HEALTH SCIENCES ASSOCIATION | OCT / NOV 2005 | VOL. 26 NO. 5

THE Report

HOPE FOR TOMORROW

HSA MEMBERS RUN FOR THE CURE

MESSAGE FROM THE PRESIDENT

Helping others: our support is making a difference

by CINDY STEWART

Cindy Stewart, HSA President

On December 26, 2004 an earthquake rocked the ocean floor. The resulting devastation, and ultimately the loss of more than 150,000 lives, galvanized the world's communities in an unprecedented relief effort. NUPGE components, including HSA, joined with unions across the country to respond to the call for help in response to the aftermath of the tsunami in Southeast Asia.

In all, unions affiliated to the National Union of Public and General Employees (NUPGE) contributed $150,000 to Oxfam Canada's Tsunami Relief Fund.

HSA made the donation on behalf of all HSA members who, like people around the world, were looking for ways to help the millions of people affected by this tragedy. In tandem with the donation to Oxfam Canada, the HSA Board of Directors approved a donation of $5,000 to the BC Branch of the Canadian Association of Food Banks in recognition of the need to ensure the local and ongoing needs of the people in our own communities were not compromised.

Oxfam representatives personally thanked us, and provided first-hand accounting of the difference that our contributions made.

At a recent meeting of NUPGE's national executive board, Oxfam representatives attended to personally thank NUPGE and provide first-hand accounting of the difference that our contributions made.

Oxfam Canada Executive Director Robert Fox said the support of the National Union and others made a significant difference in providing emergency relief and long-term help to rebuild communities devastated by the tsunami. I learned a great deal about the stages of disaster relief and I came away very impressed with the work of Oxfam and what they have accomplished to date.

Oxfam International has raised more than $305 million for tsunami relief and reconstruction. The response has focused on providing relief and assistance through six main activities:

• Public health provision: In the days and weeks following the tsunami, the threat of the rapid spread of infectious disease was a key concern in countries hit hard by the tsunami. Oxfam's speedy deployment of dozens of water engineers, sanitation specialists, health promoters and equipment played an important role in preventing mass outbreaks of cholera and other water-borne illnesses.

• Food security: Ensuring that everyone who lost homes, livelihoods and family members were able to feed themselves in the wake of the tsunami was a top priority for Oxfam.

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THE FRONT COVER

Helping hands: HSA member Shannon Adamus was on hand at the Oct. 2 Run for the Cure in Vancouver to apply the popular HSA-sponsored pink ribbon tattoos.

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News

Labour leaders call for a meeting with premier and labour minister

BCTF

In the first week of October, Jim Sinclair, President of the BC Federation of Labour, called on the provincial government to sit down and negotiate a settlement with the BC Teachers' Federation (BCTF). "The BC Liberals still don't understand that imposing terms is not a solution; negotiation is," Sinclair said. "This is a matter that is clearly in the public interest, and Premier Campbell needs to hear from us our commitment to a negotiated solution, and we – parents, teachers and our kids – need to hear this." Teachers voted to strike to try to force the government to negotiate.

Sinclair and Angela Schira, Secretary-Treasurer of the BCFL were joined by several other officers of the Federation, including leaders of the BC Government and Service Employees' Union (BCGEU), Canadian Auto Workers (CAW), Canadian Office and Professional Employees Union (COPE), Federation of Post Secondary Educators (FPSE), International Longshore and Warehouse Union (ILWU) and the Canadian Labour Congress (CLC) on the first day of the strike Friday, Oct. 7.

"Today, with the BCTF, the Federation Officers met to review the plans of the BC Teachers in response to the government's provocative actions," Sinclair said. "The BC Federation of Labour is in full support of BC Teachers."

PHILLIP LEGG (FPSE) PHOTO

HSA President Cindy Stewart joined with officers of the BC Federation of Labour to support BC teachers who put up picket lines October 7 in defiance of contract-extending legislation. From left: Angela Schira, BC Federation of Labour Secretary Treasurer; Stewart; Lori Mayhew, Secretary-Treasurer Canadian Office and Professional Employees' Union; Cindy Oliver, Federation of Post Secondary Educators President.

Telus dispute

TWU

Telus customers have known about the corporation's customer service problems for a long time, now they're learning what they can do about it, said BC Federation of Labour President Jim Sinclair this summer.

Last month, the BC Federation of Labour and the Telecommunications Workers' Union (TWU) announced a joint campaign to mobilize the over half a million strong membership of BC's labour movement to initiate a consumer action against Telus. "This advertising campaign will build on our work with union members in BC to send Telus a message by cancelling their custom phone features," said Sinclair. "These ads take aim at Telus' Achilles heel, lousy customer service."

"Telus imposed a new agreement on its workers, effectively locking them out," said Sinclair. "Imposing agreements and relying on scabs won't break unions in BC, it'll only hurt service levels even more. Telus management doesn't get it, but we know Telus customers do".

"We promised before to step up action if Telus doesn't return to the bargaining table. This is the next step in escalating pressure, and there will be more unless Telus gets back to the bargaining table," Sinclair stated.

"Telus customers know that the corporation's job cuts have already hurt service," said Peter Massy, Vice President of the TWU. "The long delays and poor quality of service will only get worse if Telus gets its way and ships BC jobs away."

"We've accepted the federal Labour Minister's offer of a special mediator," Massy said. "We're disappointed Telus still refuses any help to get to the bargaining table." Massy noted despite Telus' claims of an unworkable collective agreement, Telus made profits of $242 million last quarter.

"Telus has refused the Federal Labour Minister's offer of a special mediator, and has refused to bargain with the TWU," Sinclair stated. "When will Telus understand that imposing contracts in BC never leads to a solution?"

"Instead, Telus seems to think hiring scabs and strike breakers will win the day," noted Sinclair, pledging the continued support of the Federation's over half a million strong union membership for locked out TWU members.

"The answer to ending this dispute is at a bargaining table," Sinclair stressed. "Telus won't win by imposing a contract that allows thousands of decent-paying BC jobs to be contracted out to the Philippines."

"Customers have already seen their service deteriorate when Telus cut hundreds of jobs two years ago. They know that their service will only get worse if Telus ships away BC jobs," said Sinclair.

In July, the B.C. Federation of Labour and the TWU announced a joint campaign to mobilize BC's labour movement to initiate consumer action against Telus. The campaign calls on members to cancel their custom phone features.

As *The Report* was going to press, the TWU and Telus announced they had reached a tentative agreement. TWU members were to vote on the agreement by Oct. 24.

Sodexho cleaners at seven more FHA sites back fair wage bid with 98 per cent strike mandate

HEU

Sodexho cleaning staff represented by the Hospital Employees' Union voted 97.8 per cent in favour of strike action in September. Essential services levels are being set for major hospitals like Royal Columbian, Surrey Memorial, Burnaby General and Chilliwack General. They put up picket lines Oct. 12.

The vote also included the French corporation's employees at Fellburn Care Centre in Burnaby, Queen's Park Hospital in New Westminster and Heritage Home in Chilliwack.

Sixty per cent of the 350 workers participated in the votes. Another 1,100 Sodexho support staff including cleaners and food service workers are already engaged in rotating job action at 29 other sites in the Fraser Valley, Lower Mainland, Victoria and on the Sunshine Coast.

The main issue in bargaining is the poverty-level wages paid by Sodexho which took in $17 billion in global revenues last year and has contracts with BC health authorities valued at over $400 million.

Nine out of 10 workers at the seven sites earn less than $10.50 an hour to clean operating rooms, special care nurseries and long-term care facilities.

"The low wages paid by this wealthy corporation contribute to staff turnover approaching 50 per cent annually as experienced workers leave for higher paying jobs," says HEU secretary-business manager Judy Darcy. "That's not a good situation for hospital patients or long-term care residents."

Continued next page

News

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Sodexho failed to achieve benchmark cleaning standards in more than half the hospitals it cleans in the FHA according to a cleaning audit ordered by BC's health authorities earlier this year.

"The solution is for this profitable corporation – which paid its CEO $1.4 million last year – to provide its workers with decent, family-supporting wages," adds Darcy.

For this group – and for the group currently engaged in job action – the union has tabled proposals that would bring wages to about $13 an hour to start and move to about $15 an hour over four years.

Sodexho's best offer to date has been to raise wages to a little over $11 an hour.

'We won,' CBC union head tells workers

CBCUnlocked

After a lockout that has lasted 50 days, the CBC and Canadian Media Guild have reached an agreement in principle that includes a 9.5-per-cent cap on the number of contract workers the public broadcaster can hire.

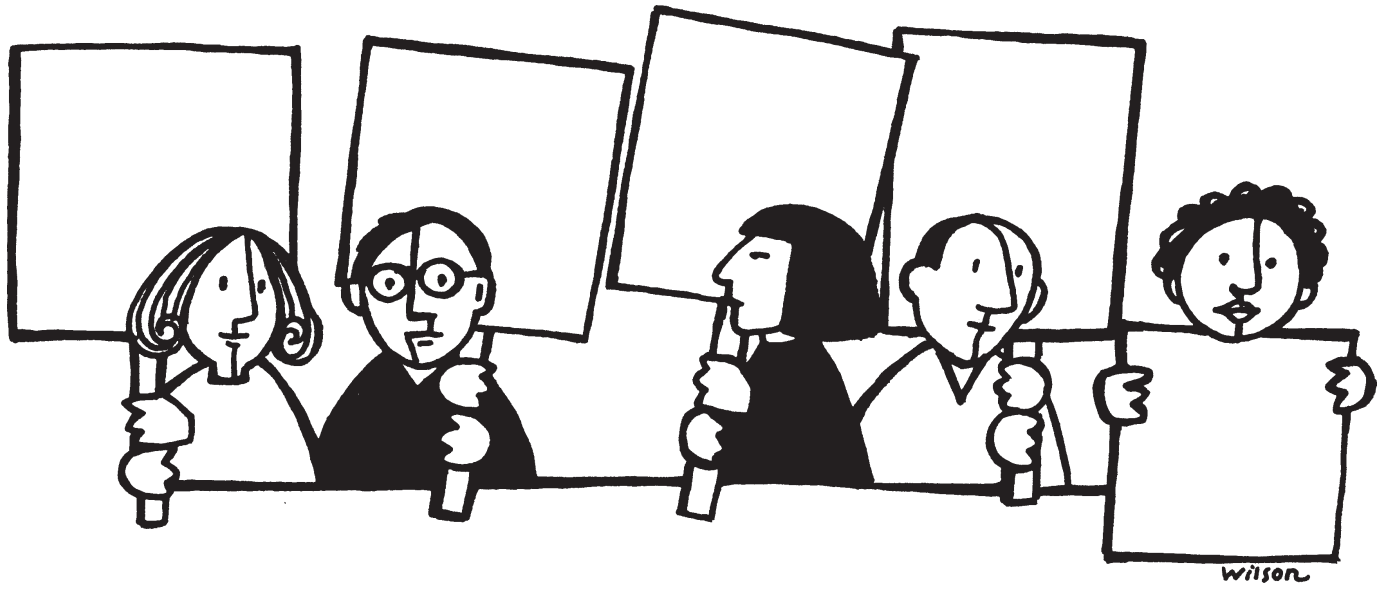
"This is everybody's great day. It's not mine. This is a speech I've wanted to give for a long, long time," Lise Lareau, president of the CMG's national executive, told a cheering, applauding crowd of picketing workers at the CBC Broadcasting Centre in Toronto on October 3.

If ratified, the deal reached in Ottawa with the help of federal negotiators will bring the broadcaster's 5,500 locked-out employees back to work for the first time since August 15.

At press time, union and management negotiators were still working on final wording and a back-to-work protocol that will determine when employees return to their jobs. The CMG said picket lines would remain in effect across the country until further notice.

The locked-out workers had been without a contract since the last one expired in April 2004.
The union says that highlights of the agreement include:

· Improved rights for contract and temporary employees.



· A wage increase of 12.6 per cent over the life of the contract to March 31, 2009.
· Full retroactivity for all employees on the payroll prior to the lockout, including contract and temporary employees.
· A $1,000 signing bonus for each worker.
· A new "interpreters' premium" of $800 per year for northern employees required to work in more than one language.

CHPS underlines shortage of health science professionals

NUPGE

At the end of September, the Health Council of Canada met in Whitehorse, Yukon, to finalize plans for the Council's report on health human resources and to continue work on it's second report to Canadians. As it undertakes the last of this round of consultations before the report is released later this fall, the Canadian Health Professionals Secretariat has written to Council Chair Michael Decter to once again underscore the impact of the serious shortage of health science professionals across the health care system. The text of that letter is enclosed in the box at right.

The Canadian Health Professionals Secretariat was created by NUPGE to address challenges and opportunities facing health science professionals across the country and to enhance the recognition of the valuable contribution that professionals who provide diagnostic, clinical and rehabilitation services make to the health of Canadians. R

Mr. Michael Decter
Chair
Health Council of Canada

Dear Mr. Decter:

As the Health Council of Canada concludes the meetings and stakeholder consultations in support of its report on Health Human Resources, the Canadian Health Professionals Secretariat would like to again underline the critical need to address human resource shortages in the non-doctor, non-nurse health professions.

The Canadian Health Professionals Secretariat is the only organization of its kind in Canada, representing more than 60,000 health science professionals from every corner of the country. We share Canadians' support for the considerable progress that has been made in addressing physician and nurse shortages, and for improved funding to significantly increase the availability of cutting edge health care technologies.

However, the equally pressing problem of shortages of health science professionals has received little attention. When you met with the Secretariat almost a year ago, we agreed that the improvements Canadians have so far seen in health care delivery risk being squandered if there are not enough health science professionals to provide the diagnostic, clinical, pharmacy and rehabilitation services essential for the delivery of quality health care.

We were then, and are now, gratified that the Council has shown particular leadership in understanding the critical role played by health science professionals, evidenced in your 2005 report *Accelerating Change.*

As the Council prepares its report on Health Human Resources we urge you to again ensure the report reflects the depth and breadth of the health professions Canadians rely upon to ensure timely access to the quality care we all cherish.

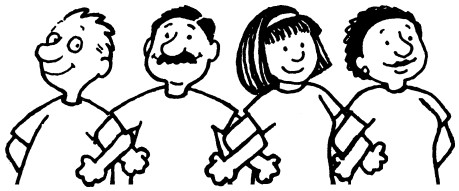
Sincerely,
Cindy Stewart
Shelley Wilson
Co-Chairs, Canadian Health Professionals Secretariat

Lakes District members reach out for colleagues, Cancer Society

by YUKIE KURAHASHI

When Judith Quinlan was undergoing treatment for breast cancer, she wasn't surprised that her coworkers reacted with heartfelt care.

But she was surprised by how far they went to come to her aid.



A physiotherapist diagnosed with breast cancer

While recovering from surgery, Quinlan had exhausted her sick leave – and although she had applied for Long Term Disability, those benefits had yet to kick in for another month. "I had a month in between with no income," Quinlan said. "I wasn't sure how I was going to get through that."

But her colleagues had a surprise for her.

"It was marvelous. I was shocked. My friend picked me up, and she stopped at work on the way home – and I asked her, 'what are we doing here?'

"And there they were. They got big flowers, and an envelope with money that they had raised by holding a barbecue," she said.

"That money bridged me over that month. I don't know how I could have survived it otherwise. It felt wonderful and it was really sweet, and also a bit embarrassing."

This first fundraising barbecue, held in 2001, was the first of what looks to be an ongoing tradition at Burns Lake Hospital.

"Everyone had such a good time that we decided we'd like to do it every year," Quinlan said. "That's how the cancer connection happened. We now donate all the proceeds to the Cancer Society, and to the Pines – an extended care facility across the street."

Quinlan, who is chief steward for Burns Lake Hospital, now helps organize the annual barbecue along with several colleagues.

PHOTO COURTESY KIM BIRK

Lakes District Hospital Chief Steward Judith Quinlan – beneficiary of the first fundraising barbecue – flips burgers with Activity Aide Garnet Lounsbury.

Helping to organize

Kim Birk, occupational health and safety steward (and former chief steward), is one of the organizers.

"Overwaitea kicked in all the hamburgers and buns, and HSA sent a contribution, too. We bought condiments and plates and cups with that. It was a great help," she said.

"Everybody helped. Then Judith and I came in on our days off to flip burgers, and people paid by donation. We hold the barbecue primarily for employees and their families, but a couple of our patients also wanted to chip in.

"We had one burger left! So we had about 60

people come by within a couple of hours."

Birk added that this year's barbecue served some residents from the Pines. Nicole Johnson, a recreation therapist who works as the recreation director at the facility, brought a few of the residents to take part in the barbecue.

"It was awesome!" Birk exclaimed. "We had had a run of really bad weather, but the day of the barbecue was hot and sunny and beautiful. It was a great turnout."

Birk said part of the reason for the high turnout was because this year, the barbecue was also a retirement celebration for Gale Radley, a medical radiation technologist for over 30 years. "The kitchen staff made a beautiful cake for her, and we presented her with gifts. It was really great."

In memory of Annie Mathew, 'Mama of the lab'

Although the barbecue has marked many happy occasions, it has also seen sadness. "For the barbecue last year, we donated part of the proceeds to the Cancer Society in memory of one of our members," Birk said.

Annie Mathew, a lab tech and HSA steward, passed away last year of cancer.

Quinlan remembers Mathew as 'the Mama of the lab.' "She was marvelous," she said. "She was just very generous, very sweet. Just mention her name and everyone gets misty-eyed.

"Being a breast cancer survivor herself – which she was very private about – when I was diagnosed she was one of the very first people who came to me very quietly and offered if I ever needed any help, any support, she was there for me.

"Then she was diagnosed with a recurrent cancer while I was still away from work," Quinlan said.

Birk also remembers Mathew with great affection. "We miss her. She was great to work with, had very high standards. And she had been chief steward, and assistant chief steward for many years. It was sad – we were all very sad when it happened."

Quinlan described how all the staff gathered around Mathew while the latter was in care at the hospital. "We were all there near the end," she said. "She was in the palliative care room of the hospital, and we all came in and quietly said our goodbyes.

"She was very open about that. She was very clear when it was goodbye."

As she describes this period, Quinlan, a physiotherapist, pauses to gather her thoughts. "I remember going in the last time. I was doing massage and things for her. And I was going off to an event that weekend. She said: 'Have a really good time, Judith. And goodbye.'

"And when I came back, she was gone."

Birk and Quinlan both said the annual barbecue will continue at Burns Lake Hospital. "The sun always shines on the HSA barbecue," Quinlan said. "It's just a really nice thing to do in the middle of the summer. The doctors all come, the ambulance comes. It's one of the few times when we all just sit around outside and talk to each other.

"It's a great morale builder." R

Do you and your colleagues have a story to share? Email Yukie Kurahashi at yukie@hsabc.org.

PHOTO COURTESY KIM BIRK

What began as an HSA fundraising barbecue for a colleague stricken with breast cancer is now a fundraiser for the Cancer Society and the Pines. This year, it was also an occasion to celebrate a retirement. Medical Radiation Technologist Gale Radley is presented with a parting gift from colleague and X-ray Technologist Perry Cherniwchan.

Committees

COMMITTEE FOR EQUALITY AND SOCIAL JUSTICE

A beneficial partnership

The members of the 2005/ 2006 Committee for Equality and Social Action are:

- **Maureen Ashfield (Chair)**
- **Ernie Hilland**
- **Larry Bryan**
- **Kimball Finigan**
- **Thalia Vesterback**
- **Pam Bush (Staff)**

For information on this committee, contact Pam Bush at 604/439.0994 or 1.800/663.2017.

by FIONA SHEEHAN and ERNIE HILLAND

In 1989, HSA established a fund for solidarity, and subsequently established a committee to make recommendations on how the fund would be used to support various solidarity projects.

By the early '90s, HSA partnered with CoDevelopment Canada to facilitate communication with our southern partner, the Asociacion para la Salud y el Servicio Social Intercommunal en El Salvador (APSIES). The partnership with CoDev has enabled the Solidarity Committee, now called the Committee for Equality and Social Action, to fulfill the international solidarity part of its mandate.

CoDev has assisted in communication, understanding the social and political situation in Central America, and in building HSA's relationship with southern partners. Partnerships were built by direct contact with various social justice organizations, first through a visit from them and later through a small delegation of HSA members visiting the south.

It is this unique partnership model that sets CoDev apart from other organizations doing international development work and gives HSA extra value.

CoDevelopment Canada is celebrating its 20th anniversary this year.

HSA has been a northern partner of CoDev for more than a decade. The following is the story

CoDev Canada: It began with a stirring photo on the pages of a daily newspaper – a crowd of women raising their arms in protest against a bank of riot police.

of how CoDev came to be:

It began with a stirring photo on the pages of a daily newspaper – a crowd of women raising their arms in protest against a bank of riot police.

Julia Goulden, a special education teacher in Burnaby, at the time, decided she wanted to do something. The women in the photo were teachers, too.

"It was such a powerful photograph and I thought 'I'm going to go there and help these women.' They were really up against it."

With that idea, CoDevelopment Canada's first project was born. Two teachers from the Lower Mainland set off with Mario Lee as a translator to meet their counterparts in Peru where the union had been decertified and its offices demolished by the government. The crime? Peruvian teachers stood accused of promoting union rights for their members.

The BC Teachers' Federation had just decided it wanted to fund international solidarity, particularly with a view to supporting women's rights, and needed a separate agency to carry out that work. CoDevelopment Canada was founded in 1985 to take up the task and has continued ever since, with many progressive partners, including HSA. CoDev now administers a variety of projects in Latin America – from working to maintain publicly-funded education to promoting human and labour rights for factory workers. R

Fiona Sheehan is a volunteer with CoDevelopment Canada. Ernie Hilland represents Region 5 on HSA's Board of Directors.

Central American tour planned to learn about HSA-supported projects

Solidarity is more than making donations. Personal contact and relationships between people from the north and the south can be as important as money.

Are you interested in learning first hand about the projects HSA supports in Central America? Would you like to see for yourself the reality for the majority of the population in Central America? Are you ready for a life-changing experience?

HSA's Committee for Equality and Social Action and CoDevelopment Canada is working on a Southern Partner Tour to take place in late February or March 2006. Depending on interest, the committee and CoDevelopment Canada will join another tour, or organize one of our own.

The tour will likely be to Honduras and El Salvador. The approximate cost of the tour will be $2,800 for 10 days to two weeks. The cost will include air fare, on-ground transportation, accommodation and meals R

If you are interested contact Pam Bush at 604-439-0994 or by e-mail at pam@hsabc.org. In order to have time to make arrangements we must know if you are interested byNovember 1, 2005. The tour is open to members, employees and their partners.

CALM GRAPHIC

MEMBER PROFILE

Play with a purpose: sharing the gift of communication

by LAURA BUSHEIKIN

Tami Nishi enjoys a lot of things about her job. For instance, the toys.

"I go to work every day, open my materials cupboard, and it's full of toys," Nishi said, smiling. "I love that."

What she loves even more is the way the toys can help a young child break out of the isolation that often accompanies developmental challenges. As a speech- language pathologist, Nishi uses the toys – along with a variety of other tools and techniques – to help children develop their ability to communicate.

"I play a lot," Nishi said. "But it's play with a purpose.

For the children Nishi works with, from birth to age six, development of effective communication skills can sometimes be extremely challenging.

"This little girl was diagnosed with a rare degenerative disease, and her prognosis was very poor. But after a period of therapy, she began showing her personality – she had a great sense of humour, even though she didn't speak words."

"The children I work with often have neurological impairment or disability in multiple domains of their development. Some children I see might have cerebral palsy, autism spectrum disorder, Down Syndrome, global developmental delay, seizure disorders or other diagnoses," Nishi said.

Progress can sometimes seem slow, but small steps can be hugely significant.

"You notice the minute changes a child makes, and those are really celebrated. It may take six months or a year to get there, but it's all very meaningful. Sometimes the changes are in the families and siblings, for instance in the way they gain insight into the child's ability," Nishi said.

And that points to another thing Nishi values about the work she does: providing intervention with a family-centred approach.

"For early intervention to be effective, it is important to integrate the families' needs and goals and work closely with parents. We recognize that they know their children best and are a very important part in the treatment process. I'm constantly – constantly! – amazed by the parents I work with and their abilities to adapt and to grow with their children.

"Another thing that I really value about our facility is the team approach," she said. "It's multidisciplinary and holistic. I work with occupational therapists, physiotherapists, psychologists, family service workers, technical staff, pediatricians, recreation therapists, administrative support workers, supported child development consultants, early childhood educators…as well as other medical and community service providers who are all members of a child's intervention team," Nishi said.

"It's an incredible group of individuals who share a common vision. Everyone has a strong sense of compassion, a lot of energy, and collectively contribute years of expertise to the team," she said.

But she can't help expressing some frustration about the circumstances those professionals, children and their families have to work with.

"The challenge today is a growing waitlist for services as well as other barriers that seem to be taking the 'early' out of early intervention. I find it

"The challenge today is a growing waitlist for services as well as other barriers that seem to be taking the 'early' out of early intervention."

unacceptable that young children are waiting two to two and a half years to be seen for speech and language services."

While she knows today that her mission is to deliver that support, Nishi did not know she wanted to be a Speech-Language Pathologist until she was in her late 20s. in many ways, she'd spent many preceding years preparing for the job, without knowing it.

"My BA is in French and Linguistics and I've always been fascinated by language," she said. She spent much of her early adulthood exploring the world, living at various times in France, Indonesia, Japan and New Zealand.

"While learning new languages, I got a sense of some challenges faced by individuals who have difficulty understanding and communicating in the world around them. It helped me appreciate how our ability to communicate effectively is so important to our development, our identity and our ongoing learning."

"It's very gratifying for me to be part of this process with others. Inherently in the work I do, I'm reminded every day about the importance of communication," she said.

Communication doesn't always happen through spoken language, Nishi points out. For some children who are unable to develop verbal expression, non-verbal communication systems can be surprisingly rich.

"Augmentative and alternative communication systems can be learned to enhance verbal communication or instead of it. There are sign language or picture exchange systems, for instance, using manual language or pictures to allow children to develop and produce language. There is technology such as voice output devices. Children can push a button to convey a message."

Progress in such cases can be especially heart-warming, she said.

"I can tell you about a little girl I started working with when she was three and a half. She was diagnosed with a rare degenerative disease, and her prognosis was very poor, and based only on the little amount of research available. She was severely visually impaired – plus there were delays in all areas of her development. Her life expectancy was around six years of age.

"When we first met, she was an unresponsive little girl to the world around her. The first two years we spent trying to connect, to have her be comfortable, and to facilitate her fami-

Speech Language Pathologist Tami Nishi is inspired by all the children with whom she works

Continued next page

Tami Nishi
Steward
Speech Language Pathologist
The Centre for Development

Sharing the gift of communication

Continued from previous page

ly's understanding of what she understood and how she expressed herself so they could support her development of language and communication skills."

"And then the last year and a half, there was a radical change. She started learning very quickly, and indicating awareness of her environment and others around her. She began showing her personality, her likes…and her dislikes – she had a great sense of humour, even though she didn't speak words. I worked with her until she was six, at which time her health had really improved," said Nishi.

As someone who helps others learn, Nishi likes to keep learning new things herself. That's partly what drew her to get involved with HSA: she jumped in three years ago to serve as chief steward, and is currently a steward for her facility.

"There's a lot to learn from union involvement," she said. "Previously, I was quite apolitical, but something woke up in me. It has given me a lot of insights about how our agency is affected by larger decisions made by our government. I really appreciate having opportunities to attend workshops that help me develop new skills, as well as having the support from HSA to get involved in provincial elections," she said.

"It's been a stimulus for me in other parts of my life. I've been more socially aware and active on a broader level. I certainly plan to continue being an active member."

Nishi counts the opportunity for union activism as another benefit of her job, along with many others: team-work, meaningful relationships with families, a daily focus on communication, and, yes, the toys. But above all, she is inspired by the children with whom she works.

"I love working with children. Their need and desire to learn is so unconditional. They really take in every new experience and draw from it. I'm very lucky to learn from children," she concludes. R

CONTRACT INTERPRETATION

It's your right: questions and answers about your collective agreement rights

"Off-duty conduct"

by RITU MAHIL

Q: What is "off-duty conduct?" When can employers discipline employees for "off-duty conduct"?

A: Employee behaviour that is characterized as "off-duty conduct" is behaviour occurring outside the scope of an employee's performance of regular duties, but falls below a reasonable norm in relationship to the employer's legitimate concerns, and could give the employer grounds to assert that the employee is unsuitable to carry out her or his duties.

Although "off-duty conduct" is commonly thought of as behaviour that occurs outside the workplace and away from the employer's place of work, it can also include telephone calls or comments made from the employer's place of business, or email messages sent from an employer's computer.

Once it has been determined that an employee's behaviour constitutes off-duty conduct, the employer must show, in order to justify discipline, that the incident giving rise to the disciplinary sanction had or has some effect on its operations. Each case turns on its own peculiar facts and the nature and gravity of the discipline imposed varies.

When deciding whether an employer was justified in discharging an employee for off-duty conduct, arbitrators generally require the employer to demonstrate:

1. the employee's conduct harmed the employer's reputation or product;
2. the employee's conduct renders him or her unable to perform his or her duties;
3. the employee's conduct leads to a refusal, reluctance or inability of other employees to work with him or her;
4. the employee's conduct constitutes a serious breach of the Criminal Code, therefore the general reputation of the employer and its employees is injured;
5. the employee's conduct places difficulty in the way of the employer properly carrying out its function of efficiently managing its works and efficiently directing its working forces.

In any discipline for off-duty conduct the employer would be required to meet the "just cause" test, including the more rigorous onus required to bring off-duty conduct into question in the workplace.

Further, as in all disciplinary cases, any arguments by an employer that an employee should be disciplined for off-duty conduct would be subject to arguments of mitigation. Mitigating circumstances include whether the employee admitted responsibility, provided a reasonable explanation, or was experiencing serious personal circumstances leading to out-of-character conduct. R

Ritu Mahil is HSA legal counsel.

This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email yukie@hsabc.org. Don't forget to include a telephone number where you can be reached during the day.

What does the municipal election have to do with health care?

The BC Health Coalition is a coalition of community groups, labour organizations and individuals who are working together to protect and improve BC's public health care system.

The BCHC urges voters to elect candidates at all levels of government who support public health care, and has provided the following materials to assist voters in choosing candidates in the upcoming municipal election who will work to protect and improve public health care in their communities.

As a member of the BC Health Coalition, HSA is providing members with the following BCHC materials to use in educating your family and friends about the impact that municipal governments can have on health care, and to help you decide which candidates in your community will support our public health care system.

HSA members are encouraged to ask their local candidates to sign the BCHC's "Candidate Pledge" (page 18) and to fax completed pledges to the BCHC.

Federal and provincial governments have cut funding for health services, leaving municipalities to either find the funding to continue local programs or see their communities lose these vital services.

These cuts cause great stress and strain on local communities, and their limited municipal programs.

Funding reductions include slashing funds for women's centres, and cutting mental health and other community health programs. Governments have also refused to provide sufficient funding for critical needs such as social housing.

At the same time, individuals and corporations that view health care as an almost limitless source of profit are exerting tremendous pressure to expand private, for-profit health care throughout the province.

Municipal officials have a duty to speak out against health cuts and to demand adequate funding of our public health care system in every community. Your municipal officials can:

Fight the privatization of health care

Municipalities can use their zoning powers and public outreach processes to foster the development of not-for-profit health care instead of private for-profit facilities.

Private-for-profit surgical clinics, long term care facilities, and public-private-partnership (P3) hospitals all generally require zoning changes before they can be built.

Often, P3 projects hide information from the public to protect corporate interests. Municipalities can facilitate open public consultations and discussions.

Demand health care for seniors and the disabled

The provincial government has promised to build 6000 new long-term care beds for seniors and the disabled.

Your municipal government can demand fair distribution of not-for-profit long-term care beds and insist that elders and the disabled be cared for in their own communities.

Municipal officials can also demand restoration of adequate funding for home support services that allow people with disabilities and the elderly to live with dignity in their own homes.

BC Health Coalition

Protect public health care

Municipal officials can play a role in protecting health services in their community. For example, in 2002, the Municipality of Delta launched a court action against the Fraser Health Authority in an effort to stop further service cuts at the Delta Hospital. Municipal officials have a responsibility to lobby hard to make sure that there are no health care cutbacks in their communities and to ensure that their constituents receive the care that they need.

Reduce poverty in your community

Health and poverty are clearly linked. Municipalities can work to reduce poverty by lobbying for additional funding for housing and preventing conversion of low-cost housing into expensive housing. Municipalities can also play an important role in providing/demanding funding for groups (such as women's centres and other organizations) that work to reduce poverty and provide services to low income communities. Losing health care jobs and slashing wages of health care workers can seriously impact the economy of small communities.

HSA is a member of the BC Health Coalition: www.bchealthcoalition.ca

Municipal officials have a duty to speak out against health cuts and to demand adequate funding of our public health care system.

Elect Public Health Care Defenders! A Municipal Public Health Care Defender Will....

1. Speak out vigorously against the privatization of health care in your community
2. Fight to keep and improve local public health services
3. Advocate for open, accountable, and transparent public processes with respect to your community's health services
4. Demand sufficient funding for local home support services
5. Demand fair distribution of not-for-profit, long term care beds throughout the Province.
6. Stand up for fair wages and benefits for health care workers in your community
7. Improve the overall health of your community by proposing and supporting changes that reduce poverty.

Action tools & ideas: a prescription for better communities

These action tools are available from the BC Health Coalition:

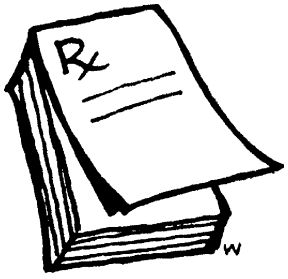
Candidate Pledges
Ask candidates to pledge to be a "public health care" defender (page 18). You could write your local paper and tell people which candidates have agreed to be public health care defenders in your community. Be sure to let the BC Health Coalition know who the public health care defenders are in your community because we will be issuing a news release after November 10, 2005.

"Elect a Public Health Care Defender" Wrist Bands
Call 604.681.7945 to order.

Questions for Candidates
See pages 16-17.

Fact Sheets
The BC Health Coalition has a range of fact sheets on seniors' health, privatization, women's health and other issues – check out our website (www.bchealthcoalition.ca) for more information.

Seniors First Aid Kits
A complete kit of information about seniors' health issues. To order call: 604.681.7945.



Continued next page

What does the municipal election have to do with health care?

Continued from previous page

Questions for municipal candidates

1 Although the federal and provincial levels of government are generally viewed as carrying the greatest responsibility for health care, local governments also have a significant role to play.

If elected, what will you do to ensure that our community has quality local health services?

2 Federal and provincial governments are cutting funding for local health services, leaving municipalities to either find the funding to continue these programs or see their communities lose these vital services. Examples include: eliminating funding for women's centres, not funding sufficient social housing, and cutting mental health and other community health programs.

If elected, what will you do to ensure that we re-establish (or continue to have) these health services in our community?

3 Throughout the province, individuals and corporations that view health care simply as another way to make money are exerting tremendous pressure to expand private, for-profit health care.

If elected, what will you do to ensure our community has quality health services that are publicly funded and publicly delivered?

4 Many communities are being told they can't have the long term care facilities or surgical services they need, unless these are provided by private, for-profit corporations. The vast majority of people in our community want these services provided as part of our public health care system.

If elected, will you advocate the use of relevant municipal authority (such as zoning powers) to promote the delivery of these services by non--profit health care providers? Will you pressure senior levels of government to provide these services to our community as part of the public health care system?

5 The provincial government is telling local communities that need new hospitals that the only way they can afford to provide these facilities is under public-private-partnership (P3) agreements. P3 hospitals in other countries have been shown to cost more, provide poorer patient care and to hide information from the public to protect corporate interests.

If elected, will you commit to:

i) Lobby for a new hospital that is publicly financed, publicly administered and where health services are publicly funded and publicly provided?

ii) Urge our municipal council to use their powers (including their authority over zoning) to promote the development of a public, not-for-profit hospital, and to oppose the development of a P3 hospital?

iii) Use our municipality's public outreach processes to facilitate open public consultation and discussion of any new hospital development, including free access to all relevant information?

6 Many communities have lost essential health services since the last municipal election. Hospitals have been closed or downgraded, emergency rooms have been eliminated or had their hours of operation and the range of services they provide significantly re-

BC Health Coalition

Note: These questions are written in a generic style addressed to candidates running for a municipal council. Anyone using these questions is encouraged to use relevant examples from your own community to illustrate the issues raised in these questions.

duced. Other hospitals have cut their out-patient physiotherapy services, or centralized medical laboratory services in a limited number of communities. (Choose an example that applies to your community).

These cuts mean that members of our community have to travel long distances to obtain these services, or simply do without critical health care. If elected, what will you do to ensure that members of our community have fair access to health services in our community?

7 The provincial government has promised to build 6000 new long-term care beds for seniors and the disabled.

If elected, what will you do to ensure our community receives a fair share of not-for-profit long-term care beds, so that our elders and disabled residents can be cared for in our own community?

8 Funding has been drastically cut for home support services that allow people with disabilities and the elderly in our community to live with dignity in their own homes.

If elected, will you demand that the provincial government restore adequate funding for home support? Will you lobby the federal government for a national home support program?

9 Municipal officials can play a role in protecting health services in their community. For example, in 2002, the Municipality of Delta launched a court action against the Fraser Health Authority in an effort to stop further service cuts at the Delta Hospital. Municipal officials have a responsibility to lobby hard to make sure that there are no health care cutbacks in their communities and to ensure that their constituents receive the care that they need.

If elected, what steps will you take to protect health services in our community?

10 Health and poverty are clearly linked. Municipalities can help reduce poverty, and improve the health of those living in poverty in several ways.

i) The cost of safe, healthy housing is a major issue for the poor. If elected, will you lobby for additional funding for housing, and to prevent conversion of low-cost housing into expensive housing?

ii) The provincial government has reduced or eliminated funding to many organizations that work to reduce poverty and provide services to low income communities (examples: women's centres and some anti-poverty groups). If elected, will you demand that adequate provincial funding be provided to such groups, and support our municipality providing funding for these services?

11 Losing health care jobs and slashing the wages of health care workers has had serious negative effects on the economy of many communities.

If elected, will you oppose cuts to health care services, and support fair wages and benefits for health care workers in our community?

HSA is a member of the BC Health Coalition: www.bchealthcoalition.ca

Continued next page

What does the municipal election have to do with health care?

BC HEALTH COALITION

CANDIDATE PLEDGE

I want to be elected as a public health care defender.

If elected in the November 2005 Municipal Election, I pledge to:

- Speak out vigorously **against the privatization of health care** in my community
- Fight to **keep and improve** local public health services
- Advocate for **open, accountable, and transparent** public processes with respect to my community's health services
- Demand **sufficient funding** for local home support services
- Demand fair distribution of not-for-profit, **long term care beds** throughout the province
- Stand up for **fair wages and benefits** for health care workers in my community
- Improve the overall health of my community by proposing and supporting changes that **reduce poverty**

_____ is running for _____

Name (please print) Position

In _____

Municipality

_____ _____

Signature Date

Do you want the BC Health Coalition to publish your name as a health care defender?

Yes No

If you would like to be included in the BC Health Coalition's list of public health care defenders, please return this form by fax **before November 10, 2005 to the BC Health Coalition: fax 604.681.7947**

BC Health Coalition

Online Pension Estimator gives you a peek into the future

Defined benefits vs defined contribution pension plans

Q: What's the difference between a defined benefit and a defined contribution pension plan?

A: Defined benefit and defined contribution pension plans work on the same basic concept: Money is contributed and invested, and the resulting funds provide retirement income. But there are differences.

In a **defined benefit plan** such as the Municipal Pension Plan, a fund manager is responsible for managing the plan's investments on behalf of all members over the long term, so investment risk is shared by the group, and is not held by the individual. The member's retirement income is predetermined, based on working income and amount of service. It does not depend on interest rates, investment performance or the amount of money in the fund when the member retires.

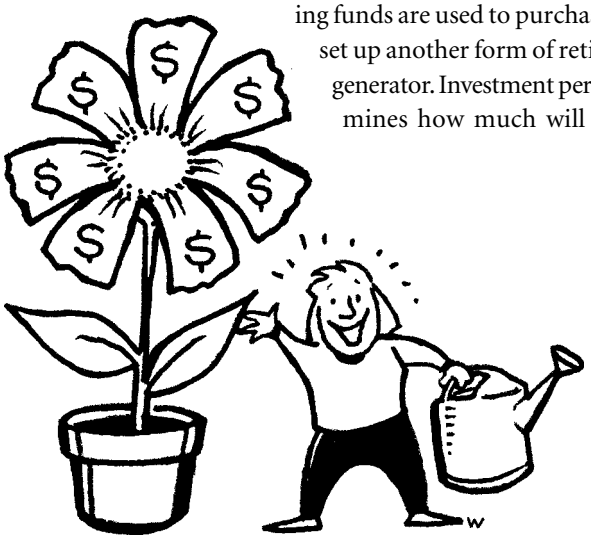
In a **defined contribution plan**, investment risk is held by the individual, and is not shared by a group. Contributions are invested and the resulting funds are used to purchase an annuity or set up another form of retirement income generator. Investment performance determines how much will be available to make this purchase when the member retires.

While this can be a very effective retirement savings tool, there are many unknowns, such as whether investments will provide good returns, the cost of annuities at retirement, and the performance of other retirement income generators.

At the same time, **defined benefit plans** are not completely predictable. For example, while pension income is fixed, contributions may be increased if the actuarial valuation (carried out at least every three years) indicates that there is a gap between plan liabilities (the total pension promise) and plan assets.

Ultimately, no pension plan can guarantee your retirement security.

We suggest that you calculate how much money you will need in retirement, and then determine if you will have enough retirement income from all sources – your employment pension plan, the Canada Pension Plan, Old Age Security and personal savings. An independent financial advisor can provide valuable advice about your options. R



In this regular feature, the Municipal Pension Plan answers frequently-asked questions. See pensionsbc.ca for more information about the Municipal Pension Plan.

ACTIVIST PROFILE

Breaking the cycle of abuse

by LAURA BUSHEIKIN

For a woman escaping abuse, North Island Transition Society's Ann Elmore House offers safe haven – and the skilled, empathetic aid of transition house workers like Charity Perrault.

Perrault was drawn to front-line support work from early life experience. She grew up in dysfunctional family circumstances in the First Nations community of Alert Bay.

"My mom was an alcohol and drug addict. My parents separated when I was three, and when I was six I went to live with my father," Perrault said.

"Then, when I was 11, my life changed again. My dad put me in custody of my grandmother in Prince Rupert.

"My grandparents – actually, not my biological grandparents, but my stepmother's parents – were amazing people. I spent two very formative years with them, and for that I'm grateful. It's where I learned that people who were not biologically related could still form a strong, heartfelt family bond," she added.

"Mom, when is he going to stop hitting you?" her son asked. In that moment Perrault decided to change her life.

However, this stable and loving relationship couldn't quite contain Perrault's rebellious behaviour as she moved into adolescence.

"I started misbehaving," Perrault said. "Granny couldn't handle me and so dad took me back. But I ran away from my dad's home and went to live with my mom. She was still drinking; we fought; I ran away from home."

At that point – Perrault was 13 – she began to get involved in relationships and had two children within two years.

It's not what most people would call an auspicious start. But at about the time Perrault had her first child, there was an important change in her family.

"My mom began AA and quit drinking and drugging. She's been clean and sober now for 15 years," said Perrault proudly. However, the cycle of dysfunction still had Perrault in its grip. In her early teens she got into an abusive relationship.

"That's the experience that helps me relate to the women in the transition house. It was very extreme, and I know these things happen on a regular basis," she said.

Perrault can remember the exact moment everything changed for her.

"I was at my mom's with the kids. One side of my face was all swollen up. My son Devin was leaning on my chair, his face in his hands. I opened my one good eye and looked at him and he said, 'Mom, when is he going to stop hitting you?' And I thought, what the heck am I doing? I'm showing my children that it's okay to be hit," she said. In that moment Perrault decided to change her life.

Perrault credits her step-grandparents with teaching her values that helped her through this transition.

"My grandmother was a person with strong family values and morals," she said. "She believed you had to graduate and look after your family, no matter what."

Charity Perrault
Transition House Worker
Chief Steward
Ann Elmore House,
North Island Transition Society

CARMEN-ANNE MENEGOZZO PHOTO

Perrault moved away from her abusive partner and arranged for both of them to get treatment before continuing a live-in relationship. But when he began drinking again, she knew it was over.

Perrault got on with creating the life she wanted. She enrolled in North Island College where she completed grades eight to 12 and earned her Secretary and Office Assistant Certificate. She then went on to complete the Human Service Worker Diploma Program in Alert Bay.

Perrault's first job was as a Child and Family Support Worker for the 'Namgis First Nation in her home town of Alert Bay, working with troubled teens, pregnant single moms, and victims of abuse. This job taught her how to defuse crisis in action.

After a couple of years, Perrault decided Alert Bay was not the right place for her family at that time.

"I wanted to give my children more options and opportunity in their lives," she said. Perrault wanted to stay close to home, so she chose Campbell River, just a two-hour drive away.

The position at Ann Elmore House seemed a natural choice. The facility provides a safe home and many kinds of support for women escaping abuse. Perrault feels her life lessons have given her the understanding and empathy needed for the job.

As a support worker, Perrault needs to get to know each woman, gain her trust, and understand her physical and psychological needs. She provides one-on-one support and advocates for the woman with outside agencies.

Perrault said the job brings great rewards: "When I hear a woman express happiness with her life once she's not in an abusive relationship, I think, 'Oh my god, I was a part of that!'"

However, she also has moments of frustration. Perrault knows that many of the women she works with end up back in abusive relationships.

"A lot of people will go back because they can't afford to be on their own, or their kids are hungry," she said. It's not the women who are to blame, but rather the inadequacies of government programs and policies, she explained.

"How do you expect women to be self sufficient if they have to wait four weeks for income assistance, or do a job search when they don't have childcare?" she said.

Still, Perrault only has to look at her own life to be reminded that change is possible. She has a third child with her partner of nine years. Her family is stable, loving, and supportive of her work.

"I have broken the historical cycle," Perrault said. "My youngest child will never know what it's like to live on welfare or witness abuse in his home."

Thanks in part to the stable foundation her family provides, Perrault is able to manage a busy, and rich, life. As well as working on-call at Ann Elmore House, she has been HSA Chief Steward since February 2004. She recently began a new job as a First Nations Educational Assistant for the school district. As well, she's planning to pursue a degree in social work through correspondence courses at North Island College.

Perrault's goal is to keep working with people in crisis, and continue to give to her community and her colleagues with an empathy born from experience. R

Lessons I've learned from bargaining

by RON OHMART

At the end of March 2006 the health and social service collective agreements expire, as well as other public sector agreements totaling over 200,000 employees. While this may seem like a long way off, bargaining begins long before the negotiating committees sit across from each other at the table.

Ron Ohmart, Executive Director of Labour Relations

For those in the Paramedical Professional Bargaining Association agreement, I would like to reflect on some events of past negotiations. As the saying goes, "those who ignore history are condemned to repeat it." There are some lessons we need to learn to ensure that when we go to the table in 2006, we are united, strong, and focused on our task – which is to get the best possible agreement for everyone.

Lesson #1: Listen to your union – not your employer

It is standard practice of employers to attempt to dampen the bargaining expectations of their employees. Tales of financial woes, cutbacks, and other employment disasters are somehow "leaked" to employees. The message to employees is clear and simple, "don't ask for more money or you'll lose your job."

When we go to the table in 2006, we must ensure we are united, strong, and focused on our task – which is to get the best possible agreement for everyone.

In 2004, health employers went way beyond the norm and acted in a reckless, irresponsible manner. Reinforced by the rhetoric and mean spirit of the Liberal government, employers told our members in no uncertain terms they were going to lose their severance, sick banks, vacation entitlement, and more.

Unfortunately, many of our members believed their employers and retired prematurely in the mistaken belief it was necessary to avoid the huge losses their employers told them were inevitable. We saw record numbers of retirements well above the norm in the first few months of 2004.

The situation became so bad that the union bargaining committee made the unpopular decision to withhold the employer's bargaining demands for fear of feeding into the panic. In the end, no one lost their severance or any benefits. For many it was too late.

Sometimes, the threats are real, as we saw with the social service and community health groups in 2004. However, you elect colleagues to look after your interests and negotiate on your behalf. I encourage members to listen to their assessments and recommendations, and not to

rely on an employer or premier who hasn't demonstrated any concern for those who work in the public service.

In the recent rounds of bargaining, it has been ironic that in a climate of critical shortages of health care professionals, the government and the health authorities that depend on you to go to work seemed to do everything possible to drive professionals from the workforce.

Lesson #2: Bargaining really is about negotiating

It is only natural that during a bargaining cycle people become more interested in their union and the collective agreement. Speculation runs rampant as groups discuss latest developments, the possibility of job action, and other such matters.

HSA's approach has been to conduct negotiations at the table between the duly elected committees. Once positions are solidified in the public arena, compromises are difficult to achieve.

Negotiations become protracted and the stakes go up, while the ability to be flexible goes down. The goal of negotiations is to get the best collective agreement possible. Negotiations are about give and take, and solidifying a position in the public arena can serve to freeze negotiations prematurely.

Lesson #3: Work for the future for all

In 2001 an injustice was legislated against all health science professionals. This legislation created what has come to be referred to simply as "the split." The events surrounding this outcome have been heavily documented and discussed. The strike, the back to work legislation, the illegal strike, the contempt of court hearings, and ultimately the legislation which was passed while we believed we could still work towards a settlement.

The "split" and what to do about it is something that the membership will have to grapple with at chapter meetings and the bargaining proposal conference in the coming weeks and months. Different increases for different professions were not manufactured by HSA. They may be unwanted but they have been a factor in almost all recent health care settlements across the country. The challenge to us all is to find a way to ensure the education, training and contribution to the the health care team HSA members make is reflected in the collective agreement rights we negotiate.

What is going to be required is careful reality-based deliberations with the goal of developing a bargaining position that is achievable and fair. This is only possible if the whole membership works together for the good of all members with the same conviction and courage it took to strike in August 2001.

Negotiations are about give and take, and solidifying a position in the public arena can serve to freeze negotiations prematurely.

This fall, HSA will begin to determine a bargaining agenda. The more participation and ideas by members, the better the chance we will come up with a plan to meet everyone's needs. If you do choose to participate, keep your eye on the prize: a good collective agreement for all. R

Ron Ohmart is HSA's Executive Director of Labour Relations.

Prevention, education the keys to health

by JOAN MAGEE

In July, I attended the Summer Institute for Union Women in Portland, Oregon. It was a great opportunity to hear how US labour laws and working conditions differ from ours.

As one would expect, many of our conversations involved comparing their private for profit medical system to our publicly-funded health care system. They envy us. We are proud of our medicare. It is part of what makes us uniquely Canadian.

But, we still ask ourselves if it is becoming unaffordable. Are costs spiraling out of control? Should we be moving to more of an American-style of health care?

To answer these questions, I did some research. We had similar systems at similar cost until 1960. But today, Canada spends about 10 per cent of our gross domestic product on health costs, while the US spends over 15 per cent of their GDP – while leaving 58 million Americans with no insurance, or living with someone who lacks coverage. Tens of millions have such inadequate coverage that they are one broken limb or emergency surgery away from poverty. Each year, a half million Americans are forced to declare bankruptcy due to health care bills.

Half the difference in the cost is due to the high administrative costs in the US.

With a much more cost-effective system, our life expectancy is 2.6 years longer, and we have a 30 per cent lower infant mortality rate. Today, we actually spend less of our GDP on health care than we did in 1992. Clearly our system is the one of choice.

So, how do make our system work better? Luckily, in August I attended a lecture by health policy analyst Dr. Michael Rachlis. He pointed out that 25 years ago, Tommy Douglas – the father of medicare – said that medicare should be implemented in two stages.

The first would ensure public payment to treat acute illness and the second was illness prevention. He said without this, costs would rise and enemies of medicare would say it is unsustainable. Through education chronic diseases such as coronary heart disease, asthma, diabetes and lung cancer could be 80-90 per cent preventable.

With the growth of chronic illness we must educate to enhance peoples' ability to manage their own care. Chronic diseases account for 60 per cent of health care costs. Good quality health care often costs considerably less than poor quality. By improving quality we will improve access and control costs.

Respiratory therapists have proven asthma education programs are cost effective. A British Columbia study showed that only 20 per cent of patients with asthma had appropriate medication management. By educating patients on self management and the importance of compliance, how many hospital visits could be avoided? Five hundred Canadians die every year from asthma and most deaths are avoidable.

The Northwest Territories takes a team approach in diabetes care. These teams consist of family doctors, public health nurses, dietitians and social workers. Diabetic patients are identified through a registry and regular clinics are held. There has never been a diabetic in the Northwest Territories who has developed renal failure due to their diabetes!

Joan Magee, Region 8 Director

Some Ontario communities are paying their doctors on the basis of capitation instead of fee for service. This means per head funding-a certain amount of money is paid per patient per month depending upon their age and gender. They are also working in interdisciplinary teams. Seeing the nurse practitioner, social worker, or dietician may best meet your needs on your visit to the clinic. This allows the doctor to spend more time with other patients.

Prevention and education offer the greatest potential for improving health and ensuring our health care system is sustainable. We must be innovative – and the services provided by HSA members will be key to the continued success of our Canadian medical system. R

Joan Magee represents Region 8 on HSA's Board of Directors.

Continued from page 2

Helping others: our support is making a difference

• Construction of temporary and permanent shelter: Providing people displaced by the tsunami a safe, sanitary, and economically viable place to live, both in the short-term and in the long-term, is a central focus of Oxfam's response. Shelter will be a major part of what Oxfam does over the next five years in the countries where it is responding to the tsunami.

• Restoration of basic social services: The damage caused by the tsunami affected every sector of the communities it struck. Oxfam is continuing to help communities restore basic social services that were wiped out.

• Restoration of livelihoods: Oxfam began its efforts to enable communities impacted by the tsunami to support themselves as soon as it could. Working in close consultation with affected populations, Oxfam will work hard over the next five years to help people in tsunami affected areas alleviate poverty, not just rebuild the often unacceptable status quo that existed before the tsunami came.

• Disaster management: Because of its commitment to supporting local organizations in the countries where it works, Oxfam has been actively involved in helping local groups in tsunami affected countries recover from the disaster and play a lead role in the reconstruction of their own communities.

Our presentation included a first hand account from Oxfam humanitarian officer Mia Vukojevich. Vukojevich had recently returned from Sri Lanka, and explained how the six stated goals were put into effect in that country. The success of the intervention was evident when we heard that there was no out-break of disease, no food shortages or malnutrition, most children had returned to school within days and there were no people without shelter. The individual examples of restoring livelihoods by the replacing lost, but simple utensils – like bowls – brought it to a very human level.

There has been some speculation that there was an overabundance of financial support directed to tsunami relief. Robert Fox disagreed and explained that the response has been as successful as it has because there was actually *adequate* support for relief agencies to fulfill their complete mandate.

I believe that HSA as an organization, and every member who contributed individually, can be proud that we were part of the support that assisted Oxfam's tsunami relief.

The need didn't begin with the tsunami, nor will it end there.

While the events of December 26 resulted in an extraordinary response, HSA continues with our regular work of supporting agencies assisting people in need through our Committee for Equality and Social Action and the Solidarity Fund.

There is no question that our contributions make a difference, just as there is no question that coordinated short- and long-term planning for immediate crisis support and subsequent long-term rebuilding is critical for relief efforts to meet all their objectives. R

Cindy Stewart is President of the Health Sciences Association.

HEALTH SCIENCES ASSOCIATION OF BC

THE Report MAGAZINE

The Report is dedicated to giving information to HSA members, presenting their views and providing them a forum. The Report is published six times a year as the official publication of the Health Sciences Association, a union representing health and social service professionals in BC. Readers are encouraged to submit their views, opinions and ideas.

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www.hsabc.org

AWARD-WINNING CANADIAN ASSOCIATION CALM OF LABOUR MEDIA MEMBER PUBLICATION

RUN FOR THE CURE OCTOBER 2, 2005

Going the distance for the cure

Members from all across BC participated in this year's Breast Cancer Run for the Cure, of which HSA is a proud sponsor. Watch for completely coverage in the next issue of The Report.

Always printed on recycled paper with vegetable-based ink

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