



## National Health Security—A Clear Answer

by Andrew J. Biemiller

When you get past the 50-cent words, the mountains of statistics and the emotionalism, any national health insurance program worth its salt must meet these two objectives:

- Provide quality medical care for all Americans as a matter of right.
- Control the soaring costs of medical care.

If a proposal doesn't meet these goals, it's a mockery of the term "national health insurance."

Cost control and providing medical care as a right—this is what the national health insurance fight is all about.

National Health Security meets these twin goals—and it is the only program before Congress that does.

President Nixon, the insurance companies and the American Medical Association all have a big financial stake in preserving as much of the status quo as possible.

The health care system is working quite well for these groups. But that doesn't mean it is working well for the American people—in fact, it isn't working at all well for the American people.

Medical care costs—even for routine care—are a very real threat to the financial stability of virtually every family in America. The runaway escalation of health care costs keeps many families from seeking proper health care.

The chairman of the House Ways and Means Committee, Rep. Wilbur Mills (D-Ark.), pointed out the reason health costs are so out of line: cost plus reimbursement.

Very simply, "cost plus reimbursement" means that every hospital is paid on the basis of its costs, plus something more.

Doctors have a similarly inefficient system—fee-for-service. The doctor gets a certain amount for every office visit or treatment. The doctor sets that "certain amount" and also determines the number of services.

And when you add up the totals, the dollar figures are overwhelming.

Mills told a group of Westinghouse executives that the total health cost to the American people for 1969 was more than \$60 billion. He also pointed out that this was a five fold increase over the 1949 figure of \$12 billion. The Social Security Administration estimates that health expenditures may double by 1975—to \$120 billion. By 1980, health care expenditures are projected to cost a minimum of \$156 billion and possibly as much as \$189 billion. And despite the fact you're paying a lot more, you aren't going to be getting better health care.

The case for National Health Security must be based on the facts. And the facts are that Health Security is the only proposal that provides real cost controls and, at the same time, meets the goal of providing quality health care for all Americans as a matter of right.

This goal is not to be confused by rhetoric or the traps set by the opposition's scare tactics.

"Socialized medicine" is the cry from some corners. Yet every single health care proposal before the Congress is based on using federal funds. Even the American Medical Association's proposal—"medicredit"—would use federal monies, although that is about all it has in common with Health Security.

However, National Health Security does not propose that the federal government hire the doctors, own the hospitals or manage the health care resources and their distribution.

Health Security is a national system—just as Social Security is a national system. Health Security is a system of financing and paying for comprehensive health care for all Americans. But it is still a voluntary system—doctors will be free to join community health service organizations or remain in solo, fee-for-service practice; patients will be free to go to either type of

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The newly elected Executive Board and Officers are sworn in by Ninth District Vice President W. L. Vinson, second from right. Shown from left to right are: Southern Area Executive Board Member William Jack Graves, Business Manager L. L. Mitchell, Recording Secretary Mickey Harrington, Treasurer James W. "Bud" Gray, President Ron Fields, Executive Board Member-at-large Willie R. Stewart, Northern Area Executive Board Member Thomas C. Conwell, Central Area Executive Board Member C. P. "Red" Henneberry, Mr. Vinson, and Vice President Lee Thomas.

### YOUR Business Manager's COLUMN AGENCY SHOP NOT CURE-ALL

L. L. MITCHELL

The hue and cry of most non-members (freeloaders) is and was that all employees of P.G.&E., whether they belonged to the Union or not, receive the same benefits.

This is something that sticks in the craw of every active Union member in our Local and rightfully so. You and I and many others are paying dues, not only for ourselves, but we are also paying for the freeloaders too.

We all have friends or acquaintances who never carry cigarettes, who never happen to have any

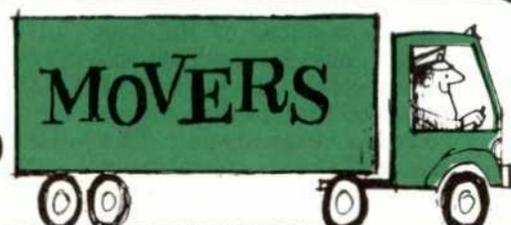
money with them, and who always manage to vanish just before the check comes.

Once you become aware of what kind of person they are, you can learn to avoid them, but at worst, all these people can cost you is a few drinks, a dinner, some cigarettes and perhaps a little anguish.

This is not the case with the freeloaders who sponge off the Union. You can't duck or ignore them; they take what all of us might have if we stuck together.

The end of the freeloaders in  
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# AFL-CIO Raps Revenue Sharing Plan

(President Nixon's revenue-sharing proposal is like the ballplayer in the old joke who can't hit, can't run, can't throw and can't field—but looks good in the dug-out. The President's plan, too, looks okay in the dug-out. It says to states and localities, most of which are hard-pressed for funds: "Here's a bunch of money. Do something with it, anything." But when it emerges from the dug-out and you get a better look at it, the performance potential just isn't there. Recently, the AFL-CIO testified in Congress against the Nixon proposal and advanced its own programs to help meet the nation's needs. Testimony was delivered by

## Editorial

*Now is the time for all good men to come to the aid of their Union.*

The Labor movement is in the public eye more than ever lately and the publicity is not favorable.

Strike after strike; the economy is hurting and inflation is running rampant. These recent circumstances have caused many to ask the question, "When is the government going to stop labor from ruining the country?"

Even people in the Labor movement, and more specifically members of our own Local, are up in arms about all the strikes that are going on.

**It is time for all of us to stop, think, secure facts and then evaluate each strike on the basis of the issues that the union members and the company are faced with.**

The news media are quick to report the strike and the amount of money being lost, but very little information, if any, is given about the real issues in the strike and the alternatives that have been tried or discussed before the final strike action was taken.

Some unions are not without fault when it comes to using strikes in lieu of good hard bargaining. On the other side of the coin, we find many employers who want their employees to "hurt a little" before they will grant the increase which was anticipated when bargaining began.

The recent rail strikes received the most publicity. The financial losses of growers were staggering and fortunately a settlement was reached before Congress intervened with legislation which would possibly have been objectionable to both sides.

Taxes, tight money, inflation and strikes are the main topic of discussion wherever you go today.

Labor generally comes out second best in these discussions and receives the blame for much of the Country's problems.

**There is extreme danger in the anti-labor climate which prevails today and it seems to be getting worse.** The present Administrations in California and Washington, D.C., combined with big business interests who supported them heavily in financial contributions towards their election, seem to be setting the stage for anti-union legislation.

When they have **union members** blaming unions for inflation and **union members** complaining about the strikes of their brothers and sisters in the labor movement, and have **union members** convinced that "public" employees should not have the same bargaining rights they do, then it is time for great concern and time for **union members** to think about where **they** are, how **they** got there, and what the future holds for **them** if **their** union is restrained by unfair labor laws.

Put yourself in the position of everyone you criticize and analyze their position and circumstances and then make a judgment. Research **all** the facts and/or demand the same from **anyone** who tries to convince you that labor alone is to blame for many of our problems.

It is time for **union members** to stand up for and defend the union which helped to provide the decent standard of living which they enjoy today.

Don't take this anti-unionism lying down, but also, don't defend it on the basis of emotion alone. Labor's current and past role in the United States today is defensible and facts are available. Use them!

Legislative Director Andrew J. Biemiller. The following is from his presentation.)

The sharing of federal revenues with the states and localities has been a part of the American system of government since its very beginning. The first programs date back to the Articles of Confederation of the 1780s, and today about one-fourth of the federal revenues available for domestic use is shared with the states and localities.

Agreement on the responsibility of the federal government to provide financial aid to the states and local governments, particularly in this time of rapid social and economic change, is widespread and longstanding.

So the issue is not **whether** the federal government should share its revenues with the states and localities, but the **method** of distribution and sharing.

The present method of categorical grants-in-aid transfers federal funds to a state or local government for specific purposes or "categories," geared to meet high-priority needs determined by federal legislation. Such programs are established by the Congress, with the opportunity for Congressional review of how the programs are working. Moreover, the state or local government must use such federal grants, usually combined with

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## YOUR Business Manager's COLUMN

### AGENCY SHOP NOT CURE-ALL

L. L. MITCHELL

(Continued from Page One)

P.G.&E. is in sight with the modified agency shop clause, which was won at the bargaining table last year. This, however, doesn't end the immediate problem of having your present membership demanding that all employees should join the Union. This is a legitimate demand, but some people go a little farther with this argument and say that either all should join now or there should be no Union. If these people thought about it in depth, they would not say it. It is those of us in the Union over the years who have achieved all that we enjoy. If you, among a dozen, were in the middle of the ocean in a life boat after leaving a sinking ship and only nine of the twelve people were willing to bail and row, would you want to sink the boat and drown everyone, or would the majority find a way to make the minority do their share darned quick?

As you know, during the last negotiations a modified Agency Shop was obtained on P.G.&E. properties by Local Union 1245.

During the past few months, a lot of misinformation has been circulating about how this provision works, and who will or will not be affected. The agency shop provisions apply to these groups:

- (1) Every employee covered by either the physical or clerical agreement after December 1, 1970, shall become a member of the Union or pay an agency fee commencing on or before the date that he becomes a regular employee. The Agency Fee is payable in the amount equivalent to the monthly Union dues and per capita fees required of "BA" members based on each individual employee's wage rate.
- (2) Employees who were laid off and re-hired, causing a break in their continuous employment with the Company, must also join the Union or pay Agency Fees.
- (3) Any employee returning to the bargaining unit from an

exempt position must also join the Union or pay Agency Fees. (Exempt means job not covered by the collective bargaining agreements between 1245 and P.G.&E.)

There has been a misconception about the time allowed a re-hire to join. The employees who are re-hired or return to the bargaining unit from exempt positions, etc., must join the Union or pay Agency Fees immediately upon returning. If they do not, they are subject to being terminated by the Company within 21 days of the date that they came back into the bargaining unit. It is going to be a tremendous job to police the Agency Shop provision and we need the help of every Steward and every member. Spread the work. As each new employee comes on the job, start selling him unionism and sign him up. Don't wait for the Agency Clause to catch him. It is there only as a last resort to keep him from free-loading forever, and if any question comes up, give us a call.

Where the contract is explicit it should be enforced, and every member can do his part to make the agency shop provision, which we presently have, work.

There is no legal way—yet—to force freeloaders to pay their share; there is no legal way, yet, to kick them off the job. There is no law, either, which forces you to tolerate them. Until there is a better way then, let's stop being tolerant with freeloaders. A few might take the hint.

For those members who believe that as a result of the Agency Shop provision, our need to continue to work on the freeloader is over, are absolutely and unequivocally incorrect.

The need to explain and demonstrate the function and purpose of the Union is increasing. We must let the individual who signed up in the Union because he or she was going to have to pay anyway, know what we are all about.

Paying dues as a member and being a "member" can philosophically be two different things, and we need "members."



### the utility reporter

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# August Buying Calendar: Warehouse Stores Start Price War

By Sidney Margolius, Consumer Expert for Utility Reporter

You may be able to buy furniture at less expense in this year's August sales as the result of the rapid spread of warehouse stores.

But you should also know what you're buying or you may end up paying less money for shoddier merchandise, not only in the new warehouses and clearance centers, but in regular stores too. As the result of new manufacturing methods, it's getting hard to know whether you are buying real wood or imitation.

The furniture warehouses springing up around the country have sent a shock wave through the furniture industry and brought tremendous crowds to the warehouse sales. The largest of the new warehouse organizations is a chain called Levitz. Their warehouse stores have been spreading East from California, and have frightened traditional furniture and department stores into opening their own warehouse and clearance centers in many cities.

An Eastern chain called "The Furniture Clearance Centers" now has started to open up outlets in some West Coast cities, which helps to sharpen the competition further. Other warehouse chains, including Mangusian's, are spreading through the South.

There are so many highly-competitive warehouse sales that it hardly pays now to buy furniture in the regular way if you can wait for a warehouse sale. Many regular

furniture and department stores now also have their own warehouse outlets.

The new warehouse stores are something like supermarkets; really big self-service stores. You either cart the furniture away yourself or pay for delivery. This means of course, you do some of the work such as removing furniture pieces from their cartons. But you also save on some services offered by traditional stores which you may not really need, such as decorating service and installment credit. You can always arrange for a credit union or bank loan yourself at lower finance charges than the 18-22 per cent annual rate that stores exact for buying furniture on time.

But while most of the warehouses and clearance centers we have observed do sell for less, some of their claims may need to be taken with a grain of salt. The California Attorney General has brought suit against Levitz charging that their ads give the impression they offer wholesale prices. Levitz has denied the charges of exaggerating savings.

It is impossible, of course, to buy furniture at true wholesale prices because of the large expenses involved in handling and displaying furniture. My own observation is that such warehouse and clearance centers usually sell for 10-20 per cent less than regular stores—a worthwhile saving in view of the high prices of furniture.

Actually, it is about time the furniture trade was jolted out of its fat markup. The standard practice recently has been to markup furniture "a number plus 10 per cent." This means that retailers have been doubling the wholesale price and then adding an additional 10 per cent. Earlier, they used to just double the wholesale price.

Nor do "clearance centers" really handle mainly clearance items. Most of the stock is fresh merchandise with only a sprinkling of clearance items from the parent store. Real clearance items often sell for as low as half the original price.

At the same time that the slashing of retail markups is making lower prices available to the public, you also have to be more careful of what you are getting. Some low-priced furniture now is made largely of composition board faced with printed-grain vinyl surfaces that resemble wood.

This is not to say that such furniture does not have usefulness for some purposes. But it is to say that it should command only a low price, and that nowadays increasingly you need to ask if inexpensive furniture is actually wood or plastic-surfaced composition board.

Too, some of the intricate-looking "carving" on the so-called "Mediterranean" or "provincial" furniture which installment stores promote heavily, actually is plastic molded to look like wood.



Unfortunately, in recent years manufacturers have sought to create fashion obsolescence in furniture to try to keep their share of a market declining in the face of strong fashion merchandising by the apparel and car industries, points out Mel Smilow, a leading designer. Another example, along with the fake-carved Mediterranean furniture, is the "Mod" look in furniture, featuring splashy colors like the Mod look in clothing.

If the basic pieces in a room are simple and clean in line, Smilow points out, you can be fashionable with less risk of obsolescence, through the use of accessories and fabrics. You can make a room very "mod" with fabric covers, and recover the pieces when these splashy colors go out of style.

**WHITE SALES:** August also is a month of White Sales with no-iron sheets (a blend of polyester and cotton) available for as little as \$1.99 compared to usual prices of \$6 or more for sheets. As with furniture, it doesn't pay to buy sheets and cases at regular prices any more.

**FOOD BUYING CALENDAR:** This is a summer of very high meat prices. Values of the month are turkey and fowl, both in heavy supply.

## What's in Watered Fruit Drinks?

Sidney Margolius, Consumer Expert for Utility Reporter

After ten years of clamor and criticism, the canned drink manufacturers have finally agreed to tell the public how much fruit juice there is in those popular big cans of "drinks."

As we've pointed out a number of times during those years, these 46-ounce cans of "orange drink" that look like a lot of beverage for 39 cents actually often are 90 per cent water and sugar. But the canners have resisted telling the public how much real juice and how much water these products have.

For example, recently we wrote to the A&P asking for the content of their own brand of "drink" and got back this letter: "... the percentage of water and sugar in our Orange Drink cannot be revealed as it is a formula secret. We can advise however, that, based on the ingredient statement on the label, sugar is one of the major ingredients."

That much we knew. We can read labels too. The only reason it's a "secret" is because they don't want to tell the facts. When A&P stamps something top secret, that apparently means it's 90 per cent sugar-water.

Now, the Food & Drug Administration has announced, canners have agreed to disclose the percentage of pure orange juice in watered orange beverages. They will have to say, for example, that "X BRAND Orange Drink contains not less than 10 per cent orange juice," or, "X BRAND Orange-Juice Drink contains not less than 35 per cent orange juice."

It only took the government since 1964 to win this modest advance on behalf of consumers. The FDA had first proposed standards for fruit beverages at that time. The manufacturers stalled. After mounting criticism of the top-secret drink formulas, FDA tried again in 1968. It proposed that the drinks be labeled with the percentage of real juice and also that they meet minimum standards of juice content. FDA wanted a minimum juice content of 50 per cent for products labeled "orange juice drink"; 25 per cent for those labeled "orangeade," and 10 per cent for "orange drink."

But the manufacturers got the government to compromise. Under the rules now proposed, "orange blend" will have at least 70 per cent juice; "orange juice drink" will have 35 per cent; "orangeade," 15 per cent; "orange drink," 10 per cent; "orange flavored beverage," 8 per cent, and "imitation orange flavored beverage," 2 per cent.

Criticisms by Virginia Knauer, the President's consumer assistant, of

the lack of information on "drinks" played a big role in getting the manufacturers to finally agree to show the juice percentages. The Coca-Cola Co. has informed Mrs. Knauer that it is proceeding to label its Hi-C Drinks without waiting for the FDA's final order.

The company sent Mrs. Knauer a set of its new labels showing that the juice content of "Hi-C Citrus Cooler" is 1 per cent; "Hi-C Orange Drink" and "Grape Drink" are 10 per cent, and "Hi-C Apple Drink" is 30 per cent.

But don't count the manufacturers out. They have a new gimmick. They are now adding additional vitamin C so they can claim as much and in some cases more vitamin C than real orange juice. The manufacturer of Hawaiian Punch informs us that it has increased its vitamin C to 88.7 milligrams per 6 ounces from the 30 mgs. per 8 ounces. Hi-C now has 100 mgs. of vitamin C per six ounces.

Don't be taken in by these big claims for vitamin C. A 100-mg. vitamin C tablet has a retail value of about half a cent. Too, real orange juice has additional nutrients.

Don't be taken in by the cheap-sounding price either. Orange concentrate at a current typical 26 cents for a six-ounce can (less for private brands), makes 24 ounces of orange juice. Thus the actual orange juice in a 46-ounce can of 10 per cent orange drink for 39 cents is worth just about five cents.

Here's a recipe for home-made orange drink: Take a nickel's worth of reconstituted frozen orange juice (a little more than a juice glass). Put it in a larger pitcher and fill with water. Sweeten to taste. Stir either briskly or slowly according to your temperament. Add a vitamin C pill if you want to increase the vitamin C content. Let the kids drink it all day long.

Don't be beguiled either by claims of "more" juice. Frances Cerra, consumer writer for *Newsday*, Long Island, N.Y., tried to get Welch's, who label their higher priced drink "40 per cent more orange juice," to say just how much it does have. She, too was told, "It's a trade secret." Since the "other leading brands" usually have 10 per cent juice, Welch's must have 14 per cent, or about 7 cents worth.

### "Thirst Quenching" Water

Manufacturers also have found that if they add sweetening, salts and  
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# NIXON'S REVENUE SHARING PLAN RAPPED

(Continued from Page Two)

additional small percentages of state or local funds, to provide specified public facilities or services, under performance standards—such as civil rights and labor standards—that are established by federal statute.

This system has served the nation well.

In contrast, the Administration has proposed a program of “no-strings” revenue sharing with no requirement that the funds be spent for any specified purposes or programs and without specified and enforceable federal performance standards. The Administration’s program would dispense to the states 1.3 percent of Federal individual income tax base (\$5 billion in the first full year).

The AFL-CIO is firmly opposed to a concept of no-strings, no standards and no supervision revenue sharing. There is no justification for the adoption of a new federal-aid delivery system which is specifically designed to bypass the process of Congressional legislation, appropriation and oversight.

The Administration’s proposal is not a magical new concept. It will not create money where none now exists. It will not provide the substantive and immediate assistance so badly needed by state and local governments to meet growing public requirements.

This country has been undergoing vast social changes for at least forty years. Needs for every kind of public investment from sewer systems and waste-treatment facilities to urban mass transit, education, health care, public safety, libraries, roads and airports have multiplied.

There is no question that federal revenues must be used to help meet these needs. The federal tax structure, with all its deficiencies, is a more equitable and efficient producer of revenues than state and local tax systems that depend so largely on unfair sales and property taxes. Moreover, many public needs involve nationwide social issues such as education and welfare. Many others cross the boundary lines of states and local government units, such as requirements for highways, pollution controls, manpower training and regional economic development. And, of course, if more federal help is not forthcoming, a number of states and virtually every large city is or will soon face the prospect of continued deterioration and cutbacks in public services that could be socially disastrous.

Under the present system of categorical grants, federal aid to state and local governments has more than tripled in the past decade—rising from \$7 billion in 1960 to \$24 billion ten years later. The total is expected to exceed \$30 billion in fiscal year 1971.

Last year federal grants accounted for 18% of total state and local revenues, compared to less than 13% ten years ago. Significantly, the major share of this increase in federal funds flowed to the larger cities and the poverty-stricken rural regions of the country for such programs as the education of disadvantaged children, training workers in new skills, building hospitals, and underpinning other state and local government functions and services. Between 1960 and 1970, federal grants-in-aid to the hard-pressed urban areas shot up from about \$3.5 billion, or approximately half of all grants-in-aid, to \$16.7 billion, or over two-thirds.

Despite this sharp rise of federal grants-in-aid—and despite in increasing outlays by the states and local governments—mounting needs for public facilities and services have left many states, every large city and countless smaller government units unable to satisfy these needs.

These problems can be solved largely by an improvement in the existing system and a substantial increase in federal grants. And, in many cases, the programs that could provide the funds are already in operation, under federal law.

• **No-strings revenue sharing is not the answer to the needs of cities and smaller government units. Indeed it is a wasteful, inefficient method of dispensing critically needed federal aid.**

Every effort must be made to get the most out of each federal dollar that can be set aside to meet priority national needs, such as education, training, health, pollution control, public assistance, urban transportation and improve the quality of American life. No-strings revenue sharing is no substitute for selective and specific programs to help target groups of people and to meet priority national needs.

Moreover, since federal funds are not inexhaustible, no-strings revenue sharing will cause an immediate undermining of categorical grant-in-aid programs designed to meet specified needs.

• **The Administration’s proposal would shortchange the nation’s urban areas.**

Total federal grants-in-aid more than tripled between 1960 and 1970. Over the same period federal grants-in-aid to the hard-pressed urban areas shot up from approximately half of all grants-in-aid, to over two-thirds.

In contrast, the Administration formula for revenue sharing would require that on average only 48 percent of the federal funds flow to the local governments. What is more, all general purpose local governments, regardless of size, location, or need, would receive “no-strings” funds, whether a wealthy tax-haven community carved to “zone out the poor” or a poverty-riddled city.

• **Through “no strings” revenue sharing there is no way to make sure that state and local administrators meet national performance standards—including anti-discrimination, equal opportunity, and labor standards requirements.**

Under the present grant system there is full accountability and the federally aided projects are easily identified. We do not see how enforcement of federal standards can be achieved under a no-strings revenue sharing proposal. How would compliance officers check on the use of such federal funds co-mingled with state or local money?

• **The Administration’s no-strings proposal runs counter to the goal of**

# A PAGE FROM THE PAST

We thought perhaps that a page from an early issue of the Utility Reporter would stir memories in the “Old Timers” and give the younger members a sense of history.



**using federal tax and expenditure policies to help stabilize the economy.**

Under the Administration proposal, 1.3% of the federal individual-income tax base would be earmarked each year as a permanent, automatic appropriation to the states. As a result: (1) Another “uncontrollable” expenditure item would be added to the federal budget; (2) In times of economic slack when the state and local governments need the money the most, less would be available; (3) In times of rapid growth and inflationary pressures, an inflation-expanded federal tax base would force still greater amounts of no-strings federal outlays. Thus, through this scheme the Administration is proposing to institutionalize a permanent erosion in the amounts of federally collected taxes that are subject to congressional discretion and control.

• **Unconditional tax sharing violates a major principle of good government—the authority to collect taxes should not be separated from the authority to determine how these revenues shall be spent.**

Free money opens the door to waste and extravagance, and a legislator who must account to his constituents for the expenditure of their tax dollar is far more likely to be responsive to their needs and to use public funds with wisdom and care.

The President in his budget message claimed that through his revenue sharing program he is “returning power to people.” It is our view that power is not “restored to people” when taxes collected from every American are given to a particular area to use in accordance with its own concepts of benefit and need.

We believe that there are major problems in our nation. We believe that there are far better alternatives that go to the solution of these problems and to the grave needs of our cities, our communities and our fellow Americans.

In large measure the needs of state and local government can be met by improving the present delivery system, sharply increasing grants, fully funding the programs that are already in operation, and releasing those grant-in-aid funds that have already been authorized and appropriated but the Administration refuses to spend.

Thus, the AFL-CIO urges:

• **1. Full funding of existing federal grant-in-aid programs. If the gap between authorizations and appropriations had not widened over the past few years, federal aid to the states and localities would now be at least \$6 billion higher.**

What is more, the President has vetoed a bill passed by both Houses of Congress to provide federal funds for the creation of public service jobs for the long-term unemployed and seriously underemployed; he has vetoed Congressional appropriations for housing and urban development; and he has vetoed funds for education.

In addition, according to figures released by the Office of Management and Budget, the White House has “frozen” \$12.8 billion in funds already committed by Congress. More than 100 specific federal programs ranging from Appalachia to highway safety—are now in peril because appropriated funds have been withheld after the Congress specifically directed the money be spent and the President had signed the bills into law. For example, the President has withheld \$942 million for low-rent public housing, and \$583 million in model cities funds. Thus, the Administration is sitting on billions of dollars of aid that could be dispensed immediately to assist state and local governments in meeting their needs.

• **2. Federal stimulative policies to boost sales, production and employment.** The most crucial factor affecting state and local budgets in 1971, as well as the budgets of American working men and women, is the sluggishness and stagnation that has pervaded the nation’s economy as a result of this Administration’s engineered recession. These economic policies have pushed the unemployment rate up to 6.1 percent in April and price levels up by 15 percent since 1968. The burdens to state and local governments that have resulted from inflation, recession and high interest rates dwarf the benefits of no-strings revenue sharing proposals.

If we had high employment, at least \$6 billion in additional state and local tax revenues would be available. Similarly, the Joint Economic Committee in its report on the **Economic Report of the President** estimated that the combination of recession and inflation on state and local governments in 1970 caused nearly \$10 billion in losses. This is twice the amount of aid proposed by the Administration in the first full year of operation of its general revenue sharing proposal. And these estimates do not take into account the rise in interest rates and their effect on state and local borrowing costs.

• **3. Immediate adoption and implementation of a program of federal grants to states and local governments to create public service jobs.** This is realistic revenue sharing which would substantially reduce unemployment and help the states and localities to meet community needs.

• **4. Federal takeover of the costs of public welfare.** A significant start is made in H.R. 1. It would provide \$1.6 billion of fiscal relief for state and local governments in fiscal 1973.

• **5. A careful review of present federal categorical grants.** Such a review should aim at consolidating overlapping grants, increasing their

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JUNE, 1957



Union's PG&E System Negotiating Committee is shown here. Seated, left to right, Walt Kaufmann, Elmer Bushby, Dick Sands, L. L. Mitchell. Standing, l to r., R. T. Weakley, Russ Stone, Tom Williams, Phil Coffin. Missing from picture were Ted Cordua, who took the photo, and Frank Quadros. (Photo by Ted Cordua.)



PG&E Negotiating Committee, front row, left to right: I. W. Bonbright, V. J. Thompson, R. J. Tilson, and H. F. Carr. Back row: G. A. Peers, E. E. Sibley, C. L. Yager, R. B. Thompson, A. J. Swank. Missing from picture are company members L. H. Anderson, P. E. Beckman, and L. W. Coughlan. (Photo by Ted Cordua.)

## PG&E PACTS CONCLUDED; AWAIT MEMBERSHIP OK

Your Union's PG&E System Negotiating Committee, after 8 meetings with the Company, reached a tentative settlement with PG&E Co. on June 6th on wages and contract amendments covering physical and clerical employees.

This settlement, subject to ratification by the membership, represents one of the best obtained this year in the Utility industry and is recommended by your Union's Committee composed of Russ Stone, Moss Landing; Walt Kaufmann, Fresno; Ted Cordua, Emeryville; Tom Williams, Gen. Const.; Dick Sands, Oakland; Phil Coffin, Electra; Frank Quadros, San Francisco; R. T. Weakley, Business Manager; L. L. Mitchell, Asst. Business Manager; Elmer Bushby, Business Representative.

Although all of Union's proposals were not incorporated in the settlement, many gains and changes were obtained through the process of true collective bargaining.

Terms of the 2 year settlement, to be effective July 1, 1957 are:

• 1.5½% general wage increase to all employees.

The following classification wage adjustments to be made prior to the application of the general wage increase:

- A. Plant Clerks (Power & Gas Plants)
  - Senior—\$4.20 per week at maximum 3.20 per week at minimum
  - First—3.20 per week at maximum 2.75 per week at minimum
- Routine—2.75 per week at maximum 2.65 per week at minimum
- B. Watch Engineer (Gas Plants—East Bay & S.F. Divisions) \$1.80 per week Cold Stand-by 5.00 per week
- C. Gen. Const. Field Clerks
  - Senior—\$2.10 per week at minimum
  - First—2.10 per week at maximum (Continued on Page 2)

## '57 NEGOTIATIONS STATISTICS

• Examples of the wage schedules after application of the wage increases:

	July 1, 1957	July 1, 1958	Total Increases
Clerk Driver, Lt.	\$ 92.53	\$ 97.20	\$ 9.50
Electrician	111.95	117.55	11.45
Fitter	101.95	107.05	10.45
Line Sub Foreman	124.50	130.75	12.75
Light Crew Foreman	111.95	117.55	11.45
Groundman	86.70	91.05	8.90
Laborer	80.80	84.85	8.30
Lineman	111.95	117.55	11.45
Control Operator	113.65	119.35	11.65
Gas Serviceman	105.30	110.60	10.80
Troubleman	115.05	120.80	11.75
Warehouseman	92.55	97.20	10.20
Senior Plant Clerk	114.45	120.20	15.95
Gen. Const. Lineman	116.35	122.20	11.95
Clerk "A"	114.45	120.20	11.75
Typist "A"	96.55	101.40	9.90
Meter Reader	93.65	98.35	9.60

• Approximately 5,000 employees will receive an additional week's vacation.

• The average general wage increases will approximate 25c per hour.

• The new weighted average wage of PG&E employees in the bargaining units will be \$2.46½ per hour on July 1, 1957, and \$2.59 per hour on July 1, 1958.

## LOCAL 1245 CERTIFIED AT CAL. WATER UTILITY

With the counting of ballots on May 31st, Local Union 1245's attempts to obtain collective bargaining rights on behalf of the Water Division employees of the California subsidiaries of the Citizens Utilities Company was brought to a successful conclusion.

Of the thirty-three employees in the bargaining unit, which covers all field, clerical and technical employees, seventeen voted for Union representation with fourteen against. To date, a sizable majority of the field employees and some clerical have become dues paying members.

Headquartered in North Sacramento, the Company provides water service to North Sacramento and several other Sacramento county communities, as well as to Guerneville, Niles, North Los Altos, Boulder Creek and Montara. While operated under separate management, the Company is directly affiliated with the Citizens Utilities Company of California, with which Local Union 1245 has a Union Shop Agreement covering telephone employees.

On June 10th, Union submitted a proposed Agreement to Company. Union's committee, composed of employee representatives C. W. Garrett and Glen Lowe, together with Assistant Business Manager M. A. Walters, is awaiting word from management to commence negotiations.

Union's proposals include re-

quests for improvements in existing working rules together with substantial wage adjustments and clarification of job duties.

## SAN BENITO COUNTY WORKERS NOW HAVE 'RIGHT-TO-STARVE'

The well financed drive to bust unions and boom profits, via the phony "Right-to-Work" (Right-to-Wreck, Right-to-Starve) laws sneaked into the less populous states and counties, made new progress on June 3rd when a second California County adopted the phony measure.

In response to outside pressures and drummed-up local support from business and farmer groups, the San Benito County supervisors on Monday, June 3rd unanimously passed a law patterned on the one recently adopted by Tehama County.

The bill outlaws closed or union shops and provides for civil actions to prevent "coercive unionization."

Santa Clara - San Benito Counties Building Trades Council only three weeks ago sent a

strong delegation to Hollister, county seat, to protest adoption of the law. The supervisors took the proposal under consideration and advised those present that proper and adequate notice would be given if the matter were to be brought up again.

Meanwhile, the same pattern which had been followed in Tehama County began to develop—"right-to-work committees" were formed, and support was gained from farm groups, the chamber of commerce, and county employers association.

That the county moves are part of a statewide program seeking a build-up for a state law is generally conceded. Apparently it is hoped to get enough "farm counties" to act to force the measure into a state initiative.

## Cal-Pac Utilities Employees Ask To Join the Union

From down in the desert on the banks of the Colorado River a request for Union representation was forwarded to Local 1245 from the employees in the Needles Division of the California Pacific Utilities Company.

The Company is engaged in supplying electric, gas and telephone service to Needles, Calif. and two small communities in Southern Nevada.

Following this request a sur-

vey was conducted which showed a substantial majority of the 16 employees involved favored organization and signed application cards.

With the question of interest resolved and with the "go ahead" from International Vice President Harbak with respect to jurisdiction, the necessary steps to obtain collective bargaining rights were taken. On May 27 Union notified the Company of the situation, requesting a meeting with Local 1245 for the purpose of negotiating an Agreement and on June 6 local 1245 petitioned the National Labor Relations Board for a certification election.

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# National Health Security

(Continued from Page One)

doctor, but with the cost covered by National Health Security.

It should be pointed out to the purveyors of fear that true "socialized medicine" now exists in the United States and has existed for many years. The government owns and operates health care facilities—the Veterans Administration hospitals, the U.S. Public Health Service hospitals and the medical facilities for armed forces personnel and their dependents.

Under National Health Security, we propose that all health care be budgeted for a year and that Congress act as the watchdog. Control must be placed in a responsible body. We think the best repositories for this control are the people's elected representatives.

The VA and PHS hospitals are now operated under the careful scrutiny of the Congress. And that system has worked to control costs. For example, VA hospital per diem costs in fiscal year 1970 were \$49.22 for general hospital care. Public Health Service hospitals estimate their daily rate at approximately \$60. Both of these figures are well below the national average of \$80 a day for care in a hospital.

So, national budgeting and congressional control do help keep costs down.

**If we are to properly** use our experience to develop a national health insurance system, then we must also examine the failures of the present system.

The private health insurance industry is one of these failures. Its record in coverage, benefits, service, cost control and quality control is pathetic.

Insurance companies have taken a "public-be-damned" attitude about cost and quality controls. Hospital and doctor bills are almost always paid without question. When medical costs go up, insurance premiums go up, because the insurance companies are also paid on a "cost-plus" basis. And when insurance premiums go up, our problems in obtaining good contracts for our members also escalate.

The "plus" for insurance companies last year amounted to more than \$2 billion. Of the \$14 billion insurance companies collected in premiums, they used \$2 billion for advertising, executive salaries, commissions, overhead and profits. We think that \$2 billion should go for health care. No corporation should make a profit out of health care.

**Insurance companies** have resisted quality controls. They don't want to know how many operations are unnecessary, because that might force them to lower insurance premiums.

Look at the future of the insurance companies—premiums are expected to double in five years, while the amount of the patient's health bill that will be covered will increase only slightly.

The Wall Street Journal reported recently that insurance companies have figured out a new way to control costs—they are planning to increase the cancellation of policies of subscribers who make too many claims. In other

words, if you get real sick, you're financially dead.

The private insurance industry has its staunch supporters. It even has its own bill. As a matter of fact, President Nixon's proposal is a financial bailout amounting to billions of dollars for private, profit-making insurance companies.

**The facts do not justify** giving private insurance companies a huge windfall of federal money to continue doing an inadequate job of protecting Americans.

President Nixon says we should stick with the insurance companies. He wants workers to pay part of the premiums and a large share of their health costs because that's the only way we're going to get what he calls "cost consciousness" about medical care.

Workers have been conscious of the cost of medical care for years. But up until now, they haven't been able to do a thing about it.

Workers now pay—out of their own pockets—the deductibles and partial payments and the things that inadequate insurance doesn't cover. President Nixon says this will be the cost control under his system. It isn't working now; it isn't ever going to work and that's why we need National Health Security.

Deductibles, co-insurance, co-payments—the fancy words that mean you pay out of your pocket—do not work. In fact, they often drive up medical costs.

It is far cheaper and less dangerous to treat an illness as soon as possible. If the insurance company only pays for treatment in a hospital, then people are more likely to be treated in the hospital—even when that treatment can be performed as well in a doctor's office at less cost.

Patients really have very little to do with medical costs except pay them. It is the doctor, not the patient, who decides which patients need to be treated and where and for what fee. It is the doctor who decides who should enter the hospital and for what and for how long. It is the doctor who prescribes what drugs the patient should purchase and whether the price will be \$5 for a brand name product or \$1 for a chemically equivalent generic drug.

**If we want to control** medical costs, we must begin with the doctor—not the patient.

A national financing mechanism—fair and equitable contributions by employers, employees, the self-employed and the federal government—will provide the money. Then we set up a comprehensive benefit structure, covering all physicians' and surgeons' services and all hospital services. And all of those bills will be paid directly by National Health Security on a fair, equitable basis in accordance with established schedules. Quality controls will protect the consumer and prevent unnecessary surgery and hospitalization.

People will be encouraged to take physical examinations because they will not be charged for them. Illnesses will be detected and treated early. Patients won't have to go into the hospital for treatments that can be performed just as well in a doctor's office.

(Continued on Page Seven)

## HOW NATIONAL HEALTH SECURITY WORKS

**To meet its basic purpose** of making a broad range of quality health services available to all residents of the United States, National Health Security will bring about major improvements in the organization and delivery of health care so as to increase its availability, control cost, safeguard quality and increase manpower and facilities.

Under National Health Security, the following benefits would be paid in full for all Americans:

- All necessary physician services—primary medical services, furnished by general practitioners or other primary physicians and specialized services, including surgery if furnished by a specialist on referral.
- All necessary hospital services, hospital-affiliated skilled nursing home care, approved outpatient services and home health care without limit. Included are pathology, radiology and all other necessary services. Other skilled nursing home care will be covered up to 120 days.
- Active psychiatric treatment to any outpatient, including preventive, diagnostic, therapeutic and rehabilitative treatment. No limitations would be imposed as long as the psychiatric care is furnished by a comprehensive health service organization, hospital or other approved mental health facility. Otherwise, consultations would be limited to 20 a year and coverage would include 45 days of inpatient care and 60 days in a day care clinic.
- Dental benefits, initially limited to those under 15. Benefits include cleanings, fillings, diagnostic and therapeutic services (except cosmetic orthodontic work). Everyone, regardless of age, will be covered for rehabilitation following injury, disability or disease. Eligibility for all benefits will increase until everyone is covered. Persons covered initially are entitled to benefits for life.
- All medicines provided to inpatients and outpatients by a hospital and to persons enrolled in comprehensive group practice plans. Otherwise, drug coverage is limited to chronic conditions requiring long and costly drug therapy.
- Approved therapeutic equipment, including eyeglasses and prosthetic devices.

**There will be no** cut-off point in dollars, numbers of days or age, except as noted. There will be no exclusion of coverage for pre-existing conditions; no limitations on physical examinations and other preventive medical services; no co-insurance; no deductibles; no waiting periods.

Health Security will make all payments directly to the providers of health care. No bills will be sent to the patient.

The money to pay benefits will be guaranteed through the Health

Security Trust Fund, similar to the Social Security Trust Fund. Money will be raised from these sources: 50 percent from federal general tax revenues; 36 percent from a tax (3.5 percent) on employers' payrolls; 12 percent from a tax (1 percent) on wages and unearned income up to \$15,000 a year; 2 percent from a tax (2.5 percent) on income of the self-employed up to \$15,000 a year. Employers may pay all or part of the workers' contribution if agreed to in bargaining.

**Under this system,** Health Security will pay more than \$3 billion in health care expenditures now paid by state and local governments, through Medicaid, public assistance programs, city and county hospitals and medical programs. State and local governments also will be exempt from paying the employers' tax. This is a saving of \$3.2 billion.

It will also require prior budgeting for the costs of personal health services, providing overall control.

The Health Security Board will budget funds to regions of the country. Each region will determine its needs and priorities.

For example, New England might allocate more for hospital services, while the Rocky Mountain area might use more for emergency transportation for rural areas.

Hospitals, skilled nursing homes and other institutions will develop and operate on budgets, which will be reviewed and approved at the regional level.

Funds allocated for payment to individual providers, such as physicians, dentists and optometrists, will be distributed to local areas within the region on a per capita basis. The budgeted amount will be divided between the different providers according to the number of consumers who elect to receive care from those providers.

**For example:** In a city of 100,000 people, 25,000 may enroll in comprehensive health service organizations. If the amount budgeted for physician services in that area is \$65 per person, Health Security will pay these organizations \$1,625,000 ( $\$65 \times 25,000$ ) for physicians' services. The other 75,000 individuals elect to receive physician services from fee-for-service practitioners. Health Security will create a fund of \$4,875,000 ( $\$65 \times 75,000$ ) to pay all fee-for-service bills submitted in accordance with a fee schedule set by the board.

Comprehensive group practice organizations and professional foundations which accept responsibility for providing or securing all covered services for a defined population will receive the total amount budgeted for all services. Thus they will share in any savings achieved by reducing costs.

# IN MEMORIAM

Name	Date of Death
Donald Presley (San Jose Division)	February 3, 1971
Wendell Rupp (Sierra Pacific Power Co.)	February 13, 1971
Dennis Waldren (Sierra Pacific Power Co.)	February 13, 1971
Elwood O. Mikkalson (Standard Pacific Gas Line)	February 13, 1971
Paul A. Davis (East Bay Division)	February 28, 1971
Ernest E. Young (San Joaquin Division)	March 16, 1971
J. V. Hutson (San Joaquin Division)	March, 1971
H. S. Seibert (S.M.U.D.)	March 23, 1971
Arie Van Der Hoeven (S.M.U.D.)	March 23, 1971
Orville Stovall (North Bay Division)	March 21, 1971
George Huffman (Drum Division)	March 24, 1971
David Allen (Davey Tree Surgery Company)	April 16, 1971
Daniel Monaghan (General Construction)	April 22, 1971
George Neely (Sacramento Division)	April 26, 1971
Walter T. Franklin (Coast Valleys Division)	May 21, 1971
Jeffrey L. Cheek (San Joaquin Division)	May 5, 1971
Wilbur Middlebrook (General Construction)	June 6, 1971
Joseph G. Littlefield (Colgate Division)	June 6, 1971
W. E. Chandler (Stockton Division)	June 18, 1971
Bill J. Carter (Sacramento)	June 13, 1971
Alfred Holdslaw (General Construction)	June 16, 1971
Marcel Willi (San Francisco)	June 21, 1971
Loren C. Hollis (Coast Valleys)	June 10, 1971
Vasco DeSpain (Sacramento)	June 21, 1971
Robert J. Center (S.M.U.D.)	June 30, 1971
Milford C. Miller (General Construction)	July 4, 1971
Willy H. Ueckert (General Construction)	July 19, 1971
Linel Washington (East Bay)	July 17, 1971
Ernest Marion (Drum Division)	July 26, 1971

## NATIONAL HEALTH SECURITY

(Continued from Page Six)

Preventive medicine and early diagnosis and treatment are the basic principles of prepaid group practice. Prepaid group practice works—and works well. It is less costly to the patient; more efficient for the doctors; better in terms of health because unnecessary surgery is eliminated. The patient is treated as a whole human being—not an arm at one doctor, the chest some place else and the eyes at still another.

National Health Security will provide sufficient funds to increase the number of prepaid group practice plans and expand existing ones to serve more people. Prepaid group practice plans operate on a budget—figuring the total health care needs of their patients and living within that budget.

Health Security will operate in a similar manner. An annual budget would set the limit of medical care costs. If charges are more than budgeted amounts, then payments will be pro-rated. At no time will health care be denied anyone. Health Security would live within its budget. No other proposal now before Congress has cost controls.

The opponents of National Health Security—seeing that they cannot match the benefits and the cost and quality controls—have decided to use scare techniques, such as calling National Health Security “womb to tomb” health care. They try to make National Health Security sound evil and bad and un-American.

The “big” scare is the next step of the opponents of National Health Security. “Look at how much it is going to cost the federal government. Bad. Bad,” they say.

Some of the other proposals may cost less in terms of federal dollars, but what they don't tell you is that their health plans are going to do much less.

It doesn't matter whether the money comes straight out of our pockets or out of our tax dollars—health care is still going to cost money.

What happens when we all put our money together into a national system like National Health Security is that we can begin to control costs. We'll have the financial leverage to reform the health care delivery system.

And without cost controls and needed reforms in how health care is delivered, the cost of medical care is going to continue to soar and bring financial ruin to American families.

When the Nixon Administration says its proposal will only cost the federal government \$2.8 billion more—ask them how much it is going to cost the individual.

Under the Nixon plan, an individual would have to pay part of the premium cost—between 25 and 35 percent; the first two days of hospital care; 25 percent of everything after that; plus a deductible of \$100 a person for other medical expenses. And still not everything is covered.

The difference between the Nixon program and National Health Security is that our costs are out in the open. The Nixon plan hides its true cost.

Health Security will cost about \$57 billion in 1974. That is about 70 percent of the total personal health care expenditures of the country. It will cost each worker 1 percent of his income up to \$15,000—or a maximum of \$150 a year. Workers are now paying 0.8 percent of the first \$7,800 for Medicare tax. This tax would be eliminated. The differences are 1 percent of everything above \$7,800 and medical care now, not just at age 65.

In short, National Health Security would provide a dollar's worth of health care for each dollar we spend.

A national health insurance bill is going to be passed by Congress. Whether that bill just protects vested interests—or really controls costs and provides medical care for all Americans—is dependent on how well we make our case for National Health Security.

The American Federationist

## NIXON'S REVENUE SHARING PLAN RAPPED

(Continued from Page Four)

efficiency, examining matching fund formulas, and making it easier for state and local officials to be aware of and obtain the federal aids available to them.

However, the purposes, performance standards and requirements of the programs must be safeguarded in any consolidating and streamlining of grant programs.

• 6. **The unfinished business of tax reform must be undertaken at all levels of government.** The great reliance of the states and localities on unfair and unproductive tax structures has contributed substantially to their failure to meet their public needs. Much more emphasis must be placed on income taxes based on ability to pay. The tax break given in many localities to industrial and commercial property at the expense of the home owner and the renter through inequitable assessments is scandalous and must be corrected. Much also remains to be done to achieve justice in the federal tax structure by eliminating the loopholes of special privileges for certain corporations and wealthy families and by rejecting any and all efforts that would move the tax structure further away from the principle of ability to pay. A federal tax credit for state income tax payments would stimulate progressive income taxes. This would add a big element of equity to the tax structure and encourage the states to make more effective use of income taxes.

• 7. **Modernization of state and local governments.** For some states, constitutional reform is most needed; for others, tax reform; still others might require shifts in responsibilities between the state and local governments. In some states, for example, virtually all the costs of elementary and secondary education are borne by local governments. The state share in 1970, according to a recent study, ranged from only 8.9 percent in New Hampshire to 95.7 percent in Hawaii. Similarly, in some states local funds are used for up to one-third of public welfare costs while in others the state pays the full state share.

A study of consolidation of inefficient local government units—particularly school districts—should be pursued. Many of the 81,000 local spending and taxing units of government present an obstacle to raising and using public funds efficiently. This proliferation of local governments has led to difficulties in enforcing and collecting local taxes and to high tax-administration costs. Many localities are too small to raise the revenue needed for public facilities and services. Jurisdictions determined by historic or geographic accidents—or overt attempts to “zone” out the poor—are not responsive to modern economic and social needs. Many others represent boundary lines that are obsolete and do not reflect present economic realities. The Administration's no-strings revenue sharing proposal would tend to perpetuate the present proliferation of general purpose local taxing and spending jurisdictions.

• 8. **New financing methods.** Institutions, such as a federal Urban Bank, should be explored to provide states and localities easier access to long-term, low-interest loans for the construction of public housing, urban transit systems, and other community facilities.

• 9. **Finally, in our view the most critically important public service measure is now before the Congress—a program of National Health Security.** The absence in this nation of a program of quality and efficiency in the delivery of medical care to all U.S. citizens is America's most glaring and grievous public service failure. What is more, a National Health Security program would relieve the states and local governments of at least \$3 billion of costs they currently incur under Medicaid, health insurance coverage for their own employees, and the service provided to low-income persons through city and county hospitals.

In conclusion, it is the AFL-CIO's firm belief that the best interests of the states, the cities and the citizens will not be met by the Administration's no-strings revenue sharing proposal. Instead, we believe that Federal grant-in-aid programs with federal standards, federal guidelines, and federal review have served our nation well. We believe the Federal government should meet its responsibility to all Americans through programs that are developed by Congress, enacted by Congress, funded by Congress and reviewed by Congress. “No-strings revenue sharing” is an attractive sounding concept. But we in the AFL-CIO are convinced that it is not the best approach to the multitude of national problems that our federal system must cope with. There are many excellent federal programs now on the law books. There are well defined concepts and programs that are available to state and local governments to help meet their needs.

We in the AFL-CIO will work with all governments—state, local and federal—to help bring about solutions to these problems through the proposals we have offered today.

## What's in Watered Fruit Drinks?

(Continued from Page Three)

flavorings to water they can sell it as quick thirst quenchers under such names as Gatorade, Energade and Olympade.

For example, a 12-ounce can of Energade consists of 11 ounces of water plus sugar, sodium and potassium salts, and flavorings. The function of the salts is that of a salt tablet—to replace body salts lost through perspiration.

Energade at least has some concentrated orange juice. Some of the others have merely sugar, salts and citrus flavoring. The price is about the same as milk or a little more.

General Foods has a dry mix version called Instant Replay, with ingredients much like GF's Tang. Instant Replay actually is 90 per cent sugar, another “secret” we managed to crack. At least it's a little cheaper than the other “thirst quenchers,” since the water is not shipped with it.

# The Safety Scene

## STEP UP TO SAFETY—USE A GOOD LADDER

Spring is the time for "fixing up" around the house, a time when both husbands and wives like to stretch their home-maintenance dollars by doing many of the tasks themselves.

But even many dollars saved will be small comfort if the effort results in painful and expensive injuries, time lost from work, and the risk of death from an accident that could have been avoided.

Two Chicago men died the same day in almost identical accidents. Each fell just eight feet from a stepladder while painting a kitchen. One of the men died of a skull fracture suffered in his own home, the other died from a skull fracture and a broken back after being injured in the home of a friend.

Fix-up work, inside and out, frequently involves use of a ladder and sometimes ladder-jacks. Be sure you know how to use them and that they are in good shape and right for the job you have in mind.

For the safety of you and your family, review the handy how-to hints listed below.

- First of all, check your equipment. In storage, a ladder can become dangerously faulty by developing age cracks, drying out, rotting, even from insect damage.

- Look carefully for rot, splits and cracks. Test the supports under the rungs—if they have lost their tension they should be tightened or replaced.

- If you use a plank or wooden scaffold, check it also for suspicious cracks, knots or parts weakened by previous damage.

- Inspect metal ladders for sharp or rough edges and burrs. File or grind these down.

- Don't paint a ladder and don't use one that has been painted without first giving it an extremely close inspection. Paint can hide dangerous cracks. Instead, use generous amounts of linseed oil or a coat or two of clear varnish to preserve the wood. The treatment will also help to rustproof metal parts.

- Metal ladders are much lighter and easier to handle than wooden ones of equivalent strength, but the electrical hazard of metal types is much greater. **Make this a rule: never use a metal ladder where it is possible for it or you to get within four feet of open electrical apparatus, wiring or other electrical equipment.** Guard against electric shock when using extendible metal planks, too.

- Ladder jacks that bear full weight against the side rails are safer and more dependable than the cheaper models that load the rungs of the ladder. With all types, make sure they are secure and properly adjusted before trusting them with your full weight. Double check attachments and adjustments each time ladder jacks are moved.

- The footing of the ladder must

be firm and even for safety. Build up the surface if necessary. If there is danger the ladder may slip, set its foot on loosely filled sandbags or stake a stout board across the foot to keep it from slipping.

- The top of the ladder must rest against a flat, firm surface. Always check the strength of any gutter you intend to lean a ladder against.

- Don't place a ladder in front of a door without first making sure the door is locked.

- Always ascend and descend facing the ladder, and only one rung at a time.

- Never erect a ladder in heavy wind—wait until later, the next day if necessary, when air is calm. Don't attempt to scoot ladder from side to side or momentarily push ladder away from wall while you are on it. A gust of wind just at that moment could topple the ladder—and you. Don't try to reach too far—beyond a comfortable arm's length—and never lean to the side so far that you have to lift a foot.

- Stinging insects, coming at you suddenly, could panic you into falling. Before climbing the ladder, make sure there are no nests under the eaves or in the gutter.

- If you become panicked or ill while on a ladder, don't try to climb down hurriedly. Instead, drape your arms through the rungs, rest your head against the ladder—and wait until the feeling passes.

- Never leave tools or buckets on ladders or overhead levels. When you are working overhead, take every precaution to protect persons

## Aerosol Cans

### AEROSOL CANS

Aerosol cans can explode violently when subjected to heat. Observe the following precautions:

- Read label and use contents exactly as directed.

- Don't throw empty aerosol containers in the fire or incinerator. Although seemingly empty, the cans still contain some gas, which expands when heated and may cause an explosion.

- Don't place aerosol cans on stoves or in any hot area, even the sun. Some aerosol products left in the trunks of automobiles have been known to explode when the car was parked in the sun.

- Don't use flammable sprays around flame sources. In tests, spray vapor has caught fire, shooting flames seven feet out of the mouth of the can.

- Use spray paints, lacquers, insecticides and other toxic aerosol products only with good ventilation. If you feel drowsy, dizzy or nauseated, stop work immediately to get fresh air.

- Before discarding can, always depress the operating valve until all pressure is relieved. Better yet, tape the valve open.

below from possible danger of dropped tools or material.

- Before climbing a stepladder, make sure it is fully opened and that the spreader or folding metal braces are in locked-down position.

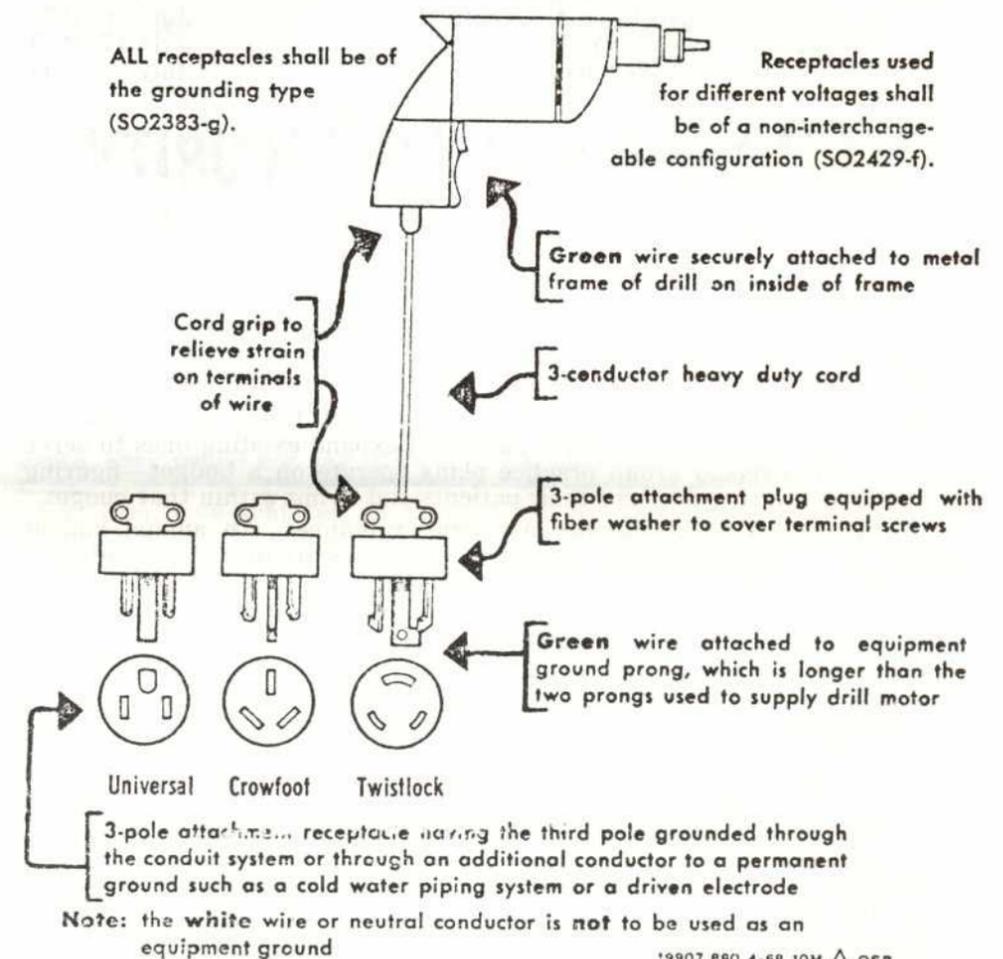
- It is best not to climb a stepladder higher than the second step

from the top—too easy to lose your balance—and you should never use the top platform as a step.

- The small folding platform is only a light shelf for supporting tools or a pail. Never try to stand on it or place your foot on it for balance.

## Ground It!

### (That Electrical Hand Tool)



### Ground that electrical hand tool!

Ordinary voltages used for shop lighting and operation of electrical hand tools can be fatal!

A current of only **one-tenth of an ampere**, and sometimes less, will kill!

So make sure your electrical hand tools are positively grounded.

### REMEMBER—

If you use an ungrounded electrical hand tool and the frame becomes charged, the current may flow through your hand, arm, body, and feet to whatever grounded surface you are touching.

Such grounded surfaces include earth, concrete or brick floor and walls, radiators, all water pipes, gas pipes, and other metal surfaces.

### WHEN NOT GROUNDED—

Many things can cause the current to charge the frame and the hand-tool user:

(a) Water in the trigger switch.

(b) Carbon from the motor brushes.

(c) Broken or loose parts within the case of the motor or trigger switch.

(d) Defective insulation of the motor windings.

(e) Loose cord connections in the tool or attachment plug.

(f) Worn or defective portable cords or cord connections.

(g) Various other defects and faults.

If the tool is defective or does not operate properly, take it to a qualified electrician for adjustment or repair. **It may save your life!**

**EXPOSED NONCURRENT CARRYING METAL PARTS OF FIXED EQUIPMENT MUST BE GROUNDED IN ACCORDANCE WITH ARTICLE 7 OF THE ELECTRICAL SAFETY ORDER.**

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