

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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**JADE SHULTIS**  
A RESPIRATORY THERAPIST ABROAD

# TIME WILL TELL

HSA IS A NON-PARTISAN UNION, AND WE TAKE THAT VERY SERIOUSLY. BUT WE'VE NEVER BEEN AFRAID TO CALL THINGS AS WE SEE THEM.

On May 14, the BC Liberal government led by Christy Clark defied all conventional wisdom and won re-election with a comfortable majority. The people of BC made a clear choice that day, and we are of course prepared to work constructively with Premier Clark and her new team of ministers.

However, I remain troubled by the legacy of Premier Clark's approach to bargaining and governing in the last two years, and I hope that having received a solid mandate from the voters reminds her of the Premier's obligation to govern on behalf of all British Columbians, not just friends and allies of the BC Liberal Party. That means taking a pragmatic and open-minded approach to our public health care system and the thousands of hard-working people who make it work every day. No one will be served well if narrow ideology and political opportunism distract from finding responsible solutions to the many challenges we face. Above all, it means being willing to listen to the other side. HSA is willing. Is Premier Clark?

The early signs are not encouraging.

The BC Liberal election campaign was remarkably careless with the truth, and among the first acts of the new government were a \$25 fee imposed on seniors needing wheelchairs in care homes alongside pay hikes of up to 60 per cent for

senior government staff. Much has been made of the fact that Premier Clark's deputy chief of staff is now paid \$230,000, up from \$144,000, and considerably more than the chief of staff serving President Barack Obama. And with good reason. That additional \$86,000 would pay for 3440 wheelchairs at \$25 each. The symbolic and substantive impact of these choices is deeply concerning.

Meanwhile, our members, who are short-staffed, overworked and burning out under the burden of serving British Columbians without adequate resources, have been told they must do with near-frozen wages. The shortages resulting from stagnant wages are crippling our system, creating dangerous conditions for vulnerable people and leaving patients facing longer wait times.

In just a few months we begin the initial steps in the next round of bargaining. Will this government come to the table ignoring the facts and looking for photo-ops and "quick wins"? Or will a new level of maturity set in now that the campaign is won and a four-year mandate is secure?

Time will tell.



*I remain troubled by the legacy of Premier Clark's approach to bargaining and governing in the last two years, and I hope that having received a solid mandate from the voters reminds her of the Premier's obligation to govern on behalf of all British Columbians, not just friends and allies of the BC Liberal Party.*

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# MORE MEMBERS THAN EVER ARE LOOKING FOR HELP WITH SERIOUS PROBLEMS AT WORK.

## DUTY TO ACCOMMODATE AND RETURN TO WORK

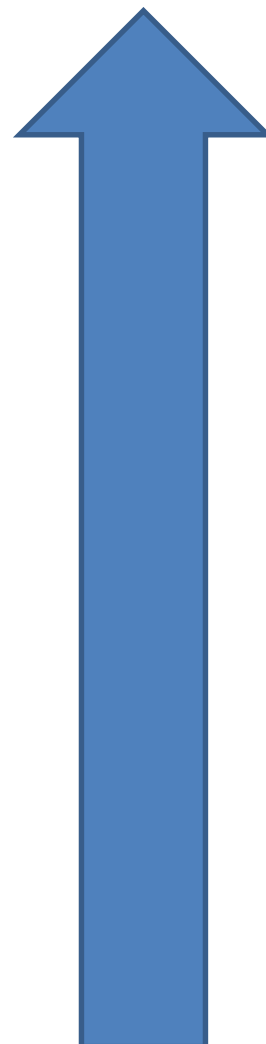
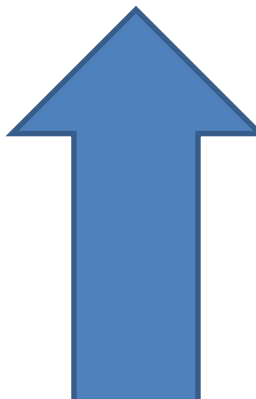
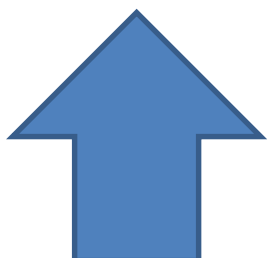
Active caseload has  
jumped by 260%  
since 2011.

## MEMBER GRIEVANCES

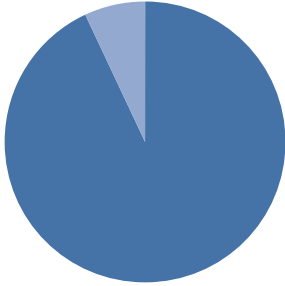
in 2012 the number of  
grievances handled  
by classifications staff  
more than doubled.

## WCB APPEALS

42% increase since 2011

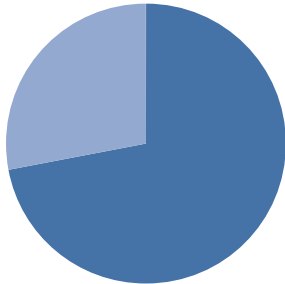


## ... AND GETTING RESULTS FROM HSA.



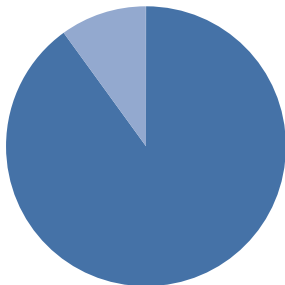
**93%**

HSA won 93% of Long Term Disability appeals on behalf of members 2011-2012



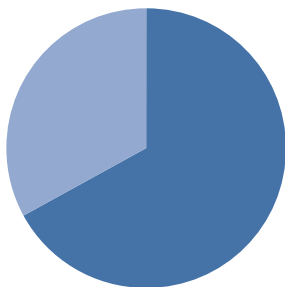
**72%**

Despite the increase in caseload, HSA won 72% of WCB appeals on behalf of members in 2011-2012.



**90%**

HSA won 90% of legal cases in 2011-2012, protecting members in disputes over contracting-in, leave provisions (marriage, special sick), incorrect pay, selection, scheduling and more.



**65%**

Of the files that the classification department took forward in 2012 only one case was unsuccessful, and complete wins prevailed over partial wins by almost a two-to-one margin.

**WANT TO KNOW MORE?**

**Read HSA's Annual Report on line at [hsabc.org](http://hsabc.org).**

## HSA TO APPEAL DECISION ON MISSION CANCER

BC SUPREME COURT  
REJECTS MISSION CANCER  
CLUSTER RULING

In a discouraging development, a BC Supreme Court judge recently rejected decisions by a workers compensation tribunal that ruled three women got breast cancer because of workplace conditions. HSA will fight the decision.

"We have been fighting for those members at Mission Memorial for a number of years," said HSA President Reid Johnson. "We are committed to doing everything we can to protect our members, and that is why we are going to appeal this most recent decision to the Court of Appeal."

The Workers' Compensation Board originally denied applications by the women for compensation benefits on the grounds their breast cancers were not occupational diseases.

But rulings by the Workers Compensation Administrative Tribunal in 2010 and 2011 overturned those decisions, and found the women's breast cancers were occupational diseases.

was the care, compassion, and knowledge of RPNs across the province that has been supporting lives and families."

RPNs have been taking leadership roles in identifying and addressing unsafe care conditions. "HSA is proud of our annual occupational health and safety award. This year's winner was Larry Bryan, an RPN at Haro Park.

"In seven years of this award, three awards have gone to RPNs or RPN teams," Johnson said. "With courage and dedication to safe caring practices, RPNs have been speaking out to ensure their patients have the safe, quality care that they deserve."

Not all nurses are equipped to fulfil the role that RPNs perform. "Psychiatric nurses receive more than 800 hours of additional training in their specialized field," Johnson said. "As mental health care becomes an increasing part of every community's health plans, RPNs are a leading force for continuing improvements in psychiatric care."

"Effective psychiatric care means utilizing RPNs to the full scope of their knowledge and expertise," he said. "I hope all British Columbians will join me in recognizing the leadership and expertise of Registered Psychiatric Nurses – caregivers of choice in the mental health field.

## HSA FETES RPNs FOR NURSING WEEK

HSA PRESIDENT REID  
JOHNSON MARKED  
THIS YEAR'S NURSING  
WEEK WITH SPECIAL  
RECOGNITION FOR BC'S  
REGISTERED PSYCHIATRIC  
NURSES.

"With their specialized intensive training, Registered Psychiatric Nurses have long been recognized as the caregivers of choice in mental health," he said.

"The recent closure of Riverview Hospital marked the end of an era for mental health care in BC. Over the past decade, as psychiatric patients were moved back into their communities, it





#### TRUE COLOURS

A DELEGATE TO APRIL'S CONVENTION, ABOVE, SHOWS OFF HER KEEN APPRECIATION OF HSA'S BRANDING FUNDAMENTALS.

## NEW FUNDS AVAILABLE FOR PROFESSIONAL DEVELOPMENT

### HEALTH SCIENCE PROFESSIONALS

The 2012-2014 HSPBA collective agreement includes a new \$225,000 Professional Development Fund for use by all HSPBA members, including HSA members, over the term of the collective agreement.

To maximize the number of members eligible to apply for the funding, there will be two deadlines: One for courses commenced between April 1, 2013 and September 30, 2013 and another for courses commenced between October 1, 2013 and March 31, 2014.

HSA will cover the cost of tuition, fees, books and related

expenses to a maximum of \$1,000 for courses taken during these periods.

More details about the application process, funding criteria and deadlines can be found at [hsabc.org](http://hsabc.org) under "member benefits".

### NURSES

In April HSA announced the establishment of a \$120,000 Professional Development Fund accessible to all registered psychiatric nurses who are members of HSA.

The funds, achieved through collective bargaining, may be

used to cover professional development courses and events. HSA will cover the cost of tuition, registration fees, books and related expenses to a maximum of \$500. Application deadline is December 31, 2013.

"Continuing education is important to RPNs, and HSA has structured this fund to provide access to as many members as possible to the funds achieved through collective bargaining," said HSA President Reid Johnson.

For more information, and to download application forms, visit [hsabc.org](http://hsabc.org).

# STEWARDS LEAD TRANSITION TO 37.5 HOUR WORK WEEK

IF YOUR EMPLOYER IS NOT CONSULTING ON IMPLEMENTING  
SCHEDULE CHANGES, SEE YOUR STEWARD.

TO REALIZE WAGE  
GAINS WON THROUGH  
BARGAINING, HEALTH  
PROFESSIONALS ARE  
MOVING TO A 37.5 HOUR  
WORKWEEK.

It's a move that has generated a lot of questions and discussion, and HSA stewards are leading the process by helping members sort out the implications for worksites across the province.

In bargaining, the employers agreed to a co-operative, consultative process when implementing the 37.5 hour workweek. In this process, staff, supervisors and managers will consult in each department, section or work unit that has a current schedule with extended workdays (i.e. workdays of more than 7.5 hours per day) and revise the schedules.

At HSA's recent convention, HSA chief stewards and activists participated in a training session to assist and advocate on members' behalf during this transition.

Members should be engaging in discussions at the local level with the help of stewards around the implementation of the 37.5 hour work week in your department or work unit. If your employer is not consulting on implementing schedule changes, see your steward. You

can find your steward by visiting [hsabc.org/find-your-steward](http://hsabc.org/find-your-steward).

## A COLLABORATIVE PROCESS

The agreement negotiated between HEABC and the Health Science Professionals' Bargaining Association (now posted at [hsabc.org](http://hsabc.org)) is clear that managers must work with staff in good faith to develop mutually-agreed schedules. The three main obligations are as follows:

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

Members should work with steward assistance throughout this process.

## TIMELINES FOR IMPLEMENTATION

- **July 1, 2013** (September 1 for Northern Health Authority): Last day the employer can come to your departmental staff with proposals for schedule changes. If you disagree with the proposed plan, you and your steward should work with the employer to develop a schedule that works for everyone in the department. Stewards should be working with the LROs where the schedules cannot be agreed to, where employers are looking to eliminate extended work day schedules, or where the employer is proposing layoff as a way to implement schedules. We will use the grievance procedure for disputes.
- **August 1, 2013** (October 1 for NHA): Last day for agreement on new schedules.
- **September 1, 2013** (November 1 for NHA): Last day for implementation of new schedules.

## QUESTIONS?

Visit [hsabc.org/37-5hr](http://hsabc.org/37-5hr) for resources to guide you through the process, or find your steward at [hsabc.org/find-your-steward](http://hsabc.org/find-your-steward).



# CSS MEMBERS VOTE TO ACCEPT COLLECTIVE AGREEMENT

76 PER CENT OF COMMUNITY SOCIAL  
SERVICE MEMBERS VOTE IN FAVOUR

COMMUNITY SOCIAL SERVICE WORKERS HAVE VOTED IN FAVOUR OF A TWO-YEAR CONTRACT THAT PROVIDES A WAGE INCREASE WHILE PROTECTING HEALTH AND WELFARE BENEFITS.

Community Living workers ratified the tentative agreement by 71 per cent during the April vote. General Services ratified by 84 per cent. The weighted average ratification vote for both sectors was 76 percent. HSA represents almost 800 community social services workers covered by these two agreements.

The Community Social Services Employers' Association has also ratified the Community Living Services and General Services collective agreements. Both collective agreements are now in effect.

Highlights of the new agreements include:

- A wage increase for all employees:
  - 1.5 per cent on April 1, 2013;
  - 1.5 per cent on January 1, 2014;
  - An extra 1 per cent wage increase for all step 1 employees on April 1, 2013;

- A labour market adjustment review for all General Service and Community Living classifications.

The agreement covers workers who support adults with developmental disabilities, youth-at-risk, infant and child development, women's services, substance addictions, First Nations, and employment services, among others.

In late January 2013, nearly 3,400 community living workers went on strike. The following week, nearly 500 family service workers were picketing. Rotating strike action first started in October 2012 and affected communities across the province.

HSA's community social services workers were represented by Jody Moore (Family Counsellor, Cameray Counselling Services), and then by Margaret Blair-Cook (Supported Child Development Consultant, Central Okanagan Child Development Association) in the last months of bargaining. HSA labour relations officer Sharon Geoghegan represented members throughout.

Community social service workers are represented by BCGEU, HSA, CUPE, HEU, and six other unions, which together make up the multi-union Community Social Services Bargaining Association.

*Following rotating strike action across the province last fall, the two-year agreement provides a wage increase for all employees.*

# STEWARDS UNCOVER OTHER UNIONS TAKING DUES FROM HSA MEMBERS

THANKS TO ADMINISTRATIVE ERRORS, SOME HSA MEMBERS ARE PAYING THEIR DUES TO OTHER UNIONS. SETTING IT STRAIGHT CAN BRING MEMBERS A LOT OF EXTRA MONEY.

DILIGENT WORK BY AN HSA STEWARD HAS RESULTED IN A CHEQUE FOR SEVERAL HUNDRED DOLLARS FOR AT LEAST ONE MEMBER. IS SOMEONE YOU WORK WITH NEXT?

Val Barker, chief steward for Lions Gate Hospital in North Vancouver, discovered some of the RPNs working there were paying dues to BCNU – not HSA.

Barker first realized that administrative errors were mistakenly assigning RPNs to BCNU instead of HSA about a year ago.

“As the chief steward, nurses would come to me to ask about being in a union,” says Barker.

“They’d ask which union they were in and I’d explain that as an RPN they should be in HSA. But when we looked at their pay stubs they were paying dues to BCNU.”

Since then, Barker has found four members paying dues to the wrong union at her worksite, and thinks there could be more.

The error, turns out to be worth quite a lot of money for HSA members. That’s because BCNU dues are 2 per cent – 0.4 per cent higher than dues paid by

HSA members.

HSA’s 0.4 per cent advantage adds up. For example, an HSA member making \$80,000 a year saves \$300 in dues every year.

So far, one member has already received a cheque for the difference, and HSA is pursuing a correction for the others. Barker says that one member – who has been mistakenly paying dues to BCNU for five years – can expect a very large cheque when the error is corrected.

## WHO’S GETTING YOUR DUES?

Members can look at their pay stub to see which union is receiving their dues. But if you’re reading this issue of *The Report*, you’re almost certainly paying dues to HSA, not BCNU. That’s because this magazine is mailed out to all members in our database, and if you’re in our database you’re dues are being processed correctly.

But what about your colleagues?

Stewards like Barker are now checking carefully with RPNs at their worksites to make sure they’re not paying too much, to the wrong union. You can help – talk to any RPNs you work

“The error, turns out to be worth quite a lot of money for HSA members. That’s because BCNU dues are 2 per cent – 0.4 per cent higher than dues paid by HSA members.”

with to let them know about this problem and encourage them to look at their pay stubs.

Be sure to notify human resources staff if any errors are found – and let HSA know too. In several cases HR departments have neglected to make the correction even after they’ve been notified, and HSA can help make they take timely action on behalf of members.



SOME CANADIAN POLITICIANS WANT TO BRING US-STYLE LABOUR LAWS HERE. IF THEY SUCCEED, NEW MEMBERS LIKE LABORATORY TECHNOLOGISTS DAWNA ASTLE AND GAIL MACDONALD MIGHT NEVER HAVE BEEN ABLE TO BRING UNION PROTECTIONS TO THEIR WORKPLACE.

## ‘RIGHT TO WORK’ LAWS ALLOW FREELOADING OFF YOUR DUES

MAJOR CORPORATIONS AND THEIR POLITICAL ALLIES IN CANADA ARE PUSHING FOR THE TYPE OF “RIGHT TO WORK” LAWS FOUND IN MOST OF THE POOREST STATES IN THE US.

Such laws make it harder for workers to form a union. They also allow workers in a unionized workplace to opt out of paying dues, while still being entitled to representation by the union and the benefits of contracts negotiated by the union using dues paid by their co-workers.

Dues evasion laws erode the resources and solidarity unions need to maintain fair wages and safe working conditions. They may temporarily boost corporate profits, but do nothing to increase employment or

*Employees who opt out of dues don't opt out of the wages, benefits and other advantages the union wins for them.*

strengthen the economy.

Laws that allow employees to evade responsibility by skipping dues payment essentially encourage people to take something without paying for it. They're unethical.

A union is like roadside assistance for your job. The law makes a union provide that assistance to all the workers covered by the union contract.

Employees who opt out of dues don't opt out of the wages, benefits and other advantages the union wins for them. Dues dodgers would have somebody else pick up the cheque.

The National Union of Public and General Employees (NUPGE) is planning a campaign to keep dues evasion laws out of Canada. Watch for it this fall.

### FIND OUT MORE AT:

[alltogethernow.nupge.ca/sites/alltogethernow.nupge.ca/files/documents/Right\\_to\\_Work\\_Laws.pdf](http://alltogethernow.nupge.ca/sites/alltogethernow.nupge.ca/files/documents/Right_to_Work_Laws.pdf)





# CONVENTION 2013

## JOHNSON RE-ELECTED HSA PRESIDENT

HSA President Reid Johnson was re-elected by convention delegates in a vote held Saturday, April 20.

Ali Rirash, a medical laboratory technologist at Victoria General Hospital, and Kevin Towhey, a medical radiation technologist at Royal Inland Hospital, also ran for the position.

"I appreciate the trust delegates have placed in me," said Johnson. "And I look forward to the work ahead."

Johnson was first elected president of HSA in 2007.



(LEFT) HSA DELEGATES (MICHELLE GARVIN AND CHRISTY WAISMAN, COUNSELLOR AT CAMERAY COUNSELLING CENTRE IN BURNABY. (RIGHT) MIKE TRELENBERG, FOOD BANK MANAGER AND HSA MEMBER AT LARGE ADDRESSES REGION 3 MEETING

MORE THAN 300 DELEGATES TO HSA'S 42ND ANNUAL CONVENTION IN APRIL DEBATED RESOLUTIONS THAT CONTINUE BUILDING THE FOUNDING PRINCIPLES OF THE UNION.

"I don't have to tell anyone in this room what a challenging time we've been through," said HSA President Reid Johnson in his report to delegates. "Never-ending bargaining, continuing legal and labour relations battles... difficult and complicated work for you as stewards at the workplace... employers failing to live up to their collective agreement responsibilities, reorganizations, failure to address occupational health and safety concerns, the continuing crisis of recruitment and retention... you know the list continues."

In spite of this, Johnson explained, HSA has achieved significant victories for the people it represents. Johnson praised the work of Jeanne Meyers, Executive Director of Labour Relations and Legal Services, and HSA's labour relations staff for managing dramatically increased requests from members needing

help without compromising the quality or effectiveness of their advocacy.

"The labour relations report was an excellent reminder to us all that these are responsibilities and goals we take seriously, and that we have the staff and activist base to deliver the goods to our members."

Johnson called on activists to continue their determined efforts to fight off a raid by BCNU on HSA's Registered Psychiatric Nurses. "We should be working together for better representation, better services, and a better future for us all – not reducing the labour movement to unions fighting each other in a race to the bottom," he said.

## STANDING UP FOR YOU IN TOUGH TIMES

In her report to delegates, Jeanne Meyers, Executive Director of Labour Relations and Legal Services, showed that despite the challenging climate for bargaining, HSA is delivering effective service for members in need every day.

"Bargaining has been protracted, and costs have gone nowhere but up," said Meyers. "Through rigorous fiscal management by the board and our controller we have met the challenge of those escalating costs while balancing the demands of bargaining with the need to help members with grievances, appeals of unfair decisions on long-term disability and WCB, disputes about contracting-in, incorrect pay, scheduling, unsafe conditions and so much more."

For some highlights of the annual report on labour relations and legal services, see pages 4-5.





(LEFT) BC FEDERATION OF LABOUR PRESIDENT JIM SINCLAIR. (RIGHT) HSA PRESIDENT REID JOHNSON WITH THEN-NDP HEALTH CRITIC MIKE FARNWORTH.

“Solidarity is about working together and making sure all our voices are heard.”

Delegates voted overwhelmingly in favour of resolutions advocating for safer workloads, early intervention services for children, and adequate funding for seniors’ care.

Delegates engaged in a vigorous debate about the health and safety implications of the current overnight stay policy, which specifies that employees can claim overnight stay only if they cannot return home by 10:00 pm. A majority of delegates voted in favour of a resolution instructing the board of directors to review the financial and safety implications of changing this to 9:00 pm, and to report back to the fall regional meetings prior to submitting a comprehensive report at the 2014 convention.

Delegates also passed a resolution instructing the board of directors to prepare a business case for moving to a bien-

## NEW WAYS TO PARTICIPATE

HSA made frequent use of social media to provide near real-time coverage of the convention throughout the event.

If you missed out, you can still follow the events as they unfolded on Facebook ([facebook.com/hsabc](https://facebook.com/hsabc)) and Twitter ([twitter.com/hsabc](https://twitter.com/hsabc) or search for hashtag #HSA2013).

You’ll find photos, quotes from guest speakers and committee presentations, plus comments and discussion from delegates and those who couldn’t attend in person.

nial convention, as many other unions have recently done. The results of this research will be presented to the membership at least 30 days in advance of the call for convention resolutions in 2014.

HSA’s David Bland Memorial Award for advocacy in occupa-

tional health and safety was presented to Larry Bryan, a Registered Psychiatric Nurse at Haro Park in Vancouver. Bryan was recognized for his role on BC’s Provincial Violence Prevention Steering Committee, and for helping develop and implement a comprehensive, province-wide





LARRY BRYAN (CENTRE) WITH REGION 10 DIRECTOR HEATHER SAPERGIA AND HSA PRESIDENT REID JOHNSON

## LARRY BRYAN RECEIVES 2013 DAVID BLAND AWARD

violence prevention strategy for health care worksites.

Pre-convention workshops this year included contract interpretation, public speaking, and building diversity in leadership (level 2). Delegates also took part in a special training session on negotiating and implementing the 37.5-hour workweek.

Delegates welcomed guest speakers: Mike Farnworth, a former Minister of Health and opposition health critic; James Clancy, President of the National Union of Public and General Employees; Jim Sinclair, President of the BC Federation of Labour; and Ron Stipp, from the Pacific Region of the Canadian Labour Congress.

Larry Bryan is a registered psychiatric nurse at Haro Park Centre in Vancouver.

Larry has been an HSA activist for many years and has played key roles in all levels of the union. Since 2008 he has represented this union on the Provincial Violence Prevention Steering Committee. The purpose of this Violence Prevention Committee has been to develop and oversee the implementation of a comprehensive violence prevention strategy for health care worksites all over British Columbia. The committee is made up of representatives from health employers, unions and WorkSafeBC.

Larry recognized the role of worker education in reducing injuries caused by violence. He became an active contributor in the development of a province wide anti violence curriculum consisting of eight on line and five classroom modules.

That curriculum is now used across the province in all Health Authorities. Larry continues his tireless efforts with the Provincial Violence Prevention Steering Committee to make sure that the training curriculum remains current and relevant and that all healthcare workers across the province have full access to that training.

Just imagine the value of one injury being prevented. And then stop to imagine – that thanks to these modules that Larry helped develop and implement, countless injuries have been prevented all across BC.

# NEW RULES TARGET HARASSMENT AND BULLYING IN BC

CHANGES ARE COMING THIS FALL. HOW DO THEY AFFECT YOU?

NOVEMBER 1 IS THE DAY NEW WORKPLACE RULES REGARDING HARASSMENT AND BULLYING COME INTO EFFECT IN BRITISH COLUMBIA.

This is the second part of a change in workers' compensation legislation brought about with the introduction of Bill 14 in 2011.

The first change dealt with the issue of compensation for mental disorders. Since July 1, 2012, an expanded definition states that a worker is entitled to compensation where a mental disorder is a reaction to:

- “(i) one or more traumatic events arising out of and in the course of a worker's employment, or
- (ii) a significant work-related stressor, including bullying or harassment, or a cumulative series of significant work-related stressors, arising out of and in the course of the worker's employment”.

In order to receive compensation in either of the above situations, a worker's mental disorder must be diagnosed by a psychologist or psychiatrist as a condition described in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) and not be caused by a decision of the worker's employer relating to the worker's employment. It will often be difficult to prove that an illness is a mental disorder

*“It will be very important for anyone experiencing work related stressors such as bullying or harassment to document any occurrence that may be a contributing factor.”*

brought on by conditions in the workplace, so it will be very important for anyone experiencing work related stressors such as bullying or harassment to document any occurrence that may be a contributing factor and seek medical advice at the earliest opportunity.

The second change broadens the definition of workplace bullying or harassment and redefines responsibilities for those dealing with complaints of bullying or harassment.

Under the new WorkSafeBC policies coming into effect in the fall, bullying and harassment are defined as “any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated”.

The definition also specifically excludes any “reasonable action taken by an employer

or supervisor relating to the management and direction of workers or the place of employment”. It is likely there will be disagreements between workers and employers about what is considered “reasonable action”, but over time – through arbitration awards and workers' compensation decisions – that will be clarified.

Sections 115, 116 and 117 of the Workers Compensation Act set out the general duties of employers, workers, and supervisors respectively. The new policies will clarify the obligations of employers, workers, and supervisors regarding preventing, where possible, or otherwise minimizing workplace bullying and harassment. New tools for assisting workers and employers in dealing with harassment and bullying complaints are being developed by WorkSafeBC and will be available in the fall when these latest changes come into effect.

Further information on this topic is available on the WorkSafeBC website: [www2.worksafebc.com/Topics/workplacementalhealth/introduction.asp?reportID=36882](http://www2.worksafebc.com/Topics/workplacementalhealth/introduction.asp?reportID=36882)

# WHAT CAN MEMBERS EXPECT FROM THE BENEFITS REVIEW?

## MEDIATOR VINCE READY LIKELY TO ASSIST SLOW-MOVING PROCESS

**I understand that as part of the last round of bargaining there will be a review of benefit plans for health science members.**

**As someone who relies on my benefits a fair amount, can you give me some idea of what I can expect from the review?**

Yes, a review of the benefit plans is underway for members covered by the Health Sciences Professional Bargaining Association (HSPBA) contract. However, the issue has been referred to the mediator in recent weeks because we have not yet reached an agreement for changes to the benefit plans as stipulated in the memorandum of agreement. The employer then asked that the mediator be engaged to assist the parties. As this issue of the magazine goes to press, we are waiting for the mediator to respond to the employer's request for assistance.

**Why were the parties not able to reach agreement?**

In part, because the timelines were too ambitious – something the employer insisted on – but also because the employer became too focused on 'hard cuts' to the benefit package,

rather than a thorough examination of where savings could be made through streamlining administration practices, or other options that placed less burden on the benefit consumer. These benefits are important to members and we want to ensure that every savings option is examined before agreeing to place limits on, or reduce, the existing plan benefits that members rely on.

**What kind of 'hard cuts' does the employer want?**

Primarily the employer just wants to find the savings so their main target is the 'low hanging fruit' of the benefit plan. This would take the form of caps or limits on existing coverage or reducing eligibility for a range of paramedical services. We, on the other hand, want more focus on benefit education and wellness strategies as tools to reduce the use of health and welfare benefits, drugs and sick leave. We also believe that efficiencies could be found through a thorough review of adjunct administrative services through the Health Benefit Trust, and a

review of the services and products provided by both Pacific Blue Cross and Great West Life.

**What role does the mediator play?**

The mediator will review the memorandum of understanding (MOU) and ask the parties to make submissions on their positions and inquire as to the progress of the benefit review process contained in the MOU. The mediator, Vince Ready, assisted the parties in January to hammer out a new collective agreement and retained jurisdiction on the thorny issue of benefits. Consequently, Mr. Ready is somewhat familiar with the positions of both parties and will use his authorities to fashion a settlement on the outstanding matters. In the meantime, the parties could continue discussions if they choose to find agreement on their own accord. Certainly the HSPBA is willing to continue exploring plan efficiencies and wellness programs as a means to achieving the goal of a sustainable health and welfare plan for HSPBA members.

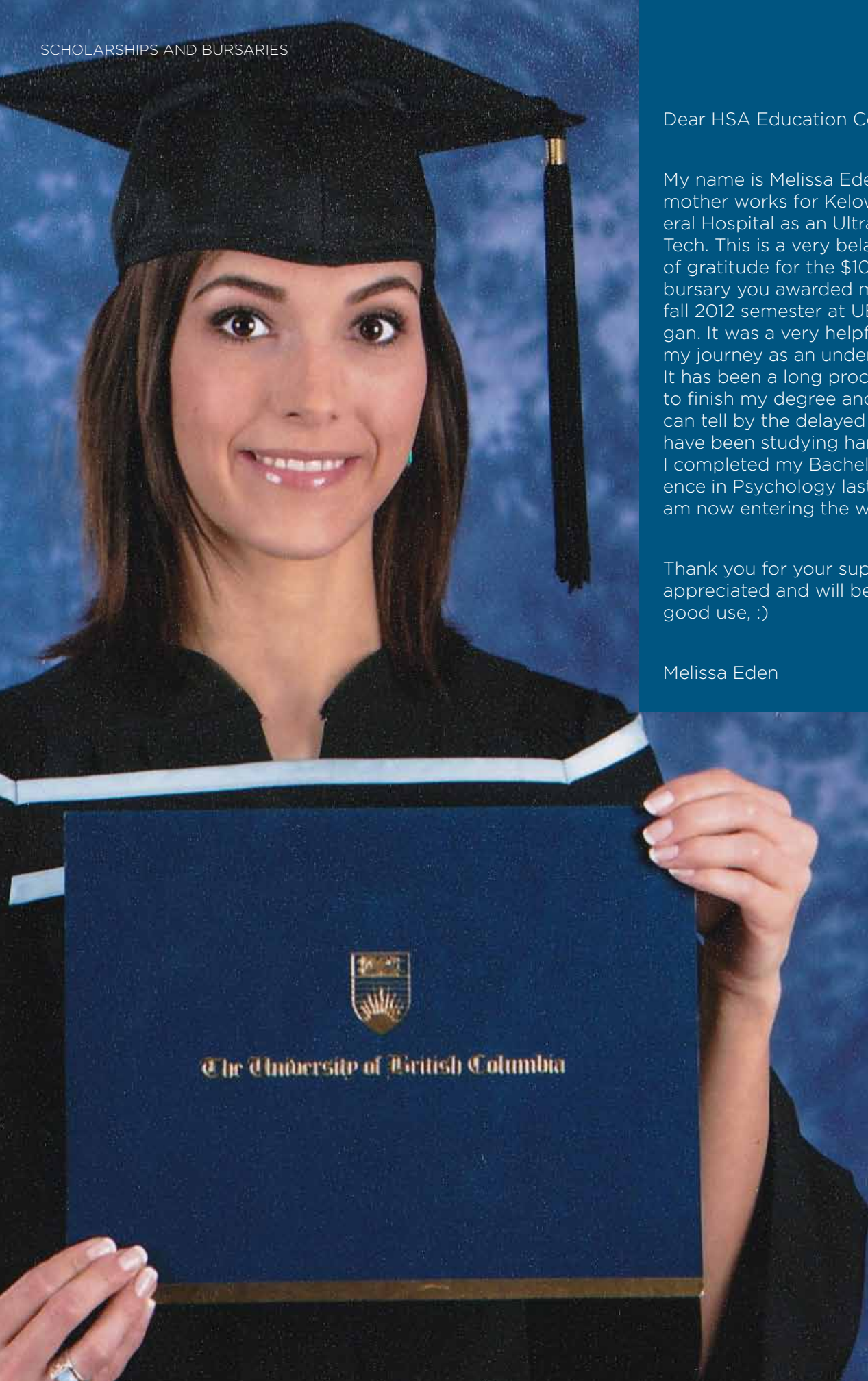


Dear HSA Education Committee,

My name is Melissa Eden, my mother works for Kelowna General Hospital as an Ultrasound Tech. This is a very belated e-mail of gratitude for the \$1000.00 bursary you awarded me for my fall 2012 semester at UBC Okanagan. It was a very helpful boost to my journey as an undergraduate. It has been a long process for me to finish my degree and as you can tell by the delayed e-mail, I have been studying hard to finish. I completed my Bachelor of Science in Psychology last week and am now entering the work force.

Thank you for your support it was appreciated and will be put to good use, :)

Melissa Eden



# HSA SCHOLARSHIPS 2013

HSA provides members and their children with several scholarships and bursaries for education. Scholarships are adjudicated by the union's education committee. Applications for 2014 will be accepted beginning in January. Check [hsabc.org](http://hsabc.org) for details.

## SCHOLARSHIP AWARDS

**Charlene Chen**, dietitian, Vancouver General Hospital

**James Champion**, son of Lana Leeson, physiotherapist, Vancouver General Hospital

**Breahn Giesbrecht**, medical laboratory technologist, Langley Memorial Hospital

**Ivonne Montgomery**, occupational therapist, Sunny Hill Health Centre

**Nicole Davidson**, behaviour interventionist, Central Okanagan Child Development Association

**Andrea Wnuk**, respiratory therapist, Vancouver General Hospital

**Breanna Yee**, daughter of Brenda Yee, health records administrator, Vancouver General Hospital

**Priscilla Westlake**, daughter of Barbara Westlake, Deltassist Family and Community Services

**Amanjit Poonian**, social worker, Abbotsford Regional Hospital

**Hannah Swain**, daughter of Lynda Swain, occupational therapist, Sunny Hill Health Centre

First runner up: **Liam Muir**, son of Michele Tardif, IDP consultant, Sources Community Resources Society

Second runner up: **Christiana Moser**, daughter of Colleen McKenna, cytogenetics technologist, Victoria General Hospital

Third runner up: **Mariana Rubin**, daughter of Moray McLean, occupational therapist, Centre for Ability

## FULL-TIME BURSARY AWARDS

**Suzanne Lukac**, daughter of Beatrice Lukac, group therapist, Vancouver General Hospital

**Kimberley Pflieger**, cardiology technologist, Penticton Regional Hospital

**Cherie Bates**, clinical trials data coordinator, BCCA Cancer Centre for the South Interior

**Thea Jardine**, aboriginal mental health counsellor, Vancouver Community Mental Health Services

**Forrest McCoy**, son of Trudy Pel, medical radiation technologist, Children's and Women's Hospital

**Monica Freudenreich**, receptionist, AIDS Vancouver

**Stephanie Gould**, behaviour interventionist, Central Okanagan Child Development Association

**Zoe Bigwood**, daughter of Jane Corrigan, occupational therapist, Kelowna General Hospital

**Erin Sharp**, daughter of Theresa and Stephen Sharp, medical laboratory technologists, Richmond Hospital

**Samantha Thomson**, behaviour interventionist, Central Okanagan Child Development Association

**Matthew Lockhart**, son of Heather Lockhart, adult youth and child worker, South Okanagan Women in Need Society

**Bradley Bourne**, son of Kelie Bourne, medical laboratory technologist, Surrey Memorial Hospital

**Susan Summers**, music therapist, Langara and Richmond Hospital

**Kailen Houle**, daughter of Anita Olson, physiotherapist, Shuswap Health Services

**Riley Crape**, son of Darcie Crape, medical radiation technologist, Campbell River Hospital

**Jody Konarski**, internet cafe facilitator, Open Door Group

**Brooke Forrest**, daughter of Kim Forrest, medical radiation technologist, Royal Inland Hospital

**James Tait**, son of Nicola Tait, physiotherapist, Fellburn Care Centre

**Stuart Pell**, son of Lorina Pell, recreation therapist, Kelowna General Hospital

**Taylor Reitmeier**, son of Nicoline Reitmeier, medical laboratory technologist, Arrow Lakes Hospital

First runner up: **Susan Chahal**, social worker, Surrey Memorial Hospital

Second runner up: **Justin Dulce**, son of Antonette Dulce, nuclear medicine technologist, Royal Jubilee Hospital

Third runner up: **Janet Conrad**, daughter of Patricia Conrad, occupational therapist, Abbotsford Regional Hospital

## PART-TIME BURSARY AWARDS

**Jaskaran Giddha**, medical radiation technologist, Surrey Memorial Hospital

**Sanjiv Khangura**, pharmacist, Royal Columbian Hospital

**Charlotte Nanalal**, radiation therapist, BCCA Fraser Valley Cancer Centre

**Paulina Napastiuk**, social worker, Burnaby Hospital

First runner up: **Juhee Woo**, health records administrator, BCCA Vancouver Cancer Centre

## ABORIGINAL BURSARY AWARDS

**Ann Seaweed**

**Deborah Metz**

First runner up: **Tyler Desorcy**



## JADE SHULTIS, RESPIRATORY THERAPIST

BY LAURA BUSHEIKIN

JADE SHULTIS DIDN'T HAVE TO WORK TOO HARD TO FIND HER CAREER PATH.

As a kid, she was fascinated by medical dramas on TV.

"My parents thought I was a bit crazy – an 11-year-old watching *Trauma: Life in the E.R.*," she says with a laugh. By the time she graduated from high school, Shultis knew not only that she wanted to work in health care, but that she wanted to become a respiratory therapist.

"It's not a nurse, not a doctor, and it's something unusual that almost no one had heard of. I thought it was pretty cool," she says.

Shultis went straight from grade 12 to a demanding three-year diploma program at Thompson Rivers University in Kamloops, and after that started as a

casual at Victoria's Royal Jubilee Hospital.

Four years later, Shultis holds a full-time permanent position, and finds her work more fulfilling than any TV show.

The fact that almost no one has heard of RTs provides motivation for Shultis, who loves advocating for her professional almost as much as she does practising it. Back when she was a student, she made a video called "Ventil\*or Boi" about a day in the life of an RT. It takes a high-energy rock-n-roll approach (complete with a pink inflatable electric guitar) to its subject matter, and won first place in a Canadian Society of Respiratory Therapists' competition, garnering her a trip to the CSRT conference in Ottawa. (Watch it on HSA's Facebook page or at [youtube.com/watch?v=Xf\\_fiCfpvcw](https://www.youtube.com/watch?v=Xf_fiCfpvcw).)

Shultis has been an HSA steward since March and also is an HSA rep on her facility's Joint

Occupational Health and Safety Committee. She started out feeling skeptical, but getting involved has opened her eyes.

"Actually, I was not a big fan of HSA because I was not aware of what they were doing for us. I thought we didn't have a voice, because we are shift workers, who only make up 4 per cent of the union. But I figured I couldn't sit back and complain unless I was willing to do something. Now I have so much more appreciation for what HSA does for us.

"For instance, a few years ago, we wanted better shift differentials," she explains. These are the premiums paid for night and weekend shifts. "Studies have shown that working night shift takes 10 years off your life. So we should get compensated. But the HSA differential is only \$1.75 per shift, while nurses get \$3.00. We are working elbow to elbow on the same shift but they get almost twice as much for it."





SHULTIS TRAVELLED TO HAITI TO VOLUNTEER WITH PROJECT MEDISHARE, WORKING SIDE BY SIDE WITH HAITIAN HEALTH CARE STAFF TO PROVIDE TRAINING IN VENTILATOR USE AND CPR.

“HSA fought for better shift differentials continuously, and this year we finally succeeded. As of January 2014 they are doubling, which puts us on a par with nurses,” says Shultis.

Shultis currently wants to shine a light on her profession to help address recruitment issues at Vancouver Island hospitals, which struggle with a chronic shortage of RTs.

“Not only are we up against Alberta’s better wages, but also the Lower Mainland offers full-time jobs with full benefits right away. We can’t provide that, but we have a ton of casual work and aren’t able to attract new grads to the Island.”

As a result, RTs on the island face the pressure of picking up extra shifts to fill the gaps in the schedule, putting huge pressure on existing RTs. Shultis cites a recent case in Nanaimo where an RT ended up working 36 hours straight.

“I don’t yet know how but I’d like to address this,” says Shultis.

“*HSA fought for better shift differential continuously, and this year we finally succeeded. As of January 2014 they are doubling, which puts us on par with nurses.*”

She can vouch that Vancouver Island is a great place to live and work. “Who doesn’t love the Island? The pace is a bit slower here, and it’s so beautiful.”

Shultis’ enthusiasm for her work took her to another Island, Haiti, last year, to volunteer with Project Medishare. She spent a week in Port Au Prince working side by side with Haitian health care staff. She and her colleagues provided training in ventilator use and CPR, which led to one of her most treasured memories of the trip:

“With the help of an interpreter we were teaching a group of Haitian nurses. As you may know, CPR is done at a rate of

approximately 100 beats per minutes, and often to assist in keeping pace we think of the song “Staying Alive” and compress the chest to the beat of that song. I and the other trainer happened to have this song on our phones so we played it to the nurses. They started singing and dancing around. Everyone was laughing, and learning CPR at the same time.”

Sounds more like “Glee” than “Trauma: Life in the E.R.” Clearly, Shultis has gone beyond the world of television medical shows, taking RT out into real life as a practitioner and advocate, here in BC and around the world.



## IF MOM CAN'T AFFORD A WHEELCHAIR SHOULD SHE JUST STAY IN BED?

**Imagine if you or your loved one were living in a care facility and were unable to get out of your room and go down the hall to the dining room because you can't afford to buy or rent a wheelchair.**

Fraser and Vancouver Coastal health authorities want to bill seniors a monthly fee to use wheelchairs in public residential care homes – and at least one region plans to ultimately make seniors buy or rent their own wheelchair at a much higher rate.

This is no way to treat our elders. The BC Health Coalition is asking British Columbians to speak up before the plans go into effect on September 1.

Please take a few moments to visit [bchealthcoalition.ca](http://bchealthcoalition.ca) to send the following message to the BC government.

Dear Fraser and Vancouver Coastal health authorities,

I am concerned about your unfair plan to bill seniors for use of wheelchairs in public residential care facilities.

Wheelchairs are vitally important to people who rely on them for basic health needs- without them they are stuck in bed or risk serious falls. And many seniors in public residential care homes already have very limited financial resources.

Seniors should not have to pay extra out-of-pocket fees to access a wheelchair. I call on you to reverse your plans to charge these fees immediately.

I support fair and compassionate care for everyone, not care based on who is able to pay for it.

# GOVERNMENT'S FAILURE TO CONSULT IS WORRISOME

WITH THE ELECTION LAST MONTH OF A CHRISTY CLARK LIBERAL GOVERNMENT, COMES MANY QUESTIONS ABOUT WHAT THE COMING MONTHS WILL BRING AS PUBLIC SECTOR UNION COLLECTIVE AGREEMENTS GET SET TO EXPIRE.

First up at the negotiating table are teachers, whose current collective agreement expires June 30. Prior to the election, Premier Clark was calling for a 10-year contract. And that position was reinforced 10 days after the election, in a letter from James Gorman, deputy minister of education, to the union – the BC Teachers' Federation.

It is important not to presuppose the outcome of the discussions around collective bargaining, but the Premier's track record is worrisome.

In the lead-up to the election, the Liberal government introduced legislation that fundamentally altered bargaining in the health sector. That legislation was introduced without consultation, or consideration for the far-reaching implications on labour relations in the province.

In a brief opening to the debate in the legislature, then-health minister Margaret MacDiarmid claimed the legislation was in line with last year's raid by the BC Nurses' Union on licenced practical nurses represented by HEU and other unions. She then flew to Vancouver to announce Bill 18 at the BCNU convention.

She said she had been speaking with BCNU about the matter since October 2012, but that no other unions affected about the

bill or its potential impacts had been consulted.

The failure to consult on such an important and delicate piece of legislation governing the structure of bargaining associations and affecting collective bargaining is especially disturbing since the Supreme Court of Canada expressly ruled in 2007 that government had an obligation to consult. That ruling found that fundamental changes in labour relations should not be rammed through without consulting all the parties affected. The legislation has widespread implications for the entire health care team and will impact collective agreement rights, the management of health resources and the ability to change the skills mix on the nursing team.

The Liberal government's track record on labour relations and public sector bargaining will help inform HSA's approach to the coming months as we prepare for a return to the bargaining table to negotiate terms and conditions for our members who deliver health care and community social services across the province.

We will be monitoring the progress of the public sector teachers' bargaining over the summer, and are working now to establish relationships with the new decision makers in Victoria who will have an influence on setting the tone of labour relations in our province, as well as setting the priorities for the delivery of the health care and community social services our members deliver.



*It is important not to presuppose the outcome of the discussions around collective bargaining, but the Premier's track record is worrisome.*



# HEALTH SCIENCES ASSOCIATION

## The union delivering modern health care

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

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(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald



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