnel department or the employee relations manager.

We think management should ensure that their Supervisors be PEOPLE-ORIENTED — the supervisor must know how to handle the day-to-day problems of employees on the job.

Lastly, and perhaps most important of all, we believe that management must guarantee that the supervisor must be familiar with the legal requirements that affect their duties. Since the supervisor functions as a member of the management team, they must implement management’s plans and decisions — and they must do so in relationship to the union laws that govern the hospital.

100% Increase Really Is A Shocker

Imagine what would happen if Hospital Workers went to the bargaining table next year and demanded an immediate wage boost of 100 per cent. Hospital administrators, backed by the provincial government, would tumble off their chairs and then shout that such a move would wreck the economy, that it represents the height of irresponsibility and the like.

In actual fact, hospital workers are too responsible to make any such demand. However, let’s take a look at the wage increases which our federal MPs voted themselves this summer.

The MPs voted themselves an increase in regular salary from $8,000 to $12,000 annually. Members will also receive $6,000 a year expense allowances, compared with $2,000 which was the previous allowance.

In short, our elected representatives have voted themselves an increase of $8,000 annually, or 80 per cent. And as much of this is tax free, it amounts to a 100 per cent increase if applied to the ordinary wage earner.

Senators will get $15,000 a year, as compared to $10,000.

This sort of thing has a provincial counterpart.

Ten years ago, our provincial cabinet ministers received $10,500. Today they get $21,400. Premier Bennett’s first salary as premier was $12,000. Now he gets $23,900. And the MLAs, who work part time, now get $6,400 instead of $3,000.

In short, legislative salaries have also doubled.

This Union believes that elected officials should be well paid in line with their responsibilities. But we hope that the above facts are remembered when the time comes for government consideration of the legitimate — and far more modest — demands of hospital workers.

THE HOSPITAL GUARDIAN
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“In humble dedication to all of those who toil to live.”
Four Top Students Launched

Local 180 is a trade union that believes in making investments in the future of young people.

That's why, every year, the Local makes available four scholarships, each valued at $250, for young men and women starting their careers at UBC or Victoria University.

The winners in 1963:
- Robert G. McDonald, 18, whose mother is a practical nurse at St. Paul's Hospital, Vancouver.
- John Dawlings, 17, whose mother works at St. Joseph's Hospital, Victoria.
- Patricia Anne Balmos, whose mother works in the dietary department, Vancouver General Hospital.

Robert McDonald graduated from Killarney Secondary School with first class honors and has enrolled at UBC in a pre-engineering course. Robert has held an amateur broadcasting license for 2½ years. He has designed and built his own equipment, and talks with fellow "hams" all over North America. This interest in electronics, plus ability in mathematics and science, will probably lead to a career in electrical engineering.

PROVINCIAL TAXES REACH SKY HIGH

Death and taxes are inevitable, and so it appears, are startling increases in the amount of taxes raised by provincial governments.

According to figures provided by the Canadian Tax Foundation, a private research organization, the total provincial revenue from taxes alone is up 300 per cent in the past ten years. Federal tax collections in the same period have increased by 40 per cent.

The average amount collected from each individual is also interesting. Federal tax per capita average is up 9 per cent, while provincial per capita taxation spiralled by more than 200 per cent.

The growth in provincial taxation arises in good part from the partial transfer of personal and corporation income taxation from the federal government to the provinces under the 1962-66 fiscal agreement.

At first provincial governments were slow to take advantage of their right to indulge in direct taxation. But now it appears they are making up for lost time.

Robert is also a Rover Scout and holds the Queen's Scout badge. He obtained 85.3 per cent in the government examinations.

John Dawlings plans a career as a surgeon. He attended Sir James Douglas School, Central Junior High School and Victoria High School, where he was on the honor roll. He has worked at Fairfield Pharmacy after school, on weekends and holidays for six years. He is a member of Ardmore Golf Course, the World Ship Society and Knox Presbyterian Church. He attained 83.7 per cent in the government exams. He intends to register at Victoria University, and will later attend UBC medical school.

Patty Balmos, 17, is a graduate of Lord Byng who plans to become a chemical engineer. She attained 77.3 per cent, and will enroll in the faculty of science at UBC. She sews her own clothes, helps at home, and enjoys reading and sports.

LILLIAN GLOVER DIES AT QUESNEL

QUESNEL — Sister Lillian Glover, an officer of Quesnel Unit Hospital Employees 180, ever since the unit was certified, died here in June.

Sister Glover had been almost continuously chairman or vice-chairman of the unit, and made her home available for the regular monthly meetings of the membership.

She was a member of both the negotiating and policy committees. Her leadership will be greatly missed by her fellow workers.
V.G.H. Fishing Derby Successful

Sunday, August 18th, saw the 11th Annual V.G.H. Fishing Derby Armada get under way as the first glimmers of the sun were seen peeping over the mist-covered waters of Horseshoe Bay.

Most of the 80-plus fishermen and women caught salmon ("Pinks") with Bill Taylor, formerly of V.G.H., now Laundry Manager at St. Paul's Hospital, catching the largest fish at 8 pounds 4 1/2 ounces, which earned Bill the top prize money of $50.00.

Second prize winner with a 7 pound 8 1/2 ounce Pink salmon was Wally Fedak who received $25.00 plus the V.G.H. Salmon Derby Trophy which is awarded annually to the union member catching the heaviest fish.

Stella Fletcher, a V.G.H. Dietary worker, caught the 3rd prize fish of 7 pounds 2 1/2 ounces and her sister Kay, registered the 4th largest fish at 6 pounds 9 ounces. Stella got $15.00 and Kay $10.00 for their fine catches. John Basaraba, the Heart Lung operator at V.G.H., received $5.00 for his 5th place fish of 6 pounds 8 1/2 ounces.

Left to right: Stella Fletcher, V.G.H., Bill Taylor, St. Paul's, and Wally Fedak, V.G.H.

Smiling fellow in the front, Bill Black, Local 180 Business Manager, seems to have a winning way with words and fish. Unknown and unhappy ... the fellow in background expresses his opinion on vagaries of fish.

Five Top Derby Winners: Kay Fletcher, John Basaraba, Wally Fedak, Bill Taylor, Stella Fletcher.

Sam Holt, last year's Derby winner, presents trophy to Wally Fedak. We see Bob Wilson in the background but don't know how he made out.
Public Employees Merge In One Union

We are approaching the deadline for the consummation of the first major merger of Canadian Unions since the amalgamation of the Canadian Congress of Labour and the Trades and Labour Congress of Canada, the parent bodies of our present-day Canadian Labour Congress.

This new merger will bring together two national public employee bodies - the National Union of Public Employees, by which the Hospital Employees' Union, Local 180, is chartered, and the National Union of Public Service Employees. It will bring into being one of the largest Canadian national unions.

This merger has been proposed and has been under review for several years. Joint Merger Committees were established, but were unable to get a meeting of minds. The 1961 convention of the National Union of Public Employees instructed its national executive, in no uncertain language, to bring about a merger. Now, after two years of discussions and negotiations, a merger agreement between the two National Executive bodies has been drafted. A new constitution was drawn up to bring into being what will be known as the Canadian Union of Public Employees.

Compromise Necessary

The task was not an easy one. Two national bodies, with two different constitutions and two different operating structures, had to be welded together. A great deal of reconciling and compromising was necessary before the terms of the merger agreement were reached.

The problem was no different than that which would confront politicians in arriving at satisfactory agreements between the provinces and the Federal Government.

It is obvious that there is not going to be complete unanimity; nor are we going to arrive in the initial stages, at a perfect constitution.

But Local 180, at its last provincial convention, endorsed the principle of merger. Our Provincial Executive has reviewed the terms of merger and the constitution, and they are prepared to merge.

For the record, we have never adopted the attitude: "We will pay in 'x' number of dollars - what are we going to get out of it?"

Rather, our attitude has been: "What can we contribute to the labour movement?"

We have unstintingly made our contributions, without any strings attached, to all segments of the Canadian Labour movement. Never once have we utilized the mechanism of the National Union of Public Employees.

Right to Opinion

Local 180 has earned the right to voice an opinion. Some organizations in the municipal field, who are completely outside of the family of labour, have voiced their opinions and have attempted to influence, and create divisions towards, this merger. We feel they do not have this right.

There may be certain items in the constitution and the terms of merger that we won't be completely happy about. But, we have lived with constitutions before. We have straightened out any differences we may have had within the field of organized labour and we are quite confident that we can continue to do so in the future.

At least, we are getting a most important vehicle on the road.

During the course of merger discussions, some have trained their guns on provincial organizations and the fact that they are being treated differently than local unions. But, these critics fail to realize that all the component parts of provincial unions gave up their own autonomy for the sake of developing a sound provincial structure.

There was nothing to stop the rest of the provinces doing the same thing. Provincial unions are restricted on convention representation. In other words, they receive limited representation for their taxation. Other people would like it in reverse.

Within the orbit of the new merged union of public employees, there must be a mechanism for local unions and for provincial unions. Provincial unions are recognized by all strata of the labour movement, including the Canadian Labour Congress.

If our Organization has an axe to grind - and we admit that we have - it is only to the extent that we are desirous of seeing the hundreds of thousands-odd unorganized hospital workers in Canada organized.

We are desirous of seeing a structure developed in other provinces which will correlate the activities of hospital unions, developing a common front when they meet hospital commissions or provincial governments, whichever the case may be.

One Voice

We are desirous of developing one common voice, one correlating factor, for hospital workers from the Atlantic to the Pacific. To this end we shall work democratically within the orbit of the new Canadian Union.

Local 180 holds 52 certifications covering all areas of our vast province. We are the only province that has developed a mechanism which equates that of the employers' organizations. In our case, the British Columbia Hospitals' Association. The same equation must take place in the rest of Canada.

Yes, we have a stake in the merger. Our stake is to develop the public forces into a strong Canadian national labour center. Our interest must encompass our entire Canadian way of life.

"We believe it to be the right of those who toil to enjoy to the fullest extent the highest standard of living compatible with our Canadian way of life and appreciate the very great benefits to be derived through uniting ourselves together for mutual protection and advancement."

That is a quotation from the constitution of Local 180. We are frankly of the opinion that it is only through the development of this merger that these aims are going to be accomplished.

When our delegates go on the floor of the respective conventions, they will be supporting the terms of merger and the development of the new Canadian Union of Public Employees.

Brand new TV is presented to elderly men of VGH annex by Wally Fedak and Hugh DuB on behalf of VGH unit, local 180. Union also serviced old unit which gift replaces.

Delegates to the new merged Canadian Union of Public Employees will be invited to hold their 1965 convention in Vancouver.
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Lower Mainland Banquet & Dance
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FLAME SUPPER CLUB
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EVERY THURS. 7 P.M.
(Commencing 2nd Wk. in Sept.)
EVERYBODY WELCOME
— V.G.H. Sports Committee —

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Restricted to Members of Local 180 and Their Families
Fly to Europe on Regularly Scheduled Aircraft
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