

MISSOURI MINUTES

ORVIL SIKES, R.T.

Bonne Terre, Mo. 63628

RETURN REQUESTED



Darrell E. McKay, R.T.
337 South Park
Sullivan, Mo. 63080

1968
**MISSOURI
MINUTES**

**"TO LIVE AND GROW
AND GROW BETTER"**

**OFFICIAL
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MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Affiliated with the American Society of Radiologic Technologists

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Opinions expressed in this journal are those of the writers and do not reflect official opinions of the Missouri Society of Radiologic Technologists unless so stated.

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Please feel free to contact this publication at any time. Your opinions, criticisms and suggestions are appreciated.

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PRESIDENT'S MESSAGE

I am very happy to announce that Mr. James A. Morgan, R.T., has accepted our invitation to give the Sante Memorial Lecture at our State Convention next May. Our society is very honored to have Mr. Morgan on our program.

Licensing of Radiologic Technologists is a subject which is likely to concern all of us more and more in the future. New York already had licensing, as does Puerto Rico. New Jersey's licensure law goes into effect Dec. 2, 1968, and several other states have licensing proposed.

The Missouri Society has gone on record in favor of federally regulated minimum standards of training. I feel that the majority of our members can see the many hidden dangers of state licensure. We have no plans to propose a bill, however, in order to protect ourselves from an unfavorable bill, there will be a member of our society appointed to watch for any attempts by others to propose licensure of Radiologic Technologists in Missouri.

At the meeting of officers and executive committee members held November 24, it was decided that if the Missouri Society is to be prepared for the possible expense of opposing an unfavorable bill in Missouri, we must place more importance on increasing our membership as well as our treasury. Within a few days our membership committee will contact all registered technologists who don't belong to the M.S.R.T. They will be told of the change in the articles of incorporation and bylaws of the A.S.R.T., and that the general nature of its business shall be educational, scientific, and socioeconomic. Being an affiliate of the A.S.R.T., our bylaws will be changed to parallel those of the A.S.R.T. They will be asked to support the cause of Radiologic Technologists by joining the M.S.R.T. and adding their support and ideas.

I would hope the A.S.R.T. is successful in its pursuit of a single national standard for legislating the operators of x-ray equipment. However, if our state is forced to pursue licensure, we will have a model bill available, and it will be our obligation to become involved.

WARREN OTT, R.T.
President, M.S.R.T.

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SIXTH DISTRICT encourages you to stay abreast of the advancements in Radiography by attending your District, State and National Meetings.

EDITORIAL

From: The Publication Committee:

To: Members of M.S.R.T.

Please take time to read each article in this publication, there are items of interest, there is cause for concern, and there is reason for rejoicing. It seems there are many things that we read of that pertain to the Radiologic Technologist that we are having little to say about. But, when we read a little further we find that a society working together, not divided, can accomplish much.

We have heard about the bill HR 10790 and the amendment 360 G that is so objectionable to the technologists. Included in this issue of Missouri Minutes is a report of what is happening to this bill and its amendment.

Also communications from the membership committee of ASRT. These are important to each of us, and there will be more in the future.

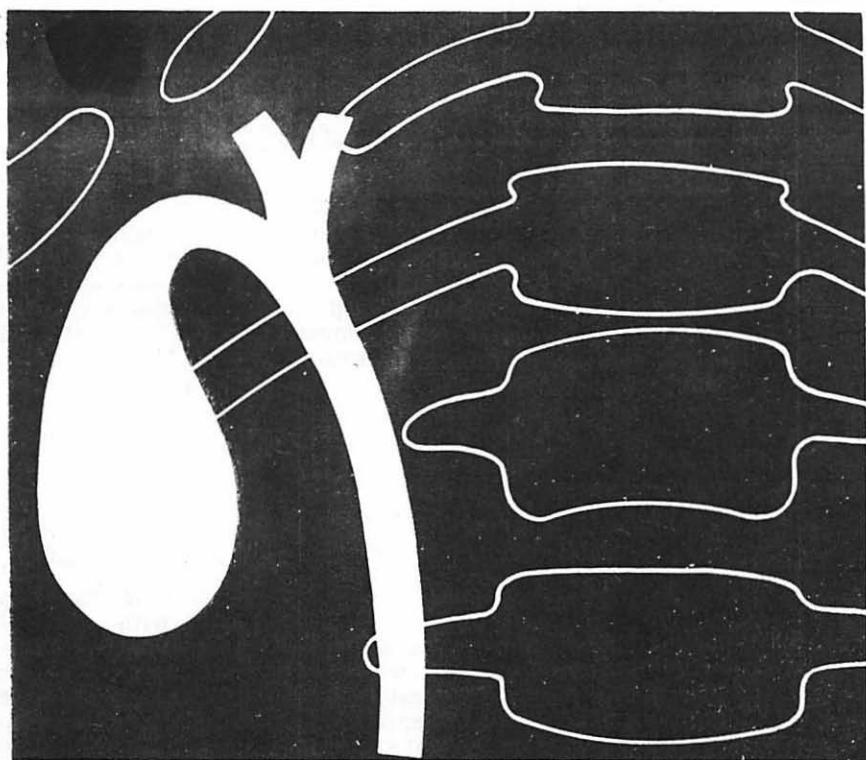
A full page letter from our ASRT President, Ralph Coates and the Secretary-Treasurer, Polly Story, reflect the changes that our society is experiencing.

The Board of Directors, ASRT sends us an article on Federal Regulation Activity.

District news is here, did anyone send yours? We will be most happy to print it, especially if it concerns technologists and their meetings.

The committee received a request for listings of job openings, or if we have a list of job openings this person would like to have his name placed on it. Did we have such a committee? Should we activate this one and get it started?

All of these constitute the printing of Missouri Minutes. If you have an editorial, an article of interest to other Technologist send it to us, this publication is yours, we only supervise the printing of it.



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This is an answer to the proposal made by 5th District at our State Meeting in Kansas City, Mo. May 1968. Mrs. Glenda Bullinger, R.T.

September 23, 1968

Chairman
 MSRT Executive Committee
 105 E. Clarman Drive
 Chaffee, Missouri 63790

Dear Mrs. Bullinger:

Since we did not have the opportunity to meet during my visit in Missouri, I'll undertake to write a reply to your letter about the resolution. I apologize most profusely for the delay. The subject is so complex and there were so many problems raised that some angles will surely be missed in any letter. My off and on plans to be in Missouri kept giving me the hope that we could have an informal conversation that would be of real assistance to you.

I've asked a series of rhetorical questions and made some comments in Attachment I. Not all possible questions are asked, but enough to demonstrate some of the cautions. Attachment II is a rewritten version of your proposal that I think would have more of a chance of being seriously considered by the Radiologists. You see, you are raising a great many questions that cannot be resolved quite so easily as you would hope. Each thing that you ask for is going to cost your employer money and quite probably raise the cost of your service to the patient.

I would like to see any surveys of hospital practices that have been published in Missouri—probably under the auspices of a hospital association. With this information we could assist you in developing a more realistic program. For example, your criteria of \$500.00 appears to be quite low but

perhaps not.

My purpose in raising so many questions is not to discourage you—far from it—but I do think in its present approach, your results would be very indefinite, with no real action resulting.

Sincerely,
 PAUL N. KANE
 AID Program

Attachment I

COMMENTS AND SUGGESTIONS

It is unrealistic in our experience to expect success with proposing statewide rigid standards since there are usually competitive, cost, historical policy, and other practical differences between communities, areas of the State, rural and urban locations, presence or absence of RT schools and of hospitals even within a community.

You would probably have a better reception if you would present your proposals as **objectives** for your area toward which you would expect all employers to move over a period of the next few years.

We believe your approach should be to ask your Radiological Society to consider publishing your requests as a criteria for employers, or standards that they approve and are willing to push.

You will not be able to impose your society's standards in a vacuum. A hospital, for example, must have consistent policies and practices internally. You are in effect, asking them to treat you according to a different pattern than other employees of your technical level in many of the things that you request. For example, funeral leaves, where given at all, usually have a maximum of three working days, and five days probably would be out of line with what is or

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should be the practice of most employers.

You are making a possible error in being too specific about the present differentials and how to catch up. Each hospital can only do this in terms of its current salary administration policy, or incur the wrath of all the other types of employees. It would be better to "suggest" that perhaps this catch-up could be done in stages by the employers and that your plan is **one** way of doing this.

Question: Do the Radiologists **now** seem to have any particular interest in your professional status? At the Convention in Los Angeles, we heard many examples of the radiologists talking "professionalism" and "upgrading" but actually hiring the untrained high school graduate with no special education what ever and at less money.

Question: Have your individual members discussed this whole approach of a letter and standards already with their individual radiologists? With a proposal such as this, it is most important that before it even comes up before the Radiologists as a body, you are quite sure that a majority of those who will approve or disapprove of it have already seen it, been talked to about it, agree with it and have had a chance to suggest changes that will make it easier in their opinion, to "sell" it. If presented "out of the blue" they almost certainly will table it, delay it, or simply not act at all. In other words, get the individuals working with you rather than on the other side of the desk.

Question: Does Missouri have a licensure for RTs? If not, your demand that the individual join your society within a certain period of time or forego raises, is not going to be acceptable to anyone. Without licensure, or its "union shop" equivalent, membership in yours or any other professional society is more or less meaningless in terms of an individual being able to get a job, so what is the incentive to join? How many members do you now have in terms of percentage of RTs who are working in the

State? Unless it's a real majority of them, you do not have much strength or impact. You will appear to them simply to be a small minority trying to take over.

On Wages: A yearly raise of 5% as your request would not be "merit" but a blanket, general, or automatic increase. Merit means that in the discretion of the employer, the employee has performed in a manner that shows growth and little extra effort.

Night Duty: We do not believe it practical to demand a percentage differential for night duty. A differential, yes, but most knowledgeable employers would give in terms of "cents per hour" rather than percentage.

Question: What are the other medical specialists groups such as lab technicians, medical technologists, etc., doing about economics? Seems to me that if you could get them to develop standards, consistent with yours and submit such standards through their bosses to the administrators all at essentially the same time, the employers would be more inclined to act. If yours is the only group, or your standards are not consistent with conditions within a particular hospital or association of hospitals, you will simply be a "voice crying in the wilderness". The secret, we think, is to build a concerted pressure that puts the employer on a spot and scares him a little about what might happen if he doesn't react.

Written Policy: What do you mean—a written policy about what? I believe you will have to be much more specific about the intent. Why a policy? What should it contain?

Vacation: You should simply specify here that each employer should have a paid vacation policy and that RTs should be included. By being too specific you are - 1) giving the employer an "out" if he's already fairly near your request, 2) there may be more favorable policies already in existence than the one you present, in which case they simply laugh at you.

Holidays: Again a cloudy area.

Most hospitals in our experience have six (6) paid holidays though not all. Some have more. You can say that a minimum six (6) holidays is desirable and that there should be provision for premium pay if one is requested to work on such holidays.

Sick Leave: Again these vary widely all over the map. Municipalities and government employers are quite often much more liberal with sick leave than is a private employer. You should ask for a sick leave policy but leave the details out. I believe you are talking about paid sick leave rather than just protection of your job if you are absent.

Insurance and Retirement: The cost of a retirement program is quite prohibitive to all but the very largest employers. Insurance is easier to get. Where there is a pension program for any other employees, you should be included and it should be reviewed and improved continuously.

About Wage Schedules: Our experience with Nurses and other medical groups has been that it is dangerous to publish a specific wage range for State or area wide application unless the range is reasonable **above** anything now being paid. If it is not above, the employer will use this as an excuse not to do anything. In one state we know about, a group published such a schedule that actually kept their wages from rising because the schedule was lower than what was already being paid in some parts of the community. Take great care. If we could see any surveys that are current for all phases of hospital work and the communities we could help. Read the section of Guidelines on this point of wage surveys.

—o—

Attachment II

SUGGESTED LETTER AND PROPOSAL

(Draft)

To Radiologists and Administrators:

Your Radiologic Technologists, along with others of the affiliated health occupations, have been the

“forgotten men” in the health care picture. Medical and health care costs have been rising at a tremendous rate. Little of this increase has gone to improve the economic position of this group of dedicated people. Until recently, technical people have been unwilling to talk economics because it was felt to be “unprofessional”. They are now far behind other segments of employees in their community in their ability to compete for basics like groceries, or for luxuries that are quite common in the rest of society. Even more important, our occupation is not offering new people enough to make Radiologic Technology attractive to newcomers. There is already a shortage of qualified radiologic technicians in most areas and this is going to be more serious until more economic attractiveness is built in. Currently we are not able to compete with other occupations for new blood.

Our response to this situation among other medical occupations throughout the country has been the rapid growth of collective bargaining. Invariably the Nurses and the other professional specialties have been reluctant to resort to bargaining but the economic lag has been too much and the response from administrators for voluntary improvement has been lacking.

Our Society, Missouri Society of Radiologic Technologists, and our national organization, ASRT, have voted formally against unionization as an answer in the hope that we can get needed improvements without it.

Most of us are very uncomfortable about unionism, but the pressure is growing for this route to economic improvement unless such improvement is voluntarily arranged.

In the attachment to this letter, the Missouri Society of Radiologic Technologists is making some suggestions. It is our hope that radiologists and administrators will not only be sympathetic and understanding but will actively help us promote some improvements so that unionization will not become attractive.

This is how you can help . . .

1) Work with your local radiologic technologists to develop specifics for needed improvements in your particular location and community.

2) Present these suggestions to local hospital and agency administrators and recommend strongly that they be adapted.

On the following pages are some standards that should be considered.

If you wish, we can provide examples of policies, programs and procedures that can be used as models in hospitals and agencies that do not have the type of programs that are mentioned.

Very truly yours,

MISSOURI SOCIETY OF
RADIOLOGIC TECHNOLOGISTS

—o—

SUGGESTED STANDARDS FOR EMPLOYMENT OF RADIOLOGIC TECHNOLOGISTS

Qualifications: To insure the best possible service and safety to patients, all persons who are involved in radiologic technology should be qualified by training and should be continuously seeking to improve their skills and technical knowledge. The best assurance of a proper level of skill and technical proficiency is the individuals certification by the American Registry of Radiologic Technicians and his active interest in continued training which is best accomplished by active membership and participation in his local Radiologic Technician Society.

We urge that Radiologists and Administrators.

1) Employ only those applicants who have the AMA approved two year training and who are eligible for registry.

2) Strongly encourage apparently qualified applicants to seek registry and to become active members of the MSRT.

3) Establish policies within their agencies that provide financial or other support for attendance at

refreshers, symposiums and technical meetings and a requirement that at least one such training opportunity be attended annually.

Wages: Qualified RTs should receive salaries, consistent with other people in the local community or hiring area whose occupations require two years of formal training beyond high school.

Within a hospital, RT salaries should be pegged to those of certified RNs (i.e. with 2 years college training).

In St. Louis starting salaries for RTs should be at least \$500.00 per month.

Provisions should be made for a specific program of at least annual review of salaries and a program of yearly salary increases.

A specific plan for wage adjustments should be developed to get RTs to their proper level of compensation. Such plan should provide that such adjustments (where \$75 or more per month) be made in several increments over an 18 month period.

There should be provisions for longevity increases.

Cost of Living allowances should be given to all employees. Such allowances should follow the formula being used by private employers in the communities where RTs are employed.

Vacations: We urge that RTs be entitled to paid vacations under programs of time and pay equivalent to those used for municipal and federal employees. The minimum vacation plan should be—

2 Weeks after 1 year's service

3 weeks after 3 year's service

4 weeks after 10 year's service

Holidays: We urge that a minimum of six paid holidays be provided or the same number of paid holidays that are provided in manufacturing or industrial firms in the local community.

Provisions should be made for premium pay for those RTs who are required to work on such holidays.

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should provide for a standard payment (we suggest \$5.00 per call) to RTs who are called in for emergencies at times other than those they normally are scheduled to work. This payment should be in addition to the payment of time and one-half pay for each emergency hour worked.

Sick Leave: RTs should be covered by provisions for sick leave at least equal to those sick leave practices of municipalities and government employees. (Example: sick leave accumulates at the rate of one day per month until a maximum of 30 days is reached).

Insurance: The employer should make medical insurance, hospitalization, major medical and income protection programs available to RTs and should provide this without expense to RTs. Coverage for dependents should be available with employees sharing the cost of this provision if they wish coverage for dependents.

Retirement: We urge provision for retirement income for all regular employees.

Funeral Leaves: In case of death in the immediate family, employers should prevent loss of income to employees by providing paid leave for attendance at such funerals for up to 5 days absent.

Professional Activities: Employers should provide for RTs to attend professional meetings, symposiums, seminars concerning their specialities without loss of pay.

It is also urged that employers encourage such attendance at least once per year by payment of mileage, out of pocket, registration fees and certain other expenses.

Personnel Policies: To insure consistency of treatment and prevention of "favoritism" each employer should be urged to develop a written and published statement of personnel policies to cover such items as wages, pay reviews, merit appraisal, working conditions, rules and regulations, vacations and holiday practices, fringe benefits applications, leaves of ab-

sence policies and other provisions commonly included in such publications.

Donald Mc Elroy, Inc. Merges With Johnson Plastics Company

CHICAGO: (December 13, 1968)—Donald McElroy, Inc., Chicago, Illinois has merged with Johnson Plastics Ind., Elizabeth, New Jersey. The announcement was made today by Norman Liebman, president of Johnson.

The McElroy Company is the nation's largest purchaser and processor for precious metals of exposed x-ray film. The company will operate as a wholly-owned, independent subsidiary of Johnson Plastics, continuing its business under the same operational policies.

Liebman named Edwin Z. Simon as Executive Vice President, responsible for general management of McElroy's overall activities. Simon has established new and expanded sales service offices in Wilmette, Illinois. Plans for 1969 include a major program for market penetration and increased processing and warehousing facilities.

Change, Moved or Moving

M.S.R.T. would appreciate receiving new address, preferably BEFORE you move, if possible. Send change of address to Jean Detring, R.T., 802 S. "A", Farmington, Mo. 63640.

To American Society of Radiologic Technologists A.S.R.T. Board of Directors Federal Regulation Activities

October 4, 1968

On September 10, 1968, a night letter was sent to the presidents of all affiliated societies asking their support to maintain minimum standards of training for radiologic technologists. We requested that they communicate with Senators Hill and Magnuson expressing appreciation for effort by the Senate, but requesting deletion of 360G from HR 10790, and support for establishment of federal minimum standards as the most effective means of reducing unnecessary radiation exposure for medical purposes as regards the responsibility of the operators of the equipment.

As most of you know, the intent of the bill, HR 10790, as originally proposed was to establish standards relating to manufacture of electronic equipment. It was amended to include "technicians". 360G, the amendment, does not support federal minimums. It would provide impetus to state licensure without benefit of regulatory measures and polyglop standards for training of radiologic technologists would result. It provides for the establishment and enforcement of standards for the licensure of "technicians" with the response vested in the state on advice and assistance from federal advisory counsel. It does not include federal regulatory measures based on the approved 24 months curriculum. Basically, it is carte blanche to the states and will disallow any effective federal legislation for at least three more years. That some form of regulation seems probable if not inevitable cannot be disputed. The American Society remains firm in its belief that the basic minimum requirements for radiologic technologists, and for all those, that apply ionizing radiation to human beings, should originate at a federal level to insure the desired uniformity that will prevent a proliferation of our stand-

ards and provide a uniform protection to the public.

The Board of Directors became aware of this amendment to HR 10790 on July 23 while it was still in Labor and Welfare Committee. It was due to be returned from Committee to the Senate on July 25. Immediately we sought counsel in Washington to properly present and implement uniform federally regulated minimum standards. Through this representative we sought and gained delay of the bill in Committee. We were advised to withhold overt opposition to the amendment as it appeared possible that it could be strengthened to a position more nearly parallel to that supported by the membership. Every effort was made to strengthen the language of the amendment. On September 10, when it became evident it would be returned to the Senate floor intact, the previously noted telegram was sent to the affiliated society presidents to seek their assistance. Their cooperation and response was overwhelming. They deluged the Capitol with letters and wires. On Thursday, October 3, we were notified that the Senate passed HR 10790 including the objectionable amendment 360G. The bill was brought to a vote late on Wednesday evening (October 2) and was passed without opportunity for roll call or debate.

Our Washington representative reports that this bill now goes to Conference. Presumably, this Conference will be held on Tuesday or Wednesday (October 8 or 9). He is optimistic that 360G will be deleted in this Conference as much sympathy and respect for the position of the Society has been established. We believe this predominantly due to the response of technologists to the request for support.

We have been advised to reiterate our position to the Conference partici-

pants representing both the Senate and the House of Representatives. At this writing, we know only to contact:

Congressman Harley Staggers
House of Representatives
Washington, D. C. 20515

We have again contacted the affiliated society presidents requesting that telegrams be forwarded to Congressman Staggers. These telegrams should express appreciation for the efforts by the Congress, support the intent of HR 10790 but request deletion of 360G and support the establishment of federal minimum standards for radiologic technologists as the proper means of reducing unnecessary radiation exposure for medical purposes as regards the responsibility of the operators of equipment.

We are informing you at the earliest possible time. We know you are interested. **WE NEED YOUR HELP.** We will notify you of the disposition of the bill. In the event 360G is deleted, we will institute plans for introduction of federal minimum standards at the next session of Congress. If it remains a part of the bill and is signed by the President, we will have to mount 48 battles to protect our standards. A united technology fighting one battle can be more effective.

IN ORDER THAT OUR MINIMUM STANDARDS OF EDUCATION FOR RADIOLOGIC TECHNOLOGY BE PROTECTED, PLEASE WIRE CONGRESSMAN STAGGERS AS UNDERLINED ABOVE.

How A Bill May Become A Law

1. Most bills can be introduced in either house. The procedure by which a bill becomes a law is much the same regardless of where the bill originates.

If the bill is first introduced in the Senate, it is given a number and

referred to the proper committee.

2. The committee holds public hearings on the bill.

3. The full committee meets in executive (closed) session to consider the facts. It may kill the bill, approve it with or without amendments, or draft a new bill.*

4. The committee recommends the bill for passage. It is then listed on the calendar.

5. The bill comes up for debate. Depending on the degree of controversy, debate may last from a few hours to several weeks. Amendments may or may not be added. The bill is then voted on.

6. If it passes, it goes to the House of Representatives for action. It is referred to the proper committee.

7. Hearings may be held.

8. The committee rejects the bill, prepares a new one, or accepts the bill with or without amendments.*

9. The committee recommends the bill for passage. It is listed on the calendar and it is sent to the Rules Committee.

10. The Rules Committee is one of the most powerful of the committees in the House of Representatives. After a bill has been recommended for passage by the committee to which it was referred, the Rules Committee can block it or clear it for debate before the entire House.

11. The bill goes before the entire body, is debated, and voted on.

12. If the bill is passed by the second body but contains major differences, either house may request a conference committee. The conferees meet and try to reconcile their differences. Representing both parties, three to five conferees are usually appointed from each house.

Generally, they reach an agreement. They report back to their respective houses. The report is accepted or rejected.

13. If the report is accepted by both houses, the bill is signed by the Speaker of the House, the President of the Senate, and is sent to the

President of the United States.

14. The President may sign or veto the bill within 10 days. If he doesn't sign the bill within 10 days and Congress is still in session, the bill automatically becomes law. If Congress has adjourned before the 10 days have elapsed and the President has not signed the bill, it does not become a law.

*A bill also may be referred from a committee to a subcommittee.

NOTE: "How a Bill May Become a Law" with minor revisions is taken from THE JOURNAL OF NURSING, Vol. 51, 1951, Reprinted from the NEA JOURNAL, March, 1951. Any reproduction of this article must carry a line crediting the original source of this material.

X-Ray Protection - Self-Quiz

Courtesy U.S. Public Health Service

QUESTION — Circle the letter corresponding to the best correct answer.

9. The first half-value layer (HVL) of an X-ray beam:
- Is equal to $\frac{1}{2}$ inch of lead
 - Is a measure of the quality of the beam
 - Depends upon the milliamperes
 - Decreases as filtration is added
 - Cannot be determined
10. Wearing lead aprons and leaded gloves:
- Increases operator exposure in diagnostic roentgenology
 - Makes it unnecessary for the operator to routinely stand behind the shielded area during diagnostic roentgenology
 - Is mandatory in all diagnostic procedures
 - May increase the individuals dose while utilizing radium
 - None of the above
11. Which of the following is the most sensitive to X-rays?
- Brain (Central Nervous System)
 - Skeletal muscles
 - Cardiac muscles
 - Epithelial tissue
 - Red bone marrow
12. Patient exposure of 30R or more are conceivable with:
- A single 14" x 17" chest radiograph
 - A single photofluorographic exposure
 - A single conventional fluoroscopic examination
 - Three skull exposures
 - None of the above
13. Overexposure of film followed by underdevelopment results in:
- Increased contrast
 - Decreased contrast
 - Film Mottling
 - Increased density
 - Cone cutting
14. The special unit of exposure to X or gamma radiation is the:
- rad
 - roentgen
 - rem
 - curie
 - RBE
15. Which of the following may be a potentially harmful long-term effect following a relatively high exposure of ionizing radiation?
- Cataract formation
 - Life span shortening
 - Carcinogenesis
 - Embryological malformation
 - All of the above
16. Genetic mutations:
- Are never caused by radiation
 - Are of no concern since they cannot be passed on to succeeding generations
 - Are only caused by ionizing radiation
 - Caused by ionizing radiation are mostly dominant
 - Caused by ionizing radiation are mostly recessive

(Answers on Page 22)

To American Society of Radiologic Technologists A.S.R.T. Board of Directors Federal Regulation Activities

October 10, 1968

On October 9, 1968, Section 360G of HR 10790 was deleted in the Conference of Representatives from both the Senate and the House!

We cannot state the deletion is the result of the efforts of the ASRT. We can state that the efforts of the members of ASRT contributed to the serious consideration given this section; and their concerted effort was instrumental in the development of the final decision to delete this section which, no matter the sincere intent, might have been detrimental to suitable standards for technologist training.

We can also state that the flood of telegrams, letters, and night letters developed a "niche" for the American Society on the "hill" in Washington. In July of 1968 there were few among the Senators and Congressmen who had ever heard of the American Society. Our separate but unified communications to our respective representatives has done more to clearly establish our prerogative in the determination of standards for technology than a deliberate publicity campaign could have done. Each of you should share in our pride—when the chips were down, technology stood up and was counted!

With this encouragement from the membership, by the overwhelming response to avoid a proliferation and dilution of standards, this Board also has its direction defined. We must seek the most suitable means of proposing federally regulated minimum standards, based on the twenty-four months curriculum, in the next session of Congress.

We are better prepared now than just three months ago. Last July, quite by chance, we learned of the amend-

ment to HR 10790. As reported earlier, we immediately retained counsel in Washington to assist us. We would have been helpless had we not had on site information as well as advice. We will continue to use this guidance in an area where we believe naive would negate the most sincere and dedicated efforts we might make.

We have also learned a valuable lesson! When we believed our efforts would not be enough, we called on you for help, recognizing the responsibility was yours as well as ours. With counsel, we will develop a bill amendable to our standards. We will seek to approach the next session of Congress with an instrument you can support. We will keep you informed and will again seek your concerted help when we believe, and are advised, that your efforts will be needed to accomplish regulation based on those voluntary standards we espouse that are supported by organized medicine.

Our heartfelt thanks for your help and our abiding appreciation for the renewal of faith in the motivating goal of the American Society—educational standards developed by technologists for technology! Perhaps in implementing our maturity, we more firmly establish our roll as a profession.

REMEMBER

In New York State it required five years of effort to pass the present technologist licensing act, and while it is a reasonable act it does not include the categories of radiation therapy technology or nuclear medicine technology. Nor is it equivalent of the minimal standards espoused by The American Society of Radiologic Technologists.

District No. Two



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James Ohnysty, R.T. (ARRT)
Chairman, ASRT Membership Committee

St. Francois Hospital, Colorado Springs, Co. 80903

October 10, 1968

A message from the A.S.R.T.
 Membership Committee:

THE TIME IS NOW —

THE FORCE IS YOU!

As you read your state bulletin many thoughts may come to you about the progress of your state society, the new and long range plans of the National Society, and the progress of radiologic technology in general. Your contemplation and evaluation of the problems is needed because the most important individual in this organization is you.

You may be thinking, "I belong to the state society and the National Society and I can see some of the benefits gained in the past few years." You may be thinking, "The progress I have made in this profession was through hard work, experience and furthering my education." For instance, the National Society is responsible for your recognition as a professional, for providing programs to further your education, for providing the opportunity to participate in insurance and retirement programs. These and numerous benefits are available, but they represent only a portion of what could be accomplished.

Have you asked yourself why the National Society may not have progressed as much as you would have liked? Perhaps some of the answers are right within your own department. Have you ever thought that the obstacles to the progress of the Society may be your colleagues across the room — those registered technologists who do not belong to their state or National Society? There are some 25,000 to 30,000 R.Ts. in this country who do not belong to their state or the National Society. Can you imagine the tremendous influ-

ence the A.S.R.T. could have in voicing opinions on behalf of all technologists if we could get these uninvolved colleagues to support and participate in National Society affairs?

Contrary to the belief of many, dues, although they are a material necessity, are not the only support our Society needs. What is needed is the interest, the participation, the devotion and support of all radiologic technologists to back the efforts of the leaders we have elected to guide our affairs.

During this next year you will be electing regional directors to represent your region on the national level and to be your voice in determining future policies of the National Society. Is your society capable of voicing a strong vote in the affairs of your region? If your state is to have an equal voice, an equal vote in the election of a regional director, then indeed it must have a representative membership eligible to cast this vote. Just where does your state society stand as to the number of R.Ts. who hold membership in both the state and the National Society?

Registered technologists who are not members of their state or National professional society may function as professional people individually, but they do not share their knowledge or experience and contribute to the advancement of the profession as a whole.

The Membership Committee of The American Society of Radiologic Technologists requests your support on behalf of its membership drive. Take aside your colleague, sit down with him over a cup of coffee and explain the Society and its benefits to the future of our profession. By 1975 this country is going to have an acute shortage of radiologists and technologists. If we are to meet the

need and demand for a class of super technologists, we will need to elevate ourselves in our profession. To accomplish this we need a strong governing body representative of the majority of radiologic technologists.

If you are a chief technologist, then encourage all of your instructors and staff members to become members of the state and National Society and encourage your students to become active in the state society. Your personal invitation to your colleagues is needed. It is quite possibly they may not be members of their state or National Society because "no one has invited them to join," or they simply are not aware of the progressive programs our professional societies are constantly promoting.

I would be pleased to receive any comments or suggestions you may have relative to the future of our profession. Perhaps together we can establish a new trend of progress and increased recognition for radiologic technologists as a unified body at both the state and national levels.

Sincerely,
James Ohnysty, R.T. (ARRT)
Chairman,
ASRT Membership Committee

JO-cc

Officers and Executive Committee Meeting

The officers and executive committee meeting was held on November 24, 1968, at the University of Missouri Medical Building, Columbia, Mo. There were 14 members present.

CALL TO ORDER:

The meeting was called to order at 12:30 p.m. by the president, Warren Otto, R.T. Minutes from the last meeting were read by the secretary, Jean Detring, R.T. Minutes were approved as read. Treasury report was given by the treasurer, Darrell McKay, R.T., reporting the balance as of November 24, to be \$763.43.

COMMITTEE REPORTS:

Executive Committee: Glenda

Bullinger, Chairman of the Executive Committee gave a short report on the AID Proposal and read a letter on the AID Program from Mr. Kane. It was decided for the members to read the publication concerning this program in the next issue of Missouri Minutes and discuss it at the next meeting.

Publication Committee: Glenda Bullinger, R.T. gave a report on the publication committee in the absence of Mr. Sikes.

Advertising Committee: No report.

Membership Committee: Mr. Terrill, chairman of the membership committee gave a short report on his membership drive.

Education Committee: Lois Young, R.T., chairman of the Education committee gave a report on the progress of her Education Program. There was a long discussion about education and about the Ray-Bowl Competition.

Convention Committee: Mr. Hughes, chairman of the Convention Committee gave a report on the progress of the 1969 Annual Meeting. Mr. Hughes brought up for discussion the possibility of student technicians from different areas preparing and giving Scientific Papers for competition. The Lester E. Cox Memorial Essay Award was discussed at this time.

A motion was made that the President appoint a committee of three to revise the rules and regulations concerning the Lester E. Cox Memorial Essay Award for Student Technicians.

Mr. Terrill, Mr. Hughes and Mr. Cundiff were appointed to this Committee. The rules concerning the Essays were to be revised and sent to Mrs. Bullinger no later than December 15 and were to be discussed at the next meeting.

Voting Procedures for the Regional Director were again discussed and explained by Warren Ott, R.T.

Mr. Ott at this time read two letters for discussion by the members. These letters were from Missouri

Council on Health Careers and Missouri Health Man Power Program.

A motion was made to contact each of the organizations telling them we were not interested in becoming involved at the present time; however if there should be any change in the near future, we would contact them. Motion seconded. Motion carried.

A motion was made to give a vote of confidence to Miss Lois Young, chairman of the Education Committee, giving her full authority for continuing Education with the University of Missouri and/or any direction she might feel necessary. Motion seconded. Motion carried.

The financial report from the last Annual Convention was brought up for discussion by the executive committee.

A motion was made that the next meeting of the Officers and Executive Committee be held at the Lamplighter Motel, Springfield, Mo., on March 23, beginning at 10:00 a.m. There was a second, Motion carried.

New Business: The Business Sessions at the Annual Meeting were brought up for discussion. It was decided that more time was needed for business sessions. The possibility of changing the sessions to Friday and having the Scientific Sessions on Saturday was thought advisable to give the extra time needed.

A motion was made by Mr. Ter-vill that the Business Session for the 1969 Annual Meeting be held on Friday, with the first session to begin at 11:00 a.m. and ending at 12:00 and the second session to begin at 1:00 p.m. and end at 5:00 p.m. Motion seconded. Motion carried.

A motion was made that the meeting be adjourned. Motion seconded. Motion carried.

Meeting adjourned at 5:00 p.m.

JEAN DETRING, R.T.
Secretary, M.S.R.T.

ANSWERS

9. (b) The penetrating power of quality of an X-ray can be determined by the half-value-layer (HVL). The HVL can be defined as that thickness of filtration or shielding required to reduce the incident exposure rate by one-half. The greater the HVL, the greater will be the penetrating power of the X-ray beam.

10 (d) while 0.5 mm of lead equivalent, present in most aprons or gloves, is quite effective for X-rays in the diagnostic energy range, it is almost transparent to the higher energy gamma rays of radium. In addition, the added weight of the apron and thickness of the gloves will cause the individual to be less efficient in the handling of radium, resulting in a longer period of exposure and a greater dose.

11. Answer (e) Red bone marrow contains blood precursor cells which eventually mature as blood cells. These blood precursor cells are rapidly dividing and are simple cells. Therefore, according to the theory postulated by Bergonie and Tribondeau, they are very sensitive to radiation.

12. Answer (c) A fluoroscope operated at 90 kVp and 2.5 mm aluminum filtration may have an output at the table top of 2.8 R/mA - minute. This means that at 4 mA. the output is 11.2 R/min. If the examination lasts three minutes, then the patient exposure would be approximately 33.6 R.

13. Answer (b) If a film is overexposed and undeveloped, the resultant overall density will be in an acceptable range, but the film quality, described as detail visibility, will be decreased because of a decreased contrast or density difference between two adjacent areas of diagnostic interest.

14. (b) By definition, the roentgen is the special unit of exposure applicable to X or gamma radiation. It is to be noted that exposure is defined in air only. Therefore, we cannot say that a patient has received

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an absorbed dose of so many roentgens. Absorbed dose is expressed in rads while biological dose or dose equivalent is expressed in rems. In the diagnostic X-ray region we can approximately the relationship between exposure and absorbed dose by stating that an exposure to 1 R is approximately equivalent to an absorbed dose in soft tissue near the surface, of 1 rad, which is approximately equivalent to a dose equivalent of 1 rem.

15. Answer (e) All of the effects noted are conceivable following a relatively large exposure. However, for the X-ray operator who uses proper techniques and precautions, and whose exposure is below the Maximum Permissible Dose Equivalent, the probability of their occurring is extremely small. For some of these effects, the risk at Maximum Permissible Dose Equivalents may be no greater than in non-exposed individuals.

16. (e) Most genetic mutations caused by ionizing radiation are recessive. This means that they may not become apparent for many generations. Therefore, to minimize this risk, we must prudently use radiation in the most efficient way possible.

DISTRICT NEWS

FOURTH DISTRICT NEWS

The Fourth District held its first fall meeting, September 19, 1968, at the Blue Top Restaurant. A recording of the Sante Memorial Lecture by Dr. Brodeur was heard. Mrs. Sante and Mr. Evatt Sante were guests of honor. There were fifty members present. The membership discussed and moved to send a telegram to both Missouri Senators requesting deletion of section 360G from HR 10790. There will be a film exhibit held in February for students and R.T.s. Next meeting will be October 17, at Slay's Restaurant. Meeting adjourned.

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FIFTH DISTRICT NEWS

The 5th District Society of X-ray Technologists met at Mt. Vernon

State Sanitorium in Mt. Vernon, Mo., on September 24, 1968. Forty-two members were present. The meeting was called to order by President, Jerry Casey. The minutes were read and approved.

A very informative program was given by the students of Burge Protestant Hospital on parliamentary procedure. The program was narrated by Miss Bonnie Brown.

A discussion was held concerning the time of election of new officers for the coming year. It was decided that the same time of year election of officers would be observed in the next election.

A motion was made that the meeting of October 29 be held in Springfield, at Springfield Baptist Hospital conference room. The motion was seconded and carried.

A motion was made that the meeting be adjourned. The meeting was adjourned at 9:30 p.m.

NANCY HOLLAND, R.T.,
Secretary

—o—

SIXTH DISTRICT NEWS

The September meeting of Sixth District was at St. Francois Hospital Cape Girardeau, Mo. There was an attendance of twenty-five. Meeting was called to order by President, Kenneth Barrett, R.T. Committee reports were given and old and new business was discussed. A nominating committee was appointed by the President and was instructed to present names for the District officers for the year 1969 at the next district meeting in November. Our host, Robert Varnon, R.T. presented Dr. Talbert, M.D., Cardiologist of Cape Girardeau, Mo. Dr. Talbert spoke on Cardiovascular Catheterization. The November meeting will be at Delta Community Hospital, Sikeston, Mo.

Delta Community Hospital Sikeston, Mo. was host for the November meeting of Sixth District, MSRT. We had an attendance of thirty-three people. Our speaker for the evening was Dr. Dupont, C.M.D. Cardiovascular Surgeon from Sikeston, Mo. Dr. Du-

Pont gave a very interesting lecture on Cardiovascular surgery, accompanied by slides and films demonstrating the problems encountered and the steps taken to remedy them.

Officers for the year 1969 will be installed at a dinner meeting in Poplar Bluff, Mo. on December 4, 1968. The officers are as follows: Thomas Lambert, R.T., President; Roger Boehme, S.T., Vice President; Deanna Hobbs, R.T., Secretary and Judy Foeste, R.T., Treasurer. Members of the executive committee are, Orvil Sikes, R.T., Chairman; Donald Brown, R.T., 2nd year member and Kenneth Barrett, R.T., 1st year member

Bullinger, Detricing and Sikes reporting.

FEDERAL LEGISLATION

The American Society of Radiologic Technologists is continually concerned with the welfare of all the technologists certified by The American Registry of Radiologic Technologists and their future professional status.

Recently the membership was informed by the Board of Directors of The American Society of Radiologic Technologists of impending legislation in the Congress of the United States that would affect technology and technologists.

This edition of NEWS TIPS is offered as a brief review concerning the stand of the Society on legislation and as a guide and reference for any future communications with the legislative section of the government.

The Society continues to oppose state licensure as a means of establishing educational standards and as not in the best interest of the technologists across the country, by vote of the membership during the 1966 annual meeting in Boston. The membership did adopt the resolution stating in part that the American Society will assist any of its affiliates in opposing licensure and that if an affiliated state society, by vote of its membership, endorses licensure, the

American Society will assist the affiliate in every way possible to help maintain our standards of education.

In September, 1966, The National Conference on X-Ray Technologist Training was held at College Park, Maryland. This conference was a direct result of the recommendations of the National Advisory Committee on Radiation in a report to the Surgeon General regarding x-ray technologists manpower problems. Of all the points discussed, educational standards of operators of equipment producing ionizing radiation was recurrent. In conjunction with this point, was the health hazard created by operators of this equipment who lacked the educational background provided by the two-year minimal training standards accepted by the present certifying body. Solutions to the problems posed were not formulated during this conference.

Subsequently, in late 1966, The American Society of Radiologic Technologists proposed and established liaison with the National Center for Radiological Health; "To seek means of implementing a federally recognized standard to cover radiologic technologists, based upon the present 24-month minimum requirements."

In the summer of 1967, representatives of the American Society, The American College of Radiology and the National Center for Radiological Health agreed to enter into a cooperative effort to write a "model bill" for those states who might seek licensure. As of this date there is no joint agreement on a "model bill."

During the 90th Congress three bills have been introduced with the general intent of regulating various forms of electronic equipment and devices, including those producing ionizing radiation.

On May 8, 1968, an official representative of ASRT appeared before the Senate Commerce Committee in regard to bills S. 2067, S. 3211, and H.R. 10790.

In this testimony, the stand of the Society was reiterated: "We be-

lieve that federal minimum standards for operators of devices that produce ionizing radiation for medical uses are necessary and desirable; 1) to prevent a proliferation of standards throughout the country; 2) to aid states unable to mount their own programs; and 3) to aid in providing a more consistent and constant protection to the public from unnecessary exposure to ionizing radiation."

Due to hour-to-hour political discussions in Washington and within the Senate committee, with specific reference to bill H.R. 10790 and the amendment Section 360G, ASRT entered into an arrangement for a counsel in Washington to aid the Society.

During the week of September 10, by telegram, the American Society notified the presidents of the affiliated societies that Section 360G, as written, proposed advisory standards for training and licensing of "X-Ray Technicians" and enactment would have given impetus to state licensure without enforcement of national uniform standards. The Section 360G did not incorporate the federally regulated minimum standards as proposed by ASRT. Their support and that of their membership was sought by requesting they contact both Senators Lister Hill and Warren Magnuson to request deletion of the objectionable Section 360G and support establishment of federal minimum standards equal to the format provided through the Council of Medical Education of AMA.

Subsequently, the bill was referred to a subcommittee, introduced on the floor of the Senate, and on October 3 passed the Senate without roll-call or debate.

Because Section 360G was an amendment proposed by the Senate on a bill which originated in and was passed by the House, the amended bill passed by the Senate was referred to a Senate-House conference committee composed of five senators and seven members of the House of Repre-

sentatives. While in this conference committee, 360G of H.R. 10790 was deleted.

It is felt that this deletion was accomplished, in part, due to the tremendous response from technology across the nation.

H.R. 10790 was signed into law on October 19 by the President. On the signing of this bill the President mentioned not only the basic intent of this bill, but also mentioned the exposure of the public to ionizing radiation while in the dentist's chair and in the doctor's office and spoke of the unknown effects of such radiation on the current population and the generations yet to born.

In the light of all that has transpired, the Society will henceforth labor in an effort to propose federally regulated minimum educational standards based on the current 24-month AMA approved programs, during the sessions of the 91st Congress.

Be assured, the Board of Directors of The American Society of Radiologic Technologists will keep you currently advised on all possible legislation affecting technology and technologists.

Two things are self-evident: First, we are now and will continue to be in the political arena; and second, every member of our profession must stand and stand together if our profession is to survive and maintain adequate educational standards.

—o—

The remaining portions of this issue have been adapted from reference material found in THE AMERICAN SYSTEM OF GOVERNMENT, Ferguson and McHenry, HOW OUR CONGRESS WORKS, U.S. Chamber of Commerce, AMERICAN GOVERNMENT, McGruder, THE AMERICAN JOURNAL OF NURSING, American Nurses Association and the WORLD ALMANAC.

James Ohnysty, R.T. (ARRT)
Chairman, ASRT Membership Committee

St. Francois Hospital, Colorado Springs, Co. 80903

October 10, 1968

Editor

Affiliate Society Bulletin

Dear Fellow Colleague:

As Chairman of the ASRT Membership Committee, I would like to request your participation and support in our membership program. There are many major problems facing our Society today and unless we have a truly strong and representative membership the Society will not be able to function effectively on behalf of radiologic technologists.

Our committee will be submitting articles to you periodically and would appreciate your courtesy in including these articles in your State Bulletin. We are endeavoring to impress upon all R.Ts the importance of belonging to and supporting our professional societies on all levels including the National Society. The ASRT is taking

new steps in trying to secure the future for all technologists but it will be powerless to do so unless we have a representative membership. The National Society needs to represent 50,000 R.T.s in this country and to do so we need to have a majority of these as active, supporting members of the ASRT.

Membership recruitment on any level in our society is not a one-man or one-committee job. We need the support of each and every loyal member to issue a personal invitation. The success of our profession and its representative society depends on each and every one of us!

Sincerely,

James Ohnysty, R.T. (ARRT)

Editors Note: The publications committee has notified Mr. Ohnysty that we will cooperate to the best of our ability with his committee.

Fifth District Met At Springfield, Mo.

The 5th District Society of X-ray Technologists met at Springfield Baptist Hospital on October 29, 1968 at 8:00 P.M. There were 37 members present. The minutes were read and approved.

Dr. Courtney Whitlock presented a program on the advancements of Sterotaxic Neurosurgery.

President, Jerry Casey presented an answer from the A.I.D. concerning the new draft which has been made from the proposal of the 5th District which was presented at the 1968 Convention in Kansas City, Mo.

Jerry Casey also stated that the old Federal Regulation Bill was thrown out and a new bill to include

Technicians as well as equipment regulations, has been introduced.

The next meeting place, Burge Protestant Hospital, Springfield, Mo., Tuesday, November 26, 1968 at 8:00 P.M.

The meeting adjourned at 9:15 P.M.

NANCY HOLLAND, R.T.
Secretary

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