

# THE Report



## MESSAGE FROM THE PRESIDENT

# Medicare: It's worth saving

by CINDY STEWART

**I**n the past month, I have been fortunate to spend some time with Dr. Michael Rachlis, a health policy analyst who has done extensive research on the state of Canada's public health care system.

Dr. Rachlis's work generates a great deal of thought and comes at a time when Canadians are embroiled in an intense debate over how we can best protect our public health care system for the future.

First, some recent context: A year ago, the Supreme Court of Canada ruled in the *Chaoulli* case that the Quebec government could not prevent people from paying for private insurance for health care procedures covered under medicare. The decision was seen as a devastating blow to medicare and private health proponents were quick to demand greater access to the health care "market."

Unfortunately, some of medicare's defenders concurred with the conclusion that medicare had been dealt a fatal blow. In other words, the sky was indeed falling.

But time passed. The sky is still where it belongs and the support for Canada's most cherished social program is still strong, although there is evidence that the discussion and debate has moved to another level. As the hype of *Chaoulli* fades, we're beginning to see signs of a more rational discourse, as opposed to polarized rhetoric.

As Dr. Rachlis told convention delegates: "Medicare was the right road to take.... Costs are not out of control, but neither is the system drastically underfunded. The real problem with medicare is it was designed for another time..."

Dr. Rachlis emphasized that by re-

organizing services within the public health care system, we can address many of the issues that concern Canadians most, including wait times. Rather than looking to the private sector as the panacea, we only need look to the public sector to find examples of where real innovation is taking place.

For example, Capital Health Edmonton has been able to reduce the waiting time for their diabetes education program from eight months to two weeks by reorganizing the patient flow patterns.

In Toronto, wait times for cancer diagnosis were reduced from 128 days to 31 days after referral patterns were reviewed and reorganized.

A review of appropriate early referrals in an Alberta orthopedics project decreased waiting times from 82 weeks to 11 weeks. The wait time spans the initial GP visit to surgery.

In other words, the fault is not in the kind of system we have, but how the system is organized.

In all of these examples, the key to success was a willingness to look at the way the work is organized and how the work is done. Most successful models use a broad range of health providers, providing a full range of interventions and services: the 'right' health provider at the 'right' time. In many examples, physicians were not the gatekeeper and recognition of the value of prevention and



**Cindy Stewart, HSA President**

diagnostic interventions were obvious features.

There will always be those who argue that medicare has become outdated or that the private sector can do it better. Of course, in most cases, it is those who will profit most from medicare's demise who are first to point out its short-comings. However, there is growing evidence that Canadians' desire to protect, build and modernize our public health system is not misplaced or naïve.

I believe that health science professionals have a crucial role to play in supporting a reorganization of the system. That is something we are advocating on almost a daily basis — on a small, specialized scale at individual workplaces, to a much broader policy-based level at the national Canadian Health Professionals Secretariat.

As Dr. Rachlis told convention delegates, we didn't get to where we are overnight, and we can't change the system at the snap of our fingers, but we can take practical steps to make real, positive change without giving up the fair and equitable principle of universal medicare. **R**

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# News

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## **HSA Board of Directors welcomes three new board members**

HSA members in Regions 2, 4, 6, 8, and 10 voted this spring to elect their Board representatives.

Members in Region 2 returned lab technologist Brian Isberg; members in Region 4 returned physiotherapist Agnes Jackman; members in region 8 returned lab technologist Joan Magee; and members in Region 10 returned lab technologist Lois Dick.

In addition, members in Regions 1 and 3 held elections after the resignation of their representatives: Kelly Finlayson and Maureen Ashfield, respectively.

The HSA Board of Directors congratulates all new and returning board members.

### **Suzanne Bennett: Region 1**

Suzanne Bennett is a youth addictions counselor at the John Howard Society in Courtenay. Bennett is the first HSA member from the community social services sector to serve on the board.



**Suzanne Bennett**

She has been a member of HSA since 1998 and served as chief steward for five years. She is currently assistant chief steward at her facility.

Bennett was elected as a Member-at-Large in 2003 and served on the union's Resolutions Committee. She is currently one of HSA's representatives to the Campbell River and Courtenay Labour Council.

Bennett assumes the position of Regional Director for the remainder of the two-year term which ends at the conclusion of HSA's 2007 annual convention.

### **Bruce MacDonald: Region 3**

HSA members in Region 3 have elected Bruce MacDonald, a social worker at Royal Columbian Hospital, as their representative on the union's Board of Directors.

The other candidates for election were Tanis Blomly, a recreation therapist at Eagle Ridge Hospital, and Susan Hearsey, a physiotherapist at Burnaby Hospital.



**Bruce MacDonald**

MacDonald has been chief steward at Royal Columbian Hospital, has served as a Member-at-Large for Region 3, and is a member of HSA's Education Committee. He has served as general steward, essen-

tial services liaison and job action coordinator. In the recent round of bargaining, MacDonald was an alternate member of the Health Science Professionals Bargaining Association bargaining committee. He took office at the conclusion of HSA's 35th Annual Convention in April.

### **Rachel Tutte: Region 6**

HSA members in Region 6 have acclaimed Rachel Tutte as their representative to HSA's Board of Directors. She was acclaimed after the February 21, 2006 deadline passed with no further nominations.

Tutte is a physiotherapist at Holy Family Hospital. She has been a member of HSA since 1986 when she started work at St. Mary's Hospital in New Westminster.

Soon after becoming a member, she got active in the union as a steward. She is currently a steward at Holy Family Hospital and has been a member of the union's Equality and Social Action, Run for the

Cure, Resolutions, and Political Action committees. One of HSA's delegates to the Vancouver and District Labour Council, she is active in the community and looks forward to helping HSA fight against the privatization of health care and strengthening the public health care system.



**Rachel Tutte**

She assumed the position of Regional Director for a two-year term at the conclusion of

HSA's annual convention in April 2006.

### **Health science professionals ratify collective agreement**

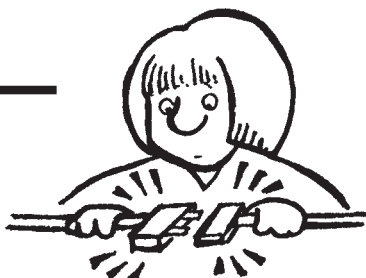
Health science professionals have voted 90 per cent to accept a four-year agreement.

"Health science professionals play an essential role in the diagnosis, treatment, and rehabilitation of patients," said Health Sciences Association of BC President Cindy Stewart.

"This agreement recognizes the skills, training, and expertise that they bring to the job and is an important first step in ensuring that BC has the health science professionals we need now and in the future."

Highlights of the four-year Health Science Professionals Bargaining Association (previously the Paramedical Professional Bargaining Association) agreement include:

- Wage increases averaging 10.3 per cent over four years;
- A new, cost-shared Long Term Disability Plan which will reduce employee-paid premiums by 70 per cent;
- Addressing a wage split imposed by the provin-



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cial government in 2001, while recognizing the need for ongoing labour market adjustments.

- Signing bonuses

The agreement is effective April 1, 2006 and expires March 31, 2010.

Stewart said the focus for health science professionals will now be to work with employers and government to find solutions to the challenge of recruiting and retaining these highly specialized members of the health care team.

"This agreement addresses some long-standing collective agreement issues, but the challenge of training and keeping increasingly specialized health science professionals here in BC continues," she said. Chief negotiator Ron Ohmart says the agreement meets the unions' key bargaining objectives, including a competitive wage increase, rectifying the government-imposed wage split, and transferring the Long Term Disability plan to the employers.

The agreement covers more than 14,000 health science professionals working in BC hospitals and community health facilities – including laboratory and medical imaging technologists, pharmacists, physiotherapists, dietitians, respiratory therapists and public health inspectors.

The majority of health science professionals are represented by the Health Sciences Association of BC. Other unions in the Health Science Professionals Bargaining Association are the BC Government and Service Employees Union, Professional Employees Association, Canadian Union of Public Employees and Hospital Employees' Union.

*Continued next page*

# News

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## **Community social service workers vote to accept new collective agreement**

Union Bargaining Association members have voted in favour of ratifying a new collective agreement that covers 15,000 community social services workers.

The four-year deal includes general wage increases of 8.3 percent, additional wage parity increases, and inclusion in a public sector pension plan at the end of the agreement. Most workers will receive an additional 1.6 percent annually after the first year, when employers resume Medical Services Plan contributions. Full-time workers will receive a \$4,200 signing bonus (pro-rated for part-timers and casuals).

HSA President Cindy Stewart congratulated members on the agreement. "This was an extremely difficult round of bargaining, during which the unions had to push hard to get the employers and the government to deal with ongoing inequities," she said.

"Workers in this sector care for the most vulnerable members of our society, and yet are the lowest paid public sector workers. At last, with this agreement, these workers will have a pension plan, which will help stabilize workplaces by helping with attraction and retention of staff."

A feature of this collective agreement is the ability it gives unions to raise market wage issues that affect recruitment and retention. These are and will

continue to be urgent concerns in the sector. Currently, community social services workers can earn \$2-\$15 more an hour in a comparable job in the health or school sectors.

The Union Bargaining Association consists of 13 unions which represent community social services workers in B.C. Members in each subsector voted in favour of the new agreement, as follows: Community Living 79.3 percent; General Services 80.5 percent; Aboriginal Services 98 percent.

Members' work includes providing support to: people with physical, mental and developmental disabilities; children who witness and experience abuse; young offenders; women experiencing domestic violence; and people with addictions.

## **Nurses ratify new contract by 97.1 per cent**

Members of the unions belonging to the Nurses' Bargaining Association voted by 97.1 per cent to ratify the new Provincial Collective Agreement.

Bargaining Association member unions are BC Nurses' Union, the Union of Psychiatric Nurses, and the Health Sciences Association.

About 55 per cent of the NBA's 25,000 members turned out to vote with 13,289 voting yes, 397 voting no and 88 spoiled ballots.

Such overwhelming support reflects the success of the NBA bargaining committee at the negotiating table. This success could only have been achieved



**Questions about your new contract?  
Check for details on HSA's website at  
[hsabc.org](http://hsabc.org), or talk to your steward!**

with the strong support and participation received from members throughout the bargaining process.

The NBA bargaining committee thanks RNs and RPNs for their support. Now that the contract has been ratified, the NBA will work hard with the provincial government to make sure the terms of the agreement are implemented to improve nurses' working conditions and enable RNs and RPNs to provide quality care to patients.

### **CBA members vote to accept collective agreement in community health**

Members of the Community Bargaining Association have voted 97 per cent in favour of ratifying a new four-year collective agreement that includes wage increases, protection against contracting out, improved health and safety provisions, and early signing bonuses of up to \$4,200.

"There's a small measure of justice in the settlement, given that workers were forced to accept wage rollbacks in 2004 to protect services and jobs," says Lori Horvat, an HSA representative on the CBA bargaining committee.

The new agreement covers 13,000 front-line workers, and provides wage increases of 11 per cent over four years plus additional adjustments for targeted classifications including schedulers and audiometric technicians.

The new agreement was reached March 25 after eight weeks of pressure-packed negotiations.

The multi-union ratification process involved 700 members of the Health Sciences Association. A majority of the members covered by the agreement are BCGEU members. Other members of the bargaining association are the United Food and Commercial Workers Local 1518, Hospital Employees' Union, Canadian Union of Public Employees, and the Professional Employees Association.

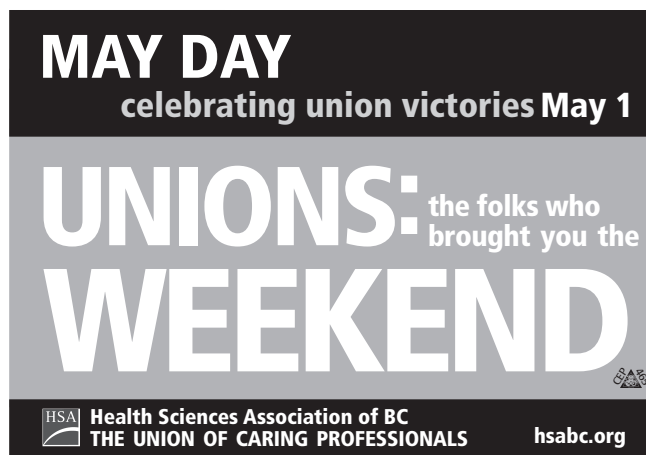
### **May Day – International Day of the Worker**

May 1st is a day chosen by workers to acknowledge the struggles and celebrate the gains the labour movement has made throughout history. Now, with workers' rights and public services under attack by governments across this country and around the world, it is more important than ever to remember the importance of international solidarity and the history of May Day.

The celebration of May Day grew out of the long and militant worldwide struggle for a shorter workday. In Canada the fight began in 1872, when a throng of 10,000 people gathered in Toronto to support trade unionists who had been jailed for the "crime" of striking to gain a nine-hour working day. By May 1st, 1886 workers in Chicago had organized a strike to demand an eight hour work day which led to the infamous Haymarket Riot, and the deaths of several workers.

Three years later in Paris, May Day was declared the International Day of the Worker in commemoration. The day is now seen as an opportunity to celebrate workers rights, international solidarity, and a vision for a better world.

To celebrate this year's May Day, HSA's Committee for Equality and Social Action developed and distributed several stickers to celebrate union victories. **R**



**One of several May Day stickers distributed by HSA's Committee for Equality and Social Action**

# Committees

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

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

New members for 2006/2005 are:

- Rachel Tutte (Chair)
- Agnes Jackman
- Mike Trelenberg
- Rosalie Fedoryshyn
- Marcela Dudas
- Pam Bush (Staff)

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



**Kimball Finigan reports on the tour of Central American partners**

## EQUALITY AND SOCIAL JUSTICE

### Solidarity tour underscores importance of strong communities and workers' rights

by KIMBALL FINIGAN

**D**uring February and March of this year I was fortunate to participate in a tour and see first-hand the difference HSA's support of projects in Central America makes. I – along with HSA members Sonia Marino (case manager, AIDS Vancouver) and Eileen Kosarek (social worker, Providence / Brock Fahrni) – joined a delegation to Central America organized by Codevelopment Canada, a BC-based non-governmental organization promoting international solidarity.

On this tour of our southern partners, we visited Honduras and Nicaragua to learn from civil society groups operating in these countries.

The groups we visited, Women Workers' Collective of Honduras (CODEMUH) and the Maria Elena Cuadra Movement of Working and Unemployed Women (MEC) are working to advance human rights – in particular women's rights – as well as to educate workers, and guide public policy in their countries.

This tour gave me an opportunity to see how HSA members' donations, made through the union's Committee for Equality and Social Action are put to use. As an added personal bonus, I got an unfettered insight into the lives of the people in these countries.

It was clear that great disparities in personal wealth exist and that these are more pronounced than in Canada. It was equally clear to me how valuable our public services actually are – particularly when we could see the effects of their absence. Fundamental things that we take for granted like clean air and water, trash removal, and health care simply aren't available to everyone.

We learned of CODEMUH's efforts to help Maquila workers gain knowledge and confidence to assert their rights. CODEMUH offers workshops to mainly women factory workers after their work days are complete. Topics of discussion run from reproductive health to economic literacy and occupational health and safety. In addition, the CODEMUH trainers help them learn to advocate for themselves and their communities.

We visited one of the Maquila "neighbourhoods" at shift change and were astonished at the mass of people who work within a single "free trade zone" factory. At the end of the day, a flood of humanity washed out of the factory through two guarded gates. Most of these workers then jammed themselves onto school buses like sardines in a can so they could get dropped off near their home communities.

This is a daily part of their work life – going back and forth to the factory in overcrowded buses from their homes – sometimes quite a distance away.

**R**oughly 60 per cent of these Maquila workers are single mothers. Not only do they work for up to 10 hours a day in the factory, they then return home and put in significant work to care for their family.

Given their low wages and lack of access to public services you can appreciate that the lives of these people are dramatically different than our own.

In Nicaragua we saw similar conditions to





**HSA's support of projects in Central America contributes to improved working and social conditions.**

Kimball Finigan photo.

those in Honduras. We also saw the effects of two major events in the recent past.

The first was the 1982 earthquake that flattened much of Managua, the capital city. To this day, there are very few buildings taller than three or four stories, and there is a large number of condemned buildings in the centre of Managua inhabited by people who would otherwise be homeless.

The second event was the revolution to overthrow the Samosa family dictatorship and the counter-revolutionary war sponsored by the US government. The scars of the decades-long wars are still visible – in particular, extreme poverty. At one point in a “sightseeing” tour of Managua we were taken to the city dump where, reportedly, 1,200 people live and 8,000 people make their livelihood.

The highlight of the tour in Nicaragua was our visit to four Maquilas. We were allowed to go inside the factories and see the actual working conditions.

This was quite an eye-opener, considering the hor-

ror stories I had heard about workers locked into factories at night or prevented from using a toilet. There was, in fact, a range of working conditions in the four factories. While certainly none would be considered good by our standards, even though all four factories were “showcase” sites approved for foreign inspection, they weren’t as poor as I had imagined.

The best conditions overall were in a worker-owned and operated factory – clearly an example of what is possible in the industry. Sadly, it was quite evident that improvements are needed to bring work conditions up to a standard that would respect these workers’ rights and contributions.

My tour of Central America served as a good reminder that while we are very fortunate in the developed world, we cannot get complacent about the advantages we have fought for. In addition, we have the ability and, in my view, a responsibility to work to support working people and their families not just here at home, but also in the developing world. **R**

# HSA president won't run for re-election in 2007

**H**SA President Cindy Stewart announced at the union's 35<sup>th</sup> annual convention in April that she will not be seeking re-election when her current term expires in April 2007.

"In 2007, you will have the opportunity to select the person you believe can best build on the successes of the past 35 years – but also deal with the inevitable challenges in the future in way that will make you feel confident and proud," she told delegates.

One of the challenges Stewart identified is the growing threat of health care privatization, and she challenged delegates to take a key role in protecting public health care for the future.

**"Private sector interests are working overtime to convince the public and even the media that our health care system is broken and beyond repair. But profit-driven health care is not the answer."**

"Private sector interests are working overtime to convince the public and even the media that our health care system is broken and beyond repair.

"There is no question that there are very serious problems – and big challenges. You see this each and every day in your work. Some of you have probably experienced them personally.

"But profit-driven health care is not the answer.

"As health care professionals and community advocates you have the credibility and expertise to speak knowledgeably about these issues in your own community and I hope that with support from HSA, you will take on that challenge," Stewart said.

Privatization was also the theme of the convention's keynote address by health policy analyst Dr. Michael Rachlis. Dr. Rachlis pointed to numerous examples of innovation within the public sector to address systemic problems such as wait times.

Other highlights of the convention included speeches by BC Federation of Labour President Jim Sinclair and National Union of Provincial and General Employees (NUPGPE) President James Clancy.

Delegates debated and passed a number of resolutions directing the union to continue its efforts to increase the profile of health science professionals and protect services delivered by HSA members from cuts and contracting out.



**"In 2007, you will have the opportunity to select the person you believe can best build on the successes of the past 35 years – but also deal with the inevitable challenges in the future"**

**HSA President Cindy Stewart announces she will not be seeking re-election in April 2007**

**Convention delegates applaud President Cindy Stewart at the union's 35th annual convention**



**35th annual general convention**

**Pat Jacklin**  
House Coordinator  
Comox Valley Transition Society



I represented HSA members at the Community Social Services bargaining table, along with HSA Senior Labour Relations Officer Josef Rieder. There are 13 unions at the table, and it was my fifth time at a bargaining table.

I enjoyed the process, but it was very difficult at times. We couldn't always get what we thought would be best for our members. Last time, a major loss was sick leave [down to 85 per cent from 100 per cent]. We felt that was really important, but we weren't able to recoup that this round.

We did get some really outstanding language that's better than some of the other tables, so that felt good.

The hardest part was the lack of participation from the employers – lack of engagement. It would have been nice if we had more direct contact with them. But not having any dialogue with them, that made it very difficult for us.

I'd like to add that the support from the members that we had throughout this – and the support especially from HSA – was outstanding. And I know HSA was very well respected at that bargaining table.

## KEYNOTE SPEAKER

# Medicare is alive and well, health analyst tells delegates

**I**nnovation is saving Canada's health care system, says Dr. Michael Rachlis.

Speaking to HSA's annual convention, Rachlis, a health policy analyst, outlined the debate about Canada's public health care system, and told delegates that while opponents of medicare believed a major victory had been won for privatization in the Chaoulli Supreme Court of Canada decision, and proponents of medicare agreed, medicare is alive and well.

A year later, Rachlis said, it's clear that while the Chaoulli decision raised the profile of the debate, it didn't change Canadians' support for medicare.

Clearly, he said, Canada made the right choice in the 1960s to follow a public health insurance system. Up until then, in the WWII-era, Canada and the United States had very similar systems. Most people had health care insurance covered by their employers, because there was a shortage of workers, and health insurance coverage was a perk that could help attract employees. In the post-war era, government began to pick up the tab in some cases where private insurance wasn't provided. In the 1960s, the US brought in Medicare, a program for people over 65 and who those who suffered from certain chronic diseases, as well as Medicaid for the poor. In Canada, universal hospital insurance was introduced in 1957, and medical care insurance followed in the late 1960s.

"What's been the result of one of the

largest experiences in health insurance in the world,?" Rachlis asked.

"At the end of 50 years of trying out these different systems ... now everyone in Canada is covered at least for basic medical and hospital care. In the US, there are 45 million Americans who have no insurance and tens of millions of Americans who have such inadequate insurance that a serious illness would lead to personal bankruptcy."

And the health outlook for Americans is not as good as it is for Canadians.

"If our health care system is so bad, why are we now living to an average longer than Americans and why is our infant mortality rate now 30 per cent lower?"

Rachlis urged delegates to discount the premature stories about the death of medicare in Canada and instead focus on advocating for its continued development and success.

He said the solution for medicare in Canada is in reorganizing the system. While there are some flaws in the system, it is not



## **The Rexdale Community Health Centre eliminated a six-week wait list and expanded capacity to accept new patients – mostly through innovative reorganization of existing staff resources**



fatally flawed.

He pointed to a number of examples across the country in the public sector, where reform is making it possible to address some of the most high-profile of concerns with health care, including waiting lists.

He cited the experience of the Rexdale Community Health Centre, a public clinic in Toronto which was experiencing an overload of patients, and the wait lists for an appointment with a doctor were up to six weeks.

To address the problem, a locum physician was hired to work down the backlog. And the jobs of the two nurses were reorganized – pulling them off the phones where they were spending most of their time finding services for patients, and instead had them deal with patients and address their minor illness needs. The backlog was eliminated, and now it's same-day service at Rexdale Community Health Centre. In addition, the capacity for accepting new patients has increased. All this by addressing a backlog that had built up and reorganizing the jobs of just two nurses.

A second example was that of a general practi-

tioner in Penticton. A husband and wife practice faced an unmanageable patient load when the wife left on maternity leave and they were unable to attract a locum to fill in for her. Working with four other area doctors, the GP reorganized patient flow with all those doctors. The end result was better patient management and increased capacity to add patients to all four doctors' practices.

Rachlis said this was achieved without including a wider range of health care professionals, but that the GP believes he would improve his ability to serve patients even more if he were able to include other health care professionals such as dietitians and physiotherapists in the mix – offering a full range of services in one place at one time.

A thorough examination of Rachlis's approach to mending medicare can be found in his latest book, *Prescription for Excellence: How Innovation is Saving Canada's Health Care System*. **R**

*Rachlis' book, and a recent study on addressing the wait list issue by reorganizing the public health care system, are available for downloading at no charge at [www.michaelrachlis.com](http://www.michaelrachlis.com)*

**Dr. Michael Rachlis explains how surprisingly simple steps can safely and quickly eliminate wait times within the current medical system.**

**Chris Whyte**  
Psychiatric Social Worker  
St. Paul's Hospital



The resolution about the mandatory retirement is interesting. It's interesting to see HSA members struggle with the decision to look at mandatory retirement.

I've been dealing with some issues around St. Paul's and the potential for the relocation of St. Paul's Hospital; there's potential for development through a public-private partnership, or P3.

Recently, the media have been asking about safety issues at St. Paul's. There's been a couple of interesting developments.

I'm happy with the contract being resolved. I'm assistant steward at St. Paul's so I organized the vote and the information meetings for members. I was very glad to see the turnout of members to the meetings. And I was very happy with the 90 per cent ratification. I'm happy with the long term disability plan being returned to the employer.

I was sad about Cindy's announcement. I think it will be an opportunity for HSA but I think it will be a tough one; it will be a real challenge to replace her.



**Melissa Gammon**  
X-ray / CT Technologist  
St. Joseph's Hospital (Comox)

I like convention because we get to see all kinds of speakers in person that you don't necessarily get to see other than on the news, and it just gives you a clearer look at how much support they have for us.

I attended a pre-convention education workshop on medical leaves and return to work. It was great, and it was well-attended, too. There were 70 people in it and it was amazing!

There were so many people enrolled that they expanded it, because they saw how many people were interested. It was very good to learn about LTD, and how WCB does not work for you.

I am so glad the contract passed. The negotiating team did a very, very good job. And going to that pre-ratification meeting and hearing Ron Ohmart talk just really laid it out on the line. It's hard to be on that team, and I congratulate all of them on a job well done.

**Carmen-Anne Menegozzo**  
Laboratory Technologist  
Campbell River & District General Hospital

Convention is very interesting; there is always a resolution that comes up that you don't expect to be controversial, and all of the sudden there's a lot of discussion that makes you think a little bit harder about what's being proposed.

I like meeting up with old friends; people who I've known over the years. I've attended many conventions, and it's a really great time to reconnect with people – and also to get brought up to date on many of the issues that you don't hear about on a regular basis when you're from a small town.

I found [BC Federation of Labour President] Jim Sinclair's speech especially interesting, because he brought issues that aren't in my local newspaper. It's very enlightening.

I am thrilled that contract talks are over, and I think that Ron and the committee did a wonderful job. I think they had our priorities clearly in focus and achieved what the membership wanted.

## 35th annual general convention

**We are the union: HSA convention delegates from around BC vote on resolutions determining the union's future direction**



**Remi Adejumo**

Physiotherapist  
Royal Columbian Hospital



Convention has been really great. I'm always impressed by how much I learn at convention – for instance, wait lists in health care. Even though you've heard bits and pieces here and there, you don't realize how much of a threat we're really under, and how simple the solution actually can be. It was very interesting listening to Dr. Rachlis speaking about health care and the things that we can do.

I was struck by the resolution that was discussed quite heatedly regarding the retirement age. I can understand both sides of the issue in that some people prefer early retirement, but we have to be careful in pursuing that because mandatory retirement might put some people at a disadvantage. I think it really requires a lot of thought.

I am so relieved and I can't say enough about how proud I am of the job that the negotiators have done on our behalf. I'm very proud of how the union has handled the negotiations.

I'm very sorry that Ms. Stewart is leaving. One more thing: always, always, always – the HSA staff members always do such a terrific job; seriously speaking, they just impress me all the time when I interact with them. So, thank you very much.

**35th annual general convention**



**Connie Bakker**

Speech Language Pathologist  
Kelowna General Hospital



We had a very informative presentation initially on the LTD plan, and how things have changed and improved. And then we had discussions about the recent contract and our ratification. It's been educational and informative.

I think that the bargaining committee has done a great job.

I'm particularly happy about the LTD plan, because it's a benefit to everybody – it's not just a benefit to one group – it's a benefit to all, and that's important.

I think convention is really good because you have a chance to meet with others, look at issues that are similar across other facilities, and try to look at ways of dealing with the issues. We all work in health care; we all have common issues. You can share ideas and help solve problems. That's what I think it's all about.

I went to the education workshop on violence prevention, and picked up some good tips on things I didn't know before. So every time you address something, I think you always find some new insights and some new tidbits of information that can help you implement strategies in your workplace, and make it more effective and safer for everyone.

## BC FEDERATION OF LABOUR

# Successful contract negotiations four years in the making

**H**ard work by the labour movement in British Columbia paid off with negotiated collective agreements in the public sector this spring, BC Federation of Labour President Jim Sinclair told delegates to HSA's convention April 7.

He said the battle to get to that point started with HSA's 2001 strike five weeks into the then newly elected Gordon Campbell Liberal government.

"That two-day illegal strike started to set the tone for where we had to go in order to have any rights in this province," he told delegates. But, he added, that was just the beginning.

"Over the next four years we filled the streets time and time again... we began to build a consensus in this province with the public and our members that it was not okay to tear up collective agreements and shove collective agreements down people's throats. And that took not one day or two days. It took four years of fighting," he said.

But – Sinclair reminded delegates – strikes, rallies, protests, and a provincial election that restored some balance in the province wasn't enough to stop the Liberal government from taking on the teachers in the fall of 2005, and when public support for teachers proved to be much stronger than the government had anticipated, the gig was up. The Liberal government had to change its approach to public sector unions, he said.

"That's why what happened this time around at bargaining wasn't about the government finding new brains for Gordon Campbell. It was about power in this province – and you deserve what you got this time and you fought hard for all of it."

**"We have enough money to make a public system work. We do not have enough money to make the private system work and pay for the profits and the \$500,000 and million-dollar-a-year CEOs. We've got money to take care of people, and that's where that money should go."**

**35th annual general convention**



But, Sinclair said, achieving freely negotiated collective agreements shouldn't make the labour movement complacent.

"I know that people don't trust Gordon Campbell when it comes to negotiations. They shouldn't trust him when it comes to health care."

He scoffed at Campbell's recent trip to Europe to study health care systems where the private sector has a large role in delivering service, and suggested Campbell would learn much more by talking to British Columbians about the system.

"The truth is this system is one of the best in the world but it can be a lot better and we don't have to search the planet for all those answers. We have to search our souls. We have to find not the money – the money's there to make this work – we have to find the will to make it work. We have enough money to make a public system work. We do not have enough money to make the private system work and pay for the profits and the \$500,000 and million-dollar-a-year CEOs. We've got money to take care of people and that's where that money should go," he said.

*Continued next page*



### **Charles Wheat**

Residential Care Aide

South Peace Child Development Centre



I represented HSA members at the Community Health Services and Support table with [Senior Labour Relations Officer] Lori Horvat.

It was incredible. It was a great learning experience to see how the sausage of contract-making gets all put together.

It was so informative when you get to see how the whole sector works out and how we fit into that whole bargaining association. It was a great educational experience.

As a residential aide, I was representing community workers throughout the province, giving them a voice at the table.

There were so many home support workers at the table. We sometimes had to remind the representatives that we have members in the sector who aren't home support workers.

In that regard, HSA was able to provide balance. We were able to make some improvements for our members.

I'd love to do it again. It was a lot of fun.

**left: BC Federation of Labour President Jim Sinclair addresses HSA delegates**

## **35th annual general convention**

*Continued from previous page*

## Sinclair encourages delegates to keep advocating for care

He told delegates that the experience of private health care in the United States is not the path Canadians want to follow. He described a recent conversation he had with a service industry worker in the United States, whom he asked what his health care coverage was.

“It’s this... and he crossed his fingers in front of me. He said I haven’t had health care since I got off my dad’s plan when I was 18. I’m 25 and I cross my fingers. That’s what it’s like for 45 million people across the border.”

“In this country we’re not going there. No young person as long as we’re alive as a labour movement, is going to be asked ‘what do you do for health care?’ and they’re going to cross their fingers and say I hope I don’t get sick... we want a public system that serves everybody.”

“This is a value fight,” he said.

Sinclair encouraged delegates to get involved in the political process to make a difference on health care and other critical issues.

“The bottom line is that if we don’t participate in democracy then the other side wins every time.” **R**



**Sangam Grant**  
Support Worker  
Positive Women’s Network

I’m finding convention quite inspiring. And I’m learning a lot. I’m a first-time delegate.

I attended the new delegates’ seminar, where I got a nice HSA lunch bag. The convention proceedings were explained to me – parliamentary procedure, among others.

And things that I didn’t understand later, a board member spent some time with me and cleared it up and encouraged me to come ask her questions. I felt very welcomed.

I’m very happy about the contracts being wrapped up, especially about the LTD.

**Brendan Shields**  
Music Therapist  
George Derby Centre

I’m really enjoying convention. It’s my first time so it’s all new to me – so far so good. I’m just starting to get active in the union so attending convention just seemed like a natural evolution in my job as chief steward.

The new delegate seminar was great. Just going over the parliamentary procedure – understanding the language – that was the part I found helpful, as it’s a little foreign to me.

I’m happy about the contract being wrapped up; I think it’s a great contract, and we really did get a good deal.

I like a lot of the provisions. I recognize there’s a lot of depth to it – over-all and in general. It’s not just about a wage increase or one or two items; there’s a lot of stuff, and I think they were able to get value in the contract, which I really appreciate for the long run.

## 35th annual general convention

**Johanna Lisakowski**

Registered Psychiatric Nurse  
Eric Martin Pavilion (VIHA South)

I'm excited and surprised to see how far occupational safety activists have taken the purple ribbon campaign.

The most significant part of the purple ribbon besides the fact of what it represents is the purple colour.

Purple is used on our charting to indicate when a patient is violent. We put a purple dot on the outside of the chart, or attach a purple tag so that people can very quickly identify the people who are violent, and what the incidents were.

So the purple ribbon was a very quiet, underlying way of communicating to people within our local area, initially. And the RPN association took it to their national meeting in Manitoba and it just has flourished.

So this is really just super. Thank you.

**Shannon Breeze**

Registered Psychiatric Nurse  
Eric Martin Pavilion (VIHA South)

We started the purple ribbon / violence awareness campaign a year ago, after three staff got terribly hurt in a violent altercation with a patient.

We produced purple ribbons, just like the pink ones for breast cancer prevention and awareness.

We wore them one weekend; then it continued on mid-week. It was just simply a recognition of people who had faced violence in the workplace.

It had incredible power. Suddenly everyone was wearing them. People started talking about violence, talking about their experiences. Senior management were looking around asking "what's the ribbon about?" And it just had the most powerful effect I've ever seen.

**Lai-Lin Harvalias**

Clinical Dietitian / Manager  
Royal Columbian Hospital



It's really exciting to see so many new delegates. I'm a little shocked about Cindy's announcement but I wish her well. I'm sure that the union will elect a good leader in the coming year.

I'm very happy that the contract talks are wrapped up. My history with the LTD goes way back to 1986 when I was actually on that bargaining team.

At the time in 1986, it actually was a very good move [to transfer the LTD plan to the union]. And for about eight to 10 years it was a very, very good thing. And now that we're able to move it back to the employer, I am very thankful and I think that the climate was perfect. We also managed to decrease the gap between the A and B Schedules, which was a big bone of contention for the people I represent – the dietitians. We were able to do quite a few things with this agreement, and so kudos to the bargaining team. They did a great job – a fabulous job. I'm really happy.

I was very impressed with the speaker yesterday. And I will definitely get his book and read it and pass it along.



**Johanna Lisakowski, left, and colleague Shannon Breeze. See article on Shannon Breeze and her work helping to initiate the purple ribbon campaign page 30.**

**35th annual general convention**



I always leave convention somehow inspired. I can't put my finger on what exactly it is, but I always leave on the third day feeling encouraged, supported and motivated to make a difference.

This is my second year on the Run for Cure committee and I have really enjoyed being a part of something so meaningful. I was also fortunate to have such great committee members to work alongside with; they are all wonderful, creative and fun women who really invested a lot of their time and gave from their hearts.

I am very happy with our contract. My compliments to a wonderful bargaining committee. You did a great job!

## NUPGE: OUR NATIONAL UNION

# Standing up for public services must be a priority: Clancy

**T**he agenda for Canadian unions is pretty clear, says NUPGE president James Clancy. "It falls to us to defend, to protect and to build public services," he told delegates to HSA's 35<sup>th</sup> annual convention April 8.

He pointed to health care and child care as two key issues that demand the focus of union members.

"There is a relentless attack on public service in general. This attack on public services diminishes us as citizens and makes our communities tougher places to live. It is a fight we have to join – we have to be a part of – because we want to ensure that the next generation and the generations that follow are blessed with some of things that we enjoy now," he said.

Specifically in health care, Clancy said there is heightened awareness about the threat of pandemics to Canadians' health. Protecting Canada's medicare system as an important tool in the face of that threat is critical, he said.

"A properly funded public health system will go a long way to ensure that whatever damage is created by a pandemic can be managed. And if we allow successive governments to chip away at that safety net we've built then we know when those pandemics start to come then we'll be in much tougher shape."

Clancy said strong voices are needed now to protect the future.

"Public services in general have been under attack for 15 solid years. We've got to recognize that we have to force politicians – legislators – to have the backbone and courage to stand up to those forces who want to take public services away from us," he said.

But labour's agenda has to be about more than just hanging on to what we have.

"The time has come for us to put in place a national child care program. It's the right thing to do."

He said the campaign for a national child care program started 25 years ago, and the only change in that 25 years is that it is even more imperative now that families are supported. The experience has been positive in European countries with national child care programs, he added.

"It makes sense economically, but most importantly it equips that generation where parents can't – are unable – to be with their children during those years. It provides those children with a solid foundation and it pays off later."

Issues specific to unions – but which also have an impact on the country's social fabric – must also be addressed, Clancy said in describing an attack on defined benefit plans that are such an important feature of collective agreements.

He pointed to the experience of American labour unions, where 90 per cent of every strike in the US in the last three years has been over the question of workers' pension



**"In Canada, employers are starting to take a run at workers' pension plans. This is going to be one of the key battlegrounds for us in this country over the forthcoming years."**

plans and the employers' plans to take them away.

"In Canada, employers are starting to take a run at workers' pension plans. They want to reduce their costs. And they do that by reducing or eliminating benefits. This is going to be one of the key battlegrounds for us in this country over the forthcoming years," Clancy said.

To that end, Clancy said, NUPGE is focusing energy on the issue of pensions and retirement and educating members about those issues.

"We're taking real care to ensure we do this in a way... that average folk can pick it up, read it and understand how this works," he said.

Clancy also discussed the national union's campaign to improve labour rights in the country, as good labour rights ensure better access to fairness for all. **R**

*HSA is a component of the National Union of Public and General Employees.*

## **Mandi Ayers**

Lab Technologist

Bulkley Valley District Hospital



I was a delegate to the bargaining proposals conference from Region 10, and I was also an alternate to the bargaining committee although I was never called upon.

The pre-convention workshop was excellent! I attended the one on medical leave and I learned quite a bit.

I learned how bad WCB is – how scary it is to actually try and get WCB. I learned the process of going on LTD and about applying for it and what you need to do.

What should injured members do? Go to their doctor and report it. That's the first thing they should do is report it and see a physician.

I always look forward to the debate at convention. I always find convention is very motivating, and you go back to your facility with renewed sense of what the union does for you. I think we do a better job because we come to convention.

**NUPGE President James Clancy addresses delegates.**



**Cheryl Greenhalgh**  
X-ray Technologist  
Royal Columbian Hospital



I think that convention went very smoothly this year. There were not a lot of contentious resolutions to debate, and HSA members were in a positive mood about such a successful conclusion to bargaining. Kudos to Ron and the Bargaining Committee for their success in giving back the LTD plan.

Cindy's announcement that she would not seek reelection next year was certainly an unwelcome surprise, but I think that the members really appreciated her giving us a good head start in thinking ahead to who we will select to carry our organization forward.

I participate on the Political Action Committee. I was pleased to see that the members supported expanding the use of the Political Action Fund to include educating and supporting member participation in local initiatives. I think that giving our members the tools they need to get more active in the political process is a positive step for both the members and the union as a whole.



**Above: Cindy Stewart (right) congratulates and thanks HSA's bargaining representatives at all negotiating tables. Pictured with Stewart, from left: Val Avery (physiotherapist, VIHA); Ernie Hilland (Region 5 Director and chair of the Health Science Professionals' bargaining committee); and Ron Ohmart, HSA Executive Director of Labour Relations and chief union negotiator for the health science professionals' table.**

**Below: David Rice, Director of the CLC's Pacific Regional Office, brings greetings from the Canadian Labour Congress.**





**Mary-Anne Stagg**

X-ray Technologist  
St. Joseph's General Hospital (Comox)

I am the Queen of a Red Hat group in the Comox Valley. We're called the Forbidden Hatters and I'm BBQ or Bodacious Biker Queen. Anybody over 50 can be a Red Hat member, and have fun!

It feels very good to have been acknowledged as a founding member of HSA at this convention. I was working at St. Joseph's in 1971.

I'm having fun at convention. It's very interesting. Keep up the good work, and I'm glad we don't have to walk a picket line!

**Janet Bjarnason**

Lab Tech  
St. Joseph's General Hospital (Comox)

Convention is going well. Lot's of fun and really interesting. I went to the pre-convention workshop about LTD and WCB. It went really well – good information.

I realized that you really need to stick with it if you're dealing with workers' comp; you know – appeal, appeal, appeal if that's what happens. There's more and more people in the workplace who are needing that sort of help now. It was good. I hope I can take back what I learned and help some people when I go back to my workplace.

**Marg Beddis**

Dietitian  
Surrey Memorial Hospital



I'm on the OH&S Committee as well as the Trials and Charges Committee.

We really focused on the issue of violence in the workplace this time around. And I think that increasing awareness of the members about what incidents actually are violent can really help people understand what safety issues are out there.

I'm really relieved about the contract. I'm really happy that we've gotten rid of most of the LTD, that really makes me happy; that's the main thing for me.

I think the bargaining committee did a great job – under hard circumstances, I'm sure.



**Solidarity forever: HSA board members and staff join delegates in song**



## CONTRACT INTERPRETATION

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

### Work-related injuries

by SARAH O'LEARY

**Q:** Even though it hurts, I've been working with a job-related injury. Recently, it's been getting worse. When should I file a WCB claim?

**Q:** How do I decide whether to take time off work? Our department is short-staffed, and there will be no one to replace me if I stop working.

**A:** File a WCB claim right away. You do not have to miss any time from work before filing a WCB claim. Do not wait.

In fact, you should file a WCB claim as soon as you begin having work-related problems, such as numbness, tingling, or pain. In addition, see your doctor right away and have your doctor file a WCB claim form.

Then, if your claim is not accepted by WCB, file an appeal *in every case*, especially if you are uncertain about whether your symptoms or injury are significant enough to warrant a claim. You are far safer to err on the side of caution, because you may be experiencing a problem which seems minor at the time but which may later become more significant.

This is significant, because there are long-lasting consequences if you fail to file a claim. If you had a prior problem for which you saw a doctor or any health care professional, but did not file a claim, WCB may decide

**You should file a WCB claim as soon as you begin having work-related problems, such as numbness, tingling, or pain.**

you have a pre-existing condition which is "not work-related" – in which case, the most you will ever be able to get covered for by the WCB is acceptance of an aggravation of a pre-existing condition.

While you have one year to file your application for compensation with the WCB, you must notify your employer of your problems *as soon as practicable*.

**Q:** I'm in pain all day at work, and it's getting worse. But I just can't take any time off. There is no one who can take my shifts. What would the employer do? Who would treat the patients?

**A:** HSA members have an astounding work ethic. HSA professionals will stay on the job, working through pain and disability. But you are risking your own well-being.

When you have an activity-related soft tissue disorder (ASTD) also known as an RSI (repetitive strain injury), your complaints will typically follow this pattern:



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](mailto:yukie@hsabc.org). Don't forget to include a telephone number where you can be reached during the day.

CALM GRAPHIC



You are sore by the end of the day; you ice your wrist/arm/shoulder/back/neck at night and take Advil.

The next morning you are okay – until late morning, when the symptoms come back, possibly even worse than before. But you don't take time off because there is no relief, and no one to fill in for you if you go.

Eventually, you are sore all week. You take the weekend to rest and ice the troubled area. You are okay by Monday morning, but by Monday afternoon you are sore again and you struggle through the rest of the week. You don't take any time off because there is no one to back fill your job.

Eventually, you are just counting the days until your vacation. You are taking three weeks off and are hoping that with rest and ice, you will be fine by the time you come back. Indeed, you may be fine by the time you return to work, but it doesn't take long until you are hurting again.

What happens at the end of the road?

The worst case scenario is that your soft tissue injury *never recovers again*. Many people do not realise that these ASTDs are more insidious than broken bones. The pain and the weakness may never go away if you let it go on too long without proper treatment.

Tragically, HSA has more than its share of permanently disabled members who can never return to their chosen professions.

**You have work-related pain, but you don't take time off because there is no relief, and no one to fill in for you if you go. What happens at the end of the road?**

**HSA members have an astounding work ethic. HSA professionals will stay on the job, working through pain and disability. But you are risking your own well-being.**

HSA's WCB staff work with members every day who gave too much of themselves to their profession.

At hearing after hearing, those employers – for whom HSA members sacrificed their bodies – argue emphatically that the injured HSA member's tendinitis/epicondylitis/rotator cuff tendinitis/carpal tunnel syndrome/or thoracic outlet syndrome are *not* a consequence of the job. Without a claims history and medical records to back you up, getting the compensation you should be entitled to is very difficult.

When you don't take time off because you know "they can't do without you" at work, remember the high-priced compensation consultant who will be paid by your employer to fight against your right to benefits to compensate for the fact you can't work in your chosen profession anymore because of your injuries.

Is it really worth it? **R**

*Sarah O'Leary handles WCB appeals for members whose claims were initially rejected. Contact her through the HSA office, or email [sarah@hsabc.org](mailto:sarah@hsabc.org).*

## MEMBER PROFILE

# Technology: Essential to your health

by LAURA BUSHEIKIN

**T**he basic job description for Biomedical Engineering Technologists (BMET) sounds undeniably dry: they take care of medical equipment. But in reality the job is varied and interesting, involving a multitude of skills and demanding, occasionally, miracles, says Ron Fyffe, a BMET at Vancouver General Hospital, where he is also an HSA steward.

“Day to day I never know exactly what I’ll be doing,” he says. “It’s not a routine kind of thing at all. It’s much more comprehensive than looking after the equipment. We also deal with the people who use the equipment – doctors, nurses, technologists.”

Excellent written and verbal communication skills are essential, giving the lie to the old cliché that technical types are, well, socially limited.

“You have to write and interpret manuals and do presentations for the end user. You have to make sure they know enough, but not boggle them with too much information. It means knowing your audience. I’d do a different presentation to other BMETs than to a nurse or doctor who is going to be operating a piece of equipment,” says Fyffe.

“We also look after acquiring the equipment, so we’re looking at specs, trying it out, and looking at how it’s going to be used on-site,” says Fyffe. Because technology is always advancing, the job involves constant learning.

“One of the things I love about my job is going on training courses and learning about the new stuff,” says Fyffe.

And then there are the miracles.

“I specialize in the operating room, so there’s a typical high-pressure situation that we get thrown into,” says Fyffe. A scheduled surgery is set to go – but a piece of equipment doesn’t work. “So you have to get this thing working or the surgery is not going to go ahead. The patient maybe has been waiting a

long time and has gone through lots of preparation. The doctor is looking at you. Everyone is waiting for you to do your miracle,” says Fyffe.

In these sorts of situations, it’s obvious how essential a BMET is. But in some ways, their most important work is invisible. Ideally, we don’t see too many of these last-minute malfunctions, and that is because the BMETs have been hard at work, taking proactive steps to prevent problems.

“We do ongoing testing and checks of all equipment. There are accidents waiting to happen in the operating room all the time. They are subject to litigation all over the place. We don’t want that. A big part of our job is ensuring things go as planned and that equipment works as it is supposed to,” says Fyffe.

BMETs also play a role in keeping budgets manageable. “There are money pressures as technology becomes so much more expensive. Costs are skyrocketing. They look to us to control expenses. If we can keep a piece of equipment going rather than needing to replace it, that saves money. Or if we can repair it in-house instead of sending it out, that costs less and saves down-time,” says Fyffe.

The most rewarding part of his job, says Fyffe, comes in knowing he is helping medical professionals do their job. “It is nice when people appreciate what you’ve done. That’s the reward – when people say thanks for being so prompt and they know they can carry on and not worry about their equipment.”

The opportunity to work with technology is definitely a lure for Fyffe. “I like working with all the equipment. I like learning about it,” he says. Asked what his favourite piece of equipment is, he hesi-

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**Ron Fyffe**

Biomedical Engineering Technologist  
General Steward  
Vancouver General Hospital

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**A scheduled surgery is set to go – but a piece of equipment doesn't work. "So you have to get this thing working or [the operation] is not going to go ahead."**

tates, unable to find an answer.

"To tell the truth," he finally says, "My favourite is the latest thing I haven't seen yet. I want to learn all about it and take it apart and see how it works. I have this curiosity that makes me want to learn all the time. I want to know what's inside the box."

His love of technology is what steered him towards his career. "About 20 years ago I was working in construction as an electrician. I thought I might be more suited to something more technical. I investigated options; BCIT had a good reputation. I ended up talking to a friend of a friend to find out what was involved in it. Funnily enough, that guy is now my supervisor!"

After he completed his training at BCIT in 1990, Fyffe worked at George Pearson Centre, an extended care facility, before transferring to Vancouver General in 2001. There he is one of 32 BMETs.

BMET is a fairly recent profession. "It has only been around for about 30 years," explains Fyffe. "It evolved out of the maintenance department when the equipment was becoming too complex for them." The role of the BMET is changing as technology changes, moving from an emphasis on maintenance and repair to a more comprehensive function.

BMETs' union representation has also changed over the years, in a fairly complex story that has ended with a Labour Relations Board ruling that HSA should represent them.

"We are very happy to be part of HSA. We have common interests with the other health science professionals," says Fyffe.

Back when Fyffe first began working as a BMET, the profession was split between the Hospital Employees' Union and HSA. In 1996, when the different bargaining associations were formed through legislation, the LRB ruled that all BMETs belonged in the facilities support unit.

"Then, two years ago, we decided to reopen the issue, saying the facts had changed and we felt even more that we belonged in HSA. This time our employers supported it." After an extensive Labour Relations Board process, the LRB ruled in May 2005 that BMETs should be placed in the Health Science Professionals' Bargaining Association and represented by HSA. (This issue is not completely resolved, as HEU has filed for a judicial review of the LRB decision, scheduled for June 21-22.)

"Now all of us are in HSA," says Fyffe.

"We're happy to be in a group that we see as a group of our peers. We always felt we were health science professionals. **R**



**Ron Fyffe is happy that biomedical engineering technologists are represented by HSA.**

## FOCUS ON PENSIONS

# Child-rearing time recognized by Municipal Pension Plan

### Questions and answers on child-rearing periods

**A**s a member of the Municipal Pension Plan, you can have your child-rearing time recognized as contributory service if you quit work or take an employer-approved leave of absence to care for a dependent child under the age of seven.

#### Why should I claim child-rearing time?

You can apply to have the time you spent raising your child(ren) credited to your regular contributory service. Additional contributory service could benefit you by assisting you to become entitled to a pension. Also, if you plan to retire under age 60, (age 55 for police officers and fire fighters), additional contributory service could help you meet the age plus service requirement for an unreduced pension, or for a lower reduction.

#### Are there any limits?

You may apply for any number of child-rearing periods, up to a maximum of five years of contributory service during your entire career in the Municipal Pension Plan. You must apply for child-rearing time while you are an active plan member.

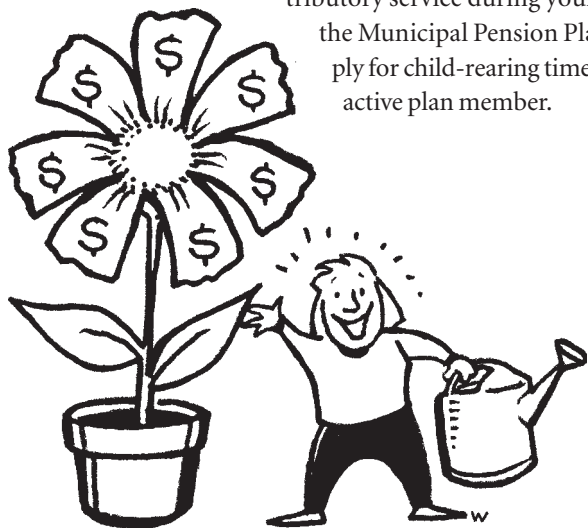
#### Who qualifies?

To qualify for child-rearing time, you must have:

- made pension contributions to the Municipal Pension Plan before taking time off to raise a child,
- returned to work after the break, and begun making pension contributions to the Municipal Pension Plan again,
- quit work or taken an employer-approved leave of absence specifically to raise a child under the age of seven,
- not made contributions to any registered pension plan during the child-rearing time, and
- paid back any refund of contributions you took for service that occurred immediately prior to the child-rearing period.

#### How do I apply?

Unlike some leaves, you don't have to "buy" child-rearing time. To apply for child-rearing credit, complete and return the *Child-rearing Declaration* form, available on our website at [pensionsbc.ca](http://pensionsbc.ca). This form is a declaration that you must sign and have witnessed. You must also submit copies of your child's birth certificate or adoption papers. **R**



CALM GRAPHIC

In this regular feature, the Municipal Pension Plan answers frequently-asked questions. See [pensionsbc.ca](http://pensionsbc.ca) for more information about the Municipal Pension Plan.





**Day of Mourning, April 28:** BC Federation of Labour President Jim Sinclair against a backdrop of 188 replica coffins remembering the workers killed on the job in BC in 2005.

# Union members remember 188 killed on the job in 2005

**H**undreds of union members participated in a solemn procession April 28 through the streets of downtown Vancouver carrying 188 replica coffins to remember the 188 workers – including 11 young workers – killed on the job in British Columbia last year. The National Day of Mourning to mourn for the dead and fight for the living is a tribute to workers and a reminder to all that no job is worth dying for.

BC Federation of Labour President Jim Sinclair joined with Debbie Geddes, the partner of Ted Gramlich, a forester killed on the job, and Doug DePatie and Chett Crellin, father and grandfather of Grant DePatie who was killed by a motorist who fled without paying for a gas purchase at the gas station where Grant DePatie worked. DePatie's family has been working with the BC Federation of Labour to bring attention to the continued lack

of enforcement by WCB that allows Grant's former employer to continue to operate in a way that is dangerous for employees.

HSA President Cindy Stewart and Regional Director Jackie Spain marked the day in Cranbrook at a memorial event coordinated by the East Kootenay Labour Council.

To mark the National Day of Mourning, CBC National radio aired an in-depth series of stories on workplace safety, with a particular focus on health care workers.

See the online story featuring David Bland, an HSA member who was tragically killed on the job: [www.cbc.ca/news/background/workplace-safety/sick-workplace.html](http://www.cbc.ca/news/background/workplace-safety/sick-workplace.html)

For CBC news stories on workplace health and safety:  
[www.cbc.ca/news/background/workplace-safety/cbc-stories.html](http://www.cbc.ca/news/background/workplace-safety/cbc-stories.html)

## ACTIVIST PROFILE

# Tie a purple ribbon: taking on workplace violence

by LAURA BUSHEIKIN

**N**o meetings. No budget. No long-term plan. Just a deeply felt desire to honour three colleagues who'd been injured in a violent workplace altercation.

That's how Shannon Breeze, a registered psychiatric nurse in Victoria, describes the origin of the Purple Ribbon Campaign she helped initiate at her workplace in April 2005.

"You take a purple ribbon, you cut it in pieces, you pin it on and you spread it around, and that's all," Breeze said. "You can't get any more grassroots than that."

To her surprise, the campaign quickly grew to be bigger than she had ever imagined, becoming a powerful tool to raise awareness about violence in the workplace throughout BC's health care community. The story of the Purple Ribbon Campaign began in spring of 2004.

Breeze was on night shift at Eric Martin Pavillion, a psychiatric unit which is part of the Vancouver Island Health Authority. There, three of her coworkers were violently assaulted by a patient.

"The attack was very, very severe but not life threatening. Two of the coworkers are still off work. I happened to be the fourth person on that shift.

"I was not attacked so that made me the one who had to advocate," Breeze said.

A year after the attack, Breeze and her colleagues were concerned that the incident had just been "shuffled under the table," and that nothing had been done to make the workplace safer.

So, taking their cue from the purple dot sticker used to mark the file of a violent patient, they "got together on night shift and made ribbons to wear the next day," Breeze said.

They were immediately inundated with requests for ribbons.

"We didn't promote it, but our colleagues asked. Suddenly everyone was wearing them. Senior man-

agement were looking around asking, 'What's the ribbon about?' People started talking about violence, talking about their experiences.

"Absolutely everybody had a story. Chokings, hair-pullings, assaults, watching people go down, losing people to LTD and WCB – everybody had a story and everybody really needed to tell their story. This gave them permission to talk – it was powerful, it was incredible!"

Sharing stories gave people a sense of validation, Breeze said. "Instead of the violence being a traumatic event, it made it uplifting, because we realized we still do our work. We're good nurses and we've stuck with it. The pride was enormous."

Breeze learned that violence in the workplace was an issue throughout health care, not just for nurses and not just in psychiatric wards.

"Speech language pathologists, transition house workers, community workers, lab technologists – all have been affected by violence," Breeze said. The campaign spread to other hospitals simply by word of mouth. And it went further.

"At the last HSA convention (April 2006), the ribbons showed up at the Work Safe BC booth, with all the how-to-prevent-violence-in-the-workplace stuff. And we were told by the Occupational Health and Safety Committee to take a little yellow sticky pad, write down our stories and put them up on a board. So people read them and dis-

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### Shannon Breeze

Registered Psychiatric Nurse

General Steward

Eric Martin Pavilion / VIHA

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cussed them. It became a huge catalyst.”

Awareness is the first step in creating change, Breeze said. When violence is not talked about, employers can avoid meeting the problem head-on. “Hospitals don’t necessarily want to acknowledge workplace violence because then they have to admit there’s a problem. But they don’t have to take the blame; they just have to be part of the solution,” she said.

While there are many practical things that can be done in the workplace to prevent violence, the real solution lies in addressing the increasing social and economic pressures that cause it, Breeze said.

“I’ve worked in this field for 27 years,” she explained. “The last five years have been the most violent.

“You have to look at the root causes. The downsizing of Riverview was a big factor. The designer drugs on the street have astronomically increased the violence. Why do patients come in with weapons? Because they live on the street. Their weapons are really important to them.”

The links between social issues, violence and health are obvious to Breeze. “If people don’t get enough money to live on, there’s more crime. Go figure,” she said.

“If you’re eating out of a garbage can, you’re probably not healthy. A lady lost her fingers last year from gangrene, because she lived in a park and got frostbite. It cost more to put her in hospital to look after her fingers than to get her a decent place to live.

“Some people have started to figure this out,” she said, citing her workplace – VIHA – as an example. “Our hospital does a lot these days in terms of detox, housing the homeless and being part of community initiatives.

“We all have to advocate on a million levels, for safe housing, for public transportation, for crime prevention, for an attack on crystal meth.”

Breeze knows these issues well. Over the last decade she has been tirelessly active in her community, focusing on safety issues.

She participated in community policing, helped initiate a Neighbourhood Watch program, sat on her Community Safety Advisory Committee, and solicited a \$37,000 grant to set up a recreation program for at-risk youth. Along the way she was nominated for the YWCA Woman of Distinction Award, was awarded a Paul Harris Fellowship from the Rotary Club (making her one of the first women honoured), and received the Queen’s Golden Jubilee Award for contribution to her community.

Breeze has recently redirected her activist energy into her union – something she has been wanting to do for years.

“I always knew that the moment I had a little bit of time I’d get involved in HSA to give back some of the support they’ve given me. As nurses we always have to advocate for top quality health care and the union has been very good in backing us up,” she said. She became an HSA steward earlier this year.

“Getting active in HSA was so exciting because there are so many amazing people doing amazing things,” she said – and with these words, she has aptly described herself. **R**



**Shannon Breeze was happy to see the anti-violence “purple ribbon” campaign taken up at HSA’s convention**

# Negotiated committees to continue work on contracts

by RON OHMART

**H**ere it is early May in a bargaining year and all our collective agreements have been negotiated and ratified. In previous bargaining years, we would still be at the tables for another six months or so. Staff and stewards would be feverishly working to ensure essential service levels were able to be implemented should a strike occur. This time around, though, it's different. Our work is done. Or is it?

Just as the recent round of negotiations was unlike bargaining we have seen in the past several rounds, the ongoing work of meeting the goals set in bargaining will be unlike much of the work we have traditionally done between negotiations.

## **Most of the newly-negotiated agreements contain provisions for the ongoing discussion of issues raised but not completed or resolved at the bargaining table.**

Most of the agreements contain provisions for the ongoing discussion of issues raised but not completed or resolved at the bargaining table.

The Social Services agreement contains provisions for dealing with equity adjustments, market adjustments, and a new Community Social Services Sector Committee. The equity adjustments are determined by the Joint Job Evaluation Committee. Each April 1st, during the life of the agreement, there is a pot of approximately \$500,000 to address equity issues. The committee's task is to determine the specific wage rate increases consistent with the Joint Job Evaluation Plan. The principles of equal pay for work of



**Ron Ohmart**  
**Executive Director of Labour Relations**

equal value apply with the commitment to address the classifications with the largest disparities first.

The new agreement also commits the unions and CSSEA to meet to discuss the implementation of temporary market adjustments. These would apply when there are competitive labour market pressures that prevent recruitment and retention.

An important new committee for our members in social services is the Community Social Services Sector Committee. This committee has a number of tasks and issues to address. Overall, HSA hopes that this committee will find ways to enhance this sector as a whole and give it the recognition that it deserves, as there is a large wage and benefit gap between our professionals working in health and those working in social services. Another key issue for this committee to consider is how to deal with the different service delivery models put forward by the government, such as individualized funding to the clients.

Of course, it takes two sides working together for these committees to have productive outcomes. Unfortunately, our past experiences with CSSEA, the employers' bargaining agent, do not provide any evidence for optimism. We will urge government to take the necessary steps to correct the many deficiencies within this organization so it can benefit the employers, employees, clients, and their families.



Our RPNs in the Nurses Bargaining Association can look forward to positive results from the many committees that have been formed as a result of the NBA bargaining policy discussions with the employers and government. While much of the work has already been done, there remain committees to address violence in the workplace, shift scheduling issues, workload measurement, and the development of an early intervention program to assist sick or disabled members prior to their landing on the long term disability plan.

The Health Science Professionals agreement negotiated three new committees in this round of bargaining. HSA has tended to avoid the establishment of committees because in the distant past, committees simply ate up a lot of the union's resources and produced little or no outcomes or benefits.

However, HEABC came to the table this time around with new personnel and a new attitude. Despite the tight time pressures imposed by the government's March 31st deadline, there was a great deal more willingness on their side to listen to and attempt to address our issues. This gave HSA reason to believe that on-going discussions between the parties on significant, yet difficult, issues may have some value.

One committee is mandated to renegotiate the memorandum of agreement on additional and special procedures for medical laboratory technologists. The current agreement was negotiated in 1990 and is inarguably out of date. This means that some technologists performing new procedures may not be properly compensated for their extra knowledge and experience, while

## **One committee is mandated to renegotiate the memorandum of agreement on additional and special procedures for medical laboratory technologists.**

others are receiving Grade II pay for procedures that are now considered routine. I am hopeful that a new memorandum will be achieved that reflects the current state of laboratory technology.

Another committee is the Health Science Professionals Solutions Group. This broad but ill-defined concept arose out of classification and market adjustment discussions but is mandated to look at more than just monetary items. The Letter of Understanding that forms the mandate for this committee says that the Group "will work collaboratively to review issues which impact the attraction and retention of Health Science Professionals." The Group is to make recommendations by March 2007.

A very significant committee in the HSPBA agreement is the Joint Benefit Review Committee. In negotiations, our committee was seeking improvements to the Health and Welfare plans while the employers' committee was looking for ways to reduce or contain the sharply rising costs of these benefits. While it is easy to say that those costs are the employers' problem, in reality, it is our problem too. Money spent on dental and extended health coverage is not available for wage increases.

The employer made an extensive pitch that we should shift to what is referred to as a "flexible benefit plan". Other names are a defined benefit plan, modular plan, or in the vernacular, a smorgasbord

plan. The employer argued that for professional employees with higher than average incomes and education, this type of plan offers employees the ability to tailor their health and welfare plans to address their individual specific needs while containing the costs for employers. These types of plans are quite controversial on the union side, but the HSA negotiating committee felt there was enough merit in some of the arguments that we should keep an open mind and explore the concept further.

Regardless of whether or not a "flex plan" is the route to go, discussion on benefits should prove worthwhile. Members want expansion of their benefit plans, yet with the spiraling costs associated with these plans, improvements are unlikely to be achieved in future negotiations without taking away from wage increases.

The Community Bargaining Association also established a benefits review committee. This committee will meet to look into the existing benefit plans with the view to maximizing benefits while containing costs.

Regardless of which collective agreement you are in, the work flowing from the negotiation process continues. Members will be made aware of any progress in these committees as they develop. **R**

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

ACROSS THE PROVINCE

# Tour for the Cure a good partnership

by BRIAN ISBERG

**T**he Canadian Breast Cancer 2006 Telus Tour for the Cure to raise awareness about prevention and early detection of breast cancer kicked off in Victoria last month.

HSA has renewed its partnership with the Tour this year, after withdrawing our funding last year in support of the Telecommunications Workers' Union, which was involved in a bitter and prolonged labour dispute with Telus.

The union's decision to renew our partnership in the program was based on the success we saw with the tour in 2004, and the Canadian Breast Cancer Foundation's continuing campaign to increase the rate of participation by women over 40 in mammography screening.

As a health science professional, as a husband, a father and a colleague I know that breast cancer is a disease that touches millions. And since

**If 70 per cent of women in British Columbia 40 years of age and older went for a free annual mammogram, we would reduce breast cancer deaths by one third.**

prevention and early detection is the best way to reduce the incidence of the disease, I am extremely pleased that HSA will once again be helping educate British Columbians about breast health. HSA is the sponsor of the mammography section of the traveling exhibit, and HSA professionals will once again be participating launching the exhibit in 34 communities across the province.

Why should HSA support this project? The numbers speak for themselves.

If 70 per cent of women in British Columbia 40



**Brian Isberg, Region 2 Director**

years of age and older went for a free annual mammogram, we would reduce breast cancer deaths by one third. But, currently, less than half of eligible women get mammograms.

And research by the Canadian Breast Cancer Foundation shows that public awareness is making a difference. The majority of women 40 and older have seen, read or heard advertising for breast cancer in the past three months.

Every way we can work to increase awareness and participation is critical to bringing down the incidence of breast cancer.

Since the first tour in 2004, the number of women making mammography appointments is up. The Screening Mammography Program of BC reported more than 2,500 new mammography appointments since last year. More than 262,000 mammograms were conducted by the program from April 2005 to March 2006.

This year, the tour will travel to 34 communities across the province. Last year, the tour was viewed by more than 200,000 people in 28 communities. And that's why we should be involved.

For information on when the Telus Tour for the Cure will be in your community, visit the HSA website at [www.hsabc.org](http://www.hsabc.org). **R**

*Brian Isberg represents Region 2 on HSA's Board of Directors.*

# Mammography Q & A

**Why mammograms are vital**  
Mammograms can detect breast cancer before it has spread to other parts of the body. Early detection and a complete understanding of the cancer can help women make informed decisions about their health and treatment options.

**How often should I get a mammogram?**  
Women aged 40 and older should get a mammogram every two years. Women aged 35 and older should get a mammogram every year.

**Why get a mammogram if I have no symptoms?**  
Breast cancer in younger women appears to be more common. Getting a mammogram every two years can help detect breast cancer early, when it's easier to treat. Since the chance of getting breast cancer increases with age, it's important to continue getting mammograms as you get older.

**How often should I get a mammogram?**  
The frequency of getting a mammogram depends on your age and health.

**Is there anything I can do to reduce my risk of getting breast cancer?**  
There are several things you can do to reduce your risk of getting breast cancer, such as eating a healthy diet, exercising regularly, and avoiding alcohol.



**It's important to get a mammogram every two years.**  
If you have any questions, call 1-800-663-2017.

HSA sponsors the mammography panels in the Tour for the Cure exhibit

## Visit the Tour for the Cure exhibit in your town

**H**SA has returned as a sponsor for the Telus Tour for the Cure, an interactive multi-media education exhibit providing information on breast cancer prevention, detection and treatment.

As sponsor of the mammography section of the travelling exhibit, HSA is working with the Canadian Breast Cancer Foundation to raise awareness and participation in the free breast cancer screening program. All women age 40 or older should get a regular mammogram. For information on how to book a free appointment, see **[www.gohave1.com](http://www.gohave1.com)**

For information on when the Telus Tour for the Cure will be in your community, go to the **calendar** on HSA's website at **[www.hsabc.org](http://www.hsabc.org)**.



PHOTOS BY NIOMI HAMMETT

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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AWARD-WINNING  
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**CALM**  
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## Promoting the importance of mammograms

**Carol Thurley and Patti Dance from West Coast General Hospital** are two of the many HSA members who participate in the Canadian Breast Cancer Foundation's Run for the Cure every year. They are pictured in front of the Tour for the Cure display at their local mall. For more information on the Tour for the Cure, see inside back cover.