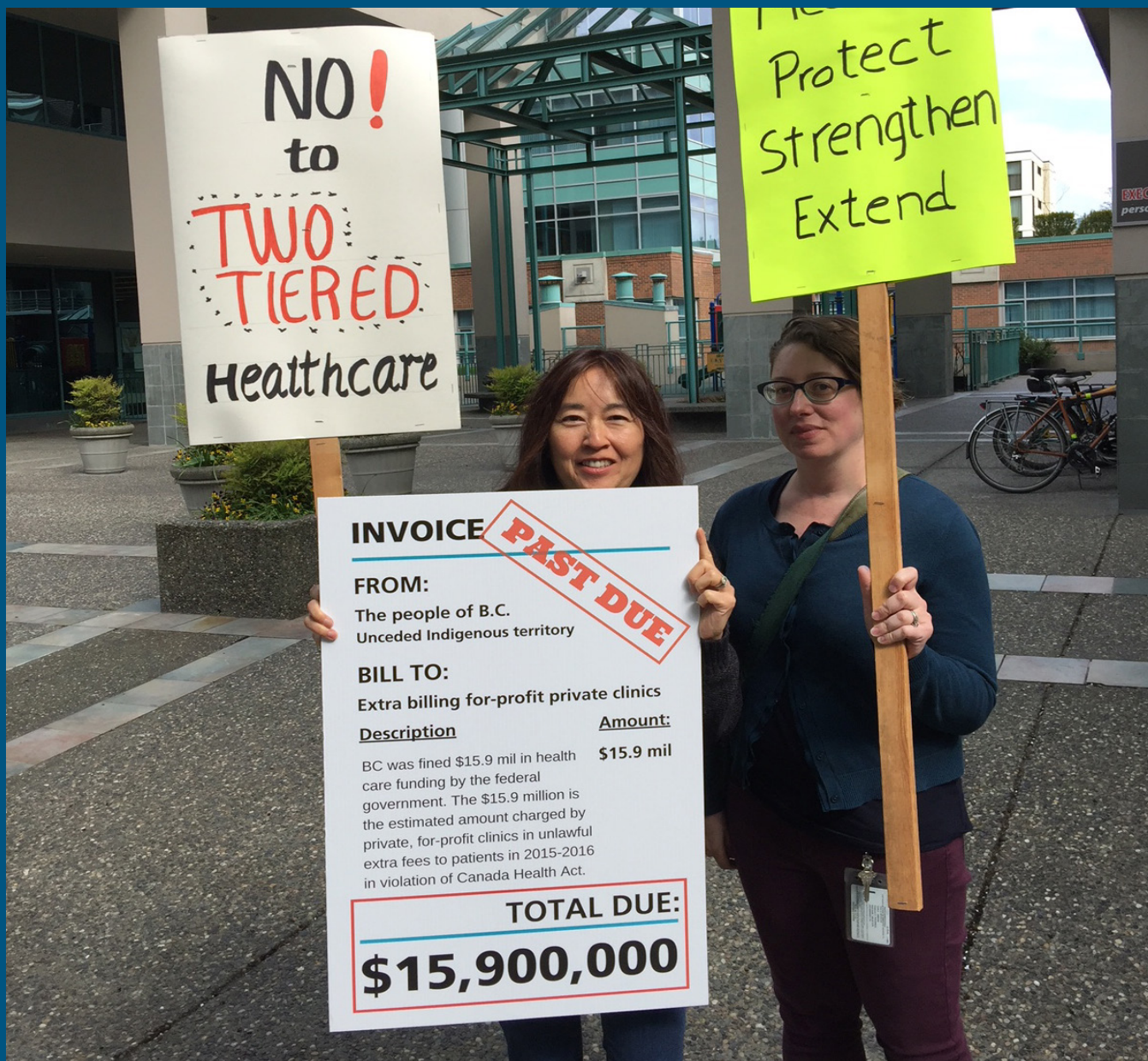


THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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HSA MEMBERS ELAINE LEONG AND CARLA GIBBONS

PRIVATE CLINICS HAVE GAINED A Foothold in B.C. Why?

CHANGE FOR THE BETTER



HSA members have known for quite some time what works and what doesn't when it comes to the delivery of quality health care, and our work in promoting policy recommendations has been grounded in this expertise. We are pleased to see that many of our recommendations are now coming to fruition.

HSA has long called for public solutions to reduce surgical and diagnostic wait times. Such a strategy, we argued, would need to increase the number of surgeries performed while more effectively including health science professionals on multidisciplinary teams, to more rapidly assess patients' needs, adequately prepare them for surgery if needed, and support their rehabilitation.

I was pleased to see the announcement by Minister of Health Adrian Dix of a surgical strategy that dedicates new resources to hip and knee replacement surgeries and rehabilitative care, expands team-based models for pre and post-surgical services, and improves efficiencies through centralizing waitlists for orthopedic surgeons. These changes are a step in the right direction for improving health care delivery in B.C.

The creation of five hip and knee surgical programs across B.C. is a step in the right direction for improving health care delivery. A new diagnostic strategy will see increased resources allocated for MRIs. The government plans to invest \$11 million to deliver an additional 37,000 MRI exams for 2018-2019.

For more than a decade, HSA has worked with the B.C. Health Coalition to defend public healthcare. We are glad to see that these new health care initiatives are happening alongside measures to curb for-

profit health care practices that hurt the public system. In April, the government announced it would be enforcing the *Medicare Protection Amendment Act*. For-profit health clinics will not be able to engage in extra-billing, which the B.C. health care system is directly penalized for through multi-million dollar deductions from federal health transfer payments.

On May 17, legislation was passed with all party support prohibiting payment for blood or plasma in the province. Pay-for-plasma clinics compete with Canadian Blood Services donations and deplete our national stock.

These important changes mark a turning point for our public health care system, and HSA is working to ensure that the voices of our members are heard as policy develops.

And just as this issue of *The Report* was going into production, Premier John Horgan announced an ambitious commitment for a primary care health system that aims to ensure the right health care provider is available for British Columbians when and where they need them.

This May, HSA's constituency liaison program saw 19 HSA members meet with elected representatives in Victoria to advocate for a health human resources policy for health sciences professionals. Members shared their own accounts of how a shortage of health science professionals across BC has impacted patient care.

I am engaging regularly with elected and staff decision makers about policy and programs and the role of health science professionals in a successful public health care system. I was pleased that the minister of

“HSA is working to ensure that the voices of our members are heard as policy develops.”

health accepted my invitation to this year's HSA annual convention, where he expressed his appreciation for the work that HSA members do in health care and community social services.

While HSA's government relations strategy has contributed to some important victories for public health care, we know that an engaged membership is central to these successes. Coming out of convention, we've received a clear mandate from members to continue to build on the work we are doing surrounding member engagement and support for steward teams. Our members are stepping up to participate in diverse advocacy efforts that strengthen our communities and workplaces.

We will continue to provide members with support and opportunities for involvement so that together we can advance the issues that HSA members care deeply about. I look forward to the work that lies ahead of us.

Val Avery

PROVINCIAL GOVERNMENT UNROLLS NEW COMPREHENSIVE SURGICAL STRATEGY

On March 21, the provincial government announced that it will be creating five new hip and knee replacement programs across BC to help address long surgical wait times, as part of a four-pronged surgical strategy. Programs have been announced for Prince George, Vancouver, and the Island Health and Fraser Health regions.

The government plans to carry out 19,250 hip and knee surgeries from 2018-2019, up from 14,390 from 2016-2017. As part of its surgical strategy, the province will increase the use of assessment and triage teams, centralize wait-lists for orthopedic surgeons, use specialized teams to assist patients in surgical preparation, and ensure greater physical rehabilitation support post-surgery.

REGIONAL DIRECTORS RE-ELECTED

Derrick Hoyt, Joe Sebastian, Nancy Hay, and Mandi Ayers have been re-elected to the HSA Board of Directors for regions 2, 4, 6, and 10, respectively. Regional directors serve a two-year term, and elections take place annually on a rotating basis between odd and even region numbers. Their terms began on April 28 at the conclusion of HSA's annual convention.

A by-election is currently underway for Region 8, as no candidates were nominated during the first call for nominations in February. Cherylee Hale and Kevin Towhey are candidates in the by-election.



HSA MEMBER SETS NEW WORLD RECORD

COUNSELLOR PROMOTES PUBLIC TRANSIT WHILE RAISING MONEY FOR ALOUETTE ADDICTIONS SERVICES ELEMENTARY SCHOOL SUBSTANCE LITERACY PROGRAM

On May 4, Steve Quinlan, an adult counsellor at Alouette Addictions Services Society in Maple Ridge, set a world record for the fastest time travelling all Vancouver Skytrain stations, breaking the previous three-hour record. Quinlan's official time was 2:49.73.

Quinlan took on the challenge to fundraise for the Elementary School Substance Literacy Program, which educates students about the ways in which drugs affect mental and physical health and community well being. He says the program is timely in the face of British Columbia's overdose crisis.

Quinlan enjoys taking public transit and was inspired by London's Tube challenge.



HSA CONFERENCE DELEGATES IN THE CBA (LEFT) AND NBA (RIGHT)

BARGAINING PROPOSAL CONFERENCE SETS PRIORITIES FOR CSSBA, NBA, AND CBA

On March 22, HSA held a combined bargaining conference to prepare for negotiations by the Community Social Services Bargaining Association (CSSBA), Nurses' Bargaining Association (NBA), and Community Bargaining Association (CBA).

The collective agreements are set to expire in March 2019. Bargaining conference delegates debated proposals submitted by HSA chapters and elected bargaining representatives for each subsector, in addition to one alternate representative and two bargaining support committee members.

Joining staff negotiators from HSA, the following members were elected to serve on their respective bargaining committees:

- Katherine Oliver, CBA, Thompson Nicola Family Resource Society
- Michelle Fox (alternate), CBA, Thompson Nicola Family Resource Society
- Carol Bilson, CSSBA, Victoria Women's Transition House Society
- Kerry Hammell (alternate), CSSBA, John Howard Society

- Nicole McIntosh, NBA, St. Paul's Hospital
- Larry Bryan (alternate), NBA, Haro Park Centre

The CSSBA began talks on May 15 to negotiate its three collective agreements in Community Living Services, General Services and Aboriginal Services. The BC Government and Service Employees' Union (BCGEU) is the lead union in the CSSBA, which consists of 10 unions, including HSA. Negotiations are also underway for the CBA.



HSA CONFERENCE DELEGATES IN THE CSSBA



HSA HOSTS CUTTING-EDGE PRIMARY AND COMMUNITY CARE CONFERENCE

On April 13, over 70 HSA members, representatives from professional associations, ministry of health policymakers and health authority administrators, researchers, family physicians and primary care advocates came together at B.C.'s first-ever multidisciplinary primary and community care conference.

The conference, entitled "Achieving High-Performing Primary and Community Care: The Critical Role of Health Science Professions," was convened by HSA and provided participants with an opportunity to better understand the different and critical roles of health science professionals in primary and community care, as well as the barriers and opportunities for making interprofessional team-based care a reality for British Columbians in communities large and small, rural and urban.

The morning began with an opening welcome from Elder Roberta Price from the Snuneymuxw and Cowichan Nations, followed by opening remarks from B.C.'s Minister of Mental Health and Addictions Judy Darcy. Minister Darcy spoke about the critical role health science professionals play in providing interprofessional team-based mental health and addictions care, including at Foundry youth mental health and wellness centres that have opened in communities across the province.

During a morning workshop, HSA members discussed the unique roles of their disciplines in providing care to individuals with mental health and substance use issues and the frail elderly – two groups that require improved access to multidisciplinary team-based primary and community care, but too often end up in hospitals because comprehensive care and supports are not available.

Throughout the morning and afternoon panel discussions, conference participants learned about promising models of team-based care in which health science professionals play an integral role. HSA social worker Elise Durante discussed the Granville Foundry Centre and how staff work as an integrated team to meet the needs of youth with mental health and addictions issues.

HSA physiotherapist Chris Petrus highlighted how the Home Visits to Vancouver's Elders (Home ViVE) program provides 24-7 primary care to frail elders and reduces hospital visits. Health Systems Leader Cindy Roberts and Vancouver Coastal Health Vice President of Community Services Yasmin Jetha spoke about key ingredients to designing, implementing, and sustaining unique and creative team-based programs.

Within the context of B.C.'s ongoing overdose crisis, frontline clinicians from recreation therapy, family medicine, phys-

iotherapy, occupational therapy, and social work identified challenges to, and opportunities for, strengthening team-based addictions care based on their experiences working in innovative programs.

The day concluded with a panel discussion on lessons from B.C. and internationally on policy changes that can help B.C. overcome barriers to multidisciplinary team-based primary care.

Panelists discussed the importance of system-level changes, such as alternatives to fee-for-service physician compensation that facilitate team-based care; organizational structures to better support and engage frontline clinicians in implementing collaborative team-based models; and increasing the role of community-governed primary care, including the Ontario Community Health Centre model.

Many participants remarked that the day was full of learning and stimulating discussions, and provided a unique opportunity to make new connections, especially between frontline practitioners and policymakers.

A full report highlighting the key themes and recommendations emerging from the conference will be produced by HSA as part of the union's advocacy work for strengthening public health care through teamwork and interprofessional collaboration.

HSA TAMPON TUESDAY A SMASHING SUCCESS

Products collected to support low-income people and women fleeing violence

BY SAMANTHA PONTING
HSA COMMUNICATIONS

FROM MARCH 1-20, HSA STAFF AND MEMBERS ACROSS THE PROVINCE COLLECTED 103,269 TAMPONS, PADS, AND MENSTRUAL CUPS IN SUPPORT OF THE TAMPON TUESDAY CAMPAIGN, IN PARTNERSHIP WITH THE UNITED WAY OF THE LOWER MAINLAND.

Smashing HSA's 30,000 product goal, the campaign was a monumental success and will

positively impact low-income people who often face the difficult decision of choosing between purchasing menstrual products and meeting other basic needs.

HSA worked closely with Dixon Transition Society and the Comox Valley Transition Society to ensure products would also be distributed to women fleeing violence at agencies where HSA members work. Jasmine Roh, community relations assistant, housing outreach worker, and support worker at Dixon Transition Society in Burnaby, said the

Tampon Tuesday campaign is not just about access to menstrual products.

"It bleeds into a bigger picture of what it is to be a woman, and being confident in who you are. That is the kind of message we want to send to the community, the staff and our women."

In the face of widespread stigma surrounding periods, Roh said that having a period is not something to be ashamed of. "It's actually something that brings us closer. It's a part of our conversations. It's very natural."

"It should just be a given that they should have these products," she said.

Many women at Dixon Transition Society face numerous financial barriers. "I know for some women, buying a box of tampons is not a luxury, but it is an expense for them amidst a tight budget," said Roh. "I think in that way, we don't take for granted donations like tampons and pads."

Roh said that thanks to HSA's donation, they will be able to distribute products freely to clients without having to ration them.

The Tampon Tuesday campaign was inspired, in part, by a concerning trend that has emerged across anti-poverty charities. Food banks and other community organizations reported that menstrual products were routinely excluded from donation packages, even when these items were explicitly requested.

The campaign encourages people – some who've never purchased menstrual products before – to enter a grocery store and purchase them.

The stigma surrounding periods inspired HSA to develop a cam-



campaign to “Stomp Out Menstrual Stigma” alongside the donations drive. In a culture where periods aren’t discussed openly, it can be difficult for people to advocate for their menstrual needs – whether at their workplaces, in schools, or before politicians. The Stomp Out Menstrual Stigma campaign sent a message of body positivity.

Common challenges facing women fleeing violence

Roh said that financial struggle is the biggest barrier facing women fleeing violence. “We recognize that economic em-

“We recognize that economic empowerment is very important because this is a huge factor of whether or not a woman feels she should go back to an abusive situation.”

powerment is very important because this is a huge factor of whether or not a woman feels she should go back to an abusive situation,” explained Roh.

“It just has a huge weight on their decision making.”

Access to education is another important priority for the society’s clients. “If they are at a job that is not financially sustainable, it just perpetuates the cycle of poverty.”

“They really need someone to invest in them so they can go forward and be sustainable.”

Gaining access to legal advocacy is a major challenge. “When our women find themselves in situations where they suddenly have to divide assets or talk about custody, we aren’t the best equipped to help them navigate that system,” said Roh.

She said that legal aid lawyers are limited in the support they can provide. “Legal aid lawyers also have limited funding,” explained Roh.

Despite limitations, Dixon’s outreach program is able to offer women support as they seek legal assistance. “Navigating the social systems and meeting with lawyers can be a very jarring experience for a woman,” according to Roh. “So it’s really

nice when they have emotional support and someone who knows their situation.”

The impact of Dixon Transition Society

Dixon Transition Society was born in 1973 to offer transitional housing for women and children fleeing domestic violence. Since it was first established, the society has expanded its services.

“I think Dixon is definitely more than just a shelter. It really is a place where women can focus on their goals, and have a time to breathe and relax and get

some counselling,” said Roh.

“It’s a safe place to rethink, reevaluate, and restart.”

Roh started off as a support worker and now also works as the society’s community relations assistant, raising the profile of Dixon Transition Society in the community.

According to Roh, “A lot of people don’t know that transition houses exist or transition societies exist.”

“Once people know, they want to engage with us.” Dixon Transition Society provides a diversity of volunteer opportunities for community members who want to get involved.

“Dixon Society is really flexible in how our volunteers can support us, whether it’s tutoring or resume support, child minding, or gardening...all of those little things really make a huge impact.”

Through the outreach program, community members are also able to make impactful donations. “We’ve had some really generous donations of things like strollers, and little things like shower curtains, which offset start-up costs. When you don’t have one, you realize how integral it is to building a new home.”





ADVOCACY AND ENGAGEMENT KEY THEMES AT CONVENTION 2018

Delegates set direction for 2018-2019

BY SAMANTHA PONTING
HSA COMMUNICATIONS

IN RECORD NUMBERS, HSA MEMBER DELEGATES GATHERED APRIL 26-28 IN VANCOUVER TO ESTABLISH PRIORITIES FOR THE UPCOMING YEAR.

Engagement was a key theme of the convention. Delegates discussed proposals for encouraging an active membership, and considered how constitutional changes could impact member involvement in the union.

While several constitutional amendments were proposed, only a few were adopted in the face of a two-thirds majority threshold. One successful motion aimed to strengthen chapter representation at convention through an amendment permitting chapters to elect two

alternate delegates, should a registered delegate be unable to attend.

Following up on a resolution passed by delegates to the previous year's convention, an amendment to HSA's recall procedures for regional directors, proposing a lowered signature threshold for recall, was defeated. A resolution calling for the instatement of term limits for regional directors was also defeated, for a second year in a row.

The engagement of young workers was an issue at the forefront of convention, with four resolutions put to the floor proposing measures for fostering young workers' participation in the union. Delegates defeated a resolution calling for the creation of a young workers' committee, but voted in favour

of HSA exploring the creation of an annual young workers' forum. In addition, delegates voted to support HSA members' participation in the BC Federation of Labour young workers' committee and events.

Several motions were submitted calling for increased advocacy for children and youth. Motions passed calling on HSA to lobby the provincial government for additional mental health services for children and youth and greater resources for early intervention services.

In light of the campaign's major success this March, delegates voted in favour of continuing to promote the United Way's Tampon Tuesday campaign to members, and mandated HSA to participate in campaigns that highlight the need for free menstrual products in schools and workplaces.



“This isn’t my plan or John’s plan or Judy’s plan. This is our plan.”

TACKLING THE SOCIAL DETERMINANTS OF HEALTH

BC Health Minister Adrian Dix addresses convention delegates

FOLLOWING SOME WARMLY-RECEIVED DAD JOKES AND A PROFESSIONS-INSPIRED POEM, B.C. HEALTH MINISTER ADRIAN DIX SPOKE TO CONVENTION DELEGATES ABOUT THE PROVINCIAL GOVERNMENT’S PLANS TO IMPROVE PUBLIC HEALTH.

“In the last year of the Liberal government there were 14,200 hip and knee replacements in British Columbia. In the first year of an NDP government, there’s going to be 19,200,” reported Dix.

“We are bringing in permanent base funding to bring in permanent public sector solutions. We are bringing in in the coming weeks a plan for team-based primary care,” he said.

As part of a plan to expand public health care, Dix said the government will be enforcing the *Medicare Protection Amendment Act*, or Bill 92, which was passed by the B.C. legislature in 2003 but never

fully implemented.

“Many people waited a very long time for a public MRI, which has created artificially a private system in our province and two-tiered access to health care for so many people. And yes, we are bringing into force Bill 92, which says ‘no’ to private billing and ‘yes’ to public health-care.”

As a result of Bill 92, private clinics may receive fines of up to \$20,000 for engaging in extra-billing.

“This isn’t my plan or John’s plan or Judy’s plan. This is our plan,” said Dix. He explained that many of the government’s emerging health policies align with the proposals advocated for by HSA.

Dix highlighted the steps the government has taken to reduce inequality. He claimed that B.C. had the highest absolute levels of inequality among the country’s provinces when the NDP took office. This is something

the province is now working to address.

The government announced last year that it would be introducing a poverty reduction strategy. Community consultations were held across the province, and in June 2018, a report is expected to be released summarizing the feedback obtained through this process. Dix said that addressing the social determinants of health “should be fundamental to the life of any government.”

“We increased income assistance rates by \$100 per month and disability rates by \$100 per month. That’s healthcare,” said Dix.

“We brought in the largest budget for education spending in the history of the province because we all know that public schools are the great equalizer.”

“I am optimistic. I believe this is our time – together, yours and mine – to make that changes that need to be made,” he said.

“NEVER GIVE UP.”

LINDA BESSANT OF VICTORIA IS THE RECIPIENT OF THE 2018 DAVID BLAND AWARD.

“I AM HUMBLLED BY THE AWARD,” SAID BESSANT, BUT SHE IS SOBERED BY THE TRAGIC WORKPLACE ACCIDENT THAT KILLED HSA MEMBER DAVID BLAND.

“The award is given out unfortunately because someone lost their life, and as appreciative as I am to receive the award, I realize the tragedy that had to occur for this award to be handed out in the first place,” said Bessant.

Accidents, however, can also be a source of inspiration, and Bessant’s case is no exception. It was her own experience with an injury that motivated her to become more involved in occupational health and safety (OH&S).

“It started quite a few years ago when I suffered a workplace injury. It was a little confusing to me, what I needed to do,” she recounted. “It really motivated me to not only educate myself but educate the people around me.”

Bessant works as a children’s support worker at the Victoria Women’s Transition House Society, and has served in the union as an OH&S steward for more than 10 years. She is a long-standing Joint OH&S (JOSH) committee member.

Within her activism, there is no single accomplishment that stands out. Instead, she said the work of an OH&S representative involves a constant effort to make sure that policies put into place are practiced.

“There’s no one big ‘aha’ moment. Just daily, never-ending reminders,” she said. For Bessant, the role is about “standing up for what’s right.”

“You may not see huge changes

but if people realize that you’re not going to give up, that you’ll continue with issues until they are resolved, that puts a little bit more value on your role as a JOSH member.”

“Never give up,” she advised fellow OH&S stewards.

Bessant received her award on April 28, the National Day of Mourning for workers seriously injured or killed on the job. April 28 not only honours those who have lost their lives to workplace injury, it also proclaims a commitment to strengthen workplace health and safety policy and legislation.

That day, Bessant attended the Vancouver Day of Mourning at Jack Poole Plaza with fellow HSA convention delegates. “They may have numbers about fatalities but these are the lives of people,” said Bessant, recounting the speeches of a young man who lost his arm and a mother who lost her son to workplace accidents.

“So what can we do to ensure that this doesn’t happen in our workplace?” asked Bessant. “It’s a right for people to go to their work, work in a safe place, and come home again at the end of the day, safely.”

Bessant is engaged in several initiatives to strengthen the safety of her workplace. She is currently working on a risk assessment tool for staff who are working alone.

“We need to be a bit more mindful. For the staff working by themselves, I don’t think there is enough accountability for their safety.”

After an ongoing development process, the tool is now being finalized. “This is just an extra tool. We do have a risk assessment policy, a general one, but

now we are fine-combing it so that there are things we can pick out from incidents,” she said.

Bessant is frequently examining her workplace’s various safety measures. “I always try to ensure we have safety precautions. People wearing their panic buttons, ensuring that the buzzer system is working, ensuring the security code is changed, when needed,” listed Bessant.

“I will continue to raise the issues. I will celebrate all our victories and continue to strive for a safe and healthy workplace for all.”

As a member of the JOSH committee, Bessant works to keep the committee accountable, ensuring that all employer representatives realize the importance of documenting incidents, and that reports are shared among committee members in a timely manner.

“I will continue to raise the issues. I will celebrate all our victories and continue to strive for a safe and healthy workplace for all,” she said.





Fight for the living, mourn for the dead

HSA delegates mourn those killed on the job

April 28 marked the National Day of Mourning for workers killed or seriously injured at work. Dozens of HSA members from across B.C. attended the day of mourning ceremony in Vancouver this year, held at Jack Poole Plaza.

The day is observed in more than 100 countries around the world. In Canada, the day of remembrance was officially created through a resolution passed at the 1984 Canadian Labour Council convention. In 1991, the Canadian government passed the *Workers' Mourning Day Act*, declaring national observance.

The date, while celebrated worldwide, refers to an important moment in Canadian history. On April 28, 1914, Ontario enacted the *Workmen's Compensation Act* – the first legislation of its kind in Canada – marking the creation of workers' compensation.

On Jan. 1, 1917, workers' compensation legislation was brought into force in B.C. as a result of the tireless efforts of workplace health and safety activists inside and outside the labour movement. It was an era beset by industrial accidents. Workplaces were extremely dangerous, and the new legislation not only guaranteed workers compensation for injury, but also required employers to enact safety measures. The workers' compensation system that was established, known as “the great compromise,” would deliver workers' compensation through an employer-paid fund, while denying workers the right to sue their employers.

Since Canada's first Day of Mourning in 1985, more than 33,000 workers have died in Canada from a work-related injury or illness. In 2017, 158 British Columbians died from a workplace incident or work-related illness.

The Day of Mourning is a reminder that these deaths are preventable. It is a call for Worksafe BC to better enforce health and safety regulations and for employers to better educate themselves on their responsibilities to uphold workplace safety.



HON. ADRIX DIX ANNOUNCES THE SOUTH ISLAND HIP AND KNEE PROGRAM.
PHOTO: PROVINCE OF BRITISH COLUMBIA, FLICKR



BCHC CO-CHAIR AND HSA MEMBER
AFTER THE GOVERNMENT

THE GROWING THREAT

**BY SAMANTHA PONTING
AND ANDY LONGHURST**

ON MAY 1, THE B.C. HEALTH COALITION (BCHC) PRESENTED TWO B.C. PRIVATE SURGICAL CLINICS WITH AN INVOICE FOR \$15.9 MILLION.

It was a symbolic gesture seeking to highlight how unlawful extra-billing by private clinics across the province is costing the public health care system. Supporters gathered with placards and banners protesting the creeping development of a two-tiered health system in British Columbia.

The federal government clawed back \$15.9 million in federal funding to B.C. because of unlawful extra-billing conducted by private clinics in the province from 2015-2016.

Extra-billing, as defined in the *Canada Health Act*, refers to the amount charged to an insured patient for a publicly insured medical service that exceeds the amount paid out by the public insurer. Over the past 16 years, B.C. is the only province the federal government has repeatedly fined for unlawful extra-billing by withholding



MEMBERS OF HSA, THE COUNCIL OF CANADIANS, AND THE B.C. HEALTH COALITION RALLIED OUTSIDE THE B.C. SUPREME COURT ON APRIL 8, 2018, THE MORNING THE BRIAN DAY COURT CASE RESUMED.

transfer payments on a dollar-for-dollar basis.

While publicly funded health care services are administered by the provinces and territories, the act outlines the criteria provincial bodies must adhere to in order to receive federal health transfer payments. In Canada, these totalled \$36 billion in 2016-2017. It is these five criteria (public administration, comprehensiveness, universality, portability, and accessibility) that define the principles and parameters of Canadian Medicare.

Despite this, extra-billing is

widespread in the province.

Now the new provincial government is taking steps to prevent the practice. In April, it announced that it would bring sections of Bill 92, the *Medicare Protection Amendment Act*, into law. This act passed in the B.C. legislature in 2003 but sections of it were not brought into force as a result of relentless lobbying efforts from for-profit clinics and physicians across the province. The then BC government, led by Premier Gordon Campbell, decidedly turned a blind eye to illegal extra-billing.

The enforcement of Bill 92 means that it will be an offence



R EDITH MACHATTIE DELIVERS AN INTERVIEW ANNOUNCES 37,000 NEW MRIs FOR 2018-2019.

AN INVOICE FOR \$15.9 MILLION IS DELIVERED TO THE FALSE CREEK SURGICAL CENTRE

TO CANADIAN MEDICARE

HOW PRIVATELY-FUNDED HEALTH CARE HURTS US

for doctors and private clinics to extra-bill patients, for which doctors can be fined up to \$20,000. The B.C. government has coupled its crackdown on extra-billing with a strategy to reduce diagnostic and surgical wait times, thereby addressing the public's reliance on privately funded and delivered services.

This flurry of public policy developments has brought to light some of the tensions existing between private, for-profit and public health care in Canada.

Understanding private health care in Canada and B.C.

Canada's public health system is a source of pride for many Canadians. It was founded on the principle of universality, whereby everyone - regardless of income - has access to medical treatment. It's a sharp contrast to the privately funded system of our southern neighbours, from whom we sometimes hear chilling tales of personal bankruptcy, debilitating hospital bills, and mortgaged homes for the sake of accessing health care.

Despite this, some British Columbians have been able to access health care services

faster than others because of their ability to pay. Others have felt forced to resort to paying private health care fees because the public health system hasn't responded quickly enough to their health needs. The province, up until now, has allowed private clinics to extra-bill patients who are paying privately for services, essentially encouraging a two-tiered system to grow.

To demonstrate the magnitude of the problem, a 2017 survey of private clinics by the Ontario Health Coalition (OHC) found that 30 out of 34 private clinics in B.C. were found to be charging extra user-fees. These practices are often in contravention of the *Canada Health Act*. For example, in a 2012 audit of CEO Brian Day's private clinics, the B.C. government found evidence of extensive illegal extra-billing and overlapping claims to B.C.'s Medical Services Plan. In less than 30 days, nearly half a million dollars of illegal extra-billing occurred at the Cambie Surgical Centre.

It's clear that private health care is taking a toll on patients' pockets. The same OHC report found that costs for medical treatments in private clinics across

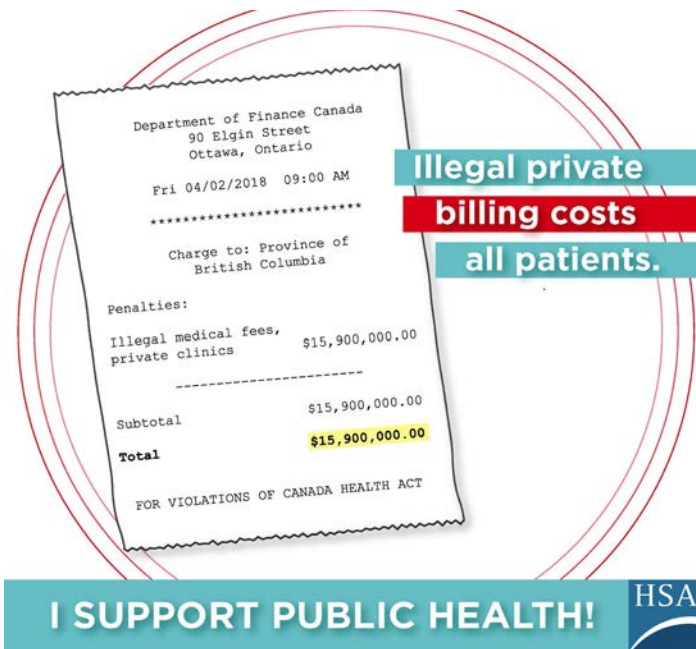
the country are exorbitant and significantly higher than the rates billed in the public system. It reports that patients were charged up to five times the rate of the service as offered in the public health plan.

Through permitting these practices, the province had been failing to comply with federal law. But B.C. is not alone. Surveys conducted by the OHC reveal that private clinics in at least six provinces are charging user fees, and violations of the *Canada Health Act* have become more overt over the past 10 years.

This problem is magnified in B.C., which hosts the second largest private, for-profit clinic sector in Canada. This comes as little surprise after provincial health care funding over the last 16 years has not kept pace with our growing population, leaving B.C. lowest in the country in per-person funding. In 2001, B.C. ranked second in per-capita provincial health care spending, but by 2016, B.C. fell to eighth place among the 10 provinces.

Lack of capacity in the public system to deliver MRI scans and

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surgeries, for example, can drive patients to seek privately-funded care. In B.C., this is shifting. The province's recent investments to expand public sector capacity in MRIs, for example, are critical measures to decreasing diagnostic and surgical wait times.

But it's not just about funding. From what we know about high-performing health systems internationally, system innovations and improvements in the delivery of public care will improve timely access to care in a more cost-effective manner than turning to privatization. The province's new comprehensive surgical strategy – with a focus on system improvements and efficiencies – is a step in the right direction.

It will centralize waitlists for hip and knee surgeries so patients can see the first available surgeon and streamline patient pathways through improved surgical assessments. By better utilizing a multidisciplinary team of health care professionals – including physiotherapists and occupational therapists – who will assess, triage and support patients before and after surgery, our public surgical services will become more effective.

Privatization's effect on health human resources shortages

The most prominent claim by advocates of two-tiered, for-profit health care is that it will reduce wait times and improve access for patients. However, this claim is typically advanced by individuals and corporations who have a financial stake in seeing the introduction of a parallel for-profit tier funded by user fees and private health insurance, where access is determined based on income and not medical need.

This argument does not hold up to a large body of academic research. Based on evidence from B.C., Manitoba, England, New Zealand, and Australia, wait times in the public system in fact increased with the introduction of a parallel private tier.

This can be explained, in part, because the private tier pulls limited health human resources from the public system, leaving it with a shortage of healthcare professionals. This has been the experience in B.C., where amidst growth of the for-profit sector, health human resources shortages have become increasingly dire.

In B.C., we face critical shortages of medical imaging technologists and operating room nurses, who may be drawn to

the private sector based on compensation, better hours, and more manageable workloads – a self-perpetuating cycle that increases workloads for public sector professionals, thus further pulling limited staff out of the public system.

The B.C. government has recognized this problem, and bringing Bill 92 fully into force is a necessary, evidence-based strategy to deal with chronic understaffing in the public system.

Ongoing threats to public health care

In 2009, the Cambie Surgeries Corporation, led by CEO Brian Day, launched a legal challenge after the BC government informed Day that his clinics would be audited following reports of illegal extra-billing. His legal challenge seeks to knock down the laws that ban extra-billing and user fees, calling these laws unconstitutional. The challenge is now before the B.C. Supreme Court.

Seeking to set the legal foundations for a two-tiered health system, the case is asking the court to allow for the private funding of medically necessary services, which would include eliminating the ban on private health insurance. The court challenge resumed this past April, and threatens to drastically undermine Canada's universal public health system. Action is needed now more than ever to defend public health care.

The BCHC and Canadian Doctors for Medicare have obtained intervener status in the case. This is just one of the many strategies needed to halt health care privatization.

The BCHC works with local coalitions across BC to defend public health care through community actions, research, public education and advocacy. HSA is a leading supporter of the coalition.

TO LEARN HOW YOU CAN JOIN EFFORTS TO DEFEND PUBLIC HEALTH CARE, CONTACT INFO@HSABC.ORG OR VISIT BCEALTHCOALITION.CA.

LEARNING FOR LIFE

BY SAMANTHA PONTING
HSA COMMUNICATIONS

“LEARNING IS CONTINUOUS,” SAYS KIRAN RAMA, AN HSA MEMBER ENGAGER, SITE-STEWARD, AND REGISTERED PSYCHIATRIC NURSE (RPN) AT ST. PAUL’S HOSPITAL.

That’s the message she has for other HSA members who may need some encouragement when it comes to getting involved with their union.

“HSA is an awesome and inclusive union,” she said. “The opportunities that I have received from HSA have helped me become the person that I am today. They have allowed me so much growth in my professional and daily life.”

Rama is the type of person who really embraces growth opportunities when they present themselves. It’s one of the quali-

ties that makes her a force to be reckoned with.

She first got involved in HSA in 2014 when a colleague encouraged her to become a steward. “I was told there were a lot of opportunities – educational opportunities – that HSA had.” She said being involved in HSA is also an opportunity to do something about workers’ rights.

“HSA is an awesome and inclusive union.”

In 2016, she became more involved in member engagement work, visiting members at worksites, sharing HSA materials, and connecting with members about their concerns and workload issues. She also gave support to the leadership team at her worksite’s stewards’ office.

For Rama, there is something special about connecting with her fellow members.

“The work that I’ve done connecting with members and meeting new members has felt very valuable. Being a young

member of HSA, it is nice to be out there meeting young members and letting them know that there are fun opportunities to get involved within HSA, rather than being just a steward,” said Rama.

In many ways, being a member engager is about meeting people where they’re situated. This is the same approach Rama takes to her work as an RPN.

“I love working with a diversity of patients, helping people, and meeting them where there are at in their mental and physical health.”

Rama has been working at St. Paul’s Hospital ever since she graduated in 2012 from Douglas College, completing a bachelor’s degree in Psychiatric Nursing. She works full-time in St. Paul’s inpatient psychiatric unit, focusing on inpatient care, inpatient adult psychiatry, and eating disorders.

She said she became an RPN because she has an interest in psychology and helping others.

“Someone had recommended psychiatric nursing to me, and at the time I was quite young. I wasn’t too familiar with what psychiatric nursing really entailed,” said Rama. “And then I kind of just went for it.”

The work is not without its obstacles, however. Rama said that one of her major challenges as an RPN is responding to her patients’ fluctuating acuity. She sometimes has to deal with challenging behaviours, including substance abuse and misuse, and violence and aggression.

The hospital’s experienced staff, the work of the Joint Occupational Health and Safety Committee, and the OH&S support provided by HSA help to mitigate safety risks at her workplace.

Despite the difficulties, Rama said she is so thankful she pursued her degree. “I specifically love working at St. Paul’s. I love my colleagues. It’s a great, supportive environment.”

“I love the teaching and learning opportunities that are available.”



NATIONAL NURSING WEEK WAS CELEBRATED FROM MAY 7-13, MARKING THE IMPORTANT CONTRIBUTION NURSES MAKE TO OUR HEALTH CARE SYSTEM. REGISTERED PSYCHIATRIC NURSES WORK ON INTERDISCIPLINARY TEAMS IN A VARIETY OF HEALTH CARE SETTINGS, INCLUDING PSYCHIATRIC UNITS IN HOSPITALS, COMMUNITY MENTAL HEALTH CENTRES, AND ON COMMUNITY OUTREACH TEAMS.

CAMPBELL RIVER SOBERING AND ASSESSMENT CENTRE CELEBRATES ONE-YEAR ANNIVERSARY

CENTRE IS “RAISING THE BOTTOM” FOR SUBSTANCE USERS

BY SAMANTHA PONTING
HSA COMMUNICATIONS

IT'S BEEN NEARLY ONE YEAR SINCE THE CAMPBELL RIVER SOBERING AND ASSESSMENT CENTRE, OPERATED BY THE VANCOUVER ISLAND MENTAL HEALTH SOCIETY, OPENED ITS DOORS TO THE PUBLIC IN JULY 2017.

“We’ve been in continuous operation 24 hours a day, seven days a week since that time,” said HSA member and Coordinator Kevin James.

The majority of the centre’s guests are homeless or marginally housed. For them, the centre offers “a safe, secure, and warm place for someone to come and sober up from drugs or alcohol in order not to take up space in city cells or in the emergency department of the hospital,” said James.

According to James, the RCMP reported 400 fewer arrests from public intoxication in the past year, which they partially attribute to the existence of the

centre.

Its service model was inspired by other sobering centres around the province. “We tried to transfer pieces that were applicable to the kind of centre we wanted to open,” said James.

“We offer our guests laundry service for the clothes they’re wearing, a safe and secure place to sleep, a secure place to lock up their belongings, a shower in the morning, a small snack,” James said. “We have an unofficial clothing supply and a safe ear for some of our guests to spout a bit about their situations.”

The centre also helps bridge clients to community mental health and addictions services. There’s a nurse practitioner on-site twice per month who can provide medical care. In addition to James, there are six HSA members at the site working as sobering assessment centre community health workers.

As coordinator, James jokes that he’s “a jack of all trades and master of none.” He’s respon-

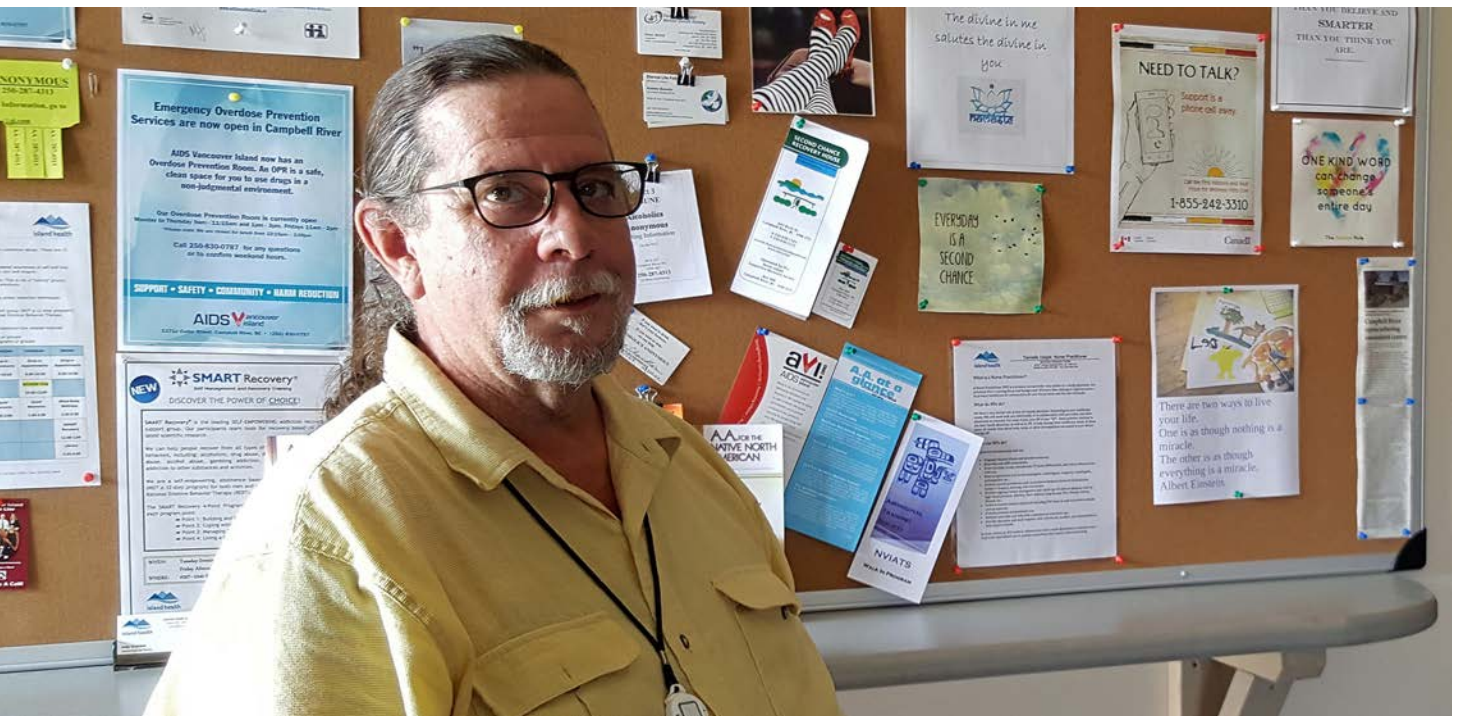
sible for coordinating staff, stocking materials and supplies, and ensuring that the centre is operational. He examines policies and procedures to ensure that the centre is safe for staff and guests.

In his work as coordinator, James has witnessed some inspiring success stories. “Long-term opiate users have gone back to living sober, getting their businesses back, and re-connecting with their families.” He said some guests leave with a future focus that is more positive than when they first arrived.

For others, the centre “raises the bottom.”

“Raising the bottom is - instead of a bleak everyday view from underneath a tree or an awning somewhere to stay out of the weather - a warm, safe place to wake up in the morning, with a cup of coffee and an intelligent conversation.”

“It’s the realization that that could be a possibility, despite the challenges that some of our guests face,” explained James.





From May 7-12, Mental Health Week was celebrated across Canada. Thank you to all HSA members who strengthen our communities through providing invaluable mental health and addictions services.

He said the phrase was termed by a street nurse in the community, and he's "sure it's absolutely original."

The impact of the centre has led many of its guests to refer others, which James finds rewarding.

Integrating harm reduction strategies into mental health and addiction services

"Nobody can move on to a better place in their life, dealing with their trauma and addictions, if they're dead. If they're alive, then there's always hope," said James, speaking to the impact of harm reduction services on substance users.

"Every day you wake up and put your feet on the ground is a good day."

According to Health Link BC, harm reduction "includes policies, programs and practices that aim to keep people safe and minimize death, disease, and injury from high-risk behaviour, especially psychoactive substance use. Harm reduction recognizes that high risk behaviour may continue despite the risks."

Harm reduction approaches are diverse in nature and tailored to a community's needs. A wide range of strategies is used to equip substance users, families, and communities with the

knowledge, tools, and supports needed to enhance safety.

While no substances can be used on site, the sobering centre reduces harm by providing supports to people who are substance dependent. Staff can connect users to other people so that they are not using in isolation. They can bridge them to other community services so they can practice safe using.

Harm reduction services have been a major component of B.C.'s response to the overdose crisis, with safe consumption sites playing a vital role in preventing fatalities.

In July 2017, Island Health reported to have eight overdose prevention sites opened on Vancouver Island that distribute harm reduction supplies, ensure timely intervention in the event of an overdose, and bridge clients to community services. As part of a harm reduction strategy, naloxone kit distribution has expanded not just within Island Health, but across the province.

"People with trauma, homelessness, and substance misuse issues are going to have trauma, homelessness, and misuse issues, regardless of where they are," said James. "To have a safe place to experiment with...it's important. It's important to be treated as a person first."

Harm reduction efforts can include outreach and educational initiatives, and are routinely accompanied by treatment and prevention services, and other forms of social support.

As part of its response to mental health and addiction issues, Island Health has also introduced an Intensive Case Management Team to Campbell River. James said their person-centric, face-to-face approach "has just been amazing." They assist clients with finding housing, connecting to primary care, and navigating social services.

"They just bring a wealth of information right to the person," said James. He said some of their staff also bring with them a rich understanding of Aboriginal experiences, which is much needed given the disproportionate representation of Indigenous peoples in Powell River's homeless population.

"Tailoring to the population and the challenges we have in Campbell River is an ongoing, constant process," said James.

But he's been pleased by the municipality's efforts to support the launch of the sobering centre. Despite the challenges, James says he is honoured to be working in Campbell River to do such important work, supporting people with mental health and substance misuse issues.

ACHIEVING WORK-LIFE BALANCE IN THE NEW WORKPLACE

BY GERI GRIGG

HSA OCCUPATIONAL HEALTH AND SAFETY OFFICER

Navigating the New Workplace was the theme of the Canadian Mental Health Association's Bottom Line Conference held in Vancouver this past March.

The theme is particularly timely as health authorities and other employers are moving forward with implementing the Canadian Standards Association's (CSA) Standard on Psychological Health and Safety in the Workplace. There's a new government with fresh ideas to tackle existing and emerging health issues, and a new generation of people entering the workplace.

The conference brought together researchers, unions, employers, and managers from the private, public, and non-profit sectors to learn about mental health promotion, protection, and treatment in the workplace. The energy in the workshops was one of inquiry and respect.

According to Dr. Linda Duxbury of Carleton University, millennials are part of the solution to achieving work-life balance in the workplace. In her keynote address at the conference, Duxbury spoke to the workplace realities encountered by people born in the 1950s and 1960s – the baby boomers.

She said that over the course of their careers, workers were plentiful and jobs were few. Baby boomers make up a large demographic, and this, combined with the major economic recession of the 1980s, created



workplace conditions whereby employers could ask for sacrifices. Workers delivered in order to obtain promotions and security.

Employers are asking the same of workers born in the 1970s or later, and those workers are less likely to give up their work-life balance in order to obtain promotions. People born in the 1970s to mid-1980s are particularly powerful as they bring a balance of experience and youthfulness to organizations seeing their leaders retire.

Duxbury reminded conference participants that the future lies in this generation, and recognized precarious and part-time work as a challenge faced by young workers. She said boomers have a responsibility to leave the work world in a better condition than when they entered it.

HSA attendee and medical radiation technologist Steven Lindsay said that Duxbury "was simply brilliant! From her I learned optimism."

Work-life balance is an important subject for HSA members. Healthcare is more diverse, more demanding, and more complex than ever, and HSA members are feeling emotionally exhausted. But "starting the conversation is more important than having the solutions," said HSA attendee and social worker Pam Hosie.

What to do? Where to start? HSA is working hard to advocate for members as employers grapple with the issues of mental health in the workplace. The CSA Standard can seem daunting and its implementation overwhelming, especially in large organizations like health authorities or in small workplaces where finances are tight.

Take a small step. Thank a co-worker for picking up an extra client when you were feeling a bit overwhelmed, appreciate a supervisor for responding to your vacation request immediately so you could confirm your plans, or take time out to explain the "why" of a new policy.

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

HOW DOES MY CASUAL STATUS AFFECT PENSION CONTRIBUTIONS?

BY DENNIS BLATCHFORD

HSA'S PENSIONS AND BENEFITS ADVOCATE DENNIS BLATCHFORD ANSWERS COMMON QUESTIONS RELATED TO PENSIONS.

I am about to change jobs and health authorities. I will be working 0.80 FTE with my new employer and casually with my old employer. Am I able to continue contributing to my pension when I work casual shifts for the old employer? Is there a minimum number of shifts I must work in order to contribute?

In the situation you describe, I see no issues with you continuing to accrue pensionable service with both employers. In fact, the process should be completely seamless as the receiving employer will be aware of your status as a plan member during the recruitment process, and commence contributions on your behalf immediately in accordance to the plan's rules. Meanwhile, your old employer will know to continue making contributions even though your status is changing to casual.

So there are no issues about needing to meet minimum shifts in order to qualify? I had heard that, so thought I should check.

In your case, no, there are no minimum requirements because

you already belong to the plan. Any minimum requirements were met long ago. Even though your status is changing to casual, you don't fall back down to the bottom rung like someone just starting out in their career.

For those just starting out as a casual employee, yes, there is a minimum requirement for joining the plan.

Okay, that's good to know. What are the enrollment requirements then for new-hire casuals?

The enrollment rules for the Municipal Pension Plan are in accordance with B.C.'s *Pension Benefits Standards Act*, which requires that a minimum salary threshold be met over two consecutive years in order to qualify to join the plan. That minimum is adjusted annually based on a federal calculation of the average wages and salaries across Canada.

The calculation is called the Years Maximum Pensionable Earnings, or YMPE, which is the measure used to determine maximum contributions to the Canada Pension Plan (CPP). The YMPE for 2018 is \$55,900, and earnings beyond this amount do not attract CPP deductions.

Once an employee earns 35 per cent of the YMPE threshold (approximately \$21,000 annually) for two consecutive years, they are eligible to join the plan. Once this threshold is achieved, the member would automatical-

ly be enrolled in the plan unless they choose to opt-out.

And, similar to your circumstance of working for multiple employers in multiple health authorities, the system should be able to identify when the minimum earnings threshold is achieved. That's been my experience dealing with members who were enrolled in the plan while working for multiple employers.

Why would anyone decide to opt-out of the plan once they qualified under the YMPE rule? I'm curious!

This is usually because of an imminent retirement or some other rare circumstance, like leaving the country or the profession. For instance, they may have had a career elsewhere and came to B.C. to retire, but decided to work casually for a few months in their adopted province. Before you know it, two years pass and they qualify to join the pension plan. Suddenly, it's decision time and it may not make much sense to join.

For anyone else, I would hope they've really thought it through. Good luck with your new position.

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



Jill Slind, a computational biologist at the BC Cancer Agency's Vancouver Cancer Centre, and Shirley Clarkson, a registered psychiatric nurse (RPN) and chief steward at Vancouver's St. Paul's Hospital, sat down together to discuss the stigma facing mental health patients, and the major shifts that have happened in mental health care over the years.

TALKING ABOUT MENTAL HEALTH

"IN THIS DAY AND AGE, PEOPLE ARE TALKING MORE AND MORE ABOUT MENTAL HEALTH. ESPECIALLY YOUNG WORKERS AND PEOPLE IN MY GENERATION," SAID COMPUTATIONAL BIOLOGIST JILL SLIND. "I FEEL VERY STRONGLY THAT MENTAL HEALTH IS JUST AS IMPORTANT AS PHYSICAL HEALTH. AND IT CAN BE A DETERMINANT OF PHYSICAL HEALTH AND WELLNESS."

Shirley Clarkson is also passionate about mental health issues.

While they share this common interest, each brings different backgrounds to their work with HSA. Slind had never been in a union until she started at the Vancouver Cancer Centre four years ago. She became more familiar with HSA when she needed her chapter's help filing a grievance. She said the process felt really positive. "It was a way we could effect change," said Slind.

She became more involved in HSA eight months ago when she was elected as a site steward. "I'm a person that loves to advocate for people. To do that

through the union is an ideal situation."

Clarkson first got involved in HSA nearly 10 years ago, first as a site steward, and later as an HSA member engager. She returned to school in 2003 following a career in health administration, and has been employed as an RPN for 12 years.

(Slind) How long have you been an RPN, and what drew you into this field?

(Clarkson) I had a major life change and ended up being on my own at 46. I decided that I needed a career that I loved that would give me enough pay so that I could support myself.

This led me back to school to train in psychiatric nursing. It was the best decision I've ever made career wise - I just love it. But going back to school later in life was a huge learning curve, since I hadn't been to school for 30 years.

How do you see mental health issues stigmatized in your work?

There is still huge stigma around mental health. People are embarrassed to access mental health services and care. I've had patients that are reluctant to tell their friends that they're in a psychiatric ward at a hospital, especially because the doors

are locked and you have to buzz to get in. It can be quite scary for people.

I think lots of people have this idea about psych patients based on media. I even had this idea in my own head, after I saw *One Flew Over the Cuckoo's Nest* when I was a kid. It's a fictional movie, and it gives you a skewed vision of mental health.

You hear about a psychiatric ward, and people immediately think of an asylum.

Like Riverview, for instance, a mental health institution in Coquitlam that closed in 2012.

I've worked with patients that have been at Riverview, even those that have been there for 20 years, and they viewed it as their home. When they closed Riverview down, there was a big shift to integrating those patients back into the communities. And I think it partially worked, but we still need more resources and facilities for people with mental health issues, because we're always bursting at the seams.

The closing of Riverview can be seen as a positive change because we no longer believe that most people seeking mental health care are people that need to be removed from society and treated in isolation. Have you seen any negative shifts in mental health care recently?

Well, I think the biggest shift that I've noticed just in the last couple of years is the fentanyl crisis, because a lot of people with mental health issues also have addictions, and vice-versa. We're getting more patients coming in that ended up in the ICU first.

The positive spin on this is that there's more research projects like Naomi (North American Opiate Medication Initiative), and Salome (Study to Assess Long-term Opioid Maintenance Effectiveness), where people addicted to heroin are provided either Dilaudid (Hydromorphone) or pharmaceutical-grade heroin at a clinic downtown. So I think that's good, and I wish

that was expanded because we would have fewer deaths from fentanyl use.

I think there's a stigma around addictions as well. People just look at people with addictions and think, "Oh, well why don't they just stop using?" But they don't know the backstory of these people. They could have very deep-seated mental health issues and this is their way of coping.

I have seen the challenges in recovering from mental health addictions. I talked to a gentleman a few months ago that has had some sort of opioid addiction. His partner was being treated at one of the inpatient addictions facilities. But once his partner is released, she has nowhere to go, and so she may end up surrounded by people who are still dealing with their own addictions. It's so easy to become addicted again, because there's no clear way to really exit from the loop.

When Insite opened in 2003 – the year that I started school – I arranged a tour because I knew some of the nurses that initially worked there. We got a tour before it opened to the public. Upstairs from Insite they have Onsite, which is a place for people that want treatment for their addiction. But there aren't nearly enough places like that, nor secure housing.

It's like when people get released from jail with nothing. What hope do they have of staying clean, or staying on the

straight and narrow?

It's especially significant because when people have suffered from these issues – whether it be having committed a crime, experiencing addictions, or facing a period of homelessness – there is a lot of stigma facing them. It's harder for them to get a job and make ends meet, and avoid returning back to those places that they have worked hard to avoid.

I've seen some successes on the unit I've worked on. We've had patients that have come in with addictions issues that really want to quit using and have a different lifestyle. And we've actually been able, through the addictions team at St. Paul's, to help them go through their withdrawal symptoms in a safe manner, and keep them in a supported environment until there is a bed available for them at a treatment facility. I wish we could do that more often, though. And it's not the right way of doing it. Staying at the hospital costs roughly \$1500 a day. You need those services in the communities.

If you had a final message to close off this interview, what would you want to get across?

I would encourage people to trust their intuitions about themselves, friends and families. If they notice anything that seems out of character, or a change in behaviour, try to encourage that person to get help. The quicker you seek help, the sooner things become clearer.



SLIND WITH HSA PRESIDENT VAL AVERY, NUPGE PRESIDENT LARRY BROWN, AND FELLOW CONVENTION PANELISTS.

TAKING HSA'S MESSAGE TO VICTORIA: ADDRESS CRITICAL SHORTAGES IN THE HEALTH SCIENCES

BY CAROLE RIVIERE
HSA COMMUNICATIONS

On May 17, a group of 19 HSA members from around the province and from a range of professions spent the day in Victoria meeting with cabinet ministers, opposition critics, and MLAs who are key decision makers and influencers in health care and community social services.

HSA President Val Avery, along with several regional directors and constituency liaisons, started the day by hosting a breakfast for MLAs. Members and their MLAs sat together, getting to know each other and discussing local issues.

"HSA members are powerful spokespersons for their professions and their patients, so bringing them face-to-face with these decision makers is one of the most effective ways to promote the interests of our members and our patients," said Avery.



Members then attended Question Period in the legislature, where Minister of Health Adrian Dix and other MLAs introduced them.

Throughout the rest of the day, HSA members met in small groups with cabinet ministers, MLAs from all parties, and influential ministry and political staff to discuss issues of concern to members.

HSA's main message was that government must address the serious shortage of health science professionals. The Ministry of Health has identified several of these professions as "priority professions," which are central to achieving its goal of improving timely access to patient care in four key service areas: primary care, surgical and diagnostic services, adults with complex conditions or frailty, and mental health and substance use.

HSA members encouraged

the government to work with the union to identify and implement the most effective measures to train, recruit, and retain different priority health science professions. HSA representatives outlined the need for more training and clinical practicum spaces, improved working conditions, and competitive wages and benefits to be able to recruit and retain these scarce professionals.

HSA members who participated in the lobby day, including Avery, were unanimous that HSA's first lobby day with the new government was a great success.

"This was an important step in the union's ongoing efforts to raise HSA's profile in Victoria and to build positive relationships with the people who make decisions that affect our members and the patients and clients we serve," said Avery.

WHAT MEMBERS SAID ABOUT HSA LOBBY DAY

"I thought it was fabulous to meet with MLAs from both the government and the opposition. I was fortunate to have breakfast with my own MLA Anne Kang, parliamentary secretary for seniors. The opposition MLAs were open-minded and friendly. In fact, the questions they asked were as if we had planted them ourselves! The highlight of the day was attending Question Period, and not only being introduced once by Health Minister Adrian Dix, but then again by my own MLA."

- JING-YI NG, CONSTITUENCY LIAISON AND PHARMACIST FROM BURNABY HOSPITAL

"It was useful to provide the MLAs with data on shortages and training spaces, but the personal experiences we shared made it real for them. I think the team made an impact that will stick with them."

- TREVOR WHYTE, CONSTITUENCY LIAISON AND RESPIRATORY THERAPIST FROM PEACE ARCH HOSPITAL



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Rita Rong

Job title: Database & Web Programmer

Department: IT Database

What you actually do, in your own words: I do database and web maintenance and new information systems project development. I conduct database reports and queries, new database design and development, database performance monitoring and analysis, database security and access permission, database and web troubleshooting, and user assistance.

Why this matters: Databases and web systems hold the data (members, worksites, dues, employee info, and much more) for both our organization and members. It's important to keep HSA's database and web system secure, up-to-date, and reliable so it best serves the needs of internal and external end-users.

Secret talent unrelated to job: I play the violin.

Crappiest job you've ever done: Cake baker. I bought all kinds of machines and tools and worked hard on different recipes from my friends and from websites. Everyone told me the recipes were easy and basic. Unfortunately I failed on all of them! Although, my little boy still called one of my products a cake and enjoyed it a lot (since it was from mom). I totally believe good baking is a talent!

Interesting thing you did to help a member in the last week: I've been working on the HSA Portal project recently to add database models to the backend code using a new framework language. The Portal will greatly improve member and steward access to our union through a secure web-based software platform.

Scariest situation you found yourself in: I was so scared when I watched the Japanese horror movie Sadako in the evening, even with three of my university classmates. I've never tried horror movies again.

Your perfect day looks like: Simple and relaxing. It would include summer, a beautiful beach, a cloudless blue sky, and ice cream with my family.

Currently binge watching on TV: The Brain game show. The Brain is a Chinese scientific reality and talent show originating in Germany. The show's aim is to find people with exceptional brainpower.

Longest you've ever been awake: 35 hours for a delayed international flight.



Dawn Marie with her therapy dog Khaleesi

“Being part of such a supportive union that is tailored to the needs of its members has enabled me to support all the members at my site daily.”

DAWN MARIE GOODMURPHY, YOUTH OUTREACH WORKER, JOHN HOWARD SOCIETY