

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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RPNS FIGHT BACK

A UNIQUE OPPORTUNITY

NEGOTIATING CONTRACTS IS A BIG PART OF WHAT UNIONS DO FOR THEIR MEMBERS. BUT IT'S NOT THE ONLY THING.

Yet for the last several years, HSA and other unions have expended the bulk of their resources and time negotiating contracts with governments intent on imposing austerity terms on public employees. It's been a tough slog, and I'm proud of the results we've achieved in spite of many, many challenges, but now that we have a five-year deal, I'm looking forward to making progress on other important work.

Every day, HSA members need help with problems at the workplace, and our labour relations staff is now able to turn their full attention to servicing. We have plans to expedite work on classifications to ensure members are getting paid properly, make progress on sorting out the mess caused by employers misunderstanding the transition to a 37.5 hour work week, and help members with all manner of grievances.

Outside the workplace, unions and their members are facing some very serious threats at the national level, where the Harper government appears to be demonizing unions and their members as it prepares for a divisive election campaign next year. They have begun to attack public sector pensions, claiming that they are a drain on spending rather than an important tool for reducing income inequality. They have tabled legislation to impose financial disclosure laws that would tie unions up with excessive report-

ing obligations that wouldn't apply to any other organizations. And in some provinces, there are plans to introduce American-style dues evasion laws, allowing individuals to skip out on paying union dues while still enjoying the benefits of union protection.

All of these developments threaten HSA, but we're not alone. This is where our national affiliations allow us to work with unions across the country and address these concerns with collective action. We're already working together to make the public and our own membership aware of these issues.

We'll also be working with our affiliated partners on threats to our public health care system. The federal government's refusal to show leadership on funding or co-ordination of provincial health care systems is steadily eroding the safety of the care Canadians need. And at the provincial level, we are closely monitoring the legal challenge of private clinics.

With a five-year deal, we have a unique opportunity to make progress on all these fronts, and I intend to make the most of it.

Val Avery



Now that we have a five-year deal, I'm looking forward to making progress on other important work.

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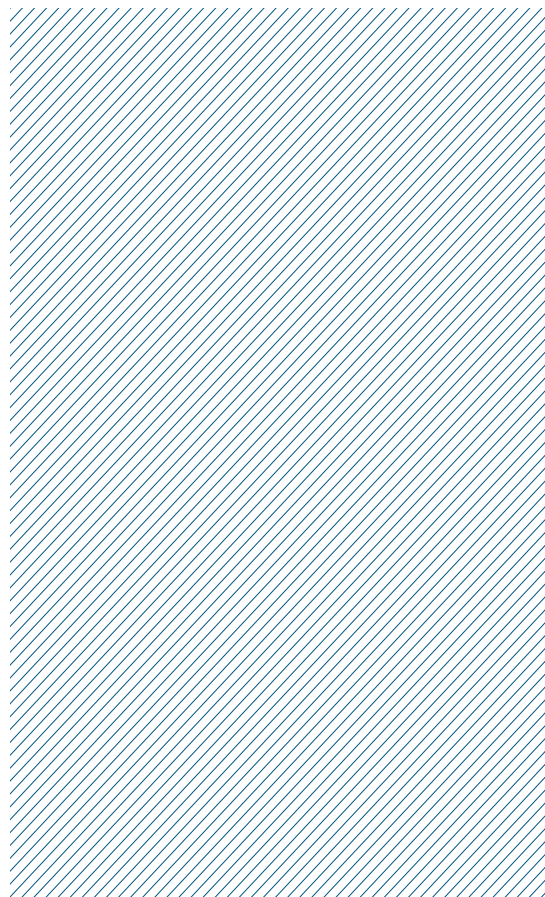
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The screenshot shows the website for 'Inside the ER' on the Knowledge Network. The top navigation bar includes 'BRITISH COLUMBIA'S Knowledge Network' and links for 'WATCH NOW', 'SCHEDULE', 'PROGRAMS', and 'SUPPORT US'. A secondary red navigation bar features icons and text for 'ER Home', 'The Pulse', 'Scar Stories', 'Inside the ER', and 'Watch Episodes'. The main content area has a large background image of medical staff. On the left, the title 'INSIDE THE ER' is displayed in large white letters, followed by a subtitle: 'Emergency Room: Life and Death at VGH is a ground-breaking, six episode documentary series set in Vancouver General Hospital's emergency room.' To the right is a smaller inset image of three medical professionals in scrubs. Below the main image is a small downward arrow icon. At the bottom, a dark navigation bar contains links for 'About the Series', 'Meet the Staff', 'Learn the Lingo', and 'Beyond the Episodes'.

HEALTH SCIENCE PROFESSIONALS FINALLY GET SOME SCREEN TIME

BC's Knowledge Network has launched a six-part documentary series set featuring real staff at Vancouver General Hospital. *Emergency Room: Life and Death at VGH* looks and feels like big budget medical dramas, but unlike fictionalized accounts, the show doesn't pretend that doctors and nurses do everything. Instead, health science professionals like respiratory therapist Ingrid Hakanson and social worker Deb Allman are given big roles. It's about time, we say.

Emergency Room: Life and Death at VGH can be watched on line at er.knowledge.ca/inside-the-er/



MPP PENSION CONTRIBUTION RATES INCREASE ON JULY 1

MANY HSA MEMBERS CONTRIBUTE TO THE MUNICIPAL PENSION PLAN, ONE OF THE MOST SECURE PLANS IN CANADA.

That security is achieved by constant scrutiny of the plan's fiscal state and prudent forward planning. As part of this, there will be a total pension contribution rate increase of 1.4 per cent of salary starting July 1. This increase will be shared between members and employers. This means your pension contribution rate will increase 0.7 per cent of salary.

WHY IS THERE A RATE INCREASE?

The rate increase was determined by the results of the 2012 valuation. A valuation occurs every three years and is an independent actuarial review of the money going in and out of the Basic Account. It's a review of the assets held by the Plan and what the Plan needs to pay out.

The 2012 valuation determined an unfunded liability of \$1,370 million. There are two main reasons:

- Investment returns were lower than expected. Some of the investment losses from 2008 are still being experienced.
- Plan members are living longer and so require their pensions to be paid out for a longer period of time.

The Board of Trustees is required to raise contribution rates if the valuation shows an unfunded liability. Raising contribution rates is the most immediate way to maintain benefits in the future.

IS THERE ANYTHING I HAVE TO DO?

No. Your employer is responsible for implementing the changes through payroll. The rate increase will take effect on

July 1, 2014, for members and employers.

WHERE CAN I FIND MORE INFORMATION?

Check out mpp.pensionsbc.ca for more information and a FAQ featuring common questions from members.

CELEBRATING INTERNATIONAL WOMEN'S DAY

MARCH 6-7

HSA INVITES WOMEN IN OUR UNION TO JOIN US FOR TWO DAYS OF SHARING TO CELEBRATE INTERNATIONAL WOMEN'S DAY.

HSA is providing the opportunity for members to participate in a workshop that combines attending IWD events and in-house HSA training.

Learn about:

- the significance of International Women's Day
- women's struggles and achievement
- the history of women in politics and the labour movement
- how many of the same issues continue to be relevant today as they relate to women's participation and leadership in the union
- making your voices heard
- domestic violence in the workplace
- positive women - living with HIV and exposing injustice
- how did we get to Idle No More?

Participants will include a diverse mix of experienced activists and members new to participating in the union who are interested in getting more involved.

For more information and to register, visit hsabc.org.



REPORT MAGAZINE GOING DIGITAL

HSA members are increasingly looking to get their information in a digital format. Whether it's email, web sites or social media, members are using desktop computers, tablets and smartphones to keep informed.

HSA is changing to meet these new needs, and starting with this issue all members will receive a digital edition of The Report by email. Make sure your email is added to our list and kept up to date – send an update to info@hsabc.org or go to hsabc.org/contact/member-contact-update-form.

To save money and trees, we will be reducing the number of printed copies. If you'd like to keep receiving the printed edition, let us know. Contact us at info@hsabc.org.

HEALTH SCIENCE PROFESSIONS SEEK JOINT REGULATORY COLLEGE

Several HSA members are working with their professional associations to encourage the provincial government to regulate their professions under the Health Professions Act, and to create a joint regulatory college to oversee the practice of these health science professions. Approximately 6,000 HSA members would be regulated by this joint college.

This initiative is supported by the BC Society of Laboratory Science, the BC Association of Medical Radiation Technologists, the Cardiac Technologists Association of BC, the BC

Ultrasonographers Society, and the BC Society of Respiratory Therapists. Professions represented by these associations are already regulated in many other provinces.

HSA currently represents members from 9 regulated professions. Several professions in addition to those listed above are currently seeking to become regulated professions in BC.

Regulatory colleges are self-governing professional bodies mandated by the government to protect the public and must be autonomous from other

professional organizations that primarily seek to represent the interests of their members. Once a regulatory college is mandated it may require its members to be registered or licensed within the province. It assesses annual fees, and in collaboration with other health care stakeholders, establishes standards for continuing professional competency and ongoing quality assurance measures. It also conducts investigations into complaints by the public about registrants.

APPLY NOW FOR CSS EDUCATION FUNDING

THE COMMUNITY SOCIAL SERVICES LABOUR ADJUSTMENT AND EDUCATION FUND COMMITTEE IS CALLING FOR NEW APPLICATIONS FROM MEMBERS WORKING IN THE COMMUNITY SOCIAL SERVICES SECTOR.

Successful applicants will match one of the two following criteria:

- If you were laid off as of April 1, 2011, have had a reduction in hours and are currently a union member covered by the Community Social Services Bargaining Association Collective Agreement
- Or if you are a current employee who has successfully completed the probationary period in a Community Social Services Bargaining Association collective agreement job and are interested in skills development, you may be eligible for reimbursement of training costs up to a lifetime maximum of \$5000.

The labour adjustment and education funds are available through a grant from the provincial government resulting from a joint request made by the Community Social Services Bargaining Association and the Community Social Services Employers Association, during the negotiation of the 2010 - 2012 collective agreement.

Applications are now being accepted on a first come, first served basis. Visit hsabc.org for detailed information on the conditions governing the LAEF and the application process, and to download application forms.

TAKING ACTION AGAINST DOMESTIC VIOLENCE

OVER A RECENT 5 YEAR PERIOD, AN ESTIMATED 183,000 BRITISH COLUMBIANS WERE VICTIMS OF DOMESTIC VIOLENCE.

Domestic violence impacts victims and their families and has a serious effect on those who witness it. Health care costs related to domestic violence in Canada are estimated to be in the billions of dollars. Social and emotional costs are significant.

Domestic violence occurs in all cultures and communities and is considered to be a major contributor to increased absenteeism, sick leave and lost productivity at work.

HSA is conducting a membership wide campaign to shine a spotlight on the issue of domestic violence. Because it is also a workplace safety issue, there is a responsibility for managers and workers to respond to domestic violence situations.

For more information, talk to your steward, visit hsabc.org or contact David Durning at ddurning@hsabc.org.

CHANGES TO DRUG COVERAGE FOR HEALTH SCIENCE PROFESSIONALS NOW IN EFFECT

Under the 2014-2019 collective agreement recently ratified by health science professionals, improvements in drug coverage are now in effect.

Every member covered by the Health Science Professionals contract should have received a letter outlining the changes from Pacific Blue Cross. If you did not receive your letter, contact us at info@hsabc.org or 604-439-0994.

The plan now covers 100 per cent of eligible expenses for drugs listed on the BC Pharmacare formulary, Prometrium, approved Special Authority drugs, oral, and injectable contraceptives, and 50 per cent for non-Pharmacare drugs. You can also claim reimbursement for drugs paid for since September, 2013.

Complete details, including details about how to be reimbursed for drugs paid for since September 2013, are available on a dedicated HSPBA drug plan website at www.pac.bluecross.ca/hsp.

REGIONAL DIRECTOR ELECTIONS

ANITA BARDAL, ALLEN PETERS AND MANDI AYERS ACCLAIMED; ELECTIONS TO BE HELD IN REGIONS 2 AND 4.

Bardal is a Medical Radiation Technologist at St. Paul's Hospital, and has served on the union's Board of Directors since 2010. She has served as chair and member of a number of the union's committees and as a Chief Steward at St. Paul's Hospital.

Peters is a Medical Radiation Technologist at Nicola Valley General Hospital, and has served on the union's Board of Directors since 2011. He currently chairs the union's Occupational Health and Safety and Education committees, and has been an active member of the union, serving as steward, member-at-large, and member of various committees for several years.

Mandi Ayers, a lab technologist at Bulkley Valley District Hospital, will join the HSA Board of Directors in April 2014 as the Regional Director representing Region 10.

At the close of deadline for nominations for election to the board, Ayers and Jameel Khan, a lab technologist from University Hospital of Northern BC, had been nominated. Khan withdrew his nomination this week. As the only candidate, Ayers is acclaimed to the position, and an election will not be required.

Ayers is a long-time union activist, having served as Chief Steward, OH&S Steward, Member at Large (sitting on both the Resolutions and Education Committees), delegate to the bargaining proposal conferences, and an HSA representative on the Northern Health Authority Violence Prevention committee.

Ayers' two-year term begins upon adjournment of the April 2014 convention. She replaces Heather Sapergia, who has represented Region 10 on the Board of Directors since 2008, and who will retire from her position as a lab technologist at UHNBC later this year.

Nominations for elections in Regions 2 and 4 closed on January 30.

in Region 2, members will have the opportunity to vote for two candidates: Derrick Hoyt, a pathologist's assistant at Royal Jubilee Hospital and Anna Mor-

ton, a social worker at Queen Alexandra Centre for Children's Health.

In Region 4, there are two candidates: Joseph Sebastian, a medical radiation technologist at Vancouver General Hospital and Brendan Shields, a music therapist at Minoru Residence, Richmond Hospital.

Members in Regions 2, 4 and 10 are currently receiving voting packages; all ballots must be returned by March 20.

The Board of Directors meets quarterly, and directors take an active leadership role in representing the union. They receive wage replacement at their regular rate of pay for the time they spend in official meetings. Part-time and casual members are reimbursed as if they were at work during the meetings they attend.

Eligible members must be employed in a chapter and have been a member of HSA for at least one year immediately prior to election. Candidates are nominated in writing by two members.

Watch hsabc.org for this year's election results, and give some thought to getting involved as a candidate in next year's elections for regions 1,3,5,7 and 9.



SURREY MEMORIAL HOSPITAL RPNS ABI OLOGANI, TANYA MAKSYMIW AND AMANDA FARRAND

RPN VOLUNTEERS HELP BEAT BACK RAID

AFTER VOTES AROUND PROVINCE, 83% OF RPNS STICKING WITH HSA

A YEAR AGO, TANYA MAKSYMIW DIDN'T KNOW A LOT ABOUT HSA.

In fact, the RPN didn't know a lot about any unions, despite belonging to one union or the other over the last 20 years.

And when HSA staff put on an information meeting on raiding at Surrey Memorial Hospital, she didn't go to get involved.

"I went for the food and bling," she admits with a laugh. "I didn't know anything at that point. I barely knew there were unions trying to raid RPNs and even what that meant."

What she heard at that meeting and the next convinced her that something important was at stake. "I heard about the history of HSA, and what the other

unions had done to RPNs, and about what the BCNU/UPN raid would mean for RPNs, and I felt really empowered and educated. It just snowballed from there.

Maksymiw, along with RPN volunteers at other worksites targeted for raids by the BCNU and UPN, played a huge role in fighting back. Thanks to their efforts, the vast majority of RPNs targeted by the raids will be sticking with HSA. As The Report goes to press, results from votes held around the province show that 83 per cent of the 1052 targeted RPNs will remain HSA members, having effectively rejected the well-funded and misleading campaigns by BCNU and UPN. Votes to determine the future of another 56 HSA RPN members are still pend-

ing deliberations by the Labour Relations Board.

"We are grateful for this show of faith by our RPN members," said Val Avery, president of HSA. "The BCNU and UPN have exhausted considerable efforts to win them over, and it is gratifying to see that RPNs value their long-standing history with HSA. We will not let them down."

"We now call on BCNU and UPN to stop this wasteful raid, work with us to promote the RPNs who are essential to the modern health care system, and bring union benefits and protections to health care professionals who don't already have them."

As a volunteer, Maksymiw spent her time talking with other RPNs, face to face, on the



PREPARED BY RPN GENELLE SANDBURG, THESE CUPCAKES HELPED LURE VOLUNTEERS LIKE MAKSYMIW. VICTORY WAS ACHIEVED NOT LONG AFTER.

phone, and by text.

“One day I was texting back and forth with a friend from work,” explains Maksymiw. “She’s very politically aware, much more than me, but she was undecided. So she was texting me all these things that UPN was saying about HSA. I was able to check directly with HSA, and dispell the mistruths with accurate information.”

“There was so much BS coming from UPN, and going around on Facebook. It really riled me up.”

Maksymiw says these misleading tactics, contrasted with the honesty of HSA, convinced her and a lot of RPNs she talked to about the importance of sticking with HSA.

“I was very impressed by the commitment, the passion and the professionalism of HSA. They seemed to care about us as RPNs and as individuals. With HSA there is the history, the expertise and the resources to help RPNs. They maintained professionalism throughout, whereas the other unions used a lot of shady tactics.”

Maksymiw is just one of many

“I was very impressed by the commitment, the passion and the professionalism of HSA... They maintained professionalism throughout, whereas the other unions used a lot of shady tactics.”

RPNs who stepped up. Others include Dean Avender (Vernon), Val Barker (Lions Gate Hospital), Tonia Cherris (Royal Jubilee), Shirley Clakrson (St. Paul’s Hospital), Janice Clements (Cowichan Hospital), Gwen DeRosa (Columbia View Lodge), Mia Durkovich (Ridge Meadows), Lisa Kennedy (Cowichan Hospital), Nicole McIntosh (Mt. St. Joseph’s), Jenny Oriss (Royal Inland Hospital), Genelle Sandberg (St. Paul’s Hospital), and Deborah States (Ridge Meadows/Abbotsford).

RPNs were one of the founding professions of HSA over four decades ago, and over the years HSA has fought to advance the profession, sometimes against BCNU, who on a number of occasions has attempted to limit career options for RPNs.

“Not long ago BCNU fought to keep RPN bargaining proposals off the negotiating table within the Nurses Bargaining Association”, explained Avery. “It was a blatant attempt to eliminate concerns important to RPNs, and HSA fought back, winning the right for RPNs to have their priorities heard in bargaining. At the workplace, BCNU fought to eliminate RPN job postings -- arguing that any nurse could fill psychiatric nurse jobs. HSA successfully fought this bullying tactic, and secured the right for RPNs to preserve specialized job postings.”

Maksymiw says she’s ready for a rematch. She’s a steward now – one of HSA’s many RPN stewards – and if another raid is attempted, she’s ready to speak out.



“The challenge of getting a break from bargaining is the possibility of losing momentum. That’s why we have already started working on a five year strategic plan for HSA.”

VAL AVERY

AN INTERVIEW WITH THE PRESIDENT

Ok, so we have a five year deal. How do you propose to take advantage of the break from bargaining?

Despite the fact that we won't be at the bargaining table, we have some important work to do. The workloads for many professions are causing our members a lot of stress. And when people are under too much stress they do one of two things: they either leave or they go on disability. Neither is good for the health care system. That's why we need to do a lot of work through the new committee on recruitment and retention, and we'll be looking at a lot of new ideas.

It's important to make sure our members are appropriately paid for the work they do, and the classification system just doesn't reflect how jobs have changed over the last 20 years. We need to work on modernizing it so that our members get paid for their expertise, but also so that there is some incentive for people to stay in their jobs, which relates back to the problems around retention. We've got a plan to expedite the backlog of grievances on this.

And we have a lot of work to do around the transition to the 37.5 hour work week because what was agreed to at the table was just not what was implemented.

Employers took advantage of the situation to restructure whole departments, and we saw members losing hours, losing earned days off, dealing with big changes to their childcare arrangements and even having to bid on their own jobs. Talk about stressful. So we're going to be dealing with the hundreds of grievances coming out of this and helping our members hold those employers accountable to the agreement.

So we have work to do on a lot of fronts, some of which has come out of bargaining, some of which is ongoing, so we need to take advantage of these five years and get on top of this.

How can we get the government to take problems around shortages and retention more seriously?

It's easy to scream at the government about the need to deal with shortages and increase the size of the schools training the professions, but they immediately throw their hands up in



“WE HAVE SOME IMPORTANT WORK TO DO.”

A PHYSIOTHERAPIST AND HSA MEMBER FOR 30 YEARS, VAL AVERY STEPPED UP AS HSA PRESIDENT IN SEPTEMBER.

despair because of the money involved. And when it takes six years to graduate in some professions, that approach won't solve the problems we are dealing with today. So we need to talk about a range of solutions. We recently met with Terry Lake, the new Minister of Health, and we're not just talking about larger schools. Maybe we need to look at the selection process so we're not training 60 students who want to be physiotherapists working with athletes in private practice. Maybe that's a screening process, or maybe we need to do education about the value of careers in public health care. Maybe we need to look at incentives to keep them in the province. There are a lot of good ideas out there, like rural communities providing new grads with places to live.

A lot of the time the government doesn't realize the value of our members in relation to the problems they face. We hear a lot about overcrowded emergency rooms and they

don't understand that it's social workers, occupational therapists and physiotherapists who play key roles in discharging patients. If there's a shortage in these disciplines, the emergency room backs up. So it's not always about asking for more money. That's why we are working to build relationships with decision makers in government. We're making sure they know that we understand the problems on the front line and they need to pick up the phone when they are considering changes.

HSA has beaten back the first round of raiding by BCNU and UPN. How do we prepare for the next round?

We were very successful in defending against this raid, and when I meet with and debrief some of our RPN members they tell me they were pretty impressed with how HSA stood up for them. Going forward, they would like us to engage with them more often. So that's what we have to do. We need to be even more responsive to the

needs of RPNs, so that should we get into this situation again, they'll know that we are there for them, that we want them to be a part of HSA, and that we'll fight to keep them.

What are the biggest challenges and opportunities ahead?

The challenge of getting a break from bargaining is the possibility of losing momentum. That's why we have already started working on a five year strategic plan for HSA so that when 2019 comes around we can go into that bargaining in really good shape.

And our amazingly talented members provide important opportunities. I plan to look at how I can develop them as spokespeople for their professions and as leaders in health care and community social services. Because I see that as a big part of my job as leader of this organization.



HSA MEMBERS AT LARGE AND STAFF COUNT BALLOTS MAILED IN BY HEALTH SCIENCE PROFESSIONAL MEMBERS

NEW CONTRACTS IN EFFECT APRIL 1

HSA'S MEMBERS WORKING IN HEALTH SCIENCES AND COMMUNITY HEALTH HAVE VOTED IN FAVOUR OF NEW CONTRACTS TAKING EFFECT IN A FEW WEEKS AND EXTENDING TO 2019.

In December, health science professionals voted 76 per cent in favour of accepting the new five-year contract.

"This agreement meets our shared objectives for stability in the health care system, and recognizes the importance of a commitment to recruitment and retention. Over the course of five years, our members will achieve modest wage increases, and work to continue to deliver quality care to patients. In addition, employers have committed to processes aimed at recruitment and retention of highly skilled and in-demand health science professionals," said Val Avery, president of the Health

Sciences Association of BC, which leads the Health Science Professionals Bargaining Association.

In January, members of the multi-union Community Health Bargaining Association (CBA) – including almost 800 HSA members – voted 79 per cent in favour of accepting a new collective agreement.

The five-year collective agreement expires on March 31, 2019 and covers over 15,000 union members working in community health across the province.

"BC's health care system depends on the growing community health sector," said Avery. "This agreement is an important first step in recognizing the value of community health and the quality care that members in the sector provide for seniors and other British Columbians who rely on home support and other community services. I

want to commend the bargaining committee, the stewards and the members who worked so hard to achieve this."

The agreement provides a guaranteed wage increase for all members of 5.5 percent over the term of the agreement with the possibility of additional wage increases under the Economic Stability Dividend.

Additionally, the new agreement includes wage comparability adjustments totaling 2 per cent over the life of the collective agreement for members with occupations similar to those covered by the facilities subsector agreement.

COMMUNITY SOCIAL SERVICE VOTES UNDER WAY

As this issue goes to print, community social service members are currently voting on their tentative five-year agreement, and results will be announced shortly.

UPDATE ON 37.5 HOUR WORK WEEK

With more than 1,500 grievances filed by health science professionals over the implementation of the 37.5 hour work week last year, three initial days of expedited hearings have now been scheduled to hear the grievances through a process negotiated and agreed to by the Health Science Professionals Bargaining Association and the Health Employers Association of BC.

The grievances will be considered March 10, 11, and 12 in Vancouver, with two days dedicated to addressing grievances involving layoffs, and a third day focused on achieving mediated agreements. Additional hearing dates will be set as needed and as quickly as possible. In cases where the parties can't reach agreement then the arbitrator, Vince Ready, has the power to make orders.

"Since the implementation of the 37.5 hour work week, many health science professionals have been concerned about the impact it has had on their work, and on delivery of services to patients and clients," said HSA President Val Avery.

"These grievances have been a top priority for all the unions in HSPBA, and I am pleased that we have been able to get to a process fairly quickly with as respected and effective an arbitrator as Mr. Ready," she said.

Any member who has a grievance over the impact of the implementation of the 37.5 hour-work week is urged to contact their steward and to file a grievance. If you have already filed a grievance, and have not sent all the relevant information to the HSA office, you are reminded to do so as soon as possible, in order that the union may prepare for the hearing.

2014-19 CONTRACT HIGHLIGHTS

FOR HEALTH SCIENCE PROFESSIONALS

- Wage increases totalling 5.5 per cent over five years; with a possibility for improvements dependent on the performance of BC's economy (Economic Stability Dividend).
- A "me-too" clause. If other comparable public sector compensation increases exceed these increases, then the HSPBA collective agreement will be adjusted by an across-the-board percentage increase to match those compensation increases.
- Current benefits provided by the collective agreement will be maintained until April 1, 2016
- A jointly-run trust will be established by April 1, 2016 to allow for joint administration and decision-making about participation in and management of benefits.
- The Pharmacare Tie-In drug benefits coverage program, introduced in the 2012-2014 contract, will be improved to allow for 50% coverage for prescriptions not covered by the Pharmacare formulary. The change is retroactive to Sept. 1, 2013.
- Improved commitment to disability management for staff, ensuring they are supported to return to work successfully after absence due to injury or illness – health care workers experience the highest rate of occupational injury in BC.
- A joint recruitment and retention committee designed to address issues and initiatives to ensure long-term supply of highly skilled health science professionals.

FOR COMMUNITY HEALTH MEMBERS

- Wage increases which total 5.5 per cent over five years for all members; with an Economic Stability Dividend in four of the five years providing the possibility for further wage increases dependent on the performance of BC's economy.
- Additional wage comparability adjustments totaling 2 per cent over three years for members with occupations similar to those covered by the facilities subsector agreement.
- Increased health and welfare benefits to equal benefits in the facilities subsector agreement. Examples of benefit improvements include: removal of the pre-existing condition restriction for LTD, Medical Referral Transportation benefits unlimited for a beneficiary's lifetime and increased coverage of hormone-replacement medication.
- Increased mileage and meal allowances to the level of the public service agreement.
- Maintained current provisions for employment security and protection against contracting out.
- Establishment of a Joint Community Benefits Trust. The jointly-run trust will take over the management and decision-making of community health benefits starting on April 1, 2016.



ARE YOU BORN TO RUN?

HSA members considering running for municipal, school board or regional district positions this year should make these decisions soon and start working on their campaigns early.

Members may apply for financial support from HSA's Political Action Fund to attend training, to take paid time off work for their campaigns, and to help with campaign expenses. For more information, please contact Carol Riviere at criviere@hsabc.org.

Members running for election are also encouraged to apply for endorsement from their local labour council. Contact information for labour councils is available at <http://www.canadianlabour.ca/pacific-region/labour-council-directory>.

DECIDING TO RUN

NICOLE GILLISS RAN FOR LOCAL OFFICE AND SOLVED A PROBLEM. THIS FALL, WITH HSA'S HELP, YOU CAN TOO.

NICOLE GILLISS HAD A BURNING ISSUE THAT MOTIVATED HER TO RUN FOR OFFICE.

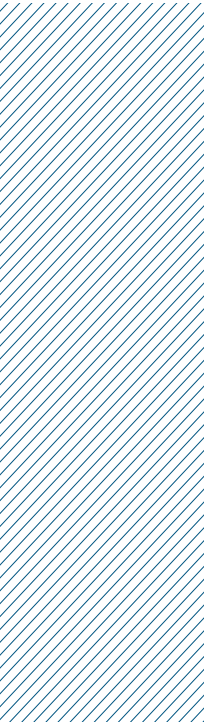
"When I decided to run for council in 2011, there was no doctor in our little town of Hudson's Hope, and hadn't been for three years. I wanted desperately for council to work towards recruiting a resident physician," says Gilliss. "I've always been interested in politics, and I wanted to be part of decision making and solutions, instead of someone speculating

"I've always been interested in politics, and I wanted to be part of decision making and solutions, instead of someone speculating and whining from the sidelines."

and whining from the sidelines."

A combined lab/x-ray technologist, Gilliss became the chief steward at her site within six months of becoming an HSA member in 2005, and has

been active in HSA ever since. She currently serves as chief steward at both Hudson's Hope Health Centre and Chetwynd General Hospital, as an alternate member-at-large for Region 10,



and on HSA's Trial Committee. Until her election as a councillor in Hudson's Hope, she also served as an HSA constituency liaison.

Gilliss credits her HSA activism with helping her decide to run, and giving her the skills to win an election. "I know working with HSA and attending HSA workshops and events has helped me improve my public speaking skills, as well as given me confidence to fight for issues that are important to me," says Gilliss.

Attending an HSA Election Campaign School in February 2011 helped enormously. "At the beginning of the workshop I was considering running in the fall 2011 municipal election, but by the end of the workshop I had so much confidence and had received so much positive feedback from the instructors and fellow workshop attendees my decision was made: I was running!"

Receiving support from HSA's Political Action Fund also helped. "I live in a small community where very little 'campaigning' is done, because more often than not candidates have lived here forever and everyone knows them," says Gilliss. "When I ran I had lived in Hudson's Hope for only two and half years, so in small town years that's a newbie for sure. The political action funding allowed me to spend money on mail-out brochures and newspaper advertising. And I think it gained me a lot of credibility with voters. They were happy to see a real effort put into a campaign."

As for that burning issue that started it all? "We did it," says Gilliss. "Council launched an innovative working group with co-operating industry partners within our municipality, and we were successful in recruiting a doctor and his family to Hudson's Hope."

HSA TO JOIN TASK FORCE ON MENTAL HEALTH AND ADDICTIONS

VANCOUVER MAYOR INVITES HSA TO PARTICIPATE; MENTAL HEALTH FORUM TO FOLLOW

In response to escalating police involvement in what has been called a mental health crisis, the Vancouver Police department recently produced a report which points to a steady increase in mental health related police incidents and proposed an action plan aimed at moving away from a crisis response model to a more community based, stakeholder driven model.

The VPD report has recommended adding 300 long-term and secure mental health treatment beds, increasing staffing at BC Housing sites supporting tenants with psychiatric issues, increasing staffing and resources for Assertive Community Treatment and Assertive Outreach Teams and establishing an urgent care crisis centre.

In response to the VPD report, the BC Ministry of Health has recommended a series of actions in a document entitled, "Improving Health Services For Individuals with Severe Addiction and Mental Illness". Many of the recommendations contained in the Ministry document overlap with the VPD proposals.

In late October, the Mayor of Vancouver announced the establishment of a Task Force on Mental Health and Addictions to follow up on the VPD recommendations. According to Vancouver Mayor, Gregor Robertson, "Vancouver is in a crisis situation of people with untreated, severe mental illness who urgently need care and support. The City can only do so much to address the growing gap in our health and social safety net. We need ongoing support and partnerships with senior levels of government and community stakeholders."

The HSA has accepted an invitation from the City of Vancouver to participate in the Mayor's Task Force and is in the process of planning a public forum to provide an opportunity for input on mental health issues from HSA members and the public.

More details about the HSA's Mental Health Forum will be available in the coming weeks.

"Vancouver is in a crisis situation of people with untreated, severe mental illness who urgently need care and support."

THE IMPORTANCE OF INCIDENT INVESTIGATIONS

LAST YEAR THERE WERE NEARLY 8800 WORK RELATED INJURIES IN HEALTH AND SOCIAL SERVICES ALONE. MANY MORE ARE UNREPORTED.

BY DAVID DURNING

In British Columbia workplaces, employers are required to undertake investigations into any accident or incident that:

- resulted in injury requiring medical treatment, or
- did not involve injury to a worker or involved a minor injury that did not require medical treatment, but had the potential to cause serious injury, or
- is required to be reported under Section 172 of the Workers' Compensation Act, or
- was an accident required by regulation to be investigated.

Last year in BC's health care and social services sector, there were nearly 8800 work related injuries resulting in workers' compensation claims (WorkSafeBC). In addition, there are thousands of reported incidents that didn't result in any claim. All of these require investigation. And keep in mind there are also countless incidents that go unreported every year which should be reported and investigated.

WHY ARE INVESTIGATIONS NECESSARY?

Incident investigations are intended to determine the

cause of an incident, to identify unsafe conditions or acts and to recommend corrective actions so that similar incidents don't occur in the future. The purpose is prevention, not blame. After an investigation, employers are required without any undue delay to take corrective actions and then report on the actions taken. Copies of reports must go to the joint occupational health and safety committee.

WHO SHOULD BE INVOLVED IN INVESTIGATIONS?

Incident investigations should be conducted by people knowledgeable about the work area and the work involved. There should be employer and worker participation in every investigation. HSA joint occupational health and safety committee representatives or stewards should participate in investigations when an incident involves an HSA member or work area.

Employers should not interfere with the union's right to participate in investigations. The argument is sometimes made that there was no worker representative available. The legislation (Section 174 of the Workers' Compensation Act) says that one employer and one

worker representative should participate in investigations, "if they are reasonably available". Employers must make a genuine effort to involve a worker rep and when they don't, they should be challenged. An HSA labour relations officer or a WorkSafeBC prevention officer can help ensure compliance with this provision.

Workers - through their union - are equal partners in workplace health and safety. It is the responsibility of HSA joint occupational health and safety representatives to either participate directly in incident investigations or to otherwise insure that incidents involving HSA members are properly investigated.

Instructions for conducting investigations can be found on the WorkSafeBC website.

For more information, contact David Durning, Senior Labour Relations Officer - OH&S at ddurning@hsabc.org.

If you have a question or concern about occupational health and safety, contact ddurning@hsabc.org.

HOW DOES THE NEW CONTRACT AFFECT MY BENEFITS?

HSPBA WORKING GROUP NOW DESIGNING A VALUABLE AND SUSTAINABLE HEALTH AND WELFARE PLAN THAT MEMBERS CAN RELY ON

BY DENNIS BLATCHFORD

Now that the collective agreement has been ratified, how will HSA go about moving to a joint governance model for delivering health and welfare benefits? And what does it mean in the short-term?

Allow me to answer the second question first. It means no change to your health and welfare benefit plan for at least two years. Then, in April 2016, the new Joint Health Sciences Benefit Trust (JHSBT) will be in place. The authorities under the JHSBT will then be then enabled to make changes to your benefit plan. So you will see the same benefit plan for at least the first two years of the new five-year contract extension.

In the meantime, a lot of work needs to be done to create a new governance structure and perform all the due diligence that goes into creating a trust agreement that will guide the decision-making of both the Health Sciences Professionals Bargaining Association and the Health Employers Association of BC. This new structure will have the authority to make modifications and determine all manner of structural and administrative systems to support the delivery of benefits to HSPBA members. At this point it would be premature to speculate what such changes might look like,

“You will see the same benefit plan for at least the first two years of the new five-year contract extension.”

but the new structure will have the authority to change service providers, investment agents, or introduce new programs in the delivery of these important benefits to members.

I know there were earlier commitments to find significant savings in the benefit plan. How was that resolved?

Yes, there was a commitment to find \$3.8 million in savings in the last round of bargaining that was unresolved. As a condition to agreeing to extend the collective agreement, your bargaining committee felt it was imperative to get rid of this requirement to cut so deeply. In the end we succeeded, and came to an agreement to jointly manage the benefit plans in future. It should be remembered that the commitment to find the \$3.8 million in savings funded

the contract improvements for on-call and shift differential rates that began in January. That commitment put money in the pockets of members and allowed your bargaining team to address some long-standing priorities for members. Now an HSPBA working group will commence the task of designing a valuable and sustainable health and welfare plan that members can rely on. *The Report* will have much more on this topic as this process unfolds.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.



NALEENA GOUNDER, CLIENT CARE COORDINATOR

BY LAURA BUSHEIKIN

MAKING A POSITIVE CHANGE IN YOUR WORKPLACE STARTS WITH ONE SIMPLE STEP: TALK TO SOMEONE.

That's how Naleena Gounder sees it. Gounder is a care coordinator at the Assertive Community Treatment Program (ACT) based at Vancouver General Hospital.

"If you have concerns, don't just sit on them. Don't assume you can't have a voice. We all have a voice," she says. Gounder recently used her voice to create a program to improve safety at her workplace.

ACT serves the needs of people with multiple issues of substance abuse and mental health. These are some of the most vulnerable people in society, says Gounder. In order to reach

clients successfully, the ACT team has to go out and meet them on their own turf.

"The program is specifically designed for individuals who would not normally benefit from typical treatment. They are not necessarily organized enough to keep track of appointments. Many clients also have legal issues, a lot of them are homeless, and most don't have family members to support them," she says.

The nature of this program poses particular health and safety risks for ACT staff.

"Substance use can make people unpredictable. It can be difficult to know how people will act after using substances, especially coupled with medication noncompliance. Paranoia may be heightened. We don't always know how people will be affected."

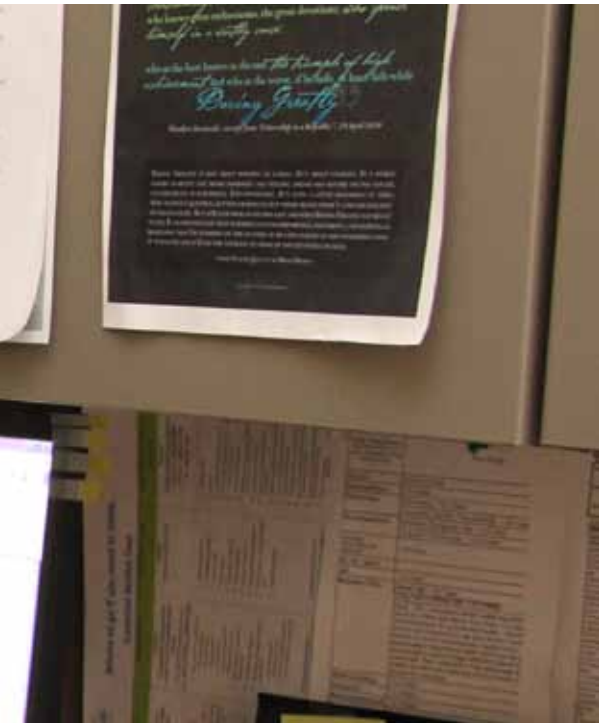
While understanding the im-

portance of identifying the risks involved in her work, Gounder says she wants to be careful not to contribute to the stigma that so often attaches to Vancouver's downtown eastside population.

"People with mental illness are more likely to be the victim of violence than to be the perpetrator," she points out. "Nothing physical has ever happened to me." At the same time, she knows she faces risks every day.

"We go in our own vehicles to the downtown eastside; we are often going into single room occupancy hotels. Maybe it's cheque day and things can be pretty unpredictable. You might not be concerned about your safety with a client you know, but there can be other things going on around you.

"Often in those single room occupancy hotels, each floor is quite isolated. So there might be staff on hand, but on the other



Naleena Gounder recently used her voice to create a program to improve safety at her workplace. Getting the ball rolling on it was “actually pretty easy.”

side of the building. If something happens I can only count on myself. And they have those long narrow hallways - it's not that easy to run away," she says.

Gounder sees that she and her team members would benefit from additional training in how to assess danger, how to prevent a situation from escalating, and how to handle themselves if things start to feel unsafe.

And when there is an incident of any kind, there needs to be a clear procedure for reporting, documentation, debriefing and follow-up.

These sorts of issues were not being dealt with in a systematic way at her workplace. Although staff talked about safety at her workplace, occupational health and safety (OHS) procedures and policies were not consistently applied, and there was no Joint Occupational Health and Safety (JOSH) Committee.

Getting the ball rolling on put-

ting these things in place was "actually pretty easy," she says. "I started by asking around to other members of my union and the nurses' union. There were some people who were interested and so I contacted David Durning, from HSA's OHS team. He has been really helpful."

Forming a JOSH Committee has been a learning experience for Gounder. "I've never started a team from the ground up,

although I was on the JOSH at Burnaby Centre for Mental Health and Addictions," she says.

Once the JOSH committee is up and running, it will create and implement policies and procedures, provide education for the team, and provide a forum to discuss OHS issues. Gounder will see the result of speaking up - of using her voice to improve her workplace.



YOU SHOULD JOIN BC FORUM. HERE'S WHY:

BC FORUM IS THE RECOGNIZED VOICE FOR SENIOR UNIONISTS IN B.C.

Since 1995 BC FORUM has represented thousands of active and retired union members aged 50 and older. BC FORUM helps advocate on the issues that build stronger communities and helps members plan for retirement – because leaving work should not mean leaving the movement.

Together with the union movement and our allies, BC FORUM is taking on the issues that affect our families:

- Helping workers plan for a secure retirement.
- Promoting retirement security for our children and grandchildren by doubling the CPP, and lifting seniors out of poverty by increasing Old Age Security (OAS) and the Guaranteed Income

Supplement (GIS).

- Opposing the federal government's decision to raise the eligibility age for OAS and GIS to 67.
- Defending public health care services from privatization.
- Working with the CLC to fight the Harper government's attacks on unions and workers' rights.
- Fighting for proper home care and home support services so retired workers can live with dignity in their own homes.

"Together with our allies, we hold politicians to account, and work to defeat them when they fail to deliver," says Diane Wood, President of BC FORUM.

"We organize community forums and rallies. We offer group benefit coverage at great rates,

and provide \$2,500 AD&D coverage as part of each membership. We publish a high quality news magazine and website to keep members informed and involved with current issues and initiatives. We are dedicated to serving the needs of all senior unionists. I invite you to join us today!"

You can join BC FORUM on-line at www.bcforum.ca. Dues are just \$20 a year, or \$49 for a three year membership – and HSA will pay for your first year.

SORTING OUT THE WORK WEEK MESS



AS MANY MEMBERS KNOW, THE PROCESS OF TRANSITIONING TO A 37.5 HOUR WORK WEEK HAS BEEN FRUSTRATING.

From the beginning, employers have misunderstood and misinterpreted the terms of the negotiated agreement. They have attempted to reduce hours of work, eliminate earned days off and even layoff members.

None of this is allowed by the agreement, which states that managers must work with staff in good faith to develop mutually-agreed schedules.

The employer must give the affected staff an outline of service delivery objectives. They may also propose a schedule at this time. The employer must give the affected staff a reasonable opportunity to propose a work schedule, or propose an alternative to the employer's schedule. And the employer must consider any proposals the staff put forward. If the employer rejects the proposal, they must provide an explanation.

The agreement is clear, and yet HSA has over 200 members affected by issues of inappropriate layoff or reduction of hours, with more grievances being filed every day.

In effect, these employers have been breaking the contract, and HSA has been fighting back.

Recent developments promise to sort out much of the confusion. HSA and the HSPBA

(Health Science Professional Bargaining Association) have scheduled three days to meet with arbitrator Vince Ready and consider these issues and grievances. The first two days of the hearing will consider questions around layoff and the reduction of hours, including whether the employer is allowed to reduce part-time employees by up to .2 of a full-time equivalent (FTE) with no consideration for seniority.

Day three of the hearing with Mr. Ready will be directed at considering process issues. These include serious violations of the principles negotiated in the memorandum of understanding regarding implementation of the 37.5 hour work week where the employer behaved in a unilateral and often arbitrary fashion.

We have almost 1000 grievances on issues where employers eradicated the alternate time off/earned day off style of schedule, imposed a schedule, ignored proposals from the members or overlapped other employer cost saving initiatives unrelated to implementation of the 37.5 hour work week.

The HSPBA and HEABC will be exchanging particulars and sharing them with Mr. Ready ahead of the hearing so that the hearing itself can be directly focused on the questions.

For updates, visit the web site at hsabc.org/37.5hr.

HSA has over 200 members affected by issues of inappropriate layoff or reduction of hours, with more grievances being filed every day. In effect, these employers have been breaking the contract, and HSA has been fighting back.





HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

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(from left) Anne Davis, Brendan Shields, Derrick Hoyt, Bruce MacDonald, Heather Sapergia, John Christopherson, Anita Bardal, Val Avery, Allen Peters, Marg Beddis, Janice Morrison



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