

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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WILD FIRE NEAR KASLO, BC IN JUNE 2014. PHOTO: PROVINCE OF BC

HEALTH AND THE CLIMATE CRISIS

HSA member Tim Lim explores why climate change is a health issue and what members can do to help solve the greatest challenge of our time.

WHEN WE MAKE OUR VOICES HEARD, WE GET RESULTS

We want our province to thrive. This is why BC's labour movement has fought throughout its history for meaningful improvements to our labour laws. With so much of our time spent working, labour laws can shape not only an individual's quality of life, but the overall health and prosperity of a society.

Over the past several years, we've called for greater fairness in the Labour Relations Code, the major piece of legislation governing the relationship between unions and employers, and strengthened protections and benefits for workers in the Employment Standards Act (ESA), which sets minimum standards of rights and protections for all workers.

Throughout the tenure of the previous government, minimum standards were eroded, and enforcement of those standards was largely abandoned, leading to increased precarious, unfair, and exploitative working conditions for people trying to earn a living.

This May, the new government enacted important reforms to both these pieces of legislation governing the rights of workers in the province. While we did not see all the changes we had hoped for, the reforms are a major step forward and deliver valuable improvements for workers. They reflect the tireless efforts of advocates across the labour movement to improve the lives of working people.

This April, HSA members stepped into action through the Workers Deserve Better campaign. Launched by the BC Federation of Labour, the effort was a massive success with over 3,000 people, including nearly 100 HSA members, sending

emails to the Minister of Labour and the BC Green Party Caucus.

United in our call for strengthened labour laws, British Columbians made it clear that we care deeply about how workers are treated. We advocated for paid, job-protected leave for domestic and sexual violence survivors, increased protections for child workers, successorship rights for employees facing contract flips, the right to unionize without employer intimidation, and protections from wage theft.

The reforms made to the ESA and the Labour Code mark a major victory for all workers – a victory HSA members should be proud of. When the bar is raised for all workers – unionized or not – we are in a better negotiating position at the bargaining table because of improved benchmarks across all workplaces.

As we look back on the past few months, we've seen the province deliver some other major gains for HSA members as a result of our union's advocacy efforts. HSA's Constituency Liaisons (CLs) – HSA members across the province who take the issues of our membership directly to the ears of local MLAs – have played a major role in some important provincial policy developments.

Our CLs have advocated strongly over the past year for the creation of a Health Science Professionals Secretariat in the Ministry of Health to address the unique workplace challenges facing the retention and recruitment of HSPs.

The ministry recently informed HSA that it has created the Department for Allied Health Workforce Development to



“When the bar is raised for all workers – unionized or not – we are in a better negotiating position at the bargaining table because of improved benchmarks across all workplaces.”

support the creation of a health human resources strategy for health science professionals.

Off the heels of this development, the government announced that it would be expanding the number of training spaces for occupational therapists and physiotherapists, including investments for training spaces in the north. We know that key investments in training are a piece of the careful planning required to address critical skill shortages in our modern healthcare system. We took this message forward to government, and we are seeing results.

Thank you to all HSA members who have engaged in important advocacy work in support of your fellow workers at HSA and beyond. These are our victories. While our work may not be over, we are not alone in our vision for a thriving province.

Val Avery

PROVINCE TO CREATE NEW OT AND PT TRAINING SPACES

The provincial government has announced that it will be increasing the number of training spaces for occupational and physical therapy, expanding programs in Prince George, Vancouver, and the Fraser Valley.

Currently there are 80 first-year physiotherapy spaces in the province. The government is providing \$2.2 million in funding to UBC to establish an additional 40 new training spaces by 2022 for its Masters of Physical Therapy program. In partnership with UNBC, 20 of these seats will be located in the north, and 20 seats will be established at UFV (University of the Fraser Valley).

Thanks to a \$1.1 million investment, the number of first-year occupational therapy spaces in BC will expand from 48 to 72 by the year 2022. The funding will be provided to UBC to create 16 new spaces in the north, in partnership with UNBC, and eight new spaces in Vancouver.

These new training spaces are an important step forward to addressing the growing skills shortage in these professions. HSA has been advocating for increased training opportunities in these and other health science professions to ensure our health care system can deliver robust, team-based, and timely care to all British Columbians, and welcomes the announcement.

HSA YOUNG WORKERS' ADVISORY GROUP: CALL FOR EXPRESSIONS OF INTEREST

Are you a young HSA member (35 and under) interested in increased young worker participation in the union?

The union's board of directors is seeking members aged 35

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and younger to get involved in a five-member Young Workers' Advisory Group.

The Advisory Group's purpose is to:

- work to understand how HSA is relevant to young workers and how to encourage their participation in the union;
- monitor and promote awareness of young worker issues within the union; and
- encourage increased opportunities in the labour movement for young workers' involvement and participation

The Advisory Group was cre-

ated following two young workers' workshops, and two years of discussion at the union's annual convention about strategies for increased participation by younger workers in HSA and the broader labour and solidarity movements.

Deadline for applications to serve on the Advisory Group is July 31, 2019. To access the application, visit www.hsabc.org/ywadvisorygroup, or scan the QR code.



HSA WELCOMES REPORT CALLING FOR A UNIVERSAL PHARMACARE PROGRAM

The federal Advisory Council on the Implementation of National Pharmacare has released its final report, and recommends that Canada adopt a universal Pharmacare program that is comprehensive, accessible, portable, and public. The report marks a major step forward in the movement to establish a universal Pharmacare program.

“This is our generation’s national project,” reads the report. “Let’s complete the unfinished business of universal health care. That can be our promise, and our legacy, to each other and to all future generations.”

HSA members actively engaged in the council’s public consultation process, which began last summer, and sent a clear message that Canada needs a universal Pharmacare program that is accessible to all. The council heard from thousands of Canadians across country, and has outlined a pathway forward for establishing a national Pharmacare program.

“HSA extends its thanks to all members who participated in the public consultation process in sending a message that affirmed that everyone, regardless of ability to pay, deserves access to prescription medicines,” said HSA President Val Avery.

“We know that increased access

to prescriptions would improve public health outcomes and result in public health system efficiencies,” she said.

The council concludes that improved health outcomes related to a universal Pharmacare program would result in 220,000 fewer emergency department visits and 90,000 fewer hospitalizations annually. It projects up to \$1.2 billion in yearly savings for the health system.

By adopting a bulk purchasing (single-payer) model and other cost-saving measures, a universal Pharmacare program would help to curb spiraling drug costs and lower total spending on prescription drugs by \$5 billion by the year 2027, the report says. The council recommends the establishment of a national drug agency to negotiate drug prices.

While public health advocates have criticized the council’s recommendation to establish co-payments (to a maximum of \$2 for essential medicines, \$5 per prescription, and an annual maximum of \$100 per household per year), the report as a whole sets a clear directive from Canadians to establish a comprehensive and universal public program.

Our work is not over

“The current patchwork system

of coverage benefits for-profit insurance companies and the pharmaceutical industry. We can expect that groups within these sectors will lobby against the council’s recommendations for a universal single-payer program,” Avery said.

“I encourage HSA members to join with union members across the country working with the Canadian Labour Congress to call on our federal politicians to commit to implementing the council’s recommendations. Let’s make universal Pharmacare an election issue this fall. You can email your local Member of Parliament and let them know that on Oct. 21, you will be voting for universal Pharmacare,” she said.

The full report, “A Prescription for Canada: Achieving Pharmacare for all,” can be found on the Health Canada website at: canada.ca/en/health-canada

To send an email to your MP, visit aplanforeveryone.ca/pharmacare_report_mp or scan the QR code.



NUPGE CONVENTION BRINGS TOGETHER CANADIAN PUBLIC SECTOR UNIONS

From June 21-23, HSA’s Board of Directors attended the National Union of Public and General Employees (NUPGE) triennial convention in Winnipeg. Delegates engaged on the national stage with fellow unions on issues important to HSA members, including national Pharmacare, affordable housing, and new funding for menstrual products.

HSA MEMBERS PHOTO CONTEST!

HSA MEMBERS, we want a great picture of you at work....doing what you do best!

Our HSA family is unique and diverse, with over 75 professions in health care and community social services across the province.

We are developing a poster series to celebrate our members and the work they do every day.

DEADLINE EXTENDED!



We want to shine a light on the work you do. So send us a picture of you at work!

Win an iPad mini!

Everyone who sends a photo by August 15, 2019 will be entered to win! And if we use your photo, we'll send you an HSA swag bag!



HOW TO PARTICIPATE! Email your photos to photos@hsabc.org. Include your name, workplace, profession, and send a few options (e.g., horizontal and vertical). Protect privacy (nothing to identify the workplace or a patient). **Email us with any questions, we'd love to hear from you!**

PROVINCE INTRODUCES REFORMS TO BC'S LABOUR LAWS

On May 30, amendments to the *Employment Standards Act* and the *Labour Relations Code* became law, increasing protections for workers in the province. The reforms come off the heels of the BC Federation of Labour's Workers Deserve Better campaign, which called on the province to restore balance and fairness to BC's labour laws.

The *Employment Standards Act* is the law that sets the basic standards for all workplaces in the province. However, these standards have been eroded over time, tilting in favour of employers and in many circumstances leaving employees with few rights or protections.

The amendments enacted by the provincial government address a number of areas where BC lagged behind the rest of the country and gaps that left workers vulnerable. While there is still more that needs to be done to strengthen BC's labour laws, the changes are a positive step forward.

Highlights of the changes include:

- An enhanced Employment Standards Branch, and the removal of the 'self-help kit' and other barriers to addressing complaints against employers
- An increase in the age of work from 12 years-old to 16 years-old to bring BC in line with international standards
- Improvements to job-protected leave, with 10 non-consecutive days of unpaid, job-protected leave for victims of domestic violence and an optional 15 weeks of consecutive unpaid leave, and updates to leave provisions for workers needing to care for ill family members
- Improved measures for the recovery of wages and tips

The *Labour Relations Code* is the law that governs the relationship between unions and employers, and protects the rights of working people to join or form a union. The labour movement has been fighting for the Code to be updated for years, to create a more level playing field for working people.

Some highlights of the legislation include:

- Protection of successorship rights for workers. Under the new legislation, any time a service contract is flipped, the existing union contract must be honoured.
- Tightening up of the union certification process. The

legislation reduces the time allowed between when an application for union certification is made and when workers vote on joining a union. The shorter window (5 days from 10 days) is important to reduce employer interference with the certification process.



MINISTER OF LABOUR HARRY BAINS
AT HSA'S 2018 CONVENTION.

ACCESS TO MENSTRUAL PRODUCTS IS A PUBLIC HEALTH ISSUE

HSA'S STOMP OUT PERIOD POVERTY CAMPAIGN IS SHEDDING LIGHT ON THE STRUGGLES OF PEOPLE WITH LOW INCOMES IN ACCESSING MENSTRUAL PRODUCTS. WHEN SOMEONE CHOOSES PRODUCTS OVER FOOD, THEIR NUTRITION IS AFFECTED. MENTAL HEALTH CAN DETERIORATE WITHOUT SUFFICIENT ACCESS, AND MAKE-SHIFT SOLUTIONS FOR MENSTRUAL MANAGEMENT CAN INCREASE RISK OF INFECTION AND LEAD TO OTHER HEALTH COMPLICATIONS.

THAT'S WHY HSA MEMBERS ARE STEPPING UP TO STOMP OUT PERIOD POVERTY. WE ARE SEEKING PUBLIC SOLUTIONS TO A PUBLIC PROBLEM, AND WORKING TO INCREASE ACCESS TO MENSTRUAL PRODUCTS ACROSS OUR COMMUNITIES, PROVINCE, AND BEYOND, AS MEMBERS OF A GLOBAL MOVEMENT FOR MENSTRUAL EQUITY.

"This campaign was successful in bringing attention to everyday issues many face: stigma against menstruation and difficulty in obtaining menstruation hygiene products. Lack of access is often a deterrent in attending work, school, and other daily activities. This movement is another way for the union to effectively engage members, while also bringing awareness to our community about issues that are relevant and current today."

- Suilee Quach, Health Records Administrator, BC Cancer Agency

"This campaign enlightened me to the fact that not everyone has such easy access to period products, something that I have always taken for granted. I'm glad to help spread awareness of this to other union members and am so thankful for their generosity and support."

- Joan Sy, Cytotechnologist, BC Cancer Agency



Jill Slind, Amandeep Minhas, Elaine Leong, Carla Gibbons, Suilee Quach, Joan Sy

ARE YOU INTERESTED IN BRINGING THE CAMPAIGN TO YOUR CHAPTER?

CONTACT PERIODPOVERTY@HSABC.ORG. AN HSA ORGANIZER WILL SUPPORT YOU AND YOUR CO-WORKERS IN PLANNING A CAMPAIGN AT YOUR WORKSITE.



HSA MEMBER AND PHARMACIST TIM LIM SPEAKS TO A MOTION PUT FORWARD BY HSA'S ROYAL COLUMBIAN HOSPITAL CHAPTER THAT CALLS ON HSA TO ADVOCATE FOR LEGISLATION AND POLICY TO PROTECT OLD GROWTH FORESTS AND SUSTAINABLE INDUSTRY IN SECOND GROWTH FORESTS.

HOW CLIMATE CHANGE AFFECTS PUBLIC HEALTH AND WHAT WE CAN DO ABOUT IT

BY TIM LIM
HSA MEMBER

UNIVERSAL HEALTH CARE IS AN ISSUE OF NATIONAL PRIDE, SHARED AMONG CANADIANS. SIMILARLY, CANADIANS TAKE PRIDE IN THE BEAUTIFUL NATURE ENCOMPASSED IN THE COUNTRY.

Yet with recent climate change pressures – from hurricanes and floods to ravaging forest fires – the effects of climate change are threatening our ecosystems and becoming more intertwined with our daily health.

From a physical and mental

health stance, climate change is harming Canadians in a variety of ways, including: eco-anxiety, trauma and post-traumatic stress disorder from wild fire and flood displacements, exacerbated asthma and hay fever from prolonged pollen seasons, cardiorespiratory issues from air pollution and wildfires, and increasing cases of heat stroke or death, according to a 2018 report produced by the Canadian Medical Association and the Canadian Public Health Association.

In the last decade, the impacts of climate change have become a reality for Canadians, and have not come without a cost. In 2013, flooding in Alberta caused the evacuation of

TAKE ACTION

To learn about the Blue Dot movement, visit bluedot.ca.

To learn about the movement for a Green New Deal, visit GreenNewDealCanada.ca.

“According to the International Panel on Climate Change, we have 11 years to act. With the upcoming federal election, all parties should recognize climate change, in the words of former World Health Organization Director-General Dr. Margaret Chan, as ‘the greatest health threat of the 21st century.’”

100,000 Albertans, while damage losses and recovery costs exceeded \$6 billion dollars. In 2016, the Fort McMurray and Wood Buffalo region wildfires had an estimated \$8.9 billion financial and economic impact, which included health impacts.

Within a month of evacuation, 8,700 people contacted Alberta Health Services for psychosocial support. And between May 10 and June 30, 2016, 20,000 referrals to local mental health and addictions staff were made, compared to the pre-wildfire rate of 1,200 referrals per year. Meanwhile, one in five firefighters reported respiratory problems after the wildfire, according to a post-incident assessment report commissioned by the Alberta Emergency Management Agency.

In 2018, while Quebec’s extreme heat killed at least 90 people, British Columbia’s nearly 600 wildfires led to a provincial declaration state of emergency and left many British Columbians and Albertans blanketed in smoke. Unfortunately, ongoing climate change affects our most vulnerable people, particularly children and the elderly.

Climate change continues to disproportionately threaten Indigenous communities’ health and way of life. Indigenous peoples have a long history of adapting and coping with environmental changes, however due to anthropogenic climate change, historical adaptation efforts have become less effective and threaten food security.

For instance, the Canadian Arctic is experiencing one of the most rapid temperature

warmings on Earth, negatively affecting ice coverage, water systems, flora, and fauna, which all have implications to Inuit physical, mental and cultural well being. Indigenous health and climate change expert Sherilee L. Harper documents this in her 2015 study, which explores climatic change in Nunatsiavut, Labrador and perceived impacts on health.

In a time of ongoing challenges, there is, however, much hope – we have the solutions to fight climate change through actions. Recognizing that the climate crisis is no longer a niche issue and seeing it through the perspectives of various disciplines – including the health sciences – will help us solve this emergent crisis.

Remember to practice the three Rs in order – first reducing your waste, then reusing, and subsequently recycling if the prior are not achievable. Carpooling, taking public transit or biking to work, and eating more plant-based proteins and foods can promote health and wellbeing, all the while reducing one’s environmental impact.

According to the International Panel on Climate Change, we have 11 years to act. With the upcoming federal election, all parties should recognize climate change, in the words of former World Health Organization Director-General Dr. Margaret Chan, as “the greatest health threat of the 21st century.” They should seek radical climate solutions that will in turn protect public health, reduce healthcare costs and improve equity amongst Canadians.

HEALTH SCIENCE PROFESSIONALS INVITED TO REGISTER FOR THE EMERGENCY HEALTH PROVIDER REGISTRY

As British Columbia heads into another summer of wild fires, Health Emergency Management BC has activated the provincial Emergency Health Provider Registry to assist in the coordination of relief staffing for health care providers. Any Health Authority is able to access the registry when local emergencies create additional staffing needs.

For more information, visit: hsabc.org/wildfires.

To seek policy change, HSA members can check to ensure that the party they plan to vote for addresses climate change and its effects on public health as a priority issue in the upcoming federal election. Additionally, signing petitions such as the Blue Dot Movement petition, which seeks to recognize the legal right to live in a healthy environment, or becoming involved in local grassroots movements are all means of promoting a sustainable future.

For the union itself, HSA has a platform to lobby the government for policies that reflect the security of our health and environment. Regardless the size of action, we can all do our part to help change the trajectory of our future.



(L-R): TANYA MILLER, DANIELLE DIONNE, ASHLEY GRANT, MRIDULA MORGAN, AND NATHALIE ZEOLI

WHY WE UNIONIZED

IN MAY 2019, 31 SOCIAL PROGRAM STAFF AT CMHA BC JOINED HSA. CMHA EMPLOYEES SHARE WHY THEY CAME TOGETHER AND UNIONIZED, AND WHAT HELPED THEM PERSEVERE THROUGH A SOMETIMES CHALLENGING UNIONIZATION DRIVE.

BY DANIELLE DIONNE, ASHLEY GRANT, TANYA MILLER, AND MRIDULA MORGAN
HSA MEMBERS

THE CANADIAN MENTAL HEALTH ASSOCIATION (CMHA) PRIDES ITSELF ON BEING ONE OF CANADA'S OLDEST CONTINUING CHARITIES IN CANADA, AND A LEADER IN THE AREA OF MENTAL HEALTH.

But in the months leading up to the BC Division's annual high-profile conference on workplace mental health in spring 2018, many of us were considering

our own workplace experiences, and conversations started to take place about workplace mental health at CMHA BC. We started to hear all-too-familiar stories from our colleagues of untenable working conditions that were making it difficult to work.

Management was making decisions, in the name of organizational best interests, that significantly impacted staff and our work without any avenues for consultation, feedback, or recourse. Staff increasingly felt there was a lack of consistency

and accountability from management.

Reports of experiences of bullying, discrimination, and harassment were dismissed or minimized. Wages were below standard for the training and qualifications required to perform this important work. Turnover and dissatisfaction were higher than ever before, and morale was at its lowest. Change was needed.

To improve working conditions in a lasting, systemic way, staff at CMHA BC decided to unionize.

“It is worth taking a risk in order to be a leader and organizer. You will discover that you have a lot more in common with co-workers than you might have thought. You will receive more support than you expected if you are persistent in reaching out. You will form relationships you may have otherwise missed out on and find new meaning and appreciation for your work and workplace.”

- Ashley Grant, Quality Assurance and Training Coordinator



After recognizing the commonalities in our experiences and desire for change, we challenged management to walk the walk. Instead of our only options being either to leave or stay in a toxic environment, a union presented a third option to improve things – both for staff and for management. Perhaps most importantly, we knew that having a union in place would help ensure fair, transparent, and consistent workplace policies and procedures.

Though exhilarating and empowering at times, it was an uphill battle. After the application to unionize was submitted to the Labour Relations Board in May 2018, and staff voted on whether to join the Health Sciences Association (HSA), management efforts to resist unionization continued through legal avenues.

CMHA BC's legal representative, the Health Employers' Association of BC (HEABC), engaged in a process that resulted in a delay of almost a year before the vote was counted. We felt the employer's legal objections demonstrated they undervalued our work and skills, so it was validating to receive a decision from the Labour Board that supported us and our work.

Once all the legal arguments had been made and decided on, the votes were finally counted: 100 per cent of staff had voted in favour of joining HSA and bringing a union to CMHA BC!

Everyone involved sacrificed something to make CMHA BC a better workplace, whether it was personal time, health, relationships, or sleep, as we met outside work hours on evenings and weekends to strategize. But we are in a better place because of it, and hope our experience will help shine a light for other workplaces weighing their options.

While every union drive experience is different, one of the most important pieces to keep front and center is to remain soft on the people and hard on the issues. As there will likely be pushback from management, remember to act with integrity and in solidarity, and stay focused on the end goal.

During trying times we leaned on a motto from our workplace: "You're stronger than you think." And we are stronger than ever before. We are committed to advocating for a fair, just, respectful, and kind working environment, with clear, fair, transparent policies and procedures.

We believe all employees are entitled to a psychologically safe and healthy workplace that they can look forward to coming to every day – a place where employees are able to do jobs they are passionate about and can hold their heads high.

“Forming a union to me means walking the talk. If we are to speak up about healthy workplaces, then we ought to be sure we are also working with one! Unionizing means being brave and staying kind while you gather the strengths of your team so everyone can feel secure and belong at their workplace.”

- Danielle Dionne, Parent Coach

It is very possible you will receive more support than you expect if you are persistent in reaching out and patient with change. Through this process deep and lasting friendships were forged, and like us, you may well find new meaning and appreciation for both the work and workplace.



MEDICAL LABORATORY TECHNOLOGIST JENNIFER EDGAR

HOW LAB WORKERS ADDRESSED WORKLOAD ISSUES THROUGH COMING TOGETHER

BY JENNIFER EDGAR
HSA MEMBER

I WRITE TO SHARE WHAT HAPPENED WHEN UNION MEMBERS AT MY WORKSITE TOOK ACTION, WITH SUPPORT FROM HSA, TO ADDRESS WORKLOAD ISSUES IN OUR LABORATORY.

Through working together to collect data, we successfully challenged the hospital's method for calculating what constitutes "reasonable workload," and we persuaded management to deliver concrete changes that have improved the work lives of medical laboratory technologists (MLTs) and medical laboratory assistants (MLAs) at our site.

Our workload issues have been longstanding. We had been talking with upper management

about our workload problems since 2013 without success. We were told there was no money, and that their workload stats did not indicate significant increases in workload.

Then in September 2017, we lost our on-site Professional Practice Lead Manager – and we really started to spiral. We had difficulty coping with management from a distance, particularly with two separate staff groups from two unions.

Morale hit rock bottom, and all MLT and MLA staff talked about how busy, overwhelmed, undervalued, and stressed out we were. Sick time and stress leaves increased – staff were very unhappy overall.

During the early part of 2018, staff started to talk about the need to contact stewards at the facility – MLTs had an HSA

“We came to a consensus on the amount of time involved for each of these functions based on our own time study. We collected this information over four months and then we summarized the data.”

steward and the MLAs were represented by the Hospital Employees' Union (HEU).

We started to talk seriously about how grieving our situation was the only avenue open to us. It was particularly stressed that if we were going to grieve, then both unions needed to file simultaneously and all staff should be agreeable, with no exceptions. We needed to present a united position.

We connected with our HSA steward, Gina Sanche. I have to say, she understood our perspectives immediately. After Gina consulted with the HSA head office, we started our homework.

Taking action: beginning data collection

Management bases its full-time equivalent (FTE) staffing upon workload – so we decided to give them the data. Medical lab assistant staff started recording the number of outpatients seen daily, and any unusual circumstances that contributed to workload. They recorded the number of shifts they worked short.

MLTs work alone from 6 to 10:30 p.m. without an MLA, so our data collection targeted the evening shift. We kept evidence of every test, every blood collection, every trip made to Emergency, every electrocardiogram performed, and any unusual circumstances that contributed to extra work.

We came to a consensus on the amount of time involved for each of these functions based on our own time study. We collected this information over four months and then we summarized the data. We totaled the actual number of minutes of work performed on the evening shift.

We created a graph to show how often during the evening shifts there was more work than one person could reasonably be expected to perform based on of the number of minutes required to perform that work. The graph demonstrated that 56.5 per cent of shifts in a four-month period experienced excessive workload. Some cases documented 13 to 15 hours of work in a 7.5 hour shift.

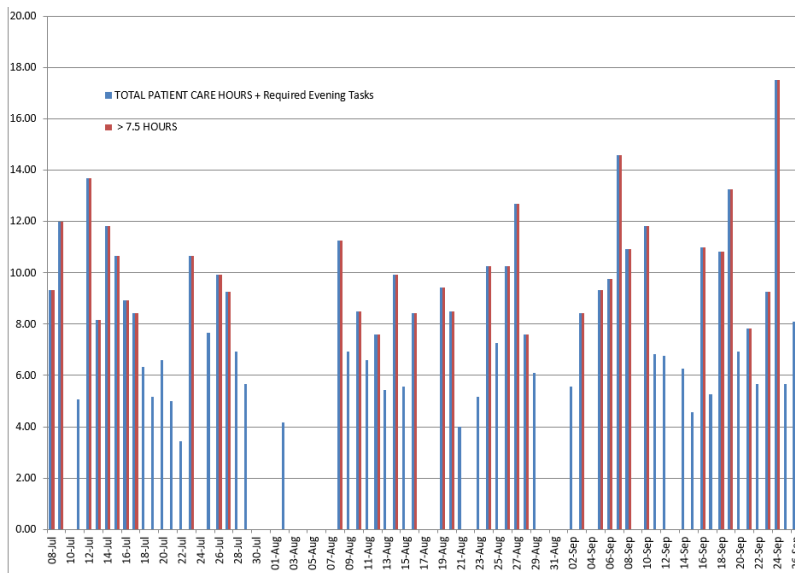
There has to be a reasonable expectation on how much work one person can physically perform. We demonstrated that the workload system used by management and tracked by our computer Laboratory Information System (LIS) is antiquated.

Every step in the lab has become more and more complex – outpatient registration into the LIS involves an increasing number of details. The hospital's workload statistics, however, have not accounted for this increasingly complex environment.

If you're not part of the solution, you're part of the problem

Midway through the data collection process, our labour relations officer, Bobby Chavarie, suggested our site make a list of solutions that staff felt would help address workload issues. Here is what we suggested:

1. Prohibit faxed requisitions except for urgent and out-of-town patients
2. Provide a telephone answering system to manage the common questions (e.g. regarding operating hours, wait times, etc.) and direct calls to the appropriate department
3. When an on-site professional practice lead is not available, promote and code up an MLT to direct staff and solve day-to-day issues
4. Create an expanded Cardiac/Electrocardiogram Department that is effectively staffed, trained, and certified to perform electrocardiograms



THIS GRAPH ILLUSTRATES THE AMOUNT OF TIME REQUIRED TO PERFORM EXPECTED TASKS DURING EACH 7.5 HOUR SHIFT. THE RED BAR INDICATES WHICH SHIFTS HAVE AN EXCESS OF 7.5 HOURS OF WORK, ACCORDING TO DATA COLLECTED BY STAFF.

5. Move a medical lab assistant position to later in the day to extend coverage to 8 pm.

Since 2014, we had been asking for a way to reduce the number of outpatient requisitions being faxed in. We were consistently told that physicians were allowed to fax and could not be restricted in doing so. We were receiving 50 -70 faxes per week, and sometimes more. Each had to be filed alphabetically and audited on a regular basis. And then, we received phone calls from patients asking if their requisitions were at the lab.

None of this work was being included in the workload statistics that management uses to determine effective staffing levels.

When we get organized, we win

The graph did it! Nothing like a picture to make an impact. Management was a bit flummoxed by this information, and we clarified during a grievance hearing how the statistics were compiled. Within one week of that hearing, the faxing of requisitions was restricted.

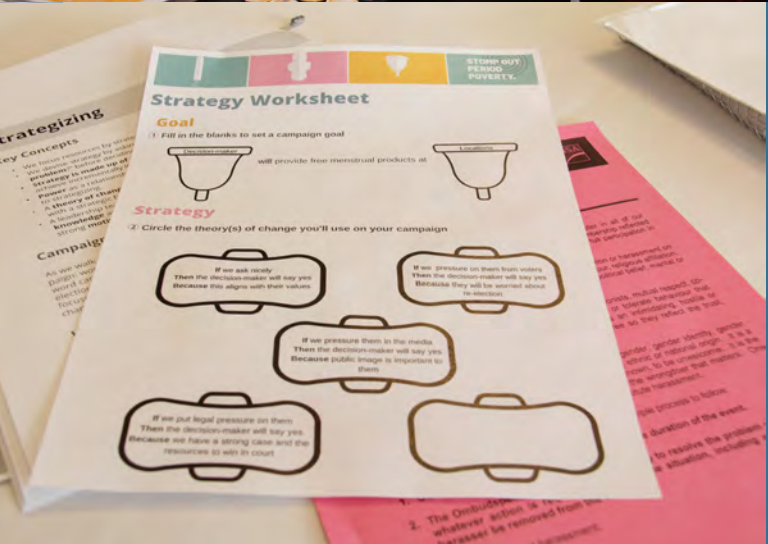
The professional practice lead position was later filled and morale is improving. We are still under water, but heading closer to the surface. The atmosphere

in the lab is much lighter.

One MLA position has had its shift adjusted to 11a.m. to 7 p.m. in order to provide more support to the evening medical lab technologist. While we had asked for MLA coverage until 8 p.m., we see this as a move in the right direction.

These small victories have resulted in a huge difference. We must thank HSA and HEU stewards and staff for their efforts. It was the united front created by all of us that made the difference.

I write to express my thanks to my colleagues, our unions (HSA and HEU), our stewards, and our lab management team. Together, it's been a tremendous experience as a group: to identify the problems, suggest solutions, and negotiate logical conclusions. I encourage those currently experiencing similar situations to reach out, talk, and work together. We have a unique situation in the laboratory with two unions represented. We must encourage everyone to collaborate if we want to be effective and achieve results!



CONVENTION 2019



DAVID BLAND AWARD WINNER SHAI LAL WITH HSA'S OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



CONVENTION DELEGATE KEVIN JAMES SPEAKS ABOUT SUPERVISED DRUG CONSUMPTION SITES

More than 400 HSA members gathered in Vancouver this April for the union's annual convention, where they had the opportunity to attend workshops, meet their peers, plan the union's course for the next 12 months, and celebrate the year's past victories.

On the last day of convention, a major announcement from Minister of Education Rob Fleming garnered roaring applause from the convention floor. The minister announced that all BC public schools would be required to provide free menstrual products to students, marking a major victory for all HSA members who, over the past year, have sought to increase access to menstrual products through donation drives and broader advocacy work as part of the movement for menstrual equity.

"To all the activists in HSA who took this campaign on over the past two years, well done," said HSA President Val Aery.

The David Bland Award, presented annually to an HSA member who has made exceptional efforts to improve occupational health and safety for HSA members, was given to cytotechnologist Shai Lal. Lal works at the BC Cancer Agency in Vancouver and is an active member of his Joint Occupational Health and Safety Committee. He has worked with the committee to improve ergonomics in the workplace and actively promotes workplace psychological health.

Delegates also expressed their appreciation to outgoing HSA regional directors Anne Davis (Region 1), John Christopherson (Region 5) and Janice Morrison (Region 9). HSA is grateful to each director for their dedicated service to the union over the years. HSA regional directors are elected by delegates at the union's annual regional meetings, represent members on HSA's board, and chair HSA's various committees. Elections are held every two years.

Safe consumption sites and member engagement were among the topics debated at this year's convention.

Delegate Kevin James, who works as a sobering assessment centre coordinator, spoke in favour of a motion passed by delegates that mandates HSA to lobby for an increase in the number of safe medically supervised drug consumption sites in rural and urban parts of the province.

"Campbell River has been hit particularly hard by overdose crisis. The response has been amazing. We've had a couple of teams in place. Deaths have gone down. It's been an incredible thing," he said.

Delegates approved a motion to continue to focus on ways to increase engagement of young HSA members in the union, including by holding a young workers' forum and exploring the creation of an HSA young workers' committee. The Board of Directors is striking a Young Workers' Advisory Group to help inform the board's work on these issues.

The Advisory Group's purpose is to:

- work to understand how HSA is relevant to young workers and how to encourage their participation in the union;
- monitor and promote awareness of young worker issues within the union;
- encourage increased opportunities in the labour movement for young workers' involvement and participation

Created following two young workers' workshops, and continued discussion at the union's annual convention about strategies for increased participation by younger workers in HSA and the broader labour and solidarity movements, the Board of Directors is seeking applications for Advisory Group participants. Deadline for application is July 31, 2019. Please visit the HSA website at hsabc.org for more information and to apply.



BC FEDERATION OF LABOUR PRESIDENT SPEAKS TO VIOLENCE AGAINST WOMEN, RECONCILIATION WITH INDIGENOUS PEOPLES

BC Federation of Labour President Laird Cronk has been surrounded by women for much of his life.

“I have to tell you this as a progressive man, a husband, and a co-parent of three young women: I was confident I understood what women face on a daily basis,” said Cronk when he addressed HSA delegates on the last day of the convention.

And yet, his experience with Ending Violence Association BC’s More Than a Bystander training changed him deeply. “Something transformational happens when a group of men enter on a journey of seeing the world through women’s eyes.”

The More Than a Bystander program, which HSA supports in partnership with the BC Federation of Labour, educates men on how to respond to harassment and violence facing women. Cronk said the program gave him a deeper understanding of how our male-privileged society affects women.

As a red-seal electrician and 30-year member of the Interna-

tional Brotherhood of Electrical Workers (IBEW), Cronk’s anti-violence training, which was supported by BC Centre for Women in the Trades, also equipped participants to deliver presentations to other men in the construction industry. Women are massively underrepresented in the trades, which, in part, can be attributed women’s experiences of discrimination, harassment, and bullying in the industry.

Cronk believes that the labour

movement has a role to play in achieving gender equity, and that men have a role to play in ending violence against women.

“Very few men are responsible for violence against women,” said Cronk. “Yet virtually all violence against women occurs because of the man, and that means that men have a responsibility and a role to play in preventing such violence.”

“Now that I have this knowledge, I have the responsibility to end bullying and harassment and end violence against women whenever and wherever I see it,” he told delegates.

Cronk’s address also brought attention to the duty of the labour movement to strengthen its relationship with Indigenous peoples.

At the BC Federation of Labour convention in 2018, the Federation renewed a protocol agreement with First Nations leaders.

“I believe the labour movement and each arm of the labour movement needs to strengthen our relationship with Indigenous peoples and their leadership,” he said.

“We have much common including our shared values at ensuring the respect and the dignity of the people we represent. We need to put reconciliation between the labour movement and Indigenous peoples in action. We need to create true ‘reconciliation.’”

BC HEALTH MINISTER ADRIAN DIX WITH HSA’S 2018-2019 RESOLUTIONS COMMITTEE



MINISTER OF HEALTH CONVEYS PRIORITIES

Support for HSPs, fighting privatization, and addressing social determinants of health among ministry's goals

In his speech to convention delegates on April 5, BC Minister of Health Adrian Dix painted a picture of his vision for British Columbia's health system – a system where access to services is based on need, not deep pockets, and where all health care professionals are treated with respect.

And according to Dix, good public health measures go beyond health service delivery. Effective health care means addressing the social determinants of health.

As a person with Type 1 diabetes, Dix acknowledged how his own economic privileges and personal support network impact his ability to manage his health. “Someone in my situation, with a family who supports him and a good job, can expect to live years and years longer. And for people with Type 2 diabetes, which 300,000 people have in BC, the main determinant for that is poverty.”

He said he has always been able to buy fruits and vegetables from the grocery store when he's needed to.

“That is an advantage I have. It's one of the reasons why I stand here today in good health after decades and decades and tens of thousands of injections later after being diagnosed.”

And so, he said, “When we raise income assistance rates, that's health care. When we make post-secondary education free for former children in care, that's health care.”

Dix outlined some of the social

advancements made by his government since taking office. The province's new child care program is one of the first major social programs of its scale introduced in British Columbia since the 1970s. And this year, the government introduced a poverty reduction plan for BC. The plan aims to cut child poverty in half and reduce poverty by 25 per cent in five years.

Supporting healthcare professionals

In the face of an aging population, the health care system is likely to face a number of challenges. “We need to plan for the next generation now,” said Dix.

“We need to take steps to allow people to improve their skills and take on new skills.”

He said that respect for health-care workers is an important piece to addressing the shortage of health professionals in various regions across BC.

“It was why I was so proud to stand in the BC legislature and announce that we were disbanding Bills 29 and 94 properly into the dustbin of history.”

Bills 29 and 94 were introduced in the early 2000s by the then-BC Liberal government and had a devastating impact on the rights of health care workers.

Bill 29 gutted health care and community social service contracts and resulted in the mass layoff of thousands of health care workers, many of whom were women and racialized workers. Bill 94 accelerated the privatization of health care and facilitated the dismantling of

unions by sanctioning contract flips in health services. During this era of attacks, HSA members hit the picket lines in an illegal strike.

The government is now working to bring transformation to a two-tiered system that, due to long public wait times, has created an incentive for patients to seek private services. The ballooning of the private sector has reduced public system capacity by drawing health professionals out it.

In an effort to reverse these trends, the government has increased the number of MRIs and hip and knee replacement surgeries performed in the public health care system, increased funding for BC's 24 not-for-profit dental clinics, and purchased two for-profit MRI clinics in the Fraser Valley.

Canada is at a critical moment in time as for-profit health care continues to develop a foothold across the country in areas such long-term care, and rehabilitation, pharmaceutical, and dental services.

“There is a public debate as to whether we expand our public health care system through a national Pharmacare program or not,” said Dix. “There are new governments in Canada that have a different view of healthcare.”

Dix said that “there are challenges to the existing system and there is an opportunity to expand what's best about public healthcare.”

“And there's always a tendency when a fight becomes difficult to want to step aside from that. We have to step forward. We have to always be advocates for a better world.”



Reflections on the

HSA's outgoing board members speak about what they've learned.

ANNE DAVIS

Outgoing Region 1 Director and Program Coordinator at Comox Valley Transition Society

The organizing and mobilizing work our union is doing now is exactly the work we need to be doing to make us stronger. By working on issues that aren't necessarily the ones we usually associate with unions (for example, Stomp out Period Poverty) we build the skill sets of our members as we build broad community support for our union and the labour movement in general.

The steward network is the backbone of our union. They are the people doing the work, every day, of keeping our union strong, and they are the ones who are mentoring the stewards of the future. So we always need a focus on keeping that network strong.

One person can make a big difference. It's a matter of getting involved, finding your voice, and finding the pathways to further the issues you care about. One of the issues that I wanted to work on was domestic violence in the workplace. Involvement in our union gave me opportunities to find others who wanted to work on that as well, and to raise awareness of the issue within our union, in the larger labour movement, and with government.

If you're thinking about getting involved, step up! If you are already in a position of leadership, look around and see who you could be encouraging and mentoring.



JANICE MORRISON

Outgoing Region 9 Director and Physiotherapist at Kootenay Lake Hospital

It was a great 10 years. We've got so many great members – they could all be board members. Don't think it's something that you can't do. Think about it as something you should do to get more involved.

My hope for HSA is that we continue to engage members that currently don't reach out until they need to file a grievance. The Stomp Out Period Poverty campaign is a good example of something that we do that engages members in activities as we look to build activism in the union. Our strategic direction as a union must stay relevant and actionable.

For me, the learning opportunities have been fundamental to my journey with the union over all these years that I've been a member. There is so much that I learned through the union that I apply to my work as a city councillor. By doing policy development with the union, I can look and say, "This is a good policy," or "this is a bad policy." I am taking what I've learned about occupational health and safety and applying this to my work at City Hall. The education I've received through HSA can be applied to so much more than just unionism. So come learn with HSA!



JOHN CHRISTOPHERSON

Outgoing Region 5 Director and Social Worker at Vancouver Cancer Centre

It is great to be part of an organization whose goal is to make the world a better place. It is great to be part of something. I got to meet with people outside HSA, including public sector unions across Canada. It really helped me understand that we're part of a bigger world out there.

I realized what an important voice the labour movement has, especially with what's going on in the world right now. There are forces that try to threaten that voice. Inequality works for people that are in power and we have to have a vocal opposition to that.

It was an honour to be given the opportunity to serve the membership. In my five or so years on the board, I've seen how HSA has developed, moved forward, and changed. We must keep moving forward.



union

Incoming board members share their hopes for HSA.

BECKY PACKER

Region 1 Director and Physiotherapist at Cumberland Health Centre

Our strength is in our collective voice, which starts with engaging with members. I would encourage and challenge anyone who hasn't yet gotten involved with the union or activism to try something this year: attend a workshop, take a course, go to a chapter meeting, go to your regional meeting or convention, or become a steward or a member-at-large! There is a place and space for each of us to get involved in a big or small way.

Stewards are at the heart of the union and because they show up caring, energized, and wanting to make a positive impact on their colleagues' work experience, other members are encouraged and motivated to be involved.

I'd like to help the steward teams build capacity so that they can mentor newer stewards, and strengthen the steward base.

In my region we have chapters without stewards. From my own experience, I know that attending events and meeting like-valued people was a catalyst to personal growth: I felt supported to speak up and take part for the greater good, and I went looking for other opportunities where I could get involved.

I want others to also have that opportunity, so I want to help engage with these chapters and these members, and get them connected.

BRITTANY SANDERS

Region 9 Director and Medical Laboratory Technologist at Kootenay Boundary Regional Hospital

I am really excited about this opportunity to serve HSA members across the province. HSA members are such an integral part of our healthcare system and creating more awareness and public support of the work done by these amazing professions is a passion of mine. I hope we can contribute to the fight to protect and improve our public healthcare system.

I think the recent work done by HSA to engage members is really something we can work on and continue with. So many of our members are unaware of the full scope of the work their union does and what is available to them in terms of professional development, support, and education.

I think the social justice work that HSA is doing is so important and we have to keep battling for better - not just for our members, but for everyone.

CARLA GIBBONS

Region 5 Director and Cytotechnologist at Vancouver Cancer Centre

I would like to bring a fresh perspective to the board of directors and to improve the communication between members and the board. There is a lot of great work being done at the chapter level that should be shared with other members. We have a union full of smart, talented members and we need to get them to participate. HSA is only as strong as its members, we need to mobilize as a united front.

Healthcare in BC is undergoing modernization as technology changes. HSA represents a vast array of highly skilled professions that have the capacity to take on new duties and responsibilities. We need to increase our advocacy as a union to ensure that HSA members are at the forefront of these changes.



HEALTH CARE AND COMMUNITY SOCIAL SERVICE WORKERS ARE OFTEN ON THE FRONT LINES OF HIGH-STRESS, TRAUMATIC EVENTS AND VIOLENCE.

Presumptive coverage means that when a mental health injury happens as a result of work, the worker is able to get workers' compensation without being forced to prove that work was the cause. Presumptive coverage is already in place for select professions, including emergency dispatchers, nurses, and health care aids.

HSA IS ASKING THE BC GOVERNMENT TO EXPAND PRESUMPTIVE COVERAGE TO ALL HEALTH CARE AND COMMUNITY SOCIAL SERVICE WORKERS FOR MENTAL HEALTH DISORDER CLAIMS.



“

I WORK IN ACUTE PSYCHIATRY AT A LARGE INNER-CITY HOSPITAL THAT SERVES THE MAJORITY OF THE MARGINALIZED PEOPLE IN THE CITY. AS A SOCIAL WORKER, I WORK WITH PATIENTS TO SET UP INCOME ASSISTANCE, ACCESS BETTER HOUSING, SOLVE IMMIGRATION ISSUES, ADDRESS VIOLENCE AND ABUSE RISKS IN THE COMMUNITY, ADVOCATE FOR MORE SUPPORTS IN THE COMMUNITY, AND CONNECT WITH MENTAL HEALTH TEAMS, TREATMENT PROGRAMS, HARM REDUCTION SERVICE PROVIDERS AND COURT RELATED TEAMS.

AS A HOSPITAL SOCIAL WORKER I AM BOTH HONOURED AND BURDENED BY THE STORIES MY PATIENTS AND CLIENTS SHARE. MANY OF THEM HAVE EXPERIENCED CHILDHOOD PHYSICAL AND SEXUAL ABUSE AND NEGLECT AND ARE OFTEN STILL LIVING IN VIOLENT AND EXPLOITIVE CIRCUMSTANCES. MANY OTHER PATIENTS ARE LIVING WITH THE LEGACY OF INTER-GENERATIONAL TRAUMA CAUSED BY CANADA'S RESIDENTIAL SCHOOL PROGRAM. AND, UNFORTUNATELY, A SMALL BUT SIGNIFICANT GROUP OF OUR PATIENTS STRUGGLE WITH A POTENT COMBINATION OF TRAUMA, MENTAL ILLNESS, ADDICTION AND DEVELOPMENTAL DISABILITY. AT TIMES MY DISTRESS OVER THE COMPLEXITY AND DIFFICULTY IN OUR PATIENTS' LIVES CAN BE OVERWHELMING.

OVER THE YEARS WORKING IN THE EMERGENCY DEPARTMENT AND IN PSYCHIATRY, I HAVE WORKED WITH CONVICTED SEX OFFENDERS AND PEOPLE KNOWN TO BE AT RISK OF COMMITTING SEX OFFENCES, AS WELL AS PEOPLE WHO HAVE ACTED VIOLENTLY TOWARDS FAMILY, FRIENDS, STAFF, STRANGERS AND PETS. THOSE ARE THE CASES THAT LINGER. THE STRESS OF HOLDING SPACE FOR THE PAIN IN MY PATIENT'S LIFE AND PROVIDING SOLID SOCIAL WORK SUPPORT WHILE ALSO KNOWING THAT THEY HAVE CAUSED SOMETIMES SERIOUS PAIN OR INJURY TO SOMEONE ELSE CAN BE VERY DIFFICULT. AS A RESULT, THERE ARE TIMES WHEN I NOTICE MYSELF WAKING UP AFTER A SCARY DREAM ABOUT A PATIENT OR HAVING TROUBLE FALLING ASLEEP AS I WORRY ABOUT HOW TO KEEP THIS PERSON AND OTHERS SAFE IN THE COMMUNITY WHEN THE PATIENT IS DISCHARGED. THIS IS HOW MY WORK IMPACTS ME.

KNOWING THAT SOCIAL WORKERS AND OTHER SOCIAL SERVICE PROVIDERS WOULD BE COVERED UNDER PRESUMPTIVE COVERAGE FOR POST-TRAUMATIC STRESS DISORDER AND OTHER MENTAL ILLNESSES RELATED TO OUR OFTEN PAINFUL AND CHALLENGING WORK WOULD BE A RELIEF. IN MY ROLE, I HELP PEOPLE NAVIGATE LARGE, UNWIELDY BUREAUCRACIES EVERY DAY. ANYTHING THAT COULD REDUCE THAT EMOTIONAL AND ADMINISTRATIVE BURDEN FOR STAFF WHO ARE NEGATIVELY IMPACTED BY THEIR WORK WOULD LEAVE THEM MORE TIME TO FOCUS ON THEIR RECOVERY.

”

GWYNETH JONES, SOCIAL WORKER, ST. PAUL'S HOSPITAL

DEVELOPMENTS IN THE HSPs' BENEFIT PLAN

BY DENNIS BLATCHFORD

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

Have there been any developments regarding my benefit plan, the Joint Health Sciences Benefit Trust (JHSBT)?

Yes! I expect the JHSBT will soon launch a website giving members information and updates on their benefit plan going forward. The new website will be the main communication source for updates and reports on JHSBT developments.

The plan's trustees view this communication as an important link between decision makers and members of the benefit plan. It's an opportunity to inform and update plan members on the emerging issues and trends in the benefits arena.

With technology impacting every aspect of our lives, the JHSBT will want to be alive to the types of innovation that will deliver efficiency for plan members and administrators of the benefit plan. It's in everyone's interest to have a reliable, efficient and valuable benefit program that best meets the needs of members and their dependents.

What sort of innovations are out there?

Some plans have opted to open up the plan to an expanded range of health and welfare options not usually provided under traditional health and welfare plans. These programs may provide a suite of core benefits (such as dental coverage, a drug plan, life insurance, and paramedical benefits), and a supplemental program of ancillary benefits (such as an extended drug plan and adult orthodontics), with a funding cap for those services based on an annual maximum. Benefits comply with the *Income Tax Act's* classification of medical expenses.

Generally, such ancillary health programs are referred to as "health spending accounts." However, there is a trade-off: a wider range of benefits and services available to plan members in exchange for more cost certainty for the benefit plan sponsors. Health spending accounts often accommodate expanding definitions of health and wellness, and the new and growing products and services for that market.

Is the JHSBT thinking of something similar for HSA members?

Trustees are certainly aware that there is a growing appetite for expanding the range of eligible health services permitted under the current menu available to members. Trustees are also aware that a significant demographic shift is underway, and with it, changing expectations on a number of fronts.

But trustees need to better understand the needs and desires of members far more that they do now, and weigh these against the current benefit usage and funding constraints of the benefit plan. For that, trustees need the data and analytics that only come from having oversight of the administrative reports. And trustees have only had oversight for approximately 24 months - a relatively short time.

It should also be remembered that the current benefit plan is very good by any objective measure, and modifying the benefit plan would be done very carefully to ensure that the core features of the benefit plan remain. It's hoped that the website will be a useful tool in communicating some of these considerations to plan members going forward, and to provide plan members an opportunity to weigh in on the future of their benefit plan as well.

THE JOINT HEALTH SCIENCES BENEFIT TRUST (JHSBT)

The JHSBT is an employee life and health trust jointly managed by trustees appointed by the Health Science Professionals Bargaining Association (HSPBA) and the Health Employers Association of BC. Health science professionals covered under the HSPBA provincial agreement are provided health and welfare benefits through the JHSBT.

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

HSA 2019 SCHOLARSHIP AND BURSARY AWARD WINNERS

To increase access to education, HSA awards a number of annual educational scholarships and bursaries to HSA members and their families pursuing studies at a public post-secondary educational institution. Congratulations to this year's recipients!

SCHOLARSHIP WINNERS, \$1000

Brock Williams – HSA Member, Dietitian – Children's & Women's
Laura Couture – Child of Katherine Couture, Physiotherapist – Children's & Women's
Catherine Sanders – HSA Member, Respiratory Therapist – St. Paul's Hospital
Minnie Teng – HSA Member, Occupational Therapist – Lions Gate Hospital
Scott Buchanan – HSA Member, Youth Care Counsellor, Adolescent Day Treatment Program – Surrey Memorial Hospital
Michaela Aeberhardt – Child of Laurel Aeberhardt, Dietitian – St. Paul's Hospital
Isabel Dinneny – Child of Lydia Soukup, Occupational Therapist – Victoria General Hospital
Delaney Westby – Child of Marie Westby, Physiotherapist – Vancouver General Hospital

BURSARY WINNERS, \$1000 (FULL-TIME STUDIES)

Jenna Van Heek – Child of Kimberly Van Heek, Occupational Therapist – Ridge Meadows Child Development Centre
Jacob Winterburn – Child of Dawn Maddern, Diagnostic Medical Sonographer – Ridge Meadows Hospital
Annalise Stephenson-Mortimer – Child of Beverly Stephenson, Medical Laboratory Technologist – Bulkley Valley District Hospital
Jeng (Nathan) Cheung – Child of Hon-Wa Leung, Occupational Therapist – Holy Family Hospital
Rachel Schueler – Child of Michelle Schueler, Medical Radiation Therapist – Kelowna General Hospital
Jan Douglas – Child of Lorraine Douglas, Physiotherapist – Kootenay Lake Hospital
Yanru Zhang – Child of Yunhui Wang, Health Records Administrator – Children's & Women's
Janak Bains – Child of Kamaljit Bains, Pharmacist – Burnaby Hospital
Jennifer Wong – Child of Regan Wong, Medical Radiation Technologist – Royal Columbian Hospital
Isaac Fung – Child of Lin Lin Yu, Social Worker – Vancouver General Hospital
Madeline Rindahl – Child of Erin Foran-Rindahl, Biomedical Engineering Technologist – Royal Columbian Hospital
Pandoranna Duplessis – Child of Julianna Duplessis, Diagnostic Medical Sonographer – Royal Inland Hospital

BURSARY WINNERS, \$500 (PART-TIME STUDIES)

Tanya Boudier – HSA Member, Occupational Therapist – Penticton Regional Hospital
Raea Dobson – HSA Member, Pharmacist – Surrey Outpatient Care and Surgery Centre
Don Ta – HSA Member, Radiation Therapy Service Technologist – Vancouver Cancer Centre



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Karen-Marie Elah Perry

Job title and department: Researcher and Policy Analyst, Communications Department.

What you actually do, in your own words: I'm an applied health researcher, so I talk to health sciences professionals about what's working for them and what's not working for them in healthcare. I do that work through interviews, in-depth research, policy analysis and consultations.

Why this matters: It allows HSA to take that information to the government and the public in order to advocate for positive workplace changes and more equitable healthcare for everyone.

Your job before HSA: I was working closely with the Canadian Centre for Policy Alternatives and continue to do so. I have a new health study coming out in the next few months, but I'll keep a lid on it for now until the release.

Secret talent unrelated to job: I can wiggle my ears – one at a time.

Best place you've ever visited and why: I really like Chicago and LA – it's a tossup. Chicago has deep-dish pizza and an amazing legacy of community organizing. LA has sunshine and a wonderfully diverse and active LGBTQ2 community.

Literary, TV or movie character most inspiring to you: Someone once compared me to the character Mattie Ross in the Western True Grit – I took it as a compliment. It's about an articulate and determined 14-year-old who pursues justice and has a series of adventures in the process. I came out as Queer very young and engaged in survival activism in the streets and organized against hate groups – it took a lot of grit!

One thing everyone should try at least once: Roller derby!

Your perfect day looks like: A beach run, swimming in the sunshine and some coffee on Vancouver's Commercial Drive with my wife Andrina (she's a hard working social worker with HSA).

What solidarity means to you: The leaders I respect the most give power away every time they acquire more. We need to lift each other up, take risks, and listen. It also takes self-reflection and an ability to break away from old patterns to see new possibilities and other ways of being in the world. Solidarity is a verb!



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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HSA recognizes the intersections between public health care and social services and Indigenous rights, noting that structural violence against Indigenous peoples in Canada, including historic and ongoing colonialism, impacts Indigenous peoples' equal right to the enjoyment of the highest attainable standard of physical and mental health, the right to access, without discrimination, all social and health services, and the right to their traditional medicines and to maintain their health practices (as outlined in Article 24, United Nations Declaration of the Rights of Indigenous Peoples).



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