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P.O. Box 4790,
Walnut Creek, Ca. 94596



Advisory Council Meets

Local 1245's Advisory Council held its regular meeting on August 3rd and 4th, 1974. The meeting was chaired by Howard Darington, newly elected President of Local 1245. One of the first orders of business was the swearing in of all members of the Advisory Council for a three year term.

Various council members gave reports on unit meeting attendance, safety and economic conditions in the different geographic areas they represent.

Bus. Mgr. L. L. Mitchell presented a plaque to Brad Hitchen, Local 1245's Annual Scholarship contest winner. (See page two for photos and a reprint of the winning essay.) Brad is the son of Mr. & Mrs. Don Hitchen. Don is a Troublemaker employed by PG&E in the Easy Bay Division and a long time member of Local 1245.

The Council then listened to guests from Local 2131, IBEW who have been on strike against Rucker Electronic Co. for over 19 weeks.

The Advisory Council concluded their business on Sunday afternoon and will make reports on the meeting at the various unit meetings next month.



The photo above shows some of the Advisory Council members as they take the oath of office. The photo below shows more of the council members and guests.



Shown above from left to right are: Virginia Sayre, Rucker striker, Joe Ferrito, I.B.E.W. International Representative, Local 1245 Business Manager, L. L. Mitchell and Irene Stott, Rucker striker. L. L. Mitchell is presenting the first of three \$1,000 checks to be given by Local 1245 to Local 2131 IBEW in their battle for recognition by the Rucker Electronic Co. See the Business Manager's Column below for more information on the strike.

YOUR Business Manager's COLUMN

Potpouri

L. L. MITCHELL

Rucker's Strike

Labor strife is much in the news today as strikes mushroom. Our Nation's economy is in a most perplexing state, with workers' buying power declining and unacceptable unemployment levels co-existing with runaway inflation and historic corporate profits. Under these conditions workers are understandably disturbed.

There is one strike in Concord, California which is not making national headlines but is vital to the I.B.E.W. and one caused by the most fundamental issue workers can face - the employer denying the employee the right to have a union and bargain over the wages, hours and conditions of employment. Local 2131 of the I.B.E.W. has entered the 19th week of a "life and death" struggle with Ruckers whose management defies the law and has pledged that they will never allow a union on the property. Local 2131 successfully won the right to represent the Rucker Electronics Company employees in an election conducted by the National Labor Relations Board. They have been upheld at the local level in their charges of unfair labor practices filed with the N.L.R.B. and sustained at the Washington level after appeal by the Rucker Company.

Rucker still defies the law while the strikers are restrained in their picketing activities by court injunctions. Any strikers defying these

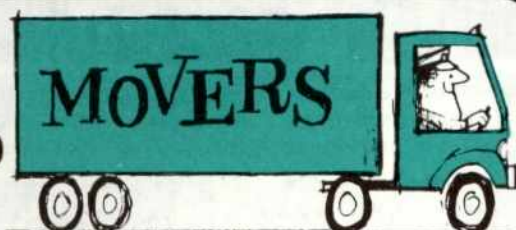
court imposed rules are arrested and jailed. The spirit and the will to win is kept alive by the strikers despite this unequal and unfair battle.

Organized labor in Contra Costa County is aiding with contributions, as are the I.B.E.W. locals throughout the country. Still more money is needed. I have asked all Local 1245 staff members to enlist your support in assisting these people by soliciting voluntary contributions. If they lose it will encourage other employers to follow suit, so these workers are also protecting our right to bargain and I would hope that each of you would give a bit to add to that which has been contributed by the Local in these people's cause.

International Convention

The I.B.E.W. Convention to be held in September should prove to be an interesting one as delegates review proposals from all over the U. S. and Canada to make revision of our Constitution. There will no doubt be a number of changes made due to requirements of changing law and changing technologies which have created jurisdictional problems. Your delegates will be actively participating in these deliberations to protect the best interest of the members in our industry. This convention will be an opportunity to renew old acquaintances and make new contacts with other utilities as we will compare
(Continued on page two)

... HAVE YOU MOVED?



MY NEW ADDRESS IS:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

RETURN TO:

P.O. BOX 4790, WALNUT CREEK, CALIF. 94596



This photo shows Local 1245 scholarship winner Brad Hitchen, left, being congratulated by Business Manager L. L. Mitchell with Brad's proud parents, Mr. and Mrs. Don Hitchen looking on. Brad's winning essay, Energy Crisis - Fact or Fantasy is printed below.

The recent energy crisis in the United States has been subject to much public ridicule and private concern, however, one fundamental question has risen above all others; was the energy crisis fact or fantasy? Inevitably the answer to this crucial American dilemma lies within the boundaries of moderation. It is far too simplistic to blame the crisis on the apparent lack of foresight or even to assert that no crisis existed at all, however, it is indeed more rational to combine the virtues of fact and fantasy into the final solution to Americas' energy shortage. Essentially some system of unique moderation is necessary through merely representing the opposing views of truth and untruth. Therefore, we must analyze the various areas of the past energy crisis and understand their imperative significance to our present society.

The basic fantasies of the crisis concern two opposing areas of national importance; definition and exploitation. Initially the actual definition of the energy crisis has caused severe social repercussions. While the oil manufacturers claimed massive energy shortages the governmental definition of a shortage remained constant. Even with those mile-long gas lines oil reserves in the United States never fell below a twenty-day storage allotment, perhaps there was a shortage, but certainly there was no crisis.

The dilemma of definition is therefore obvious, but what of exploitation? The large oil companies were certainly part of this exploitation; closing out smaller competitors, limiting supplies, and raising

prices, but just as the large corporations were at fault so were the American people. Through the acceptance of lengthy gasoline lines, and the over indulgence of their private automobiles the American public fell pray to the fantasy of an energy crisis through restrictive definition and harsh exploitation.

While fantasies were evident, however, what of the facts? Essentially many truisms of the crisis exist, but two bear special significance. The most important problem of the crisis concerns the obvious fact that we are losing energy we cannot substitute. Every day millions of tons of natural energy is lost to the world forever, such a realization, however, is only elementary.

The secondary fact of the crisis lies in the waste of misused priorities. As millions of American cars and corporations use unheard of proportions of energy, we, as a people have no method of rationing specific energy categories or even conserving energy production. Because of these misused priorities and the absolute waste of energy, that cannot be replenished, our society is suffering the effects of an energy crisis, real or unreal.

Moderation is the basic key to the problem. Part of the crisis was probably fantasy and part was certainly fact, however, a realization of this fact is indeed necessary. We as Americans must be willing to remember both the fact and fantasy of our past energy crisis in order to preserve the balance that we have today. Without this important realization a totally factual crisis may occur in the future.

YOUR Business Manager's COLUMN

Potpouri

L. L. MITCHELL

notes on the bargaining climate and the changes in contracts made over the last four years.

Training Conference

In order to conduct its business, Local 1245 has some 86 units which meet regularly each month. These separate gatherings when completed constitute the Local Union meeting for that month. These individual meetings scattered over the vast geographic area of our jurisdiction are most important to the proper functioning of our Local. To improve the conduct and the reporting of these meetings to our Executive Board a conference of Union Chairmen and Unit Recorders is being set for mid November.

The conference is being planned with the assistance of the Center for Labor Research and Education at the

University of California. The conference agenda will be aimed at providing basic education in parliamentary procedures, the functions of the Chairmen and Recorders and the conducting of unit meetings.

It is the objective of this conference to provide the tools for unit leaders to develop unit committee structures needed to provide better communications within the membership and from the membership to the Officers. While our program is in the early stages of development, we believe we can provide a conference which will be informative and productive for those who attend.

The problems of housing and preparing facilities and a participatory program for over 200 potential conferees is not an easy task as we continue our every day business. In any event, the job is going forward and we will have a conference call sent out to the participants shortly.

New Grievance Procedure Discussed



Shown above from left to right are: Larry Foss, Asst. Bus. Mgr., I. W. Bonbright, Manager of Industrial Relations for P.G.&E., and Mert Walters, Sr. Asst. Bus. Mgr.



This photo shows Bud Brown, Sr. Ind. Rel. Rep., left and Dave Bergman, Ind. Rel. Rep. as they participate in a joint explanation of the new grievance procedure.



Shown above and below are Business Representatives of Local 1245 and PG&E Personnel Mgrs. and their assistants as they receive information on the new grievance procedure. This was the first joint meeting of this type.



the utility reporter

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September buying calendar: New President faces more inflation

by Sidney Margolius Consumer Expert for Utility Reporter

As Gerald R. Ford takes over the Presidency, he, and the rest of us, face an ominous new wave of inflation powered by a fresh advance in food prices on top of relentless increases in housing, transportation and health care.

These are the four components that have especially affected the cost of living both because they are big items in any family's budget, in any case, and have been especially explosive in the current inflation.

The last Administration's big mistake was that it failed to take needed steps to attack these four overriding problems with specific remedies. It tended to depend on overall gimmicks such as high interest rates which have added to rather than curbed inflation. The first clue to whether President Ford will be more effective in holding down living costs than Mr. Nixon had, is whether he changes the present economic officials oriented to tight money.

The most immediate price crisis you have to deal with this fall is the new increases in food, with meat again leading the way. The Dun & Bradstreet Wholesale Food Index has gone up about 5% in just six weeks from mid-June to August, and is now almost back to its record level of August, 1973.

As well as higher meat prices, look for further increases on bread and other baked goods; eggs; many canned vegetables and fruit, and still higher tags on sugar.

The second big problem is housing costs. Starts have been running 14%

below the year before. What houses are being built are bigger, averaging 1,660 square feet, and more luxurious. But at a national median price of \$35,800, they are well out of reach of the average family. In just one year the average new house has gone up \$3,800. Many of these expensive homes remain unsold, and builders are reported to be doing more than usual private negotiating on prices.

Most moderate income families are priced out of even the used-house market on which they traditionally depend. The median price of existing single-family homes sold this spring was \$32,210, says the National Association of Realtors. This represents an increase of 11.7% from the \$38,830 of 1973 and 20% from the \$26,860 of 1972.

Home seekers and even renters also are being squeezed by mortgage rates, now 9-10%, while all homeowners must contend with jumps in operating costs, such as the average 65% increase on fuel oil since last year.

BUILDING MATERIALS: One helpful development for families planning to modernize, enlarge or repair present homes is the recent reduction in price on millwork and plywood, and relatively stable prices of roofing and insulation.

CARS: With 1975 cars scheduled for another hike, typically \$450, and regular gas at a nationwide average of 57 cents, I would estimate that typical annual costs of owning and operating a four-year-old standard size car for 10,000 miles a year now has reached an average of \$1,800 to \$1,900. Costs

for a compact would now be about \$1,500. These record-high costs put a premium on restraining the two main expenses of depreciation and gas by careful maintenance for longer use, and moderate driving. Your own car is worth more, too. In fact, used cars went up 35 per cent from January to June.

If you need a car should you shop the 1974 clearances? One good reason is a potential double saving: a reduction from prices earlier this year, and a chance to beat expected increases of \$400-\$500 on 1975 models on top of the typical boosts of \$300 to \$400 on the '74's.

But if 1975 models will cost more to buy, they may cost less to operate. The new catalytic converters for emission control (responsible for almost half of the pending increase) will permit somewhat better mileage than the low mpg's on many 1974 models.

There also are stumbling blocks in seeking relative values in the fall sales, especially if you want a small car. Our survey in August found showrooms had lots of full-size models on hand but fewer compacts, with discounts also small on such models. On most American compacts, by mid-summer we found dealers offering 5 to 9 per cent off sticker prices but not much on such imports as Toyota, Volkswagen and Datsun. You might get \$100 off on a \$3,850 car.

Too, in shopping the 1974 clearance, you also may have to accept a model with more accessories, and more expensive ones at that, than you really want. Apparently the

buyers'
bailiwick

current policy of the car industry is that if people want economy cars the industry will give them the most luxurious economy cars they ever saw. The real intent, of course, is to load the small cars to make up for the loss in dollar volume caused by the switch from big cars.

Typically we found that a small import with a base price of \$2,900 would have \$1,000 worth of optional equipment so that the total price was \$3,900. Among typical extras were AM/FM radio, \$125; radial tires, \$175; molding, \$50.

The most-loaded model started with a manufacturer's suggested price of \$2,900 but carried \$1,500 of accessories, for a total of \$4,400. "Options" included a \$406 air conditioner, \$54 worth of moldings; a custom vinyl roof for \$82; deluxe wheel covers, extra lights, vanity mirror, etc.

Usually on compact cars automatic transmission is another \$225. Most compacts we did find available for immediate delivery had automatic drive and power steering, as well as the costlier radios, sometimes with a rear deck speaker whether you want it or not. If the car also has air conditioning, you will probably have to take with it a more powerful engine, thus cancelling out the purpose of buying an economy car in the first place.

Copyright 1974, by Sidney Margolius

No one in Washington nowadays, except for an occasional AMA lobbyist, worries about Federal intrusions into our private health care system. It is at least eight years and \$80 billion too late for such misgivings. What many people do worry about, and endlessly debate, is the precise nature of future Federal involvement: How much will it cost, who will pay for it and what groups, ultimately, will benefit?

In addition, there is much fretting over the question of *control*, because everybody in Washington knows that having a hand on the administrative steering wheel often entitles one to have the other hand in the Federal pocketbook. Thus, the desks of our Congressmen, and maybe their wastebaskets as well, are overflowing with measures that purport to have the right answers. Most of these schemes will die in committee; a privileged few, though not invariably the worthiest, will reach the floor of Congress.

What is a good, comprehensive health care proposal? No one is certain—at least no one ought to be—but there is little mystery about the goals toward which any sensible bill should point. These include: (1) full insurance coverage opportunities for every American; (2) a reasonable price tag, equitably shared; (3) more primary care physicians and fewer surgeons; (4) guarantees of health care *when* and *where* the patient needs

it—at night and on weekends, in ghettos and in rural areas; (5) a shift of emphasis from hospital-sponsored crisis medicine to preventive medicine; and (6) a strong, continuing consumer voice in health care arrangements and policies.

Self-evident as such goals may be, not all the principal disputants can agree even on these; and when the debate shifts from goals to ways and means, the citizen's ear is assailed by a babble of tongues. Every bill has its lobby, and every major lobby has its pet bill.

There now are about 600 registered health care lobbyists in Washington, more than half of whom work for the insurance industry. The growth of the insurance presence since Truman's time is proof of the proposition that today's vested interests are the products of yesterday's inadequate reforms. Unlike the AMA, which is forever emoting and verging on tantrum politics, the insurance lobby

THE POLITICS OF HEALTH REFORM

keeps a low profile. "They're very smooth, and they have a lot of money," says Allen Zack of the AFL-CIO. "It was mainly the insurance people and not the AMA who won all those concessions in Medicare and Medicaid. They've also got a lot of clout at HEW and the White House."

Insurance companies and their executives have been big Nixon contributors. Clement Stone, president of Combined Insurance, topped the list in 1972 with a \$2 million gift to the Committee to Reelect the President. Nixon has shown his appreciation in the kinds of health reforms he has proposed to Congress and in the way his HEW administrators have conducted their end of the health care business. HEW, as we demonstrated earlier, has suppressed its own auditors' reports of Medicare and Medicaid abuses by "fiscal intermediaries." It has also displayed a reluctance to air data that might make the commercial insurance industry

look bad.

Not long ago Blue Cross sent out a news release based on an HEW research study showing how its customers got back in benefits a higher percentage of their premiums than did commercial insurance customers (*Social Security Bulletin*, February 1973). The very next day Blue Cross' information director, Joseph S. Nagelschmidt, received a call from an HEW official asking him to withdraw the release. According to Nagelschmidt, the official claimed to be acting on instructions from the White House. "They got a complaint from Clement Stone," Nagelschmidt says he was told. The release was withdrawn.

The nation's second most effective health care lobby is the AMA. Its political arm, the American Medical Political Action Committee (AM-PAC), spent more than \$3 million on Congressional elections in 1972, distributing largesse to all candidates willing to sponsor "Medicredit," the AMA-backed bill that was submitted to Congress in 1970. The measure at present has more than 180 sponsors, including a sprinkling of northern Democrats.

Money accounts for much but not all of the AMA's political effectiveness. The association enjoys an inner strength as well because it believes its own mythology. While the rest of us despair of discovering a sen-

(Continued on page seven)

Local 1245 members employed by Sacram



This photo shows many of the union members employed by SMUD in attendance at the Local 1245 unit meeting.

On December 31, 1946 SMUD acquired the local electric system in Sacramento from PG&E and began operations as a Utility District. The District was actually formed in 1923 when the people voted to bring water down from the mountains and provide electric power for the area. Lengthy litigation and failure of bond elections ensued causing a 23 year delay before SMUD actually began operating.

When the "take over" from PG&E actually happened, many of the PG&E employees stayed on and went to work for the District. Many of those who stayed were members of Local 1245 and the Local followed with them to their "new" employer and began representing them.

It is interesting to note that when S.M.U.D. took over the electric system there were 65,000 customers and the peak load for one day was 67,000 kilowatts. That's an average of just a little more than 1 kilowatt a day per customer. Today there are more than a quarter of a million customers and the maximum daily demand exceeds 1,200,000 kilowatts. An interesting story of growth, new technology, migration, etc. is told by glancing at and comparing the figures.



Shown above from left to right are: Ron Messina, Vice Chairman, Tim Curtis, Unit Recorder, Al Wolf, Chairman of Unit 3811-SMUD, and Bus. Rep. Dick Daugherty.



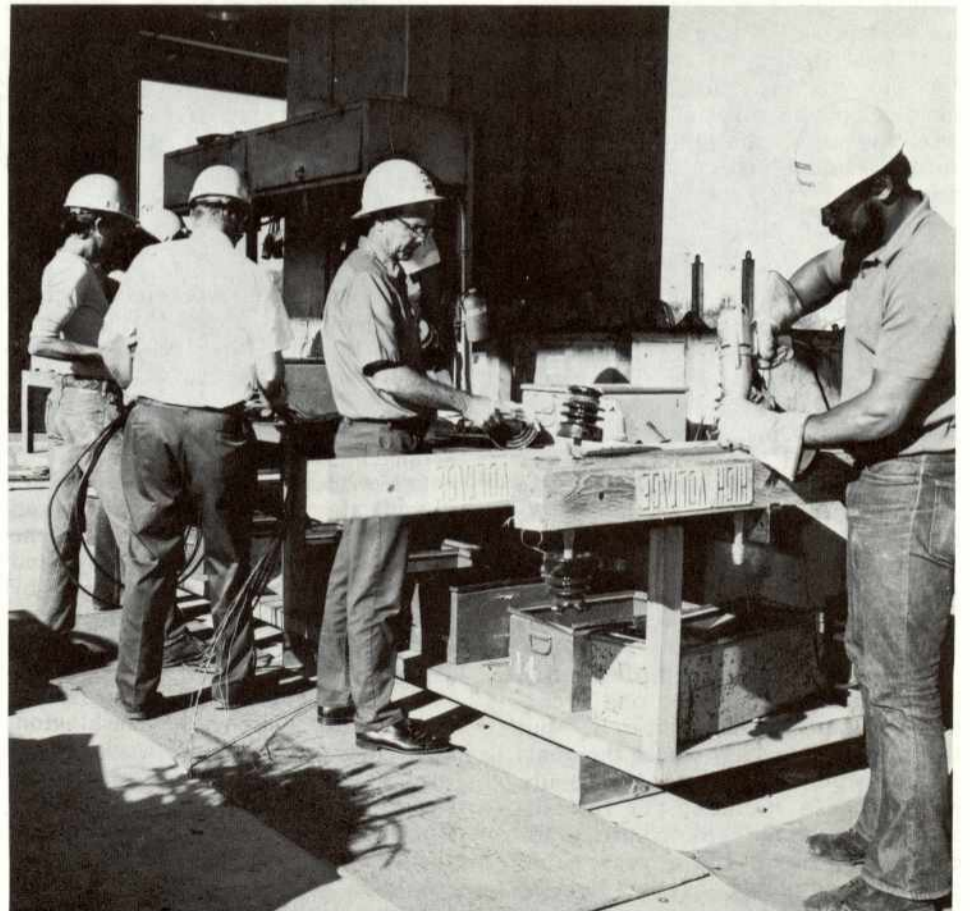
This photo shows more of members who attended the August unit meeting.



Shown above from left to right are Tool Repairmen Jack Kehrer, Art Kattenhorn and John Bostwick, Tool Room Foreman.



Mechanics M. L. Holmes, William Potter and Burl M. March are shown above from left to right.



Warehousemen Jerome Mitchell, Bill Johnson, Ike Williams, Ruben Rangel and foreman Bob Swayze are shown in this photo.

ento Municipal Utility District on the job

There is another story hidden in these figures, it is a saga about people - the employees of SMUD who belong to Local 1245. Along with the growth of the area the list of employees has grown accordingly. Two million, nine hundred and four thousand, two hundred and nineteen.

Local 1245 represents the employees in the operating and maintenance departments of the District. The percentage of membership has fluctuated over the years, which is another case of figures telling a story of good times and bad times, satisfaction and dissatisfaction, but at the present time we are at an all-time high of over 85% Union membership. The active members who worked hard to bring us to that level are to be congratulated and encouraged to continue their efforts until we reach the ultimate goal of 100%.

All the members of Local 1245 who are employed by SMUD are to be congratulated for maintaining a high level of participation in the Union.

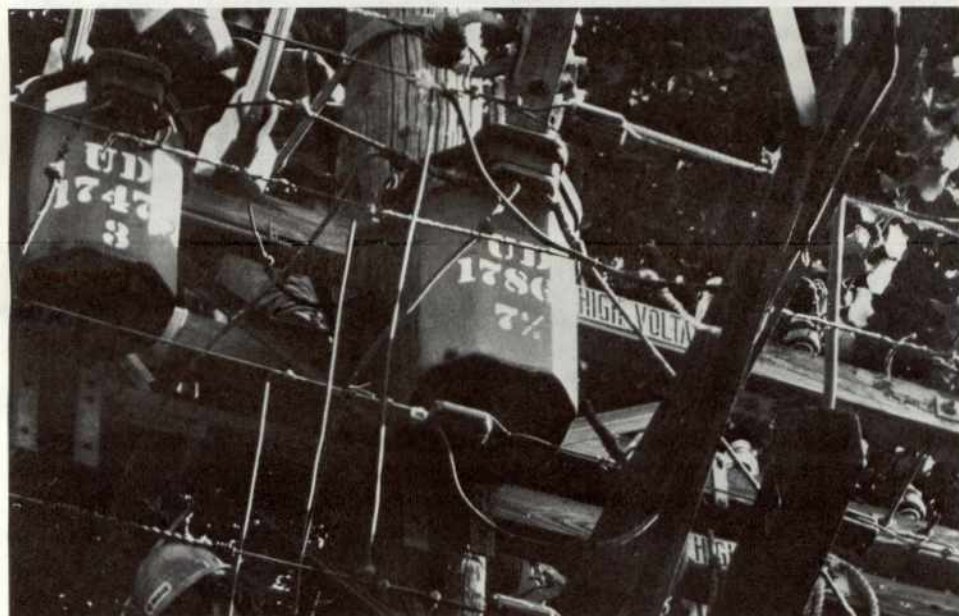
The employees of SMUD make the system work. On pages four, five and six of this issue you will find photos of some of our members employed by SMUD as they perform their various job functions.



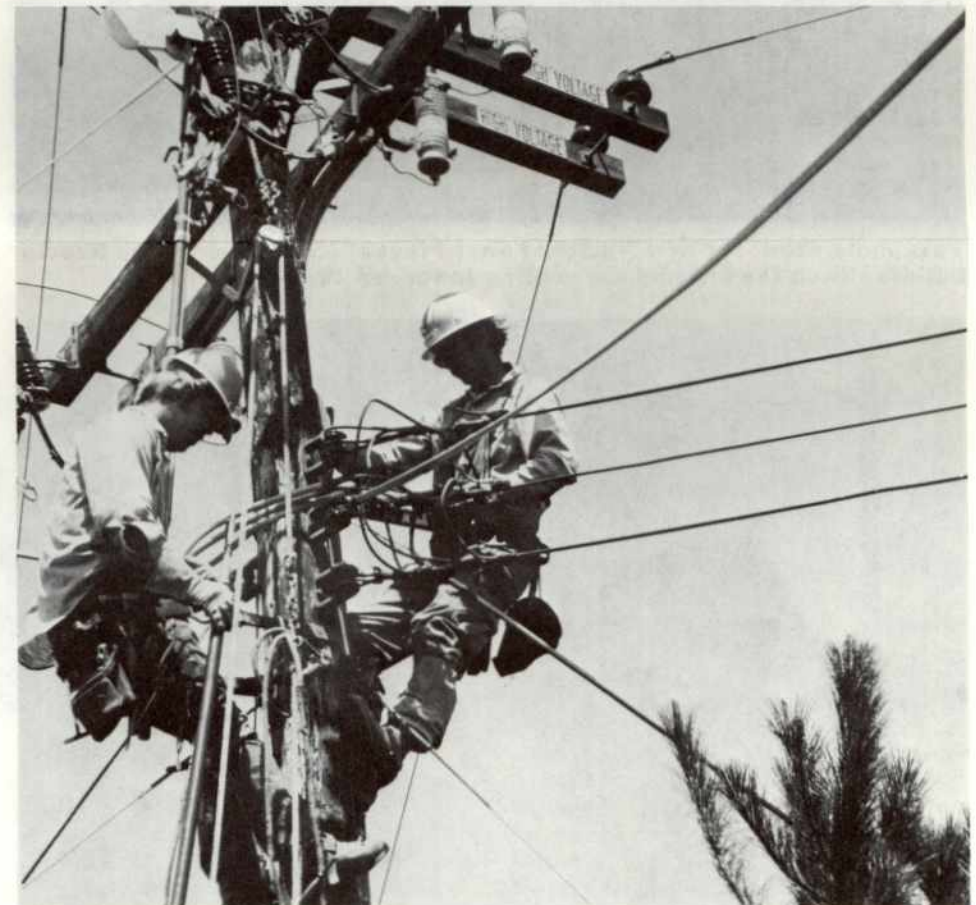
Ken Hogins, Shop Steward in the Maintenance Dept. is shown on the job.



Tree trimmer Dave Bince is shown holding hand line during tree trimming job.



Linemen Ralph Griffen, top and Don Rodriguez are shown changing out transformers.



Bill Paynter, left, appr. lineman and Harry Johnson are shown doing line work in a residential area.



Shown above are Jack Pope, warehouseman, left, and crane operator, Oscar Bingen, show steward and negotiating committee member.

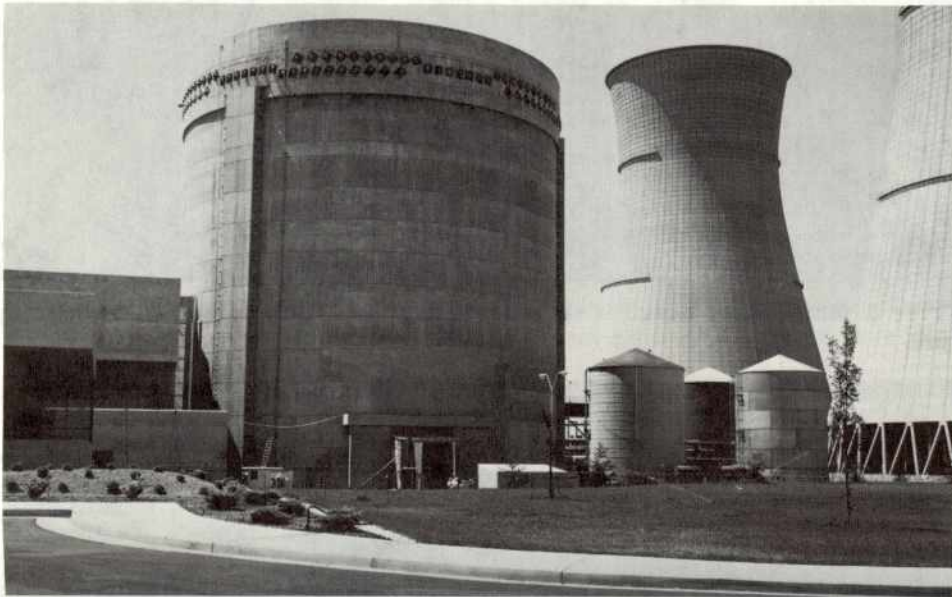


An underground crew is shown working in a park in Elk Grove, Calif. Members of the crew are Al Glidden, Sarge Wilkens, Glen Campbell, Jim Phelan, Lynn Wallace and foreman Lou Earles.

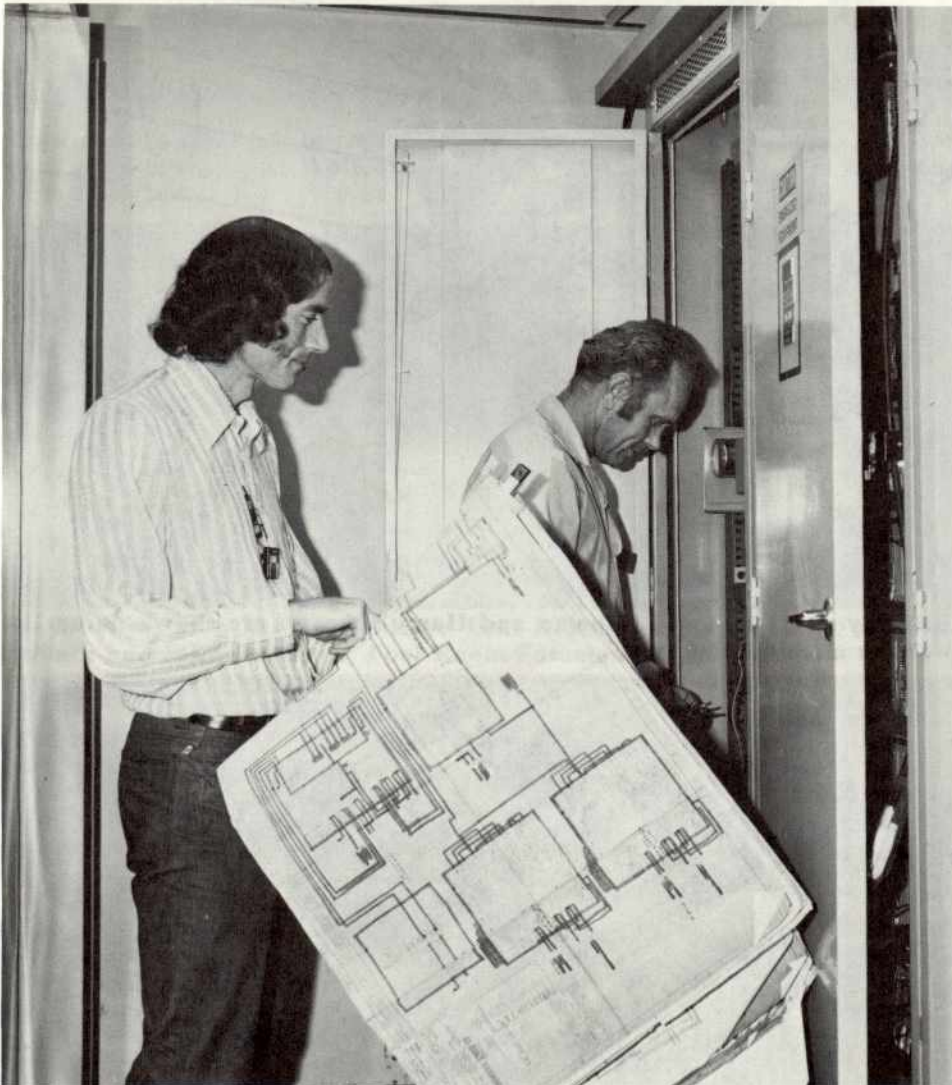
SMUD Story continued



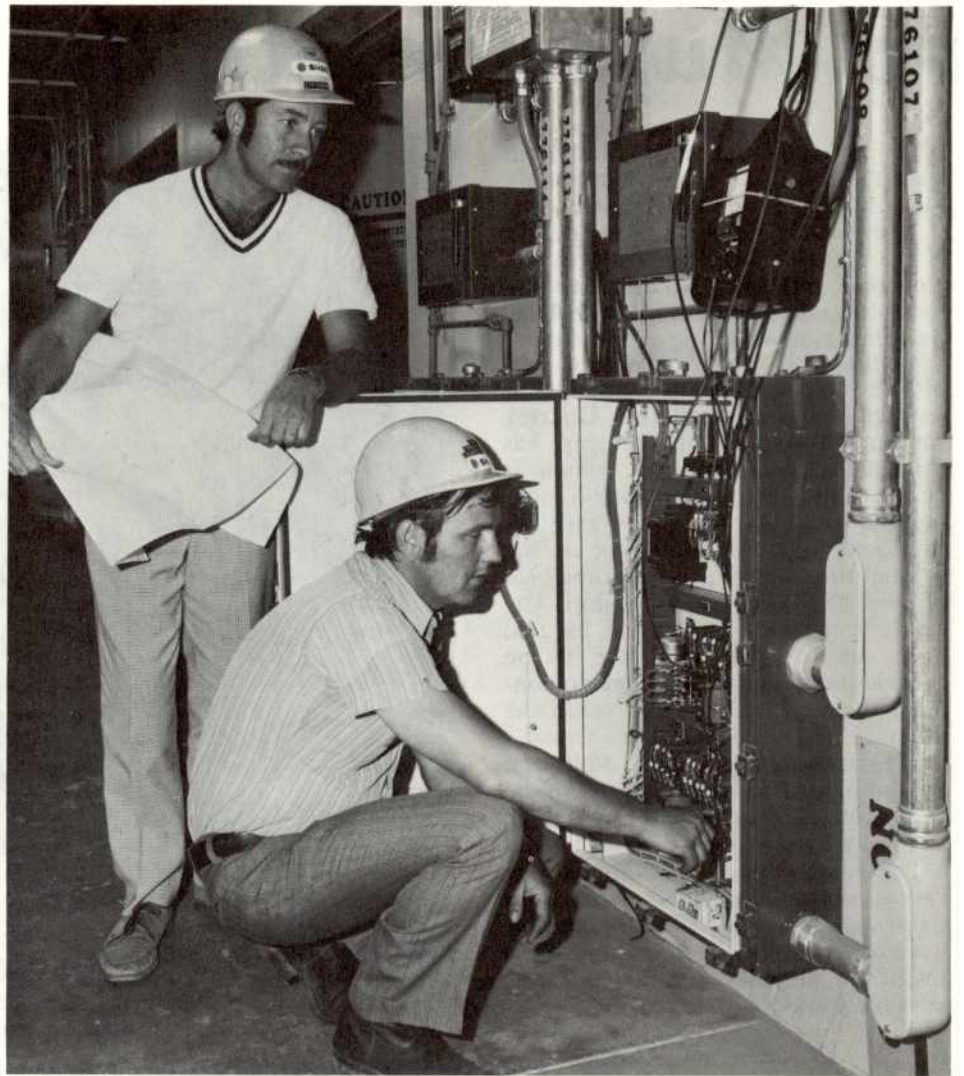
This photo shows underground crew at work. Shown in this photo are: Jim Burke, Foreman, Corky Coons, Lineman, Don Powell, Lineman, and Rod Goehring, Apprentice.



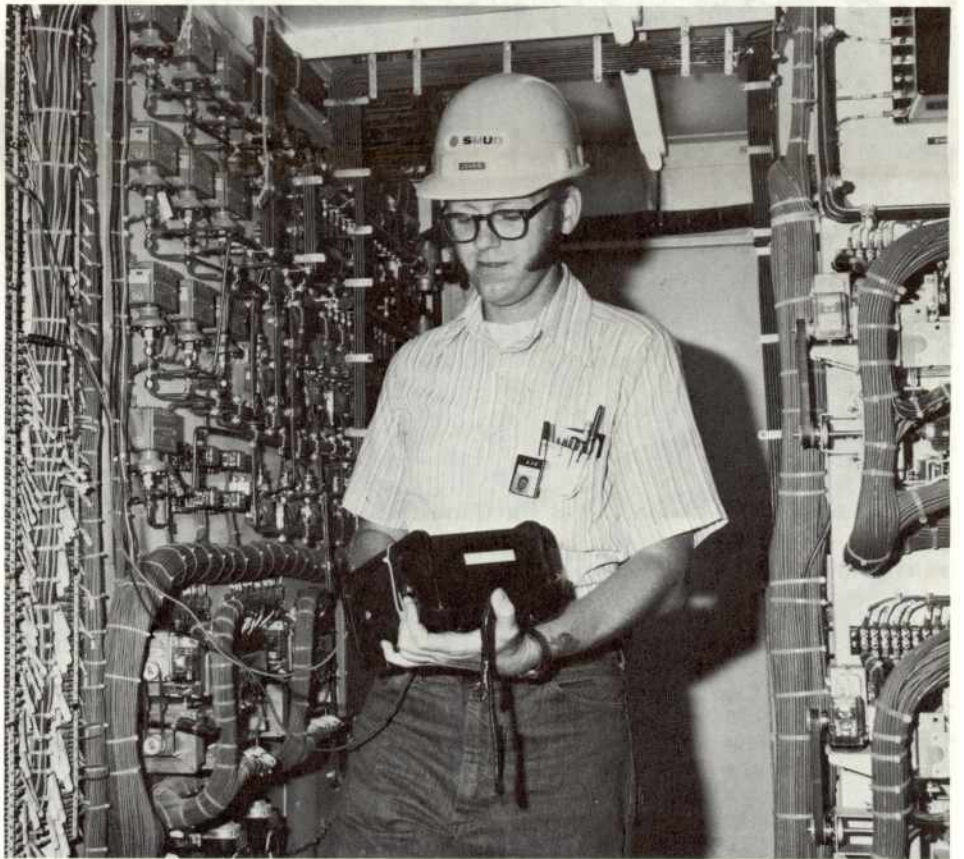
This photo shows the new Nuclear Power Plant at Rancho Seco. The Reactor building is on the left and the cooling towers on the right.



Some of the complicated electrical systems in the are being worked on by brothers Dwight Brown, left, I & C Appr. and I& C Tech. Chuck Linquist.



This photo shows Electrical Technicians Jim Dawson, left and Mel Outram Shop Steward, getting readings on equipment at Rancho Seco Nuclear Plant.



One of the intricate wiring systems that go into a nuclear plant is shown above. Elect. Dennis Jones is shown in this photo.

Robert Lundy

did read the Utility Reporter and found his membership card number in the July issue of the paper. Brother Lundy is in the Elect. Department of P.G.& E. in the San Joaquin Division and we wish to congratulate him on winning the \$50.

LOOK FOR YOUR CARD NUMBER

What do you do now?

(Continued from page eight)

respiration, your first objective is to dilute the dangerous substance regardless of what he has swallowed.

Corrosive or noncorrosive, petroleum product or drug overdose, dilute the substance with water or milk. (See first-aid chart for dosage.)

If the patient swallowed a corrosive or petroleum product (and after you dilute it with water or milk), the next step is to get him to the hospital immediately - along with the poison container, label or remaining contents to help identify the poison.

If the patient swallowed a dangerous substance other than a corrosive or petroleum product - such as an overdose of a drug or medicine - your second objective is to induce vomiting (your first was to dilute the substance with water or milk).

To induce vomiting: The best way is to give one tablespoon (1/2 ounce) of syrup of ipecac, plus at least one cup of water. If no vomiting occurs within 20 minutes, the dose may be repeated *only once*.

Syrup of ipecac (not ipecac extract) is available at pharmacies and should be kept in the home for emergencies, especially if you have small children. You can buy one-fluid-ounce containers without a prescription.

Made from a South American plant, syrup of ipecac is almost sure to cause vomiting, for it makes the brain tell the stomach to really empty itself.

If syrup of ipecac is not at hand, induce vomiting by placing the blunt end of a spoon or your finger at the back of the victim's throat.

To prevent vomit from entering the windpipe and lungs, place the patient face down with the head lower than the hips; a small child can be placed across your knees in a "spanking" position.

Do not give salt water to induce vomiting. Salt has been found to be dangerous as an emetic.

If, for some reason, no vomiting occurs within 20 minutes, repeat the syrup of ipecac dose only once as already described - but don't waste time waiting any longer.

Call your doctor or hospital again for further instructions. If you can't get those instructions, take the patient to the hospital immediately. Bring along the container, label or remaining contents as before - or, if vomiting does occur, a sample of the vomited material.

The first-aid chart and this article were prepared with the guidance and approval of the American Academy of Pediatrics. Study them carefully until they become a permanent part of your first-aid knowledge. Because they're designed for emergencies, both are simple and easy to understand.

But after you master them, don't forget the simplest and easiest antidote of them all: an ounce of prevention.

Better yet, why not increase the dosage and make that a *pound* of prevention? The only side effect is safety!

THE POLITICS OF HEALTH REFORM

(Continued from page three)

sible path through the health care maze, the AMA remains serenely certain it knows the right answers. Yet it is risky to present an AMA official with a fact; you may put him out of sorts.

At a hearing before Senator Edward M. Kennedy's subcommittee two years ago, four AMA spokesmen denied there was a health care crisis. Even the President had said there was a "crisis," responded Kennedy, who went on to point out that the number of tonsillectomies in California was four times the national rate, suggesting that the distribution of surgeons around the country might be uneven. "Where does that statistic come from?" asked Harry Peterson, the AMA's chief lobbyist. The Senator replied that the figure was part of the Nixon health message. He then asked about the high rate of infant mortality in the U.S. Weren't there a dozen or so nations with lower rates? "Those figures are wrong!" cried Dr. Max Parrott, chairman of the AMA Board of Trustees. "They are absolutely wrong. They are used dishonestly." The statistics came from the United Nations.

This spectacle of a temperamental giant flailing in the dark would merely be funny if the AMA was not so adept at keeping the rest of us in the dark, too. Each week, for example, about 40 million Americans watch the television series, *Marcus Welby, M.D.*, a portrayal of fee-for-service Nirvana whose wise, kind and handsome protagonist is the very model of a modern general practitioner. The AMA serves as a technical consultant to the program, and last fall reporters learned that it was instrumental in having two scenes from a single show left on the cutting room floor.

In the expurgated scenes a surgeon, Dr. Jeliff, remarked to Welby that 80 per cent of the cost of an operation he had scheduled the next day would be paid by the patient's group medical insurance. Welby asked if that "isn't true in most of your cases?" Jeff

replied, "No, I'm sorry to say many of those who need insurance the most don't have it." Questioned about the cuts, the producers conceded that certain changes had been made "during editing."

Besides the AMA and the private insurance industry, lobbies like Blue Cross and the American Hospital Association (AHA) carry some weight on the Hill, though Blue Cross observes a nominal neutrality toward bills under consideration. ("We support certain principles," says George Kelley, its chief lobbyist, "but we don't take stands on legislation.") Since the health care community is a loose coalition of interest groups, each scrambling for the dollar, the lobbying organizations do not always agree. For instance, during last fall's Congressional debate over the Emergency Medical Service bill, a measure that would have pumped Federal funds into hospital emergency units if the President had not vetoed it, the AHA found itself arrayed against the AMA. (The AMA won when the House, by four votes, failed to override the veto.)

Nevertheless, at this stage of the game the private lobbies recognize that they have much in common and frequently they synchronize their ad hoc campaigns. Late last year, all the big-letter lobbies—AMA, HIAA and AHA—got together in strategy sessions intended to make the impending HMO bill conform more nearly to their interests. Among other things, they agreed to press for "dual choice," a provision putting private insurance plans on at least an equal competitive footing with HMOs (at the same time, they opposed requiring employers to include HMOs in the choice of insurance packages offered to employees). Blue Cross representatives attended some of these sessions, despite their insistence that they could take no position on proposed legislation.

—Reprinted from *The New Leader*

San Jose Area Stewards Meet



Senior Assistant Business Manager Mert Walters is shown as he explains the new safety provision in the PG&E agreement.



Orv Owen, Business Representative assigned to the San Jose Division, is shown listening to a question on the new agreement.



The photos above, and in the lower right hand corner of this page show most of the participants in the San Jose Area Shop Stewards meeting. These stewards gave up a Saturday to be brought up to date on the changes in the PG&E agreement.

C.P.I. Hits 148.3

The Consumer Price Index U. S. - All Items rose 0.6 percent in July which brought the Index to 148.3 points. Increases in mortgage interest costs and higher prices for automobiles, medical care services, restaurant meals and a wide range of other commodities and services accounted for most of the rise.



The Safety Scene

What do you do now?

If your child swallowed a poisonous substance, would you know what to do in the next few life - or - death minutes?

Mrs. Linda Loomis of Mokena, Illinois knows what to do now, after her child was poisoned. She sent this true story to FAMILY SAFETY:

One day after we had moved into our new home, I noticed a small pale orange bottle cap on the bathroom floor. I picked it up and it suddenly dawned on me that it was the safety cap off the children's aspirin bottle.

My first thought was: Don't panic! Open the medicine chest and check - you could be mistaken. I will never forget that empty aspirin bottle on the shelf.

I called Bobby, age 3, into the bathroom and asked him if he knew what had happened to the medicine.

"I ate them, Mommy!"

Oh, my God, I thought. What do I do now?

The chart on the inside of the medicine chest door had been left by the previous owners of the house. I hadn't even glanced at it before. What was it about? Poisons and overdoses! I quickly scanned the chart and found the remedy for an aspirin overdose.

Give a glass of milk and induce vomiting. It had to be done - and quickly. Bobby drank the milk without any trouble.

I went back to the chart. To induce vomiting, it recommended syrup of ipecac (still don't know what it is). So I stuck my finger down his throat.

After Bobby managed to relieve himself of everything, including breakfast, I called the pediatrician and told him what happened and what I had done.

He said that since Bobby had managed to bring up the entire contents of his stomach within a few minutes of swallowing the aspirin, he didn't think it would be necessary to take him to the hospital. He only added that I should keep my eye on him pretty closely the rest of the day and if he became unusually drowsy to get him to the hospital emergency room.

Mrs. Loomis' story is true to life. But it came close to being true to death, for Mrs. Loomis was momentarily confused about emergency treatment.

When it comes to antidotes, counterdoses and other first aid procedures, you're probably confused, too - along with millions of other parents.

It isn't surprising, when you consider the bewildering assortment of dangerous substances a child can swallow today: medicines such as aspirin, cold remedies, liniments, antiseptics, tranquilizers, vitamins and minerals; cleaning and polishing agents such as detergents, disinfectants, deodorizers, bleaches, drain cleaners and furniture polish; a miscellany of pesticides, cosmetics, turpentine, paint - the menu is as long as it is deadly.

Some are poisons, some are overdoses; some are corrosives, some are petroleum distillates; in some cases vomiting is urgently called for, in some cases vomiting could be fatal.

Even if you had a lot of time to determine the correct life-saving treatment, it would seem difficult to wade through the mind-boggling array of antidotes, counterdoses and emetics. But in an emergency, a lot of time is what you don't have.

The fact that emergencies not only can but do happen is borne out by statistics. In 1972, the latest year for which figures are available, the National Safety Council estimates there were 3,700 accidental deaths from poisoning - a casualty list that has doubled in 10 years. And according to the National Clearinghouse for Poison Control Centers, two-thirds of all accidental poison cases involve children less than five years of age.

Keep your cool and...

As you know, the best antidote for an emergency is prevention. That's why you keep all drugs and poisonous substances out of the reach of children - in original containers, clearly labeled, preferably under lock and key. (Purchase products with safety caps if you can, but don't bet your child's life on them.)

Despite all your precautions, suppose you discover your child has swallowed a dangerous substance. What do you do - or not do?

Although speed is essential, the first danger is panic on your part. How can you prevent panic? With knowledge.

Read and reread what follows until it becomes a part of you. Do the same with the first-aid chart on these pages.

Clip out the chart and fasten it to the inside of your medicine cabinet door.

Next to your telephone, permanently display the office and home phone numbers of your physician (pediatrician or family doctor), local poison control center if there is one, hospital, pharmacist and, for emergency rescue service, your police and fire departments.

If you discover your child has swallowed a dangerous substance, remain calm but act fast.

Call your physician immediately. If he can't be reached, call your poison control center or hospital. If possible, begin first-aid treatment while another person calls for help.

The nature of the poison or overdose will determine the first-aid measure to use until medical help is obtained.

First aid, like anything else, is simply a matter of knowing how.

If the patient is unconscious or in convulsions, do not force liquids on him and do not induce vomiting. Liquids or vomit could choke him to death.

If there are convulsions, don't try to restrain the victim. Instead, position him to avoid injury from knocking against furniture and other objects (the head is particularly vulnerable). Loosen tight clothing at the neck and waist. Don't force a

hard object or your finger between his teeth.

Whether unconscious or in convulsions, keep the patient warm, provide artificial respiration if necessary, and take him to the hospital immediately. Bring along the poison container, label, remaining contents or any vomited material to help identify the poison.

Do not induce vomiting if the patient has swallowed a corrosive such as lye or a petroleum product such as kerosene. With the former, vomiting can seriously aggravate throat and mouth burns; vomiting petroleum distillates can cause chemical pneumonia for which there is no antibiotic treatment.

In addition to the poison container itself, burns around the mouth will indicate a corrosive; breath fumes are a clue to a petroleum product.

Examples of corrosives: sodium acid sulfate (toilet bowl cleaners), acetic acid (glacial or concentrated), sulfuric acid, nitric acid, oxalic acid, hydrofluoric acid (rust removers), iodine, silver nitrate (caustic pencil), sodium hydroxide or lye (drain cleaners), sodium carbonate (washing soda), ammonia water, sodium hypochlorite (household bleach).

Examples of petroleum products: gasoline, kerosene, lighter fluid, naphtha, mineral seal oil (furniture polishes), petroleum solvents and cleaners.

To vomit or not to vomit

If the patient is conscious, not in convulsions and does not need artificial (Continued on page seven)

POISON FIRST-AID CHART

CALL YOUR DOCTOR IMMEDIATELY. If he can't be reached, call one of the following: local poison control center if available, hospital, pharmacist, police or fire department. If possible, begin first aid treatment while another person calls for help. The nature of the poison or overdose will determine the first-aid measure to use - as shown below - until medical help is obtained.

IF THE PATIENT IS UNCONSCIOUS OR IN CONVULSIONS:

Do NOT force liquids on him and do NOT induce vomiting.

Provide artificial respiration if necessary, keep him warm and take him to the hospital immediately.

Take along the poison container, label, remaining contents or any vomited material to help identify the poison.

IF THE PATIENT SWALLOWED A CORROSIVE OR PETROLEUM PRODUCT

(see examples below):

Do NOT induce vomiting.

Dilute the poison with water or milk. *Dosage:* 1 to 2 cups for patients under 5 years of age - up to 1 quart for patients 5 years and older.

Get him to the hospital immediately - along with the poison container, label or remaining contents to help identify the poison.

IF THE PATIENT SWALLOWED AN OVERDOSE OR POISON THAT IS NOT A CORROSIVE OR PETROLEUM PRODUCT:

Dilute with water or milk. *Dosage:* 1 to 2 cups for patients under 5 years of age - up to 1 quart for patients 5 years and older.

Induce vomiting. *To induce vomiting:* 1 tablespoon (1/2 ounce) of syrup of ipecac, plus at least 1 cup of water. (If no vomiting occurs within 20 minutes, dose may be repeated *only once*.) If syrup of ipecac is unavailable, induce vomiting by placing the blunt end of a spoon or your finger at the back of the victim's throat. *Do not give salt water.* When vomiting begins, keep patient face down with head lower than hips to prevent choking; place a small child across your knees in a "spanking" position.

If no vomiting occurs within 20 minutes, repeat syrup of ipecac dose *only once* as already described - but don't waste time waiting any longer. Call doctor or hospital again for further instructions. If you can't get those instructions, take patient to hospital immediately. Bring along the container, label or remaining contents to help identify the poison - or, if vomiting occurs, a sample of the vomited material.

Examples of corrosives: sodium acid sulfate (toilet bowl cleaners), sulfuric acid, nitric acid, oxalic acid, hydrofluoric acid (rust removers), iodine, silver nitrate (caustic pencil), sodium hydroxide or lye (drain cleaners), sodium carbonate (washing soda), ammonia water, sodium hypochlorite (household bleach). Examples of petroleum products: gasoline, kerosene, lighter fluid, naphtha, mineral seal oil (furniture polishes), petroleum solvents and cleaners.

STUDY THIS CHART AND BE PREPARED FOR EMERGENCIES. ATTACH CHART TO THE INSIDE OF YOUR MEDICINE CABINET DOOR.