

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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WHY LABOUR IS VOTING YES

FOR BETTER TRANSIT
FOR BETTER ROADS
FOR BETTER HEALTH

GUARDING MINDS AT WORK



WORKLOAD AND STRESS ARE AMONG THE MOST SERIOUS WORKPLACE CHALLENGES OF OUR TIME.

As a union, we're seeing an increasing number of members, from all professions, paying a terrible price for this. Compromised performance, increased illness and disability wreak havoc on professionals, their families, and the health care system itself.

We all need to do a good job taking care of ourselves, but that's not possible if employers aren't supportive. And while there is a growing recognition of the importance of mental health in the workplace, we still have a long way to go to establish practices to sustain mental health.

That's why HSA has been using a survey tool called Guarding Minds at Work. It's designed to gather information from members about psychological health and safety in their workplaces.

The program was developed by researchers from the Centre for Applied Research in Mental Health and Addiction (CARM-HA) within the Faculty of Health Sciences at Simon Fraser University on the basis of extensive research, including data analysis of a national sample and reviews of national and international best practices, as well as existing and emerging Canadian case law and legislation.

Last fall, Guarding Minds at Work questionnaires were circulated to all HSA members with email addresses, and over 1000 responded to the 68 question survey.

HSA is now analyzing results, comparing responses from different employer groups, writing

a report and making recommendations for various initiatives to be undertaken – as a union and with the employers we deal with.

We're optimistic about the process. Members are going to benefit, but employers will too. A 1998 study estimated the annual cost of mental health problems to the Canadian economy at \$14.8 billion; more recent estimates put the cost as high as \$35 billion. Studies also reveal that when employers adopt policies and programs to address psychological health and safety, they incur between 15 and 33 per cent lower costs related to psychological health issues. And that's good for patient service too.

Val Avery

Members are going to benefit, but employers will too. A 1998 study estimated the annual cost of mental health problems to the Canadian economy at \$14.8 billion; more recent estimates put the cost as high as \$35 billion.

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MEMBERS

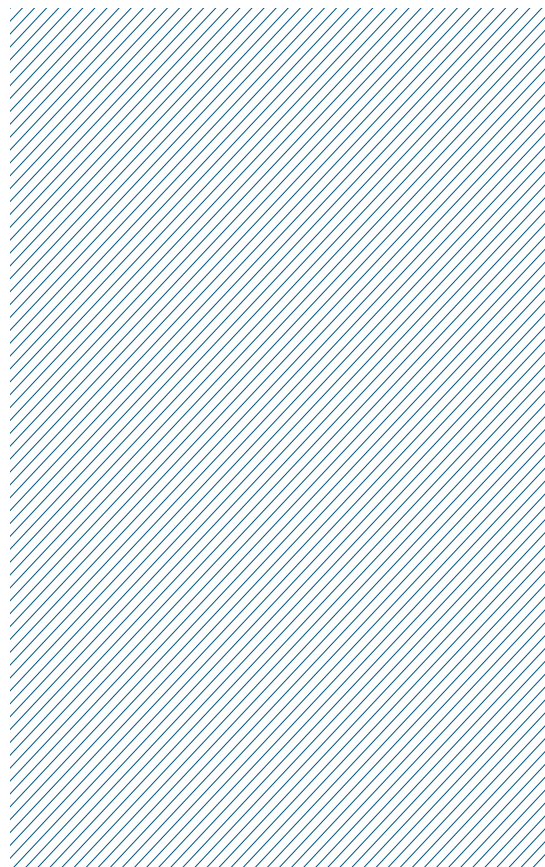
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Melissa

Domestic violence survivor

“Three days after our wedding he hit me.”

“Some days I wasn’t allowed to go to work. And when I was allowed, he would call and threaten me.”

Canadian employers lose \$77.9 million annually due to the direct and indirect impacts of domestic violence, and the costs, to individuals, families and society, go far beyond that. However, we know very little about the scope and impacts of this problem in Canada.

That’s why the Canadian Labour Congress partnered with researchers at the University of Western Ontario to conduct the first ever Canadian survey on domestic violence in the workplace. HSA supported the survey and encouraged members to participate

The findings are shocking. 33 per cent of the 8429 people surveyed had experienced domestic violence. Over half of them said it followed them to work. 10 per cent of them lost their jobs.

Being a perpetrator of domestic violence also significantly impacts a worker and their workplace. A recent study found that 53 per cent of offenders felt their job performance was negatively impacted, 75 per cent had a hard time concentrating on their work, and



19 per cent reported causing or nearly causing workplace accidents due to their violent relationship. Their behaviours lead to a loss of paid and unpaid work time, a decrease in productivity, and safety hazards for their co-workers.

Collective social change is required and one place that these necessary changes must occur is in the workplace. HSA, with its research and education resources, steward networks and workplace occupational health and safety committees has a key role and responsibility in taking on this issue.

“I was lucky,” says Melissa. “My boss and my co-workers were supportive. The more people know, the better the chances of helping a woman like me escape their situation.”



READ THE REPORT AT
CANADIANLABOUR.CA

UPDATE ON THE 37.5 HOUR WORK WEEK

THE 37.5 HOUR WORK WEEK FIRST TOOK EFFECT ON SEPTEMBER 1, 2013, AND OVER THE COURSE OF THAT FALL HSA FILED A SIGNIFICANT NUMBER OF GRIEVANCES ON BEHALF OF MEMBERS IMPACTED BY THE IMPLEMENTATION. IN THE 18 MONTHS SINCE THEN, A LOT HAS HAPPENED.

The 37.5 hour work week was proposed by the Health Employers Association of BC during bargaining in 2013. Other unions, either through their respective bargaining associations or as a result of imposed legislation, had already reverted to the 37.5 hour work week. Although not without some benefits as it increased employees' real incomes without increasing wage rates, the Health Science Professionals Bargaining Association was effectively given no choice but to follow it. The HSPBA worked hard to negotiate the best possible outcome for members under these circumstances.

By agreeing to the 37.5 hour work week, the bargaining association did not agree that 9-day fortnights or other extended hours schedules could be eliminated at the employers' discretion. The HSPBA specifically rejected this interpretation at every turn. The collective agreement specifically states that employers must work with employees and the union to ensure a smooth transition. Unfortunately, some employers chose to believe that they could simply eliminate earned days off at their discretion. HSPBA disagreed, and more than 1200 grievances were filed.

The first six months after the September 2013 implementation were mostly consumed by unsuccessful discussions about grievances between employer and union reps, but the parties did come to agreement about the key issues involved. In March 2014, these threshold

issues were brought before arbitrators Vince Ready and Corinne Bell for consideration during three days of hearings. This resulted in a decision which provided guidelines about how the process should have gone, and what was – and was not – allowed.

This decision clarified that employers were required to consider proposals from employees, and where not accepted, to explain why these suggestions should not be implemented. In a disappointing ruling for the union, the decision also made it clear that employers were allowed to reduce the hours of work for part-time staff, although seniority was a labour relations “consideration” in these decisions.

Following the April 2014 decision many grievances on process issues were resolved. many issues related to lay-offs and reduction were also dealt with. However HEABC and HSPBA remained fundamentally deadlocked over what the arbitrators meant by stating that seniority was a “consideration”. HEABC has interpreted this to imply that all grievances about a reduction in hours are now dismissed. HSPBA did not agree with that interpretation.

On October 30 the arbitrators issued a clarification on the issue of reduced hours for part-time workers: unless there is also an issue of process, the employers are allowed to reduce part-time hours and the grievances will not succeed where the reduction in hours is the only issue at hand. HSPBA did not anticipate that a collaborative approach to changing schedules would reduce hours for part-timers, but the arbitrators have ruled against the union's position.

Since that decision HSPBA has been working to get resolution wherever possible, and reviewing all grievances based on reduction of hours to see if there are grounds to continue to advance those grievances.

CONTINUED PAGE 8



HSA WELCOMES LANZINGER

FIRST WOMAN TO SERVE AS PRESIDENT OF BCFED

HSA extends its congratulations to Irene Lanzinger and Aaron Ekman – elected President and Secretary-Treasurer of the BC Federation of Labour by delegates to the 56th convention.

Lanzinger, the first woman to ever hold the position, was the Federation’s secretary-treasurer for the past four years and is a past president of the BC Teachers’ Federation. She is a high school math and science teacher in Vancouver.

Ekman is the founding president of the North Central Labour Council and is a staff member of the BCGEU.

HSA also expresses thanks to outgoing President Jim Sinclair – a strong and passionate leader of working people in BC for the past 15 years at the BC Federation of Labour.

The BC Federation of Labour represents over 500,000 members from affiliated unions across the province, working in every aspect of the BC econ-

omy. It has a long and proud history of fighting for the rights of all working people for a safe workplace and fair wages.

NEW OHS LEGISLATION WELCOME

IMPROVEMENT ONLY POSSIBLE WITH COMMITMENT TO ENFORCEMENT

After years of pushing the BC government to act, the BC Federation of Labour is pleased that the Minister of Labour has finally taken action on needed reforms to increase workplace safety and hold negligent employers accountable. Legislation was introduced February 10 based on recommendations made by Gord Macateea after an investigation of WorkSafe’s practices.

“Increased enforcement and prosecution of negligent employers is fundamental to improving worker safety and compliance with the law,” said Irene Lanzinger, President of the BC Federation of Labour. “We have long been calling on the provincial government to put in place the needed legislation to ensure negligent employers are

held accountable when a worker is killed or injured on the job.

“The reforms introduced today are an important step in the right direction, but there is more the government can do to give these reforms real teeth,” said Lanzinger.

In addition to some of the steps outlined in the Macateea Report, the BCFED has been asking government for a dedicated Crown Prosecutor, a Crown charge assessment policy specific to workplace death, and education for prosecutors, police services and WCB investigative officers around criminal negligence from a workplace health and safety perspective.

“The real test of any new legislation is enforcement,” said Lanzinger. “We know the devastating consequences when employers fail to protect their employees, and it is up to the government to enforce the laws and regulations put in place.”

Health Sciences Association of BC participates on the BC Federation of Labour’s Occupational Health and Safety committee and worked with BC’s unions to advance necessary regulations and legislation to increase workplace safety for all BC workers.

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We have finished reviewing many of our files. Many members who have grievances that fall strictly into the categories 1, 2, 3 or 5 (reduction of hours) already will have received letters from HSA indicating that we intend to withdraw the grievances as ordered by arbitrators Bell and Ready.

For those grievances involving process violations, we have two mediation/arbitration days scheduled for June 11-12. These will address issues at Vancouver Coastal Health Authority and BC Cancer Agency. If the arbitrators are not able to help the parties reach a resolution on these grievances, they will issue a binding decision determining if VCHA violated the agreement.

THEY DIED TO PROTECT US

BY LATE OCTOBER OF 2014, THE OUTBREAK OF EBOLA FEVER HAD CAUSED THE DEATH OF 4877 PEOPLE IN WEST AFRICA AND THREATENED TO INFECT AND KILL MANY MORE.

Deaths among health workers accounted for one in every ten of the people who succumbed, killed in the line of their courageous work to comfort the sick and protect the world from further spread.

That's why Public Service International, a global federation of unions representing 20 million working people delivering public services in over 150 nations, lobbied governments for urgent interventions and called on all affiliates to donate to the PSI Aid Fund.

The National Union of Public and General Employees (NUPGE) – to which HSA belongs – answered the call with a donation of \$10,000. The funds have been used for the immediate relief and assistance

of health care workers and their families, especially in cases where workers have died and their families have no access to social protection.

PSI continues to highlight the risks taken by health care workers and the important role of quality public services in overcoming such outbreaks.

Find out more at www.world-psi.org.

PHSA LAB REDESIGN SENT BACK TO THE DRAWING BOARD

AFTER HSA RESPONSE, PROVINCIAL HEALTH SERVICES AUTHORITY AGREES TO RETHINK THEIR PLANS

Following a February 24 meeting and review of feedback from the Health Science Professionals Bargaining Association, led by HSA, Provincial Health Services Authority announced it intended to rethink the laboratory services redesign proposed earlier.

On February 3, PHSA served section 54 notice that it intended to introduce a change to Lower Mainland pathology and laboratory services focusing on employees who have been in supervisory roles such as section heads, technical coordinators and chiefs.

On February 17, HSA, on behalf of HSPBA, served notice that it fundamentally disagreed with both the substance and process of the proposed changes and that all legal options will be considered. HSA also conducted a series of information meetings for members in late February.

HSPBA is currently scheduled for additional meetings with PHSA representatives. To get the latest updates on this, visit hsabc.org/PHSA-lab-redesign.



CHERYL GREENHALGH, (L) SEEN HERE AT A RECENT MEETING OF STEWARDS, WILL BEGIN A TWO YEAR TERM AS REGION 3 DIRECTOR

GREENHALGH TO JOIN BOARD OF DIRECTORS

NOMINATIONS FOR REPRESENTATIVES TO THE HSA BOARD OF DIRECTORS IN REGIONS 1, 3, 5, 7, AND 9 CLOSED MID-FEBRUARY AND CHERYL GREENHALGH WILL BE JOINING SEVERAL RETURNING VETERANS.

Greenhalgh previously served on the board of directors, leaving in 2005. She has been a union member for more than 25 years and has been active in HSA for most of her time as a member. A radiography technologist at Royal Columbian hospital, she has served as a steward, strike coordinator, member-at-large, board member and bargaining committee member. She is also active in her community of New Westminster, serving on several local boards and is involved in local, provincial, and federal politics.

Greenhalgh replaces Region 3 Director Bruce MacDonald, a renal program social worker, who plans to retire this year.

Anne Davis will be returning as

director for Region 1. Davis is a Program Coordinator at the Comox Valley Transition Society with an extensive background as a community activist, having served on the boards of several not-for-profit organizations in her area, and has also been involved in local electoral politics.

John Christopherson will return as director for Region 5. Christopherson is a counsellor at the Vancouver Cancer Centre. He has served as an assistant chief steward, as a Constituency Liaison, and as a Member-at-Large and on many union committees. He currently sits on the union's Finance and Presidential Issues Committees. He also served on the HSPBA Bargaining Committee.

Marg Beddis will return as director for Region 7. Beddis is a dietitian at Surrey Memorial Hospital, where she has served as chief steward. Since becoming an HSA member in 1991, she has been active in the union and has served on the Occupational Health and Safety, Political Action, Equality and Social Action

and Resolutions committees. She currently serves on the union executive committee as Secretary-Treasurer, overseeing the union's finances.

Janice Morrison will also be returning to serve as director for Region 9. Morrison is a physiotherapist at Kootenay Lake Hospital, and has been an HSA member since 1990. She has served as Assistant Chief Steward, and Chief Steward at Kootenay Lake Hospital, as well as a Member-at-Large. She previously sat on the Committee for Equality and Social Action, the Political Action Committee, and the Trial Committee. In 2014, she was elected by the Board of Directors as the union's Vice President. She previously served as Secretary-Treasurer. She currently serves as a councillor in the City of Nelson, having been elected in the November 2014 municipal election.

The two-year term for these directors begins at the conclusion of the 2015 HSA annual convention, Saturday, May 2.



HSA PRESIDENT VAL AVERY HAS MET WITH MEMBERS AROUND THE PROVINCE TO DISCUSS PRIORITIES FOR THE UNION THROUGH 2020.

2020 VISION

NEW STRATEGIC PLAN WILL BE PRESENTED FOR DISCUSSION AT CONVENTION

WHAT DOES YOUR UNION DO WELL? WHAT DO YOU THINK HSA NEEDS TO IMPROVE? WHAT SHOULD IT LOOK LIKE IN 2020?

In a constantly changing world, HSA needs to keep up. The bargaining landscape is more challenging. Members are dealing with more work and less time to be active in the union. External threats consume greater resources, and new technology presents exciting opportunities for education and mobilizing.

Last spring, newly-elected HSA president Val Avery called for a new strategic plan to explore HSA's priorities and options in this changing world.

"Labour relations is changing," said Avery at the union's convention in April 2014. "We need to modernize our services to help our members and our

stewards.

"We're looking at technologies to find new ways to improve response times. Disability management is an increasingly complex part of the work we do.

"We must continue to defend our members against the ongoing raids, and we must build on our efforts to raise the profile of HSA with the general public and key decision makers in government.

"That's why when I became president I started work on a five year strategic plan to chart a path forward."

THE PROCESS BEGINS

Led by the board of directors, the strategic planning process began by giving members a chance to provide their thoughts. In September and October, all members were invited to provide in-depth opinions

through an online survey. The information provided by members helped shape a series of focus groups attended by stewards and activists and conducted during education workshops in October. Interviews were also conducted to get input from each regional director, the HSA management team, and HSA staff.

To ensure independence, the board of directors contracted with an experienced third-party strategic planning consultant who analyzed and summarized the input from members, activists and stewards. A report based on this work was provided to the board in December, and emailed to all members in January.

The full report is available online at hsabc.org.

HIGHLIGHTS OF MEMBER CONSULTATION

CHALLENGES AND BARRIERS

The following were agreed by all respondents to be among the greatest challenges and barriers facing HSA at present:

- lack of active member support including insufficient number of stewards
- disengagement, member apathy and lack of mobilization
- public and government opinions of unions
- members' workload, related stress and OHS impacts

STRENGTHS AND CAPABILITIES

The following were agreed by all respondents to be the strengths and assets of HSA; overall, a great sense of pride was expressed in the union's:

- experienced, committed and knowledgeable staff
- dedicated, active, professional members
- infrastructure and processes to support member service
- Constituency Liaison Program
- maintaining integrity in the face of significant challenges over recent years

FUTURE PRIORITIES

The findings from the member consultation point to the following shared priorities for attention:

- engage and mobilize members
- demonstrating HSA's value
- ensuring common direction
- communication and education
- internal communication
- succession planning (for both Board and HSA staff)

DICHOTOMIES

Some members expressed pride that HSA stands up for progressive social issues and values activism. However, other members advised the union to 'stay focused on members' workplace and contract concerns', and not broader issues beyond the scope of what they see as the union's business.

Some members cited pride that HSA is perceived as a reasonable, intelligent and moderate voice in the union movement, while others said the union needs to negotiate more aggressively on contracts and "stand up to government."

WHAT'S NEXT

A workshop attended by the board and senior staff was held at the end of February and facilitated by the external consultant. The work done there gave further shape to the plan, which is now being finalized and approved by the board of directors. The results will be presented at the May convention.

"I'm very excited about the work done so far," says Avery, who has met with members to hear their ideas at chapter meetings around the province.

"When I announced this process last year, I said the future of our union wasn't up to the people at the front of the room. it's in the hands of all members.

"I'm very pleased that so many members, activists and stewards have answered that call. The plan isn't complete yet, and we don't yet have solutions for all the challenges identified, but it's clear that are moving forward together. As we always have."

[READ THE FULL REPORT AT HSABC.ORG](https://hsabc.org)



HSA PRESIDENT VAL AVERY HAS CALLED ON THE GOVERNMENT TO HOLD A SUMMIT TO DEAL WITH VIOLENCE IN THE HEALTH CARE SYSTEM

TAKING ACTION ON VIOLENCE AGAINST HEALTH WORKERS

ASSAULTS ON HEALTH CARE WORKERS IN PENTICTON AND KAMLOOPS SHOCKED BRITISH COLUMBIANS IN EARLY DECEMBER.

The resulting media coverage was prominent, but short-lived. Incidents like these have become all too common in health care settings, and while many groups stood up to express concern about the incidents and the larger problem, HSA President Val Avery knew it was time for concrete action.

"I am calling on British Columbia's Minister of Health, Hon. Terry Lake, to convene a Violence in Health Care Summit involving key health sector stakeholders to respond to this growing problem," announced Avery a few days after the incidents.

"Far too many HSA mem-

"I am calling on British Columbia's Minister of Health, Hon. Terry Lake, to convene a Violence in Health Care Summit involving key health sector stakeholders to respond to this growing problem."

bers have become victims of violence," wrote Avery in the letter, released to the media on December 12. "They are physically and verbally attacked in residential facilities, in hospitals, including emergency rooms and in psychiatric units, and in clients' homes. The death in 2005 of David Bland, an HSA vocational rehabilitation counselor in Richmond, at the hands of a former patient is still on the minds of many of our members."

HSA's proposal to meet with

officials from Ministry of Health, WorkSafeBC, health employers, doctors, police and other health care unions has been well received.

"We're hopeful the government will take this idea seriously and convene a summit in the near future," says Avery. "We need a long-term solution to this problem."

FULL TEXT OF VAL AVERY'S LETTER TO MINISTER OF HEALTH TERRY LAKE

December 12, 2014

Dear Minister Lake,

HSA members know full well the difficulties involved in providing care for patients or clients while also having to manage their own personal safety. There is always a professional desire and expectation to provide the highest standard of care possible, but this is becoming increasingly difficult due to inadequate protections against violence and aggression.

Far too many HSA members have become victims of violence. They are physically and verbally attacked in residential facilities, in hospitals, including emergency rooms and in psychiatric units, and in clients' homes. The death in 2005 of David Bland, an HSA vocational rehabilitation counselor in Richmond, at the hands of a former patient is still on the minds of many of our members.

Many of the gaps in safety protocols that gave rise to that tragic incident still exist today.

In BC, the Occupational Health and Safety Regulation requires every employer to perform a risk assessment in "any workplace in which a risk of injury to workers from violence arising out of their employment may be present". When a risk of injury is identified, "the employer must establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence, and if elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers".

The fact that incidents of violence and aggression are increasing and that each year hundreds of non-compliance orders are written by WorkSafeBC inspectors against health sector employers show that there are major deficiencies in how violence is handled in health care settings.

There is a lack of consistency in violence prevention practices and training around the province and many employers seem resistant to move to a standardized provincial approach. For example, some call for more seclusion rooms and restraints in extreme situations while others argue for less coercive measures. There are different opinions on the best types of alert systems to use and some employers don't provide them at all. Many clients with histories of aggression do not have behavioural care plans in place and there are major communication problems between agencies that provide care for the same patients. There are differing viewpoints on how and when security guards should be involved in protecting or supporting health care workers. In addition, many incidents go unreported or are reported and not followed up on.

Minister Lake recently stated that a \$37-million training program started in 2011 to teach health professionals how to diffuse aggression and violence may be paying off. While many workers have received valuable training, more importantly, thousands more who need the training have not received it and have trouble accessing it. Many BC health employers are not even keeping track of who is receiving the training.

In 2013, WorkSafeBC accepted 879 claims from workers in the health and social services sectors who were injured on the job after physical assaults by patients, clients, and others. Those numbers don't include claims related to verbal and psychological abuse or cases of post-traumatic stress experienced by workers who are called upon daily to intervene during violent events. There are estimates that as many as half of the incidents related to violence and aggression from patients and clients are not reported at all.

There are measures that can

be taken, if there is a will to respond to HSA's call for action. Our proposal for a summit includes a call to conduct a speedy and thorough examination of what is needed to better protect health care workers in this province, and a commitment from the Ministry of Health to ensure the necessary financial resources are in place for this critical work to prevent more victims of violence in our health care system.

Some of the measures to be taken include:

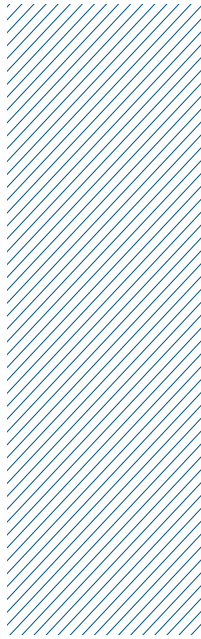
- the adoption of best practices for dealing with workplace violence and aggression;
- evaluation of staffing levels and staff mix;
- implementation of a province-wide alert notification system;
- standardized violence prevention protocols across the province;
- better coordination, delivery and tracking of violence prevention training;
- stricter requirements and clear procedures for reporting all incidents of violence and aggression;
- stronger monitoring and enforcement powers for WorkSafeBC.

Our expectation is that a Violence in Health Care Summit will be convened by the Minister of Health at the earliest opportunity and will include representatives of:

- Ministry of Health
- WorkSafeBC
- Health sector employers
- Health sector unions
- Physicians
- Police services

Sincerely,
Val Avery, President
Health Sciences Association

DOES THE FEDERAL GOVERNMENT EVEN CARE ABOUT HEALTH CARE?



STARTING IN 2017, CONSERVATIVE GOVERNMENT WILL CUT \$38 BILLION IN HEALTH CARE FUNDING - A \$5 BILLION CUT FOR BC ALONE

THE RESULTS OF THE 2015 FEDERAL ELECTION WILL HAVE A CRITICAL IMPACT ON MANY ISSUES, BUT NONE MORE SO THAN HEALTH CARE.

Canada's federal government was essential in establishing our public health care system. It continues to have a crucial leadership role to play in improving and expanding Medicare. Leadership is needed not only in helping to fund health care services, but also in setting national standards for health care programs - so that no matter where we live in Canada, our families receive the same quality of care in hospitals, in the community or in our homes.

Unfortunately, for most of the last decade Canada's federal government has not only abdicated its responsibility for health care, it has actually taken steps that are damaging our health care system. They have refused to enforce the Canada Health Act, negotiate a new Health Accord with the provinces, set national standards for essential programs such as home care and residential care, or establish a national, universal program to provide prescription drug coverage.

"The Conservatives walked away from discussions with the provinces to control the cost of drugs and create a national Pharmacare program. They refused to even engage in discussions with the provinces to negotiate a new Health Accord."

HSA member and BC Health Coalition co-chair Rachel Tutte believes the federal government has been moving in the wrong direction with health care.

"The Conservatives walked away from discussions with the provinces to control the cost of drugs and create a national Pharmacare program. They refused to even engage in discussions with the provinces to

negotiate a new Health Accord to determine the level of federal funding for health care, and set national standards for critical health care programs. They shut down the Health Council of Canada, and cut health care benefits for veterans. They slashed refugee health coverage - and have refused to reinstate many of these benefits even after the Federal Court declared

HSA members have recognized the importance of this issue by passing a series of resolutions directing our union to work with the Canadian Labour Congress to make the federal Conservative government's abdication of responsibility for health care a vote-determining issue in the 2015 federal election.

HSA members who want to work on this issue should contact Carol Riviere at the HSA office to find out how you can get involved.

the cuts unconstitutional. They refuse to enforce the Canada Health Act's provisions that protect patients from user fees and extra billing. And they have walked away from providing funding and national standards for home and community care for our seniors."

In BC, this lack of federal leadership has been a major factor in the growth of for-profit health care, to the point where we now have two private for-profit clinics run by Dr. Brian Day, both trying to use the courts to destroy Medicare and open the door to US-style, commercial health care.

HSA members have felt the effects of this lack of federal leadership as they struggle with shrinking resources and greater needs. And the patients and residents they serve are the ones who suffer for it.

These negative impacts are expected to become even more severe starting in the 2017-2018 fiscal year, when the reduction in federal funding under the Health Accord goes into effect. It's estimated this will deprive the health care system of \$36 billion in federal funding during the following 10 years, including a reduction of \$5 billion in BC.

"Instead of ongoing cuts, we need federal leadership that will require the provinces to expand the range of services provided by our public health care system," says Tutte. "The federal government must establish a national, universal program providing prescription drug coverage, and national standards to improve home and community care for seniors. And they must provide adequate federal funding to enable the provinces to deliver these services."

"It's time for a change. It's time to elect a federal government that cares about health care."



Minimum wage in BC has been frozen for more than two years. BC has one of the lowest minimum wages in Canada, yet BC's cost of living is the highest in the country.

BC's minimum wage is \$10.25 an hour, and some workers earn even less due to exemptions in the Employment Standards Act.

More than 120,000 BC workers earn only minimum wage, and nearly half of them are 25 or older. Almost two-thirds are women.

Full-time minimum-wage workers are living below the poverty line as measured by Statistics Canada's Low Income Cut Off (LICO). The minimum wage should, as a matter of principle, bring people working 35 hours per week above the poverty line, so they can support themselves and their families. Using every standard measure of poverty, \$15 an hour would bring workers' wages above the poverty line.

It will also benefit local businesses and support the local economy by putting money in workers' pockets to spend in their communities.

HSA members have been working with our national union NUP-GE, to promote ways to reduce income inequality. Increasing the minimum wage is one of the most effective ways to promote economic equality.

You can sign the BC Federation of Labour's petition to raise BC's minimum wage to \$15 per hour for all workers at fightfor15bc.ca.

THE FACTS ABOUT MINIMUM WAGE IN BC

- 120,000 workers in BC are paid only the minimum wage. 517,000 earn \$15 or less.
- BC workers are falling behind. At \$10.25 BC's minimum wage is eighth in Canada behind Ontario, Nunavut, the Yukon, Manitoba, Nova Scotia, Quebec and Prince Edward Island. And BC has the highest cost of living in the country according to Statistics Canada.
- Additionally, liquor servers and farm workers aren't even guaranteed the minimum.
- The picture of a minimum wage worker in BC isn't what you might expect. Forty-seven per cent are 25 or older. Nearly two-thirds are women. And nearly 10,000 are over 55.
- It's not just mom and pop shops. Almost half of these workers are employed by companies with more than 500 employees.
- There's also no guarantee that minimum wage will be reviewed as it is set on an ad hoc basis by government.



HUNDREDS OF CHILD CARE ADVOCATES AND EXPERTS GATHERED IN WINNIPEG TO PUT THE ISSUE BACK ON THE AGENDA FOR THIS YEAR'S FEDERAL ELECTION

TIME TO TAKE THE BENEFITS OF EARLY CHILD CARE SERIOUSLY

CHILDCARE 2020 WAS THE FIRST NATIONAL CHILD CARE POLICY CONFERENCE IN A DECADE AND THE FOURTH SUCH CONFERENCE IN CANADA'S HISTORY.

The first was held in 1971 in conjunction with the growing women's rights movement. The second, in 1982, founded what is now the Child Care Advocacy Association of Canada. The third, in 2004, was held amid a great deal of hope for a national child care program, a hope that was extinguished with the 2006 election of the Conservative government of Stephen Harper.

Organized by the Child Care Advocacy Association, the Canadian Child Care Federation and the Childcare Resource and Research Unit, ChildCare 2020 provided a renewed sense of possibility for participants like Terri Russell, a supported

“Child care costs more than university tuition, and in many places, more than a mortgage.”

child development consultant from Kelowna. Russell attended the conference in Winnipeg as HSA's representative.

“There was a sense of hope and optimism that a national child care policy will be on the table in the upcoming federal election,” she said. “So far the NDP has shown support for a national child care policy, and was the first party to present the beginning of a platform. According to a video message from Justin Trudeau, the Liberal party supports a national child care plan. At the time of the conference the Conservative Party had not responded.”

The conference set out three specific priorities:

1. Develop an inclusive vision

of early childhood education and care that reflects the needs of today's families with young children.

The majority of these families do not have access to affordable, quality child care.

2. Generate new ideas and strategies to put child care back on the political agenda and kickstart progress on support for children and parents in Canada. Child care is a key component of social and economic equality. It's important to counter the austerity measures and poor government policy choices that have put child care on the back burner.
3. Engage a new generation of advocates who will de-

liver a strong message that it's time for governments to give families access to quality early learning and child care programs. Child care is a right.

"It was exciting to be among so many advocates with a common vision for early childhood education and care," said Russell. "Change needs to happen and it is time for us to stand up and advocate for children."

There are many challenges facing providers of early childhood education and care, explained Russell. Wages are low, responsibility is high, hours are long and it's hard to come by the respect and recognition the work deserves. Few early learning programs offer benefits, and those that do provide only limited coverage.

"Child care costs more than university tuition, and in many places, more than a mortgage," said Russell. As a result of high costs and inflexible hours, many parents are turning to unregulated child care where guidelines are minimal and children are often at risk of harm or even death.

"The idea of a national child care policy is a reality in some countries," said Russell. Even in Canada, Quebec's child care plan, while not perfect, has not just helped children and parents, it's delivered economic benefits to the whole community. Since the program began, Quebec has seen an increase of 70,000 jobs thanks in part to the number of women able to return to the workplace. Costs for social assistance have also gone down - in 1988 there were 100,000 mothers drawing social assistance payments but today there are just 40,000.

To some, child care and education remains a gender issue, but a national policy would help reduce the effects of poverty, promote children's cognitive, social and emotional development, and strengthen the economy.

"It is time to stop investing in daycare and start investing in children," said Russell.



PROGRAM BUILDS COMMUNITY AND SUPPORT FOR THOSE WITH CANCER

As health professionals, HSA members know just how frightened and isolated people can feel when confronted with a cancer diagnosis. But a new program is designed to help change that.

In 2013, the Canadian Cancer Society launched CancerConnection.ca to connect people diagnosed with cancer - or the people caring for them - with trained volunteers who have experienced the impact of cancer either as patients themselves or through caring for others.

The connections are based on factors that matter to the client and can include diagnosis, treatment type or lifestyle similarities. Volunteers listen, share practical experience about living with cancer and provide emotional support. The service is free, confidential and available for people with any type of cancer. Connections with volunteers who speak other languages may also be possible.

CancerConnection was first created as a pilot program in Northern Ontario in 1995 in response to the need for more accessible peer support in more isolated areas. The pilot was evaluated as successful and deemed to be beneficial even in more populated areas where it could respond to the need for confidentiality, accessibility, and more specific match requests. Over the next few years CancerConnection developed and grew in Ontario and then began to be rolled out nationally. It started up in BC and the Yukon in 2000.

QUICK FACTS ABOUT CANCERCONNECT.CA

- CancerConnection helped over a 1000 people in BC and the Yukon in 2013.
- After speaking with a CancerConnection volunteer, 93% of clients felt more supported, 91% reported that it helped them to cope better, 88% felt less anxious and 95% said they'd use the service again.
- There are currently about 150 CancerConnection volunteers in BC and the Yukon, and approximately 1300 nationally.
- The program needs approximately 40 new volunteers each year.

If you'd like to know more about volunteering or recommending CancerConnect to someone, call 604-675-7148 or email cancerconnection@bc.cancer.ca.



HSA MEMBERS OF THE VICTORIA ECHO LAB WORKING GROUP - CAROL PETERSEN, OHS STEWARD AT RJH (DIAGNOSTIC MEDICAL SONOGRAPHER III), CLARE LANGLEY (CARDIAC ULTRASOUND TECHNOLOGIST III) AND BERNADETTE GONZALES

ACTION ON CARDIAC SONOGRAPHER INJURIES

BY DAVID DURNING
HSA OHS OFFICER

DIAGNOSTIC MEDICAL SONOGRAPHERS - WORKERS WHO SPECIALIZE IN THE USE OF IMAGING DEVICES TO PRODUCE DIAGNOSTIC IMAGES, SCANS AND VIDEOS - HAVE ALWAYS BEEN AT RISK FOR DEVELOPING WORK-RELATED MUSCULOSKELETAL DISORDERS.

Those injuries include tendonitis, bursitis and muscle and nerve damage to hands, arms, elbows, shoulders, necks and backs.

HSA stewards in Victoria last summer raised concerns that injuries among sonographers working in the Echocardiology Labs at the Royal Jubilee and Victoria General Hospitals were on the rise - even when compared to the already high injury rates experienced in sonogra-

phy occupations generally. As a result, a plan was put in place to consult with those members, gather evidence and bring recommendations for action forward to the employer.

Through a survey and follow up meetings with members, the union found that almost all sonographers in the Echo Labs at RJH and VGH were working in pain, 85% had sought medical attention recently and 75% felt they had not received adequate ergonomic training. Most identified a need to build better rest, recovery and exercise time into their schedules, but said that due to increasing volume and complexity of cardiac scans, there wasn't enough time available to engage in those injury prevention measures.

HSA proposed the formation of a union-employer working group to gather evidence related to injuries and ergonomic best practices and to facilitate changes in the RJH and VGH Echo Labs to reduce sonographer injuries. Island Health and

Echocardiology management agreed to the working group, which includes four HSA representatives. They are meeting monthly and are working on a new Ergonomics Policy document and recommendations for injury identification and reduction.

HSA Safety Steward Carol Petersen, co-chair of the Echo Lab Working Group, describes the project this way: "I've witnessed cardiac sonographers developing permanent disabilities simply by doing their jobs. I feel a strong desire to have these highly trained (and in very short supply) professionals not get injured at work. The evolving and increasingly technical demands of their work is directly related to their injuries. It's important for the union to be proactive in finding ways to reduce these injuries. With the direct involvement of members in this project, we hope to benefit sonographers not just at this site, but province wide.



JOINT BENEFIT TRUST UNDER CONSTRUCTION

TRADITIONALLY A BARGAINING CHIP IN NEGOTIATIONS, YOUR BENEFITS WILL SOON BE RUN MORE LIKE YOUR PENSION, WITH A FOCUS ON THE BIG PICTURE INSTEAD OF SHORT TERM POLITICAL SKIRMISHES

BY DENNIS BLATCHFORD
HSA PENSIONS AND
BENEFITS ADVOCATE

Can members expect to see changes in our health and welfare benefits through the new health and welfare trust? It would be good to have additional services like dietitians added to the extended health portion of the plan.

We are far from a point where any changes to the benefit plan could be considered. At present, a working group is focused on negotiating the many details for creating the joint trust partnership between the Health Science Professionals Bargaining Association (HSPBA) and the Health Employers Association of BC (HEABC). The new Joint Health Sciences Benefit Trust (JHSBT) is scheduled to 'go live' in April 2016 and the respective parties (HEABC and HSPBA) are working hard to put all the pieces together for the JHSBT launch next year.

Once the JHSBT is up and running in 2016, there will be a long list of issues for trustees to consider and deal with before embarking on any review of

plan design features. Unlike the bargaining cycle where incremental changes were bargained over time, the new JHSBT will be able to step back and review plan design issues and trends in their entirety before any redesign of benefits would be considered,

Will members have input when the time comes for a review of the benefits?

Yes. Member input will be important as the trustees work through the issues and complexities of plan design options. Members may have different wants and needs and it will be important to find the right balance respecting these different perspectives. For instance, a 25-year old member will likely have different priorities for the plan than a 55-year old member. What is known now is that members place a very high value on their benefits and they don't want to see the benefits eroded any further. The opportunity to get the best possible value for the dollars spent will be a priority for all trustees. Efficiencies and savings that can be realized will make the dollars go further and give trustees more options for improving the

benefits; up to and including expanding the list of permissible health expenses.

When can members expect to hear more?

As we get further into 2015, HSPBA and HEABC will work together to notify members of the steps required as we change over to administration of the JHSBT.

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



KANG'S DECISION TO BECOME A DIETITIAN CAME FROM PERSONAL EXPERIENCE. "MY MOM WAS DIAGNOSED WITH HIGH BLOOD PRESSURE. THE DOCTOR RECOMMENDED A CARE PLAN WHICH INCLUDED HAVING HER START TO EAT REALLY WELL. IT WAS NEAT TO SEE HOW WE CHANGED OUR WAY OF EATING AND HOW IT HELPED."

ERICA KANG

DIETITIAN, CYCLIST, STEWARD

BY LAURA BUSHEIKIN

FOR MANY CANCER PATIENTS, GETTING ENOUGH TO EAT IS A CHALLENGE.

At a time when being well-nourished is so essential, they face an array of challenging symptoms – mouth sores, taste changes, changes in saliva, nausea, vomiting, swallowing problems, constipation, and more, all potential side-effects of chemotherapy and radiation. And certain cancers, in particular head and neck cancers, bring further challenges.

This is when HSA member Erica

Kang, a registered dietitian at the BC Cancer Agency Centre for the North in Prince George, steps in to offer solutions and support.

Kang begins with a broad-spectrum assessment. "I get their medical and social history, and look at cultural factors, their physical activity levels, and their general functioning. We ask all kinds of questions so we can identify the patient's goals. We then come up with a personal nutrition care plan, and we follow through with monitoring and evaluation."

Family members are invited to be part of this process, because they are often involved in mak-

ing meals and providing care. Kang also works closely with her team members – pharmacists, nurses, counsellors, doctors, and a speech language pathologist.

Her patients keep her motivated, says Kang. "I find my patients so inspiring. To see them endure so much, to keep going every day, and so often with such great attitudes – that's what brings me back to work each day."

Kang's decision to become a dietitian came from personal experience. "My mom was diagnosed with high blood pressure. The doctor recommended a care plan which included having

her start to eat really well. It was neat to see how we changed our way of eating and how it helped with her blood pressure. That inspired me, and when I looked into this profession I liked that it is so broad. There are so many niches and so many opportunities.”

Kang studied at the University of British Columbia, earning a Bachelor of Science in Food Nutrition and Health with a major in dietetics. This five-year program includes a one-year internship, which Kang completed in Vancouver. She enjoyed the diversity of experience the internship offered. She was exposed to clinical, administrative, and community work. After graduation, she had a one-year contract in Kitimat, where as the only dietician on staff she did everything from acute care to outpatient counselling. When that was finished, the BC Cancer Agency Centre for the North was just opening, and Kang seized the opportunity to develop an oncology specialization.

A new job at a new facility brought a new opportunity: to be active in her union. Soon after starting at the Cancer Agency, Kang became chief steward. “I got talked into it, and haven’t regretted it one bit! I love being here for the members, listening to them, and helping them identify the issues that need attention. It’s an essential role.

“I’ve taken advantage of some great HSA training opportunities. CLC Winter School was amazing. I took a women and leadership course there that motivated me to take more of a leadership role in my community,” she says. Kang sits on the executive of the Prince George Cycling Club, a role which sees her advocating to city council



KANG SITS ON THE EXECUTIVE OF THE PRINCE GEORGE CYCLING CLUB, A ROLE WHICH SEES HER ADVOCATING TO CITY COUNCIL FOR BIKE LANES, AND HELPING ORGANIZE EVENTS SUCH AS BIKE-TO-WORK WEEK.

“I’ve taken advantage of some great HSA training opportunities. CLC Winter School was amazing. I took a women and leadership course there that motivated me to take more of a leadership role in my community,”

for bike lanes, and helping organize events such as bike-to-work week.

Community involvement, as well as cycling, help Kang preserve a healthy work-life balance, which she says is essential in a job where she faces suffer-

ing every day. Self-care, good boundaries, and the support of her co-workers help Kang avoid “compassion fatigue” so she can keep showing up each day, inspired and motivated to help her patients get the nourishment they need.

IT'S TIME TO GET METRO VANCOUVER MOVING.

- 11 NEW B-LINE BUS ROUTES** plus 200km of new service.
- REPLACING THE PATTULLO BRIDGE** with a new 4-lane bridge.
- 25% MORE** bus service in the region, plus 400 new buses added to fleet of 1,830.
- 2700 KMS** of new bikeways to be built, 300km of which will be traffic separated.
- LIGHT RAIL TRANSIT** in Surrey & the Langleys.
- ALL-DAY & PEAK HOUR** service expanded for 20-30 min shorter commutes every day.
- 30% MORE** HandyDart service.
- 20% LESS** Traffic congestion across Metro Vancouver.
- 80% MORE** NightBus service.
- 50% MORE** Seabus service.
- UPGRADING** Skytrain and transit exchanges and adding more bus shelters.
- BUILDING THE BROADWAY SUBWAY** VCC-Clark to Arbutus.

VOTE YES FOR BETTER TRANSIT

BETTERTRANSIT.INFO

It's the right thing to do

THE BC FEDERATION OF LABOUR IS ENCOURAGING UNION MEMBERS AND ALL METRO VANCOUVER RESIDENTS TO VOTE YES IN THE UPCOMING SPRING TRANSIT REFERENDUM.

“The Mayors’ Council Transportation Plan will benefit transit users and drivers alike by reducing their travel time and overall congestion in the region,” said Irene Lanzinger, President of the BC Federation of Labour. “It’s the right thing to do for the economy, the environment, for working people and to support good paying jobs. We have workers traveling to and from work by both transit and car

that are not served well by the current system.”

“One million new residents will arrive in the Metro Vancouver Region by 2044. We need to expand service and make significant improvements to our transit and transportation networks to fill that need,” said Aaron Ekman, Secretary-Treasurer of the BC Federation of Labour.

The Mayors’ Council Transportation Plan, which will be subject to independent auditing, aims to cut congestion up to 20 per cent and shave 20-30 minutes per day from commuter times along some of Metro Vancouver’s routes.

The Plan will increase bus service across the region by 25 per cent, replace the Pattullo Bridge, expand the Broadway Skytrain line, and bring light rail to the Fraser Valley, amongst a number of other improvements.

“We will work with our members, affiliates and partners in the business, environmental and other communities to ensure the referendum is passed,” said Lanzinger.

The BCFed passed a unanimous resolution at its November to build public support for a vote in favour of improved transit and transportation in the referendum.



Name: Jim Jobe

Snack food you cannot resist, and why: Chocolate covered marshmallow anything because of the sugar content.

Job title and department: WCB Advocate, Disability Management

What you actually do, in your own words: I represent members in WCB (WorkSafe) and Long Term Disability appeals.

Secret talent unrelated to job: Apparently I can hear sounds emanating from the earth (seriously) because I have freakishly good hearing.

At HSA since: 2008

Job before HSA: Workers Adviser, Province of BC

What you were doing when you were interrupted for this interview: Preparing for an oral hearing at the Workers Compensation Appeal Tribunal (WCAT).

Best thing you did to help a member in the last week: Demystified and de-stressed a member for a WCAT oral hearing. She did great by the way. Congrats, Lisa! You came through with shining colors.

Plans for the weekend: Installing a septic system. Good times.

Last movie you saw: Harold and Maude

Good or bad: Very good.

Why: It's the story of a teen age boy who doesn't fit into society (or his family) too well and meets an octogenarian woman with similar 'issues' during their mutual favorite past time of attending stranger's funerals. Through their friendship, before one of them dies, the teen ager learns that there's a place in the world for him after all – or even if there isn't, he'll be alright.



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, Allen Peters, Janice Morrison, Bruce MacDonald, Anita Bardal, Derrick Hoyt, Val Avery, Joseph Sebastian, Marg Beddis, John Christopherson, Mandi Ayers.



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