

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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FOCUS ON STEWARDS

“YOU DON’T HAVE TO FEEL
YOU’RE JUST ONE PERSON.
ACTUALLY YOU ARE ONE PERSON
WITH A GREAT NUMBER OF PEOPLE
BEHIND YOU.”

A FOCUS ON STEWARDS



FOR MOST MEMBERS, THEIR FIRST CONTACT WITH THE UNION IS THROUGH A STEWARD.

These are the members who spend countless hours helping their colleagues at the worksite. HSA staff are unmatched in their expertise and experience, but they rely on our network of stewards to solve daily problems at hundreds of worksites, welcome a constant stream of new members to the union, work patiently through the process of dealing with grievances, and act as the true face of the union for the vast majority of our members.

So it was good to see so many of the delegates to our last convention eager to talk about how best to support our stewards. Those conversations mark the start of a longer discussion, much of which is set out in our 2020 Strategic Plan. As we move into the new year we will continue our engagement with stewards on how best to support their needs. Through a series of roundtable focus groups attended by stewards from around the province, we will look to set direction in the areas of education, mentoring, and communications to support our hard-working stewards. In an ever changing world with challenging workloads and limited resources, we must always be prepared to find innovative ways to assist the vital work stewards do, and I look forward to creating that future with them.

In that spirit, this issue of *The Report* provides a glimpse of the steward experience from two points of view. Doris Peters is just starting out as a steward, and it's interesting to read about how her perspective has changed – from someone who knew very little about what the

union was doing to support members like her to an activist who now seeks to educate those around her about the value of working together. John Bhullar is a more experienced steward, wrestling with an enormous worksite. He tells a great story about his work to find new ways to engage the membership and get them to realize that the union isn't some group of people out there, it's you, and our future is in your hands.

HSA stewards do amazing work advocating on behalf of their colleagues. It's time to celebrate – and support – the people who keep our union running.

Val Avery

“As we move into the new year, we'll be taking a close look at the work our stewards do, and the ways we support it.”

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MEMBERS

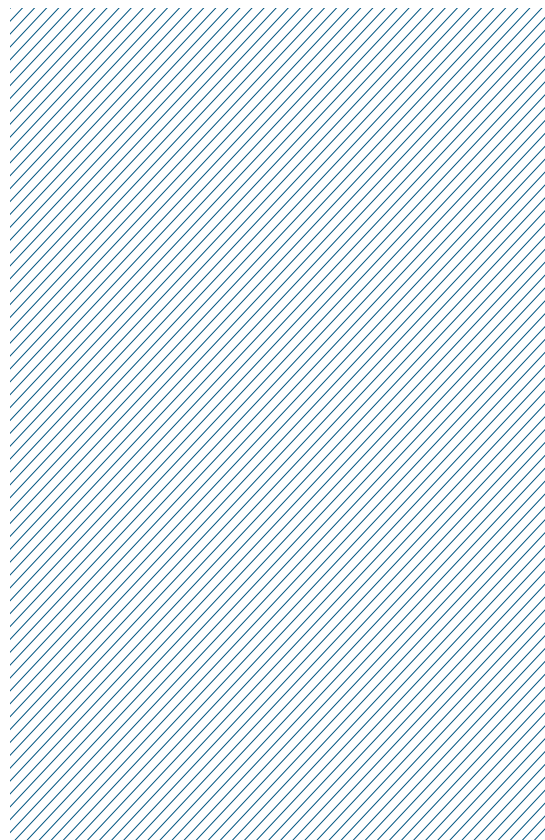
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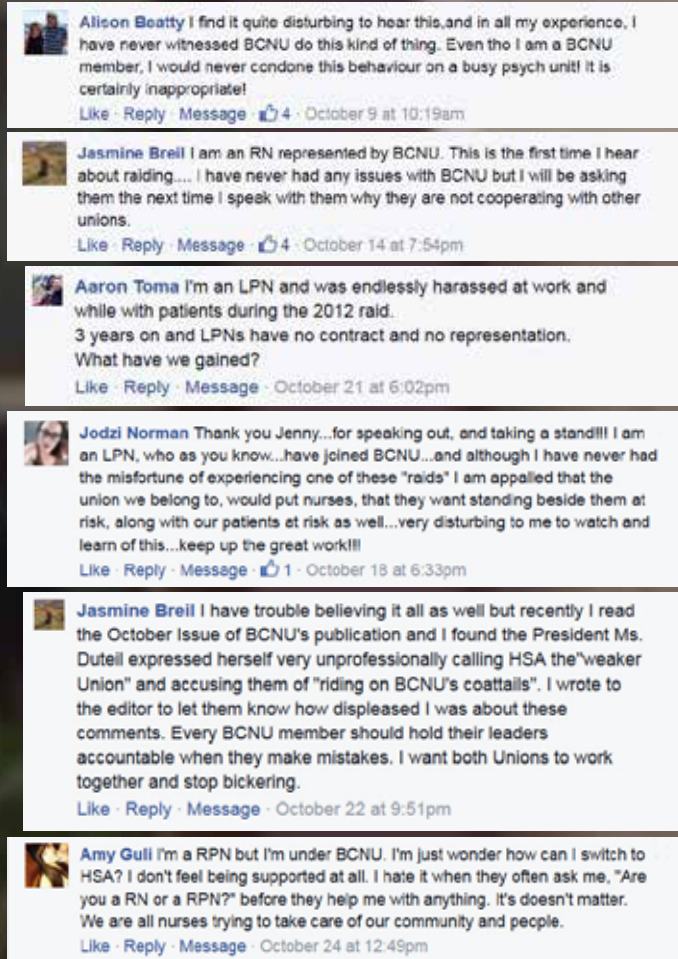
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Alison Beatty I find it quite disturbing to hear this, and in all my experience, I have never witnessed BCNU do this kind of thing. Even tho I am a BCNU member, I would never condone this behaviour on a busy psych unit! It is certainly inappropriate!
Like · Reply · Message · 4 · October 9 at 10:19am

Jasmine Breil I am an RN represented by BCNU. This is the first time I hear about raiding.... I have never had any issues with BCNU but I will be asking them the next time I speak with them why they are not cooperating with other unions.
Like · Reply · Message · 4 · October 14 at 7:54pm

Aaron Toma I'm an LPN and was endlessly harassed at work and while with patients during the 2012 raid. 3 years on and LPNs have no contract and no representation. What have we gained?
Like · Reply · Message · October 21 at 6:02pm

Jodzi Norman Thank you Jenny...for speaking out, and taking a stand!!! I am an LPN, who as you know...have joined BCNU...and although I have never had the misfortune of experiencing one of these "raids" I am appalled that the union we belong to, would put nurses, that they want standing beside them at risk, along with our patients at risk as well...very disturbing to me to watch and learn of this...keep up the great work!!!
Like · Reply · Message · 1 · October 18 at 6:33pm

Jasmine Breil I have trouble believing it all as well but recently I read the October issue of BCNU's publication and I found the President Ms. Duteil expressed herself very unprofessionally calling HSA the "weaker Union" and accusing them of "riding on BCNU's coattails". I wrote to the editor to let them know how displeased I was about these comments. Every BCNU member should hold their leaders accountable when they make mistakes. I want both Unions to work together and stop bickering.
Like · Reply · Message · October 22 at 9:51pm

Amy Gull I'm a RPN but I'm under BCNU. I'm just wonder how can I switch to HSA? I don't feel being supported at all. I hate it when they often ask me, "Are you a RN or a RPN?" before they help me with anything. It's doesn't matter. We are all nurses trying to take care of our community and people.
Like · Reply · Message · October 24 at 12:49pm

JENNY'S STORY IS UNITING NURSES - AGAINST BCNU



Jenny Orris has got a lot of people talking.

The Kamloops RPN has come forward with her story about what it's like to be confronted by BC Nurses' Union organizers intent on getting HSA members to join BCNU. She describes tactics that are unprofessional and alleges the organizers systematically bullied her for standing up against their attempts to enter locked wards during working hours.

The Labour Relations Board backs up her claims, charging the BCNU with having put both patients and RPNs at risk at Royal Inland Hospital. More recently the LRB ruled BCNU violated labour laws on a second instance at Royal Jubilee Hospital in Victoria. Now they've ordered the BCNU to "cease and desist" raiding HSA RPNs like Jenny.

RPNs around BC are rallying to the cause, but they are being joined by an unlikely ally - nurses and LPNs who belong to BCNU.

Few BCNU members know about the raiding, and many are now speaking out. RPNs and RNs work as a team to help patients. More and more RNs want BCNU to treat HSA with the same professional respect.

MANY MEMBERS TO RECEIVE ADDITIONAL PAY INCREASE

LOOK FOR PAY INCREASE AFTER FEBRUARY 1 PAY PERIOD

Starting with the first pay period after February 1, 2016, most HSA members can expect a pay hike of 0.45 per cent over and above the 5.5 per cent increase rolling out over the life of the current contract.

This increase is the result of the Economic Stability Dividend, a feature of the current agreement which requires the government to increase negotiated wages as a portion of provincial economic growth when it exceeds official forecasts.

In order to activate the ESD, growth for British Columbia must exceed forecasts set by the independent Economic Forecast Council at the start

of the fiscal year. The wage increase is calculated based on 50% of any positive difference between the forecast and the November GDP data released by Statistics Canada. Earlier this month Statistics Canada reported that in 2014 the B.C. economy grew by 3.2 per cent, exceeding the forecast provided by the Economic Forecast Council of 2.3 per cent.

In 2017, members could see a second ESD wage increase should the BC economy outperform economic forecasting for 2015.

The ESD will benefit all members covered by the Health Science Professionals, the Community Social Services and the Community Bargaining agreements. HSA is currently examining wage grids provided by Health Employers Association of BC specific to HSPBA members and will provide these as soon as the numbers are confirmed for accuracy. Lead unions for the CCSEA and CBA agreements will be providing the same to members covered by these agreements.



RTS AT ROYAL JUBILEE HOSPITAL CELEBRATE RESPIRATORY THERAPIST WEEK 2015.

WHAT ARE YOU DOING AFTER WORK?

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 fo-

rums 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.



OT OF THE YEAR

DIANNA MAH-JONES, CLINICAL ASSOCIATE PROFESSOR, DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY, HAS RECEIVED THE 2015 OUTSTANDING OCCUPATIONAL THERAPIST AWARD FOR HER EXCEPTIONAL CONTRIBUTION TO THE PROFESSION.

Over the course of her career, Mah-Jones has become a recognized leader in the field of occupational therapy and has made significant advancements through her work at the GF Strong Rehabilitation Centre, where she served as the director (1991-1996), as well as a professional practice leader (1996-2002), clinical practice leader on the Neuromusculoskeletal Program (2002-2006), and front-line therapist (2005-present). Mah-Jones has also demonstrated a passion for supporting future generations of occupational therapists and has served as a Clinical Associate Professor within the Department in Occupational Science and Occupational Therapy since 1999.

The prestigious honour, presented by the Canadian Association of Occupational Therapists British Columbia (CAOT-BC), was awarded to Mah-Jones at the College of Occupational Therapists of BC's AGM Day, held October 24, 2015.



NUPGE 2015 SCHOLARSHIP WINNER

CONGRATULATIONS TO HSA PHARMACIST ANDRIA LEE, AND HER SON MATTHEW, WHO WAS JUST AWARDED THE 2015 NUPGE SCHOLARSHIP FOR VISIBLE MINORITIES.

Reflecting upon his own family's experience immigrating to Canada, Matthew wrote about the role of unions in providing quality public services to provide a better quality of life for all workers, including those who are visible minorities. Matthew states:

"Our working family is an example of how the unions have supported, and advocated for the under-represented and disadvantaged workers - to ensure that high quality public services can enhance the quality of life of visible minorities."



CONGRATULATIONS TO HSA MEMBER IRENE STOYLES, SEEN HERE RECEIVING CUPCAKES FROM REGION 10 DIRECTOR MANDI AYERS. IRENE WAS NAMED RESPIRATORY THERAPIST OF THE YEAR BY THE BC RESPIRATORY THERAPIST SOCIETY.

- 
Sheila Anderson Congratulations Irene, we are so proud of you.
 Like · Reply · Message · October 6 at 9:01pm
- 
Mandi Ayers Yay Irene!!
 Like · Reply · Message · October 6 at 9:58pm
- 
Kathy Green Congrats
 Like · Reply · Message · October 6 at 11:47pm
- 
Lois Dick Congrats to you Irene. Well deserved
 Like · Reply · Message · October 7 at 10:43pm

JOIN THE COMMUNITY AT [FACEBOOK/HSABC](https://www.facebook.com/HSABC)

LETTER TO REPORT MAGAZINE

I just read the letter in the October issue regarding a request for HSA to give members cash for long term membership when they enter retirement.

I am on the verge of retirement and do not feel the need for this at all. As it is, HSA members are entitled to severance and 40 per cent of sick leave credits. This is a benefit HSA has negotiated for us, and there's no need for more, in my opinion. Cash from HSA would have to come from union dues paid by my fellow union members, I don't think those members should have to contribute to cash for me when I retire.

Corine Sidwell
 Health records administrator
 Surrey, BC

EDITOR'S NOTE

Believe it or not, we actually do publish letters to *The Report* – we just don't get very many. If you've got something to say, write us a letter, or join the on line conversation at www.facebook.com/HSABC.

OOPS

We messed up in the September issue.

The article "HSA Members Lead Patient Care Innovation" listed Stacey Prodaniuk working on a research study at Holy Family Hospital as both an occupational therapist and physiotherapist.

In fact, Stacey is a physio, and the occupational therapist should have been identified as Leah Swantje.

Thanks for pointing that out.



 Sharon Evans After 20 + years they still can't take NO for an answer!
Like Reply Message August 31 at 2:18pm

 Bonnie Nicholas-Tschritter Wow!! Think they should just lay off and concentrate on their own members!!
Like Reply Message September 1 at 10:25pm

JOIN THE COMMUNITY AT FACEBOOK/HSABC

BCNU ORDERED TO ‘CEASE AND DESIST’ RAIDING

IN EARLY OCTOBER THE BC LABOUR RELATIONS BOARD ISSUED A RULING FINDING THAT BCNU HAS ONCE AGAIN VIOLATED THE LABOUR RELATIONS CODE.

This time, the ruling was related to a complaint brought forward by HSA RPNs at Royal Jubilee Hospital in Victoria.

Because this was the second time the Labour Board had found that the BCNU committed this type of violation, it found it appropriate to issue a cease and desist order against the BCNU.

The BC Labour Relations Board is an independent, administrative tribunal. In its ruling, the Labour Board recognized that, “RPNs work in an environment in which they and the patients they serve are brought into unacceptable risk when they are distracted from their work by persuasive conduct which is prohibited by Section 7 of the Code.”

Section 7 of the Code specifically states that without an employer’s consent, a union or person acting on its behalf must not attempt to persuade an employee to join or not join a trade union at the employer’s place of employment during working hours.

The Associate Chair of the Labour Board noted that this “is of present and ongoing concern” and ordered that the BCNU must cease and desist activities that breach Section 7 of the code.

BC HEALTH MINISTER WARNS BCNU THEY RISK BEING “PART OF THE PROBLEM” ON WORKPLACE VIOLENCE

BC Health Minister Terry Lake has called out the BCNU for demanding government action improve workplace safety even while they put RPNs in danger.

As reported in the Vancouver Province on August 30, Lake “took a shot at BCNU, saying the union has been caught aggressively ‘raiding’ nurses represented by a different union, distracting them at work by pestering them to switch unions.

“Lake pointed to a recent B.C. Labour Relations Board decision that found BCNU recruiters put psychiatric nurses in ‘danger’ by distracting them on the job.

“When they are talking about these issues, the BCNU need to have credibility in making sure they are not part of the problem,” Lake said.

BCNU TRIES TO EXCLUDE RPNS FROM BARGAINING

BCNU ATTEMPTED TO BAR RPN REPRESENTATIVES FROM BARGAINING MEETINGS IN SEPTEMBER.

HSA members covered by the Nurses' Bargaining Association, led by the BC Nurses' Union, have been without a contract for over a year. HSA has launched action on behalf of RPNs who were being excluded from the negotiations for a new contract. An application to the Labour Relations Board asks for an order that bargaining not take place until RPNs are fully represented by HSA negotiators.

As lead union in the nurses bargaining unit, BCNU holds a 8-2 majority of votes on the NBA negotiating committee. In late September, BCNU used this majority to exclude and silence RPN representatives, in direct violation of the Articles of Association that were approved by the BC Labour Relations Board.

HSA is concerned about the following attempts to exclude and silence RPNs at bargaining:

- BCNU failed to provide HSA's RPN representatives with timely notice that bargaining was to commence the week of September 21.
- BCNU refused to provide their bargaining proposals by the May 15, 2014 deadline - instead, HSA first saw them only when they were presented to the employer at 1:30 pm on September 21 - one year and four months

HSA negotiators representing RPNs were denied entry to the bargaining session and escorted from the BCNU building by employees of BCNU.

after deadline. BCNU bargaining proposals were tabled, and HSA's proposals were not.

- On September 22, HSA negotiators representing RPNs were denied entry to the bargaining session and escorted from the BCNU building by employees of BCNU. Under the Articles of Association approved by the LRB there needs to be at least two unions represented at negotiations to achieve quorum.
- HSA protested this exclusion in a letter to the Health Employers Association of BC (HEABC), and BCNU agreed to let HSA's RPN representatives attend the bargaining session the next day.
- On September 23, HSA negotiators representing RPNs were informed by BCNU that bargaining would take place in part through 27 small commit-

tees. BCNU then refused to let HSA participate in any of the committees except two - those focusing on violence and bullying.

"RPNs have specialized skills and years of experience that gives them a unique perspective," said HSA President Val Avery. "An RPN is not just another nurse."

"Last fall BCNU put the safety of RPNs and patients at risk, according to a ruling from the Labour Relations Board. This fall they appear determined to prevent RPNs from having a say in negotiations for their own contract. HSA will continue to stand up for RPNs - for their safety, and for their voice at negotiations."

Bargaining was set to commence again the last week of October, but BCNU cancelled the meetings. No dates for the resumption of bargaining have been set.



HSA BOARD MEMBER ANITA BARDAL (LEFT) AND A BURNABY HOSPITAL LAB TECH MEMBER, WHO IS CURRENTLY IN TREATMENT, WITH FAMILY PARTICIPATED AT THE VANCOUVER RUN.



SALLY SALTER (MIDDLE) AND THE NANAIMO CREW.



HSA BOARD MEMBER MANDI AYERS (LEFT) AND PRESIDENT VAL AVERY IN PRINCE GEORGE.



HSA'S HEATHER MASCHEK, HEIDI COATES, STASIA HASUMI AND ANNE DAVIS WERE AMONG THE MANY COMMUNITY SOCIAL SERVICE WORKERS WHO MET IN OTTAWA

COMMUNITY SOCIAL SERVICE WORKERS ADDRESS CONCERNS AT NATIONAL MEETING

FINANCIAL PRESSURES, OVERFLOWING CASEWORK, INCREASING MENTAL HEALTH CONCERNS ARE JUST A FEW OF THE ISSUES ADDRESSED AT AN OCTOBER CONFERENCE FOR COMMUNITY SERVICE WORKERS HOSTED IN OTTAWA BY THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES' (NUPGE)

"Services in our communities are feeling the crunch more than ever," says James Clancy, NUPGE National President. "Workers are having to do more with less and struggle with systems that have not kept up with the needs of our communities."

"We may come from different sectors but our goal is to provide the best care we can

for those in our communities who need it," says Clancy. "As a union, we can build solidarity and support and put forward a plan that will take care of clients and their families — and workers."

Community social service workers from across Canada, including four HSA representatives, gathered to share and strategize on building support for increased funding for the programs and services that care for members of our communities.

The conference took a close look at many of the issues workers are facing and gave participants a chance to talk about what is happening in their workplaces and regions, including the increasing level of privatization in community services.

Participants also discussed how to achieve the goal of raising

the profile of community social service workers and ensuring community services are adequately funded.

Anne Davis, program co-ordinator at Comox Valley Transition Society and Region 1 Director was in attendance, and was asked to present. She reports that among the outcomes, NUPGE is now proposing a series of actions to be carried out across the country to profile the sector. They also plan to lobby for a Canada Community Services Transfer and Act."

"Overall, the information shared in the conference was useful and I think the idea of a national campaign is very good," says Davis. "Our members who attended had a positive experience though they indicated they would have liked more opportunities to interact with members of other unions."

CHANGE AT THE TOP

NEW HOPE FOR HEALTH CARE?

ON OCTOBER 19TH, CANADIANS SOUNDLY REJECTED THE HARPER CONSERVATIVES' REFUSAL TO PROVIDE FEDERAL LEADERSHIP ON HEALTH CARE.

Instead, we elected a majority Liberal government which made important promises during the election campaign to improve Canada's public health care system.

During the campaign, Liberal leader Justin Trudeau promised \$3 billion over the next four years to improve home care, action to increase the availability of mental health services, and to work with the provinces to reduce the cost of prescription drugs through bulk buying, reducing unnecessary overprescribing of medications and decreasing adverse drug reactions.

The Liberal platform states: "Our commitment is nothing less than ensuring an integrated primary care system in Canada that is multidisciplinary, patient-centered, and committed to managing chronic disease within community, home, and long-term care settings."

The Liberals' emphasis on working with the provinces to deal with the demands of our aging population is also reflected in their promise to spend almost

The most important promise made by the Liberals may be their commitment to sit down with the provinces and territories to negotiate a new Health Accord that includes a long-term agreement on funding.

\$20 billion over ten years on "social infrastructure", which will prioritize affordable housing and seniors' facilities - including long-term care facilities.

The Liberals were elected on a platform that includes specific measures aimed at helping Canadians eat healthier, and at improving children's health. Their platform also includes a promise to make it easier for people caring for sick family members to access compassionate care benefits under Canada's Employment Insurance plan.

But the most important promise made by the Liberals may be their commitment to sit down with the provinces and territories to negotiate a new Health Accord that includes a long-term agreement on funding. "We need a federal government that is willing to sit down and work

with the provinces, not dictate at the provinces but set clear targets and expectations," stated Trudeau during the campaign.

HSA members will play a critical role in implementing all of these improvements to health care - whether it's improving mental health services or prescribing practices, or providing integrated, multidisciplinary primary care in community, home, and long-term care settings.

But first we need to make sure our new government follows through on its health care commitments, and makes them a priority in the coming months. You can join other public health supporters in sending Prime Minister-designate Trudeau an e-mail urging him to act on his health care promises by visiting the BC Health Coalition site at bchealthcoalition.ca.




Debbie Harmon So glad that HSA is providing our Stewards with the necessary skills to work with our MLAs to increase funding to the Child Development Centres that serve our vulnerable children
 Like · Reply · Message · 3 · September 18 at 12:20pm


Christine Ambrose Thanks for the wonderful training. A fantastic day and learned so much!
 Like · Reply · Message · 1 · September 18 at 5:59pm

JOIN THE COMMUNITY AT FACEBOOK/HSABC

CHILD DEVELOPMENT CENTRE PROFESSIONALS GATHERED FOR TRAINING ON GOVERNMENT RELATIONS AS PART OF HSA'S CONSTITUENCY LIAISONS PROGRAM. PARTICIPANTS ARE CURRENTLY MEETING WITH GOVERNMENT AND OPPOSITION MLAS TO MAKE THE CASE FOR INCREASING FUNDING FOR CHILD DEVELOPMENT CENTRES TO PROVIDE ADEQUATE EARLY INTERVENTION SERVICES TO CHILDREN WITH DISABILITIES IN BC.

KIDS WITH DISABILITIES NEED MORE FUNDING

CHILDREN WITH DISABILITIES FACE A LOT OF CHALLENGES, BUT WITH SUPPORT IN THE EARLY YEARS, MANY CAN OVERCOME BARRIERS AND ACHIEVE THEIR FULL POTENTIAL.

Now imagine the heartbreak of the parents who learn that funding shortfalls will keep their kids from getting that help – until it's too late. That's the reality for many families in BC, and HSA is working to do something about it.

Child Development Centres in BC provide early intervention services to children with disabilities such as autism, cerebral palsy, Down Syndrome and fetal alcohol spectrum disorder. These children are mainly under six years old and the services

facilitate their participation in the community and school. More than 30 agencies provide such services in BC, and most of the funding is provided by the Ministry for Children and Family Development.

For several years, Ministry funding for these services has been inadequate to provide the level of services that children with disabilities and their families require. As a result, wait lists for these services have grown. Long wait lists for services exist at CDCs around the province.

Funding for 2015 is inadequate to maintain even the current service level at CDCs, and budget increases for the next 3 years are only 0.41, 0.52 and 0.85 per cent – far less than inflation. If funding is not increased, then service lev-

els will be reduced, and even more children will be deprived of receiving the services they need within the critical window of time when they can benefit most from the service.

HSA's Constituency Liaison program recently held a workshop for members working at CDCs around the province. Participants were trained in basic government relations techniques, given practice on delivering a clear message on the need to increase funding for CDCs, and asked to meet with their local MLAs over the next few weeks.

New funding is hard to achieve these days, but HSA intends to make sure the government understands the cost of not acting is far, far greater.



TERRY HO, JOHN BHULLAR, RAMZAN ANJUM AND JEFF LIM ARE WORKING TO ENGAGE MEMBERS, BRING THE UNION INTO THE WORKSITE - AND INSPIRE NEW STEWARDS TO JOIN THE TEAM AT CHILDREN'S HOSPITAL. OR AT LEAST HANG OUT.

THERE FOR OTHERS

A RELUCTANT RECRUIT, JOHN BHULLAR HAS FOUND REWARD IN HIS WORK AS STEWARD

WHEN LABORATORY TECHNOLOGIST JOHN BHULLAR WAS FIRST ASKED TO CONSIDER TAKING OVER THE WORK OF A RETIRED STEWARD, HE THOUGHT HE WASN'T UP FOR THE JOB.

"I preferred to be in the background," he said. Besides, with over 1000 members from a wide range of professions, stewards at Vancouver's Children's Hospital had a huge responsibility. Dorrit Hansen, the outgoing steward, had done the work for years, and had an impressive knowledge of the collective agreement.

"But once it was obvious that she was actually going to retire, I kinda picked up the work. I thought, you know, she was there for me every time I had an

issue. Maybe I should be there for others."

That was three years ago. Looking back now, Bhullar admits being a steward is a lot of work, but says he loves helping fellow members and making sure the collective agreement is being followed. To him, a steward isn't just the person you go to when you have a problem. It's the person who helps connect members to each other, and motivate them to work together to make their workplace, and their union, better.

"Come talk to me if you have a problem," he says. "But if you want to grab a coffee, or if you just want to talk, come see me. We're colleagues."

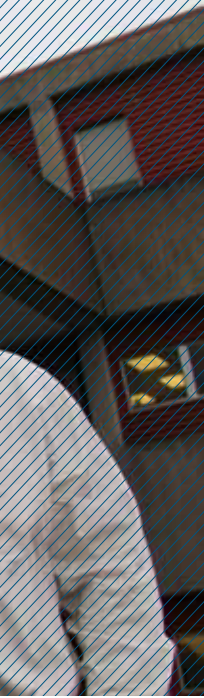
There have been plenty of challenges. Diversity of professions, for example.

"We have a lot of unique professions here. There may not be many of them, but their questions are just as important as anyone else's, but it's a very steep learning curve just figuring out what is involved in their work. As you can imagine, if you go into a meeting and you have no clue what that member does, you might as well not go. You have to educate yourself, and that takes a lot of time and effort."

But the number one challenge is getting people to be stewards.

"People already have a lot of responsibilities with their jobs. And getting time off for stewards is hard. The employer often doesn't have enough staff, so we really have to push to get that time."

"It comes down to getting people engaged," says Bhullar,



“COME TALK TO ME IF YOU HAVE A PROBLEM,” HE SAYS. “BUT IF YOU WANT TO GRAB A COFFEE, OR IF YOU JUST WANT TO TALK, COME SEE ME. WE’RE COLLEAGUES.”

and in this, he’s guided by the example of his mentor.

“Doritt listened to you,” he says. “And she was a great organizer because she taught me that the union isn’t some other people out there – it’s you, and it’s me.”

“I said sure I can help you, let’s look at the collective agreement, and as soon as I sat down it was clear that she had never even seen that book. And I thought, oh boy.”

Many members, especially newer ones, have little contact with the union unless they have a problem. That means they don’t really know what HSA is, what it stands for, and how it makes decisions.

“Today for example somebody came to me, asked me a question, and I said sure I can help you, let’s look at the collective agreement, and as soon as I sat down it was clear that she had never even seen that book. And I thought, oh boy.”

Bhullar uses his role as steward to try to bridge that gap.

“Once they realize that THEY are the union, they’ll get engaged and help their colleagues. So what I usually do is target a profession once a month. Last month I decided I was going to meet as many genetic counselors as I could. So I met with one, asked her who her colleagues were, and then I met with them. In each case I told them who I was, what HSA was all about, and asked them if they had a copy of their agreement. I made HSA more visible, and more and more members are getting active.”

Bhullar now has a small team of active stewards helping out. It’s a good start, but he’d like to do more.

“I would love to do more education days. It’s a lot of work, but it’s gone very well. We just set up a pension seminar, and it’s taking off like crazy. I have to look for a bigger room now.”

He’d also like to see more time off to allow stewards to lead more HSA events at the work-site.

“Not everyone has the time or ability to get out to the main office in New Westminster. For example, we recently brainstormed about ways to get more stewards, and decided to set up an HSA table at lunch

for a few days. We invited Val Avery to participate, and oh boy, were we surprised by the turnout. I can tell you that all the stuff HSA provided to us to give away, we had nothing left after the first hour. So many people turned out. Now everyone is asking, hey, when are we going to do that again?”

“The support we’ve been getting from the union has been incredible. It’s so important to see our president clear her schedule and come out to meet with our members. She’s shown them so much enthusiasm and respect, and people really appreciate that.”

“The labour relations staff has been very good too. Sometimes I interact with five or six of them when dealing with a single issue, and they are very good at getting me what I need to help a member.”

After three years as a steward, Bhullar has big plans for bigger and better activities. And some advice for those who think they can’t do the job.

“I just want to say, have confidence in yourself. And have confidence in your union, because they’ll be there to support you.”

ARE SICK LEAVE CREDITS AFFECTED BY UPCOMING CHANGES?

PLANNED MOVE TO JOINT BENEFITS TRUST PLAN RAISES RELATED QUESTIONS

BY DENNIS BLATCHFORD
HSA PENSIONS AND
BENEFITS ADVOCATE

I am planning to retire sometime next year and am wondering if the formation of the new benefit plan will have any bearing on my retirement benefits?

Do you mean retirement benefits or severance benefits? I ask because retirement benefits - health and welfare - are provided through your pension plan once you retire. And just like the existing employer run health and welfare benefit plan, the new jointly-administered benefit plan will be for active members only.

Thanks for clarifying, I do mean the severance benefits. Will there be any changes to those benefits because of the new benefit program? I'm counting on that money and after decades of dedicated service I don't want to see those benefits disappear just before I can access them.

No, there will be no changes to the accumulated severance allowance or the 40 per cent cash-in of sick leave credits. These two clauses in the collective agreement provide the bulk of your severance package at retirement and nothing involving the new health and welfare benefit trust will have any bearing on these benefits for retiring members. In fact, the collective agreement runs until 2019 and so the current language of the agreement will remain unaltered until that time at least.

Okay, that's good to know. The reason why I'm asking is I recall there were bargaining discussions about the sick leave system and possibly doing away with the sick leave banks. Am I right?

Yes, there were discussions some years ago about modifying the sick leave coverage but the talks were exploratory, and in the end, the discussion went nowhere. For someone like yourself who enjoyed good health the sick leave system works great and you will be

rewarded with a valuable payout on retirement. But the flaw with relying solely on individual accumulated sick leave banks is members battling a chronic illness can exhaust their sick leave banks before being eligible for long term disability benefits. So the discussion was about finding a hybrid system that would maintain a lot of the existing features, including the severance cash-in of sick leave credits, but also provide short-term disability coverage for those that need it. In the end the idea was abandoned because the price was too high. At no time was the cash-in of sick leave credits in jeopardy then - and they aren't now.

Best wishes for a long and healthy retirement!

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



BREAK THE SILENCE ON VIOLENCE

THE NEED TO REPORT VIOLENCE WAS A MAJOR FOCUS OF DISCUSSION FOR PARTICIPANTS AT THE RECENT RPN SUMMIT ON VIOLENCE

BY DAVID DURNING
HSA OHS OFFICER

A RECENT SURVEY OF EMERGENCY DEPARTMENT STAFF AT ABBOTSFORD REGIONAL HOSPITAL INDICATED THAT MORE THAN HALF OF THOSE WHO HAD RECENTLY EXPERIENCED VIOLENCE ON THE JOB DIDN'T REPORT THOSE EVENTS.

This finding supports other similar surveys and anecdotal evidence from HSA members indicating that underreporting of violence and aggression at work is a common problem all over the province. Considering that these types of injuries are increasing - with about 1000 violence-related WCB time loss injury claims filed last year - the fact that many more incidents go unreported is a significant concern for the union.

The issue of underreporting was a main topic of discussion at the recent RPN Summit on Violence

Prevention held in October. The day-long solutions oriented summit, attended by more than 50 registered psychiatric nurses from around BC, featured presentations and hands-on workshops about the increasing prevalence of workplace violence in the health sector and followed up on a provincial summit with the Ministry of Health in April. That provincial meeting came about in response to a letter to Health Minister Terry Lake from HSA President Val Avery, expressing the urgent need to develop provincial level strategies for dealing with workplace violence and aggression towards health care workers.

Summit participants discussed a violence prevention best practices model, where actions to deal with workplace violence and aggression are based on a thorough understanding and analysis of root causes. Each factor contributing towards a violent event needs to be assessed so that recommendations and changes can be made to prevent reoccurrences and

injuries. This can only happen when incidents are properly reported and documented.

Summit participants were asked about why so many incidents of violence and aggression go unreported. The answers to that question covered main themes such as uncertainty about how and what to report, but there was also a discussion about the troubling misunderstanding many members seem to have - that violence is somehow part of a healthcare workers' job, that it should be expected and that it's a sign of weakness to report it.

There is a legal requirement to properly report all injuries due to violence or aggression at work, as well as events where there may not be an injury, but there was the potential for serious injury. All such incidents must be reported to a worker's supervisor and investigated. Direction provided by summit participants will help the union in the development of educational and campaign material on this important topic.

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



DORIS PETERS

MENTAL HEALTH CLINICIAN AND CHIEF STEWARD

BY LAURA BUSHEIKIN

“JUST WHAT IS OUR UNION DOING FOR US?”

This was the question that set HSA member Doris Peters down a path that led, surprisingly quickly, to becoming a chief steward in June of last year.

After four years as a child and youth mental health clinician at Vancouver Children’s Hospital, working with young children experiencing social or emotional difficulties, Peters felt she was ready to learn something about her union.

“Often among my colleagues in child and mental health I was hearing questions about the union. How was it representing us? Were we getting lost in the

big picture?”

Peters had been to a few HSA meetings and decided to put her name forward for a steward position as a first step in getting involved. However, the chief steward role was vacant and her

role. I heard Val Avery talk and was really energized to hear all the things HSA is doing for its members – for us. I thought what I can do for my group is give them that same sort of energy.”

I was hearing questions about the union. How was it representing us? Were we getting lost in the big picture?”

colleagues urged her to take it.

“The vice-chief said she would mentor me. So I just kind of jumped right in with both feet!

“My passion came from wanting members to have a greater understanding of the union’s

Any trepidation Peters had about jumping in without much experience was soon allayed as she realized how much support was available.

“So far I’ve gone to a couple of Attendance Wellness Program meetings. I’ve done a grievance

“YOU DON’T HAVE TO FEEL YOU’RE JUST ONE PERSON. ACTUALLY YOU ARE ONE PERSON WITH A GREAT NUMBER OF PEOPLE BEHIND YOU.”

with a member. I’ve represented a member at a human resources meeting. Each time I was able to call the office and speak to a labour relations officer who guided me through my role so I felt comfortable. I really value the ready access to someone who is ready to answer questions and explain the process.

“I’ve learned that it’s not only important to know what our role is but also what the limits of the role is. I originally was thinking, okay, I am supposed to be like a lawyer? I have to represent the member vigorously, do all the research and talking. When I learned that was not true, that alleviated a lot of stress. My role is to support the member emotionally and to ask some good questions, take good notes, and make sure the correct process

is being followed. And any point I can call a caucus, take a break and call the union office to ask a question. So everything doesn’t rest just on me.

“It’s very satisfying to know, when I’m going into a meeting to support a member, that although I’m just one steward, I feel like all of us as stewards are there. There’s no need to feel powerless. You don’t have to feel you’re just one person. Actually you are one person with a great number of people behind you.”

Peters says her experience with HSA so far has exceeded her expectations. “I hadn’t realized how important our role is for our members. We provide an ear. An issue may not be grievable; it might not be something we can take to any formal pro-

cess, but members need to have someone hear them and provide clear information. That way people aren’t falling through the cracks.”

As well, Peters values the work HSA does in the community to promote social justice. “I was excited to find out that our union isn’t just working in a micro-way for its members as individuals, but is also involved with the bigger picture, for instance, working against violence against women, and political work such as mobilizing members in the election,” she says.

These days, when she hears colleagues asking what the union is doing for them, Peters has plenty of answers.



“HE MADE A BIG DIFFERENCE IN THIS WORLD AND IS MISSED EVERY DAY.”

CHARLIE WHEAT

HSA MEMBERS AT SOUTH PEACE CHILD DEVELOPMENT CENTRE IN DAWSON CREEK ARE MOURNING THEIR COLLEAGUE CHARLIE WHEAT.

A life-long resident of Dawson Creek, Charlie spent the last two years of his schooling in Africa, attending the International School of Moshi in Tanzania while his parents worked on the Tanzania Canada Wheat Project. He traveled the world, exploring the open spaces of Africa, Europe, the US and Canada. He loved painting, cooking, flowers and gardening, and he helped with the Dawson Creek Farmer's Market for many years.

After studying at Northern Lights College, Charlie worked as a community living worker.

“He was a very dedicated and compassionate man and loved



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his work,” says colleague Lois Dick. “He had grown up on a farm where his adopted parents also fostered 22 special needs children. He gleaned lots of experience dealing with the special needs community, and that guided him on the path he followed.”

Charlie served his colleagues in a number of roles over the years: assistant steward, chief steward, member-at-large and member of HSA's education, resolutions, trial and occupational health and safety committees.

“He was passionate about health and safety,” says Dick. “He was instrumental in steering the programs for health and safety at his workplace. He made a big difference in this world and is missed every day. I hope he is considered for the David Bland award, as I think it would be very well deserved.”

“He was respected and liked by all who came within his sphere.”

Charlie passed away on October 6. He was 44.



Name: Alison Hietanen

Default junk food: Homemade popcorn, with LOTS of butter

Job title and department: Membership Services Coordinator – Disability Management

What you actually do, in your own words: Head up a department of talented LTD, WCB, DTA and EDMP advocates and amazing administrative staff

Why this matters: As a team we tackle challenging benefits, accommodation and return-to-work issues, with the goal of achieving positive results for our disabled members

Secret talent unrelated to job: Bake a mean carrot cake!

Person you most admire: My husband. His fortitude and courage while struggling through recovery after suffering a major stroke has been inspiring and humbling.

At HSA since: October 2005

Job before HSA: What ? There was life before HSA?!

Scariest situation you've ever been in: The pirate ship ride at the PNE. I was sure I was going to fall out. Never again!

Interesting thing you did to help a member in the last week: Helped a member who had relapsed to get back on track with a rehabilitation and return to work plan.

Plans for the weekend: Take the dog for a swim. Doesn't matter how cold it is ... he just loves the water.

Last book read: Pride and Prejudice and Zombies

Good or bad: Entertaining

Why: I love Pride and Prejudice (and the 1995 BBC mini-series!), but it's fun that the author has taken a cheeky approach to this classic novel by blending zombies and ninjas within the original text. Can't wait for the movie in 2016.



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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