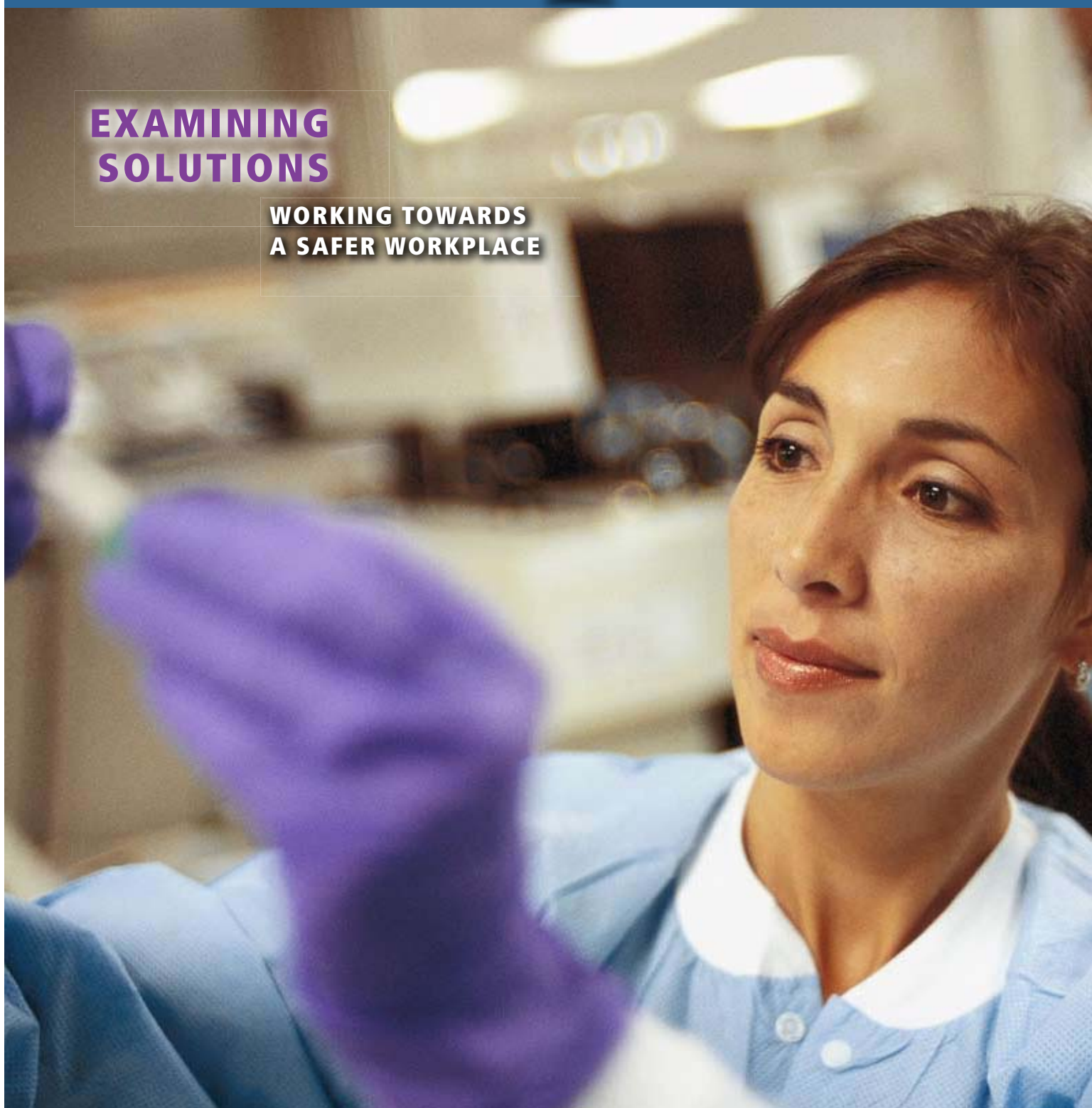


THE Report

**EXAMINING
SOLUTIONS**

**WORKING TOWARDS
A SAFER WORKPLACE**



It's your union: have your say

by REID JOHNSON

As I told the 2008 convention delegates, since my election as president in 2007, I have heard members from around the province say that it was time for HSA to assess where we have come from, where we are, and where we are going into the future.

There is little question that the next few years are going to test us all as the whole world reacts to the challenges of an economic system in crisis and we all work to adjust to how we fit into this changing world. Those who will be best positioned to adapt to the changing economy are those who have taken the time to set a vision and develop a plan to see us through the next three to five years.

HSA is well into that exercise, having struck a strategic planning committee just after the last annual convention. That committee includes board members and senior staff, and has spent the past several months looking at HSA's organizational development, the union's experiences in the broader community, as well as activists', members' and staff's experiences and expectations of the union.

The committee began its work with a look back at where we have come from. In 1971, representatives got together from a number of health science professions, who each had a small voice and didn't feel they would be properly represented by other health care unions. The group included dietitians, medical record librarians, pharmacists, physiotherapists, occupations therapists, social workers, x-ray and laboratory technologists. Collectively, they formed a strong organization that could have an impact on their collective needs.

Since those early days, HSA has seen many more changes as we adapted to growth in the membership, changes in the governance and delivery of health care, and developments in bargaining structures.

And change will continue. That's why I am ask-



Reid Johnson, HSA president

ing all HSA members to have your say.

Throughout the fall, the board's strategic planning committee conducted a series of meetings and focus groups to hear from activists, staff, and other stakeholders about their perspectives on HSA – the work we do, the success with which we do it, and where we could improve and adjust to meet future needs.

Last month, we also invited HSA members to respond to a brief survey asking for your input. If you have not yet had a chance to do so, please go online today and respond to the membership survey you will find on the HSA website at www.hsabc.org. The survey will be available until February 24. You will need to register as a user of the HSA website, which is a simple three-step process. Just have your membership number handy (you will find it on the mailing label of this magazine) and take three to five minutes to have your say in shaping a vision for a changing HSA.

All our voices are important in building our vision for the future of our union. **R**

Reid Johnson is president of the Health Sciences Association of British Columbia.

18 SAFETY CONFERENCE A FIRST FOR HSA



YUKIE KURAHASHI PHOTO

news

- 4** NOMINATIONS OPEN FOR DAVID BLAND MEMORIAL AWARD; AMERICAN BUSINESSMAN FILES NAFTA HEALTH CARE SUIT
- 5** HOME-LIFE BALANCE A CHALLENGE FOR WOMEN
- 12** HSA MEMBERS INNOVATE, LEADING THE WAY FOR BETTER SERVICES
- 26** RPN RETIREES ACHIEVE INFLATION PROTECTION
- 30** FEDERAL BUDGET LEAVES UNEMPLOYED IN THE COLD

departments

- 5** NEED HELP? WHO TO CALL FOR UNION HELP
- 7** CURRENT DISPUTES
- 8** CONTRACT INTERPRETATION
- 10** COMMITTEE ON EQUALITY AND SOCIAL ACTION
- 15** LETTERS
- 16** ACTIVIST PROFILE: AARON WILSON
- 22** MEMBER PROFILE: SYLVIA LAI
- 24** FOCUS ON PENSIONS

columns

- 2** MESSAGE FROM THE PRESIDENT
- 28** EXECUTIVE DIRECTOR OF OPERATIONS

THE FRONT COVER

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News

Nominations open for David Bland Memorial Award

In 2005, David Bland, a vocational rehabilitation counsellor and HSA member from Richmond Mental Health, was murdered at his workplace by a former client. His tragic death served as a sombre reminder that more needs to be done to prevent incidents of violence in the workplace and to protect health care and social services workers on the job.

To honour David, the HSA board of directors established the David Bland Memorial Award, which recognizes HSA members who have demonstrated outstanding leadership in the area of occupational health and safety and who have made a meaningful difference in the lives of their fellow HSA members.

Laboratory technologist Bev Banfield won the inaugural award in 2007. Banfield, whose advocacy on behalf of members at Mission Memorial Hospital resulted in a full-scale investigation of a cancer cluster. A story describing Banfield's efforts published in *The Report* won a national award from the Cana-

dian Association of Labour Media. (See the story in the April 2007 issue of *The Report*, available on HSA's website at www.hsabc.org.)

Jackie Spain, also a laboratory technologist, won the award last year. The union recognized her remarkable commitment to occupational health and safety issues over many years of activism.

Do you know a current HSA member who has:

- demonstrated leadership in the area of occupational health and safety,
- served as an effective role model and advocate for other HSA members at their facility with respect to occupational health and safety issues, and
- taken initiative on a specific local issue in order to improve the health and safety of other HSA members at their workplace?

If so, obtain an application form from your steward and return it to the HSA office by March 9. Nominations will be reviewed by a committee of the HSA board of directors and a recipient will be announced at the 2009 annual convention in April.

HSA's strategic plan: have your say

How effective and successful is your union? Where can we improve and adjust? How?

HSA is conducting a membership-wide survey, inviting your input through a brief online questionnaire. The survey is available on HSA's website at www.hsabc.org until February 24.

You will need to register as a user of the HSA website, which is a simple three-step process. Just have your membership number handy (you will find it on the mailing label of this magazine) and take three to five minutes to have your say in shaping a vision for a changing HSA. **R**

Related: see HSA President Reid Johnson's column on page 2.

American businessman sues Canada for health care system investment losses under NAFTA

CCPA Monitor/CALM

Successive Liberal and Conservative governments have long insisted that Canadian trade negotiators succeeded in exempting health care from NAFTA.

They claimed that medicare was beyond the reach of foreign insurance companies and HMOs seeking to re-model it after the mostly privatized system.

What's less clear, however, is whether the permissive privatization policies of various

provinces are eroding Canada's legal defences. At least one US entrepreneur is keen to find out.

Melvin J. Howard, an Arizona businessman, filed legal papers that have set in motion a process that could lead to formal arbitration against Canada under the provisions of NAFTA that permit foreign investors to sue governments for alleged investment losses caused by those government's policies.

Howard contends that he and some 200 financial backers tried for several years to take advantage of an increasing openness in BC to private involvement in the province's health care system. But, after encountering what they describe as "anti-American" roadblocks, Howard's partners decided to pull the plug on their plans to build a private surgical centre in BC. They claim to have lost \$4 million in preliminary expenses from barriers to entry and another \$150 million in forgone anticipated profits, and want the Canadian federal government to compensate them for their losses.

A spokesperson for Canada's Department of Foreign Affairs insists the country's health care system has been preserved from NAFTA suits, and that Howard's lawsuit will be vigorously defended.

Balancing responsibilities at work and at home is a greater stressor for women

NUPGE

Although all working people report they are suffering from more stress related to balancing responsibilities at work and at home, the greater burden is falling on women. Statistics reveal that women bear the brunt of

Continued next page



NEED HELP?

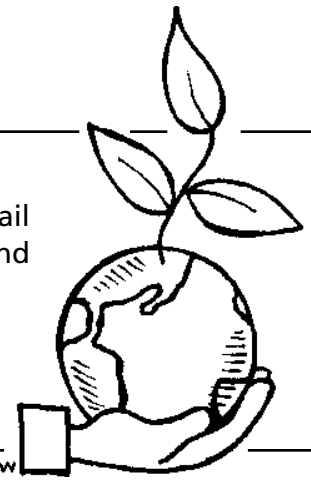
HSA's experts are available to help.

- 1. Contact your steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board.**
- 2. For regional labour relations issues, or if your steward can't help, contact the HSA office and speak to a labour relations officer: toll free 1.800/663.2017, or 604/439.0994 in the Lower Mainland.**
- 3. For all provincial, national, or union policy issues, contact your elected Regional Director (listed inside back cover).**

Would you prefer to receive all HSA mailings (including *The Report*) via email only? Send a message to memberlist@hsabc.org with your name and preferred home email address.

Include "paperless option" in your subject line.

If possible, please also include your member ID number, which appears on your mailing label on *The Report*.



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News

Current disputes

This is a listing of current disputes involving affiliates of the BC Federation of Labour. Please respect the unions' picket lines in the following disputes, and do not patronize these businesses until the dispute is settled.

For more information, check the BCFL website at www.bcfed.ca.

United Food & Commercial Workers Union (UFCW) 1518 - VS - Extra Foods (Maple Ridge)

Major Issues: Job security, wages

Commenced: December 15, 2008

Construction and Specialized Workers' Union 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)

Major Issues: Wages, benefits, concessions, seniority

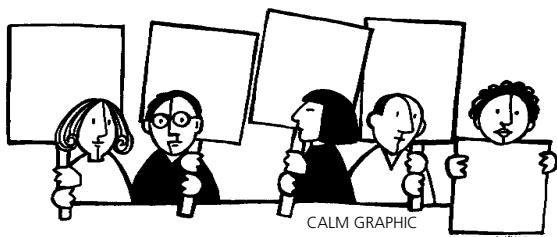
Commenced: July 25, 2001

BOYCOTTS

- **Horizon Milling & Robin Hood Brands - UFCW Canada**
- **Non-Union Postal Outlets - CLC/BCFL - CUPW**
- **Philips Electronic Products, Quebec - CLC - USW 7812**

SETTLED

- **Communications, Energy and Paperworkers - VS - Petro-Canada**
- **Public Services Alliance of Canada Corps of Commissioners - VS - Canada Border Service Agency**
- **Union of Postal Communications Employees (PSAC) - VS - Canada Post (Vancouver, Richmond, Victoria)**
- **United Steelworkers (USW) - VS - TimberWest (BC)**



Continued from previous page

duties associated with child care, are the primary caregivers for the elder care of aging parents and are responsible for the majority of household chores.

Now with an economic crisis of global proportions occurring, additional stressors will be placed on women. Studies show that during economical downturns, women suffer higher degrees of stress and often suffer more financial and employment consequences of a depressed economy.

It is no surprise that women are reporting the highest levels of stress, stress related illnesses, burnout and depression ever recorded. The impact of the situation reaches far beyond the workplace, home and personal well-being of women.

As demands increase, it becomes extremely difficult for women to find the time to volunteer in their community, get involved in their union or run for political office. Many union women report that they would be more actively involved in their locals or run for office if they had more time.

The National Union of Public and General Employees (NUPGE) has been following this issue for several years. As a strong advocate of women's equality and women's leadership, NUPGE is undertaking a project to identify the issues and raise awareness of the problem.

In order to identify the issues, the National Union is conducting a survey which is directed to both union and non-union women. The survey is available at www.nupge.ca. Please take a few minutes to complete the survey and give voice to an issue that affects Canadian women so dramatically. **R**

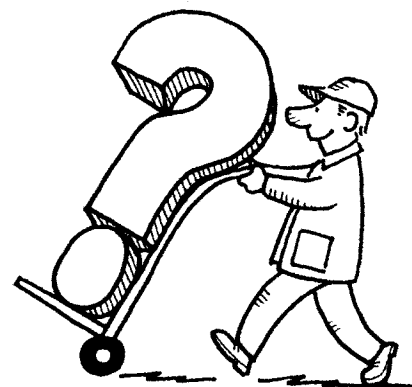
CONTRACT INTERPRETATION

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

Job postings for health science professionals

Q The chief paramedical for our department has recently had to take some time off for illness. One of my colleagues was temporarily appointed to the chief position, and has been acting in that capacity ever since. He is doing a terrific job. However, I had also hoped to apply for the chief position one day should it become vacant.

Then we heard last week that the illness that prompted our chief to take time off work has been diagnosed as being a very serious ailment. She now expects to be away for at least a year. Our employer has told us that they are not going to post the position, and my colleague will just continue on in acting capacity until our chief recuperates. Is this right?



A According to Articles 9.02 & 9.06 of the health science professionals contract, a vacancy must be posted if it is anticipated to last for longer than four months. Chief health science professional vacancies must be posted. Excluded managers should not be performing the work of the chief health science professional.

Q Our supervisor has posted a temporary vacancy, but is telling us to ignore the end date because it will likely be an ongoing position.

A few of us are interested in the position; some of us are casual, and others already have permanent jobs. What are some of the issues we should consider?

A Temporary vacancies are jobs of four months' duration or longer with a specific end date included in the job posting. If the employer wishes to extend the term of the position an additional posting is required in most cases.

Temporary vacancies can be filled by casual or regular employees. Regular employees return to their previous position at the end of the term if the temporary vacancy is with the same employer.

Casuals filling temporary vacancies become regular employees for the duration of the posting and are entitled to all benefits of the collective agreement except long term disability. Casuals revert to casual status on expiry of the position.

Q One of our colleagues retired. Now the entire department is making do with what we have. This means casuals are filling in whenever available, and we're all taking on more work. The employer shows no inclination to post the vacancy, saying the current patient load doesn't warrant another technologist. What should we do?

A In some cases, the employer does not post a vacancy but expects the remaining employees to perform the work of the vacant position. Workload problems can be the result, and should be addressed through the workload provisions of the collective agreement as well as through grievances under this article. If a vacancy at your worksite is not posted, monitor the situation to see if the work has shifted to other members, and document your increased workload.

In addition, ongoing vacancies of four months or more cannot be filled with casuals and must be posted. If a casual (or a series of casuals) has been working continually for that length of time, contact your steward to discuss filing a grievance.

Once it has been determined that there is a vacancy, it should be posted so all members have the chance to bid on the position. If a casual employee is already doing that work, contact your steward. The member who has been filling the vacancy should be compensated by receiving the same compensation – for example wages, benefits, leave accruals – a regular employee would have received while doing the work. For example, sick and special leave banks would have accrued, and the member would have received dental and extended health benefits.

Q My spouse and I are soon leaving on a long-planned trip, volunteering for three months as physiotherapists in a developing country. However, I've just learned that a supervisory position may soon become vacant. I'm interested in that job – but because email is probably not available where I'm going, I will not be able to keep track. Can I apply in advance?

A Members who are away from work and anticipate that a specific position may be posted in their absence can leave a job application with the employer and must make themselves available for a job interview within the time frame described in the agreement. Separate applications must be made for the specific jobs anticipated to become vacant during each absence. **R**

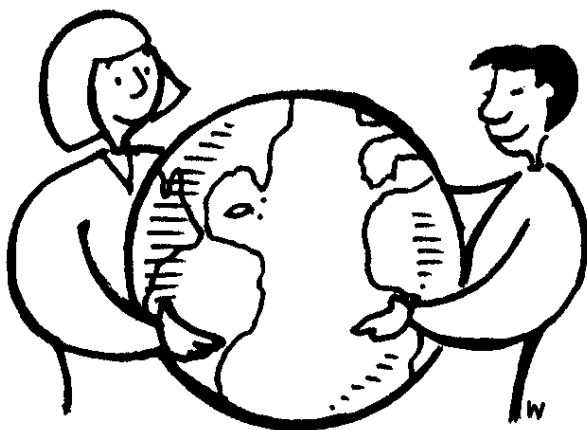


This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email yukie@hsabc.org. Don't forget to include a telephone number where you can be reached during the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

Committees

COMMITTEE ON EQUALITY AND SOCIAL ACTION

International Women's Day March 8: stand up for working women



HSA's Committee on
Equality and Social Action:

- Agnes Jackman (Chair)
- Joan Magee
- Anna Morton
- Cheryl Greenhalgh
- Mary Lou Icton
- Pam Bush (Staff)

From its beginnings, International Women's Day has been a day to stand up for working women's rights.

The first National Women's Day was observed on February 28, 1909, as a commemoration of the 15,000 women who demanded shorter work hours, higher wages and voting rights in the garment workers' strike in New York City.

One year later, the International Conference of Socialist Women gathered in Copenhagen, where Clara Zetkin, a prom-

inent feminist activist, put forward a proposal calling for an annual day for women to voice their demands. The proposal passed unanimously, and in 1911, more than a million people in Austria, Denmark, Germany and Switzerland took to the streets on the first International Women's Day to demand universal suffrage. The theme was "Bread and Roses," a recognition that women need both sustenance and beauty in their lives.

Then, on March 26, 1911, in New York City, 141 workers – mostly women – died in the Triangle Shirtwaist Factory Fire. Most burned or suffocated; some jumped to their deaths from windows. The carnage mobilized opposition to sweatshop conditions and lax work-safety policies, and IWD became a focus for political demands for safe work conditions for women.

The struggle continues

One hundred years later, women in Canada still face serious obstacles to obtaining equality in this country. Working women continue to earn only 71 cents for every dollar earned by a Canadian male.

Women continue to struggle with the lack of child care in this country which could be resolved by creating a universal early education and child care program. Cuts to the funding of Status of Women Canada have led to the silencing of many women's groups that fight for equality and the cancelling of the Court Challenges

Celebrating amazing HSA women!

Has an HSA member at your workplace or in your region inspired you to act for change that supports women's equality at work?

If so, please email yukie@hsabc.org. In each issue, *The Report* features members who are making a difference in their workplaces and communities.

Program has left our most vulnerable women without representation in our courts.

Recent challenges in BC

At the provincial level, the most brutal attack on working women has been Bill 29, an unprecedented piece of legislation that targeted workers in the health care sector and unilaterally stripped away rights women had won over many years through collective bargaining.

And that's not all. The lower employment standards for all workers introduced by the Liberal government are particularly problematic for women, who form the bulk of minimum-wage, part-time and casual workers.

Particularly detrimental changes include reductions in minimum shifts from four to two hours, the introduction of "overtime averaging" that can result in a longer and less predictable work week and the introduction of the \$6 per hour "training" wage.

Reduced access to child care, cuts to women's centres and legal services, and the elimination of the Ministry of Women's Equality, the provincial Women's Health Bureau and the Advisory Council on Women's Health have compounded women's losses.

Yet working women continue to make progress for change. Health care unions won a historic victory when the Supreme Court of Canada overturned Bill 29 as unconstitutional. The court's recognition of collective bargaining rights provides a solid foundation for future progress.

Women working together in unions, community groups, political parties and advocacy organizations have always shown that there is strength in solidarity. This International Women's Day, consider what you can do to stand up for working women. **R**

Improving women's lives through electoral politics

Many of the challenges women face require a political solution, and more women are needed in elected positions in order to achieve these solutions. The United Nations says that a critical mass of at least 30 per cent women is needed before legislatures produce public policy representing women's concerns and before political institutions begin to change the way they do business.

Currently in Canada, women hold fewer than 25 per cent of elected positions at the federal, provincial and municipal levels – despite the fact that women make up more than 51 per cent of the population. Only 22.1 per cent of MPs elected in the October 2008 federal election were women, and only 22.4 per cent of BC's current MLAs are women.

Women still encounter barriers when seeking elected office, including stereotyping and perceptions of women's roles and abilities, lack of women role models, negative media treatment of women politicians, family commitments, finances and the failure of political parties to support women candidates.

In recent years, HSA has encouraged and supported several women members who have successfully run for elected office. These members will help form the "critical mass" of elected women needed to address women's concerns. **R**

For more info, see canadianwomenvoterscongress.org and www.equalvoice.ca.

"There never will be complete equality until women themselves help to make laws and elect lawmakers."

— Susan B. Anthony, women's activist

HSA members innovate, leading the way for better services

by CAROLE PEARSON

Re-Imagining Health Services: Innovations in Community Health Services, a conference hosted by the Canadian Centre for Policy Alternatives in November 2008 to showcase positive and creative models for providing services amidst a growing public health care crisis, delivered an underlying message to participants: governments are not supporting the innovative work in community health services.

Among the presenters were HSA member Andrea Rowan, a speech language pathologist at the Centre for Child Development in Surrey, and her colleague, Dr. Alison Laswick, a developmental pediatrician. Their presentation was aptly-titled *Food for Thought*.

Rowan and Laswick are part of the CDC's Eating Skills team which also includes an occupational therapist, a dietitian, and limited

chaired by HSA director Marg Beddis, a dietitian in the Diabetes Clinic at Surrey Memorial Hospital.

The presentation began with a brief history of the CDC and the Eating Skills team, prepared by the CDC's CEO Gerard Bremault, who was unable to attend.

"We talked about a past study that had shown there were very limited community resources for children with feeding problems, particularly dietary ones," Rowan said.

Joining the CDC presenters on the panel were representatives from the Dietitians of Canada. Rowan says it was an interesting combination since they share similar issues, such as a high on-going need in their communities. "People wanted to know what happens to the kids we follow, from birth to the age of 19 years. After that, they're on to adult services. It melded really well to have a talk about what happens to them after [they leave] us."

During their 45-minute presentation, Rowan and Laswick emphasized the need for their services within the community.

"People were astounded to know that with the exception of our half-time developmental pediatrician position, we do not receive dedicated Ministry funds for the Eating Skills Team," Rowan said. The Eating Skills team currently operates only a few days a week because of financial constraints.

"Our team is still very small. We work together to create a very good and effective resource but it's not enough to meet the need. We explained how we would like to do more but the resources just aren't there at this time," she said.

"Our team is still very small. We work together to create a very good and effective resource but it's not enough to meet the need. We explained how we would like to do more but the resources just aren't there at this time."

support of a psychologist and family services consultant. Their work involves children with disabilities who have eating difficulties.

The session itself, *Nutritional Services for Seniors and Children with Disabilities*, was

The CDC receives funding from the Ministry of Children and Family Development and other agencies, but the Eating Skills team is supported through fundraised dollars.

For example, the funding for the dietitian position comes from the Blue Sky Foundation of Singapore.

Like most of the audience there, Beddis admits she was surprised to learn this. "Their funding comes from offshore so one has to wonder whether or not that funding is all that stable, considering the current economic situation."

The presentation by the Dietitians of Can-

ada was titled *The need for a program of home-based nutritional services in BC*. Presenters were Janice MacDonald, the regional director of the Dietitians of Canada, and Kathleen Beggs with the Amyotrophic Lateral Sclerosis Centre at GF Strong.

The conference highlighted alternative ways to improve the health of vulnerable groups within the community and address the socio-economic determinants of health. This was partially addressed through MacDonald's report on the need for home-based nutrition support in BC, focusing on the needs of seniors.

Continued next page

PHOTO COURTESY ANDREA ROWAN



The Eating Skills Team at the Centre for Child Development delivers an innovative program for children with disabilities who have eating difficulties. left to right: Manjit Gill (occupational therapist), Dr. Alison Laswick (developmental pediatrician, Andrea Rowan (speech/language therapist), Sarbjit Bamrah (family services consultant), and Tricia Lee (dietitian).

Continued from previous page

HSA members offer innovation, leadership



Marg Beddis, dietitian at Surrey Memorial Hospital, represents Region 7 on HSA's board of directors

"We're treating our seniors – who've done a lot for the community – so poorly towards the end of their lives. That was one of the things that stood out for me," Beddis said. "They identified many seniors who don't have sufficient funds to provide themselves with adequate nutrition."

A few of the other sessions offered at the ten break-out sessions and four plenaries during the conference included: *Income Inequality and Health*, *Urban Aboriginal Communities*, *Peer-to-Peer Innovations*, and *Primary Care Reform Issues: Access and Quality*.

Mo Norton, HSA chief steward at North Shore Community Services who works in community health, also attended the conference.

"Health workers like us are seeing too many people fall through the cracks of the current system. The programs we heard about at this conference are hands-on, excellent measures, often for the most vulnerable people."



Mo Norton, chief steward at North Shore Community Services

She found the sessions she did attend were informative, but says she really wanted to hear more about the process of putting together the innovative programs and obtaining support. "I wanted to know, for example: what kind of thinking got them there? How did they rally people? How did they gather resources to deliver these services?"

She was disturbed by the lack of funding from government for those critical community health services.

"I think it was good for the presenters to be able to come out and share what they've been doing," Norton said. "I believe the development of some of these original programs are driven out of frustration and a lack of funding, and decreased funding that used to be in place for people. One of the things I did ask was, how many of the people were lobbying the government for replacement of that funding? And none of them were."

Although the conference was also about creating a better understanding of how to achieve positive change in the community health sector, Norton sees the need for more government recognition and support. "Health workers like us are seeing too many people fall through the cracks of the current system," she said. "The programs we heard about at this conference are hands-on, excellent measures, often for the most vulnerable people – seniors, for example, and children with disabilities. Community care is proven to be far more cost-effective than acute care. The health authorities and the government need to step up and ensure valuable community services are available when needed."

The conference was co-hosted by Simon Fraser University's Faculty of Health Sciences and its Economic Security Project, UBC's Department of Family Practice, and the Western Regional Training Centre for Health Services Research (UBC). The Health Sciences Association hosted a coffee break networking session. **R**



CALM GRAPHIC

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE

KEEP THEM BRIEF AND TO THE POINT: ABOUT

200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

Adoptive parent asks for equal treatment

All of the HSA members at my worksite were very surprised to hear that as an adoptive mother, I was not entitled to the same benefits as a mother who gives birth to a baby. Some things you may not know:

Under Federal Employment Insurance legislation, a mother who gives birth is entitled to 52 weeks of benefits. An adoptive mother is entitled to only 37 weeks of EI benefits.

Under the Provincial Agreement a mother who gives birth is entitled to 52 weeks away from work *and* 17 weeks of “supplemental benefits” to top up her Em-

ployment Insurance to 85 per cent of her salary. An Adoptive mother is entitled to 52 weeks away from work but *no* top up at all!

Adoptive mothers should be afforded the same amount of time, remuneration and supplemental benefits as biological mothers. Is my contribution to my work place or the importance of my parenting considered less because my children were adopted?

Pregnant mothers should be given the time they need to prepare for and recover from pregnancy and delivery. Although they are not the same, the needs of adoptive mothers leading up to placement and after

an adoption are equally important. Children – whether adopted or not – need time to bond with their parents. Furthermore, adoptive parents must often: travel to a foreign country and remain there for a period of time; pay expenses related to adoption preparation, immigration and court finalization; learn to parent a child who does not speak English and/or nurture a child with special needs.

The language in the health sciences professionals’ contract needs to be updated as well. Adoptive mothers and fathers are no less “natural” than biological parents. Adoptive families are *real* families!

Just to put this in context, other employers, including parts of the Ministry of Health, provide equal wages and benefits for biological and adoptive parents. Some forward-thinking employers even provide extra time away (for travel) and a supplement to the often overwhelming cost of an adoption.

During the next contract negotiations, I urge the HSA to advocate for equal rights for adoptive parents and their children.

Kim Sayer
Social Worker

Hilltop House, Squamish

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Helping to bridge the gap towards employment and independence

by LAURA BUSHEIKIN

Canada's provincial and federal social programs are meant to provide a safety net, but there are always people who fall through the gaps – often landing on rough ground.

That's where HSA member Aaron Wilson can help: as Community Coordinator for the Opportunities Fund at the Centre for Ability in Vancouver, he serves a clientele that otherwise would be shut out of a number of key employment-related programs: people with disabilities who don't qualify for Employment Insurance.

"A typical client has not been in the workforce for a long time. They have a disabling

were falling through the cracks. The program really does address these concerns."

Wilson loves being part of big, positive changes in his clients' lives.

"I feel really privileged. I'm part of this crossroads that our clients have arrived at, often after having survived really difficult circumstances for a long time. They are making really big and often scary changes. Going back to school after 20 years is a scary thing! We get to support them in that. It's a wonderfully exciting thing to be part of.

"This applies equally with self-employment and wage subsidies. It is a privilege to be part of a situation where an employer is willing to do this," he says.

If clients need adaptive equipment in order to study or work, the Opportunities Fund can help.

"A good example of that would be a young fellow who was hearing impaired but was a skilled autobody technician. He needed a TTY phone system so he could communicate by phone if he were alone in the shop. We could administer funds for that."

Wilson's job includes liaising with community organizations such as the YMCA, Family Services, and THEO BC, ensuring the case managers there know about the program and are referring clients. He is also in contact

"There was a recognition that there was a gap, that people with disabilities – who already had a disadvantage – were falling through the cracks."

condition and often other barriers as well, such as long-term poverty – not surprisingly – and also substance abuse and other personal barriers to employment," Wilson said.

The Opportunities Fund sponsors skills training, wage subsidy and self-employment training for these clients. The program replaces those offered to people on unemployment insurance, with an important difference: it is tailored for people with disabilities.

Wilson recalls when the Opportunities Fund was initiated by the federal government 10 years ago. "It was a very exciting time. There was a recognition within the federal government that there was a gap, that people with disabilities, who already had a disadvantage,

Aaron Wilson
Community coordinator
The Centre for Ability

with training providers such as BCIT, Capilano College, and Douglas College, and with potential employers. The dedication, support and cooperation of all these partners is part of what keeps him passionate about his work, he said.

Wilson began working with people with disabilities more than 20 years ago. He kept working in the field while completing a BA in English Literature and a Masters in Interdisciplinary Studies. For his current position, he studied with the National Institute of Disability Management and Research. "I completed 22 modules and am a certified return-to-work coordinator," he said.

Wilson is a proud and active member of HSA, although he acknowledges that "return-to-work coordinator" is not what people generally think of when they hear the words "health sciences."

"It can seem like an anomaly," chuckles Wilson. "Sometimes when I'm surrounded by technologists, I feel like a square peg in a round hole." But, in fact, HSA is a great fit for his job, he says.

Neurological conditions affect about 10 per cent of his clients; approximately half have mental illness as the primary disability, he said. "So a knowledge base of disabling conditions, as well as disability management treatment and rehabilitation, is important."

Wilson has been an HSA member for about five years, and has been get-

ting increasingly more involved in the union. He is currently Member-at-Large for Region 5 and represents his region on the resolutions committee.

"This is very complementary to the social activism I've been involved in for decades," he said. "Part of what makes me tick and what I'm passionate about is a vision of social justice.

"That involves a lot of networking, being resourceful, being willing to take on causes that can take an awfully long time to move forward," he says.

For example, when living in Alberta, he learned that the human rights act in that province did not include sexual orientation. So he became part of the movement to make Alberta, and all provinces, change their provincial laws to harmonize with the Canadian Charter of Rights.

"There was tremendous opposition, and threats to veto it; it took years of collective effort provincially and nationally to get the legislation ratified. Those types of efforts take dogged persistence. That's very much in the spirit of union activism," he says.

"Of course I've

also been active in the movement to change thinking around people with disabilities. And the first thing I did when I moved to Vancouver is volunteer at a neighbourhood community centre in East Vancouver. I also do volunteer radio production with CFRO cooperative radio," he said.

There is no clear boundary between Wilson's activism, fuelled by his commitment to social justice, and his work. He likes it this way.

"I don't buy into it when people say something is just business and not personal. Work isn't impersonal; it's very much part of who I am." **R**



With resourcefulness and years of expertise, Aaron Wilson helps people with disabilities regain their independence.

YUKIE KURAHASHI PHOTO

Safety conference a first for HSA

When CBC news reporter David McKie was assigned to work on a story about the labour movement's annual Day of Mourning for injured workers held every April, he began to look into workplace injury statistics. What he found shocked him into action.

He launched a three-year investigation into workplace safety in Canada, and discovered that health care and social services workers sustain more workplace injuries due to violence than workers in any other profession. He also found that these workers are even more at risk than the statistics indicate.

"Often, accident statistics don't show the whole story," he said. "They don't include claims that were denied or ones not recognized as workplace related – like occupational diseases that occur years afterwards." These findings are incorporated into his two-part documentary series, *Dying for a job*, followed by *Out of sync*.

David McKie was the keynote speaker at HSA's first-ever occupational health and safety conference, held in November. Almost

50 stewards and activists from all over BC attended the event.

Heather Sapergia, chair of HSA's occupational health and safety committee, said the aim of the conference was to bring together experienced workplace safety activists.

"The conference highlighted some of the new, emerging issues that are arising in health care," she said. "For this reason, we wanted to go beyond the basics: we saw a need for a venue where experienced safety stewards could learn advanced advocacy, as well as share information."

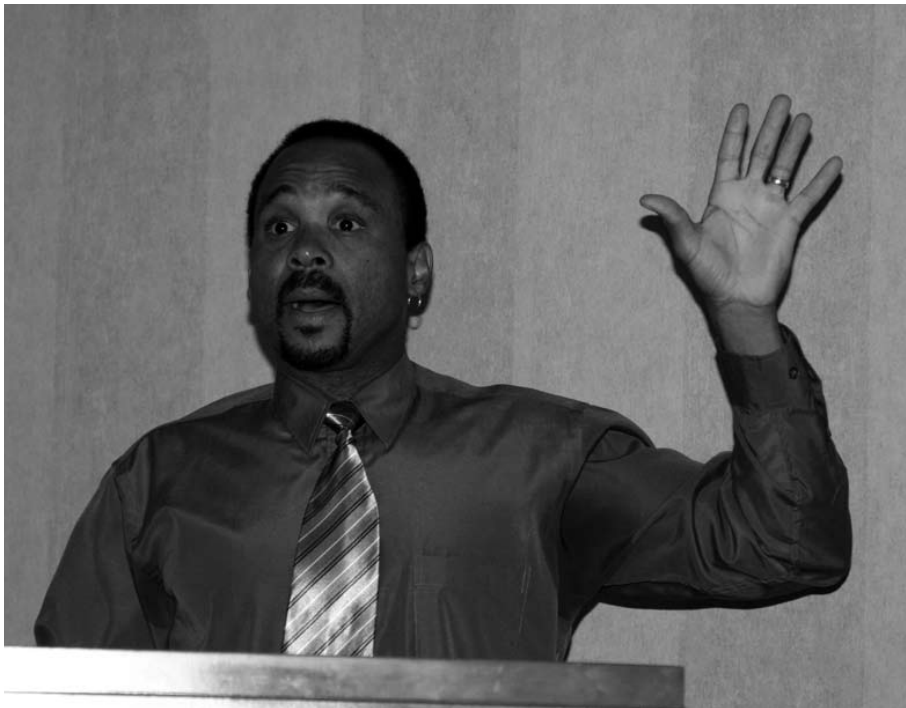
"We limited participation to safety stewards who had completed the union's steward training level one and attended at least six joint union-employer OH&S meetings at their workplace. HSA-appointed representatives to other provincial OH&S committees were also eligible to attend," she added.

"I was really impressed with how well organized the conference was," Sapergia said. "It's been a dream of my predecessors on the board to do this and it's been a couple of years, at least, in the making. The overwhelming response from people was they found it very, very useful."

"It was practical, hands-on information rather than theory," Sapergia said. "We also did

Statistics show that health care workers in BC are four times more likely to be injured due to violence than people in other occupations, including those perceived as more dangerous, such as policing.

top: Keynote speaker David McKie (CBC news) told HSA safety stewards that Canadians were shocked to learn about the high injury rates reported for health workers. **centre:** Lisa Tahara (occupational therapist, St. Michael's Centre). **below:** Catherine Wheeler-Bishop (physiotherapist, Lions Gate Hospital) and HSA safety officer Marty Lovick.



some refreshers and in-depth work on how to conduct investigations as health and safety stewards.”

One of the participants was Cathryn Wheeler-Bishop, a physiotherapist at Lion's Gate Hospital. After conducting several workplace investigations, quarterly inspections and handling incident reports, she had a number of questions. “It was very fortuitous this conference came up,” she said, “because I knew that I'd get a chance to talk to other people who had been stewards longer than I had and get answers, share ideas.”

Marty Lovick, HSA's health and safety officer who helped organize the conference, said participation was designed to provide an advanced level of knowledge to supplement the basic information safety stewards receive in their initial training. “For a long time, we had determined we need to offer something that is invigorating and challenging for people who are experienced advocates, and I believe we did that,” he said.

One area of focus was violence in the workplace and its prevention. Lovick said statistics show that health care workers in BC are four times more likely to be injured due to violence



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Prevention the focus at first-ever conference

than people in other occupations, including those perceived as more dangerous, such as policing.

In the last health science professionals' contract, the union negotiated language compelling the employer to deal with violence in the workplace. "As a result of successfully incorporating that language, we wanted to make sure our stewards are aware of that language and its implications and how to address the issues," Sapergia said.

WorkSafeBC (formerly WCB) prevention officers were invited to speak at the conference since part of their mandate is to conduct audits on high risk facilities which generate a higher number of compensation claims. HSA education officer Leila Lolua said the WorkSafeBC officers helped HSA's safety stewards see first-hand what help is available through WorkSafeBC. "They had gone into 132 health care facilities to try and make the employers do what they are supposed to do by law – and they were able to describe all the policies and infrastructure they are required to put in place

to try to eliminate violence in the workplace," Lolua said.

Wheeler-Bishop rates McKie's presentation as one of the highlights of the conference. "The variety of speakers, and the level of the speakers they had, was excellent," she said. "The conference flew by. It was a two-day conference and I was quite enthused about it because I knew the next speaker would be good, and the speaker after that would be good and so on."

"I really liked their choice of guests, particularly ones from WorkSafeBC," said Charlie Wheat, a residential care worker at South Peace Child Development Centre in Dawson Creek. He learned that the prevention officers are committed to preventing violence and doing what they can within their scope of responsibility to improve safety at workplaces "It kind of brought it to light that WorkSafeBC is not just about compensation claims being rejected."

Lovick agrees. "While we have significant concerns about how WorkSafeBC denies

"The health and safety of my coworkers is really important to me. These are the people I work with. These are the people I know. I want to be sure they're working safe. I really take my OH&S position quite seriously."



claims for our members, it was gratifying to know that another of their departments understands the issues of risk and prevention and best practices.”

Wheat is currently a member of HSA’s education committee and an assistant steward. He is a former safety steward and was a member of the OH&S committee when the idea of holding an HSA health and safety conference began to develop three years ago. For Wheat, attending the conference was an opportunity to see the fruition of the original discussions. “It was a wealth of information and I was impressed with what they had done,” he said.

Another presentation was about the lessons learned from ergonomic studies. Ergonomist Judy Village with the UBC School of Environmental Health spoke about her research involving lab technologists and sonographers. Wheeler-Bishop said the workshop was valuable. “It was really good. If I ever have to do an inspection in those areas, I’ll know what to look for.”

Asked why OH&S is an important component of union work, Wheeler-Bishop replies without hesitation: “The health and safety of my coworkers is really important to me. These are the people I work with. These are the peo-



HSA President Reid Johnson welcomed safety stewards to the union’s first-ever safety conference.

ple I know. I don’t want them in toxic environments,” she said. “I’m in a small community hospital. I know a lot of the people who work there. I want to be sure they’re working safe. I really take my OH&S position quite seriously.”

HSA’s first OH&S conference achieved its goal to upgrade the knowledge of safety stewards and address new, emerging issues in occupational health and safety issues health care. “The overwhelming feeling is we need to do this again,” Sapergia said. **R**

David McKie’s CBC radio documentaries on workplace injuries Dying for a job (2006) and Out of sync (2007) are available as podcasts on CBC’s website at cbc.ca.

far left: Occupational health and safety committee chair Heather Sapergia (left, laboratory technologist, Prince George Regional Hospital) with Roselyne Lambert (social worker, PGRH). **left:** Stephen Symon from WorkSafeBC identifies trends in workplace violence. **below:** HSA safety stewards and activists shared information and questioned experts on ensuring safe workplaces.



MEMBER PROFILE

Reaching out to future health science professionals

by SUSANNE SHAW

A recurring theme among HSA's health science professionals who are pressed for time at work but who want to encourage new recruits into the professions to help ease the workload is that they just don't have the time to mentor students.

To encourage "the best and the brightest to come work for us," Providence Health Care social worker Sylvia Lai and colleagues started an internship program at St. Paul's Hospital in Vancouver to enhance the practical application of hospital social work.

Before the program was in place, teaching recruits meant onerous workloads for staff. Consequently, the training often fell short, leaving new social workers ill-equipped to manage "a 22-bed unit where death, crisis and loss are day-to-day events," Lai said.

Today, the school of social work at UBC is

raising students' knowledge base, and under the St. Paul's internship program, practicums are better organized.

In their first year, students rotate through five key areas of the hospital to hone basic skills. The following year, they choose specialty areas to solidify these skills to better prepare them for the challenges of hospital social work.

Social work can be stressful, Lai said, but she is passionate about helping patients and knows that there is a wealth of young social workers who have the same passion to offer.

Lai works in the chronic illness field. Her profession covers a broad spectrum of services, from crisis intervention to arranging support for patients leaving hospital. Mainly, she counsels and collaborates with patients and their

Sylvia Lai
Social worker
St. Paul's Hospital



families – advocating on their behalf and sharing valuable information and resources.

Understanding how chronic disease or traumatic injuries affect people's ability to care for their families, Lai strives to alleviate those effects by arranging available community support services for them. Social work, she said, is "integral in acute care hospitals." Effective social work also helps the bottom line, as proper discharge planning allows the development of adequate community supports to make it possible for patients to leave the hospital in a timely manner and prevent unnecessary readmissions to hospital.

But the process of continuing care is at risk with staff cuts and the continuing shortage of health science professionals, including social workers.

Lai is doing her part to help with recruitment and training of new health professionals, and recognizes the need for improved awareness of social workers' contribution to the health care team. "We work shoulder to shoulder with nurses, doctors, pharmacists, physiotherapists, occupational therapists, and others," Lai explains, "and we need to be able to demonstrate what our role is, and how we contribute."

When a health services teacher approached her to speak to her high school students about her work, Lai proposed that the students visit her at the hospital instead. The teacher agreed, so more than 20 students from Vancouver Technical High School toured the hospital, met a panel of health professionals, and opened their eyes to the varied career possibilities in hospitals.

Lai is an excellent example for those students. Over the past decade, she has accumulated a wealth of skills and knowledge to assist critically ill patients who are often terrified. Her friendly demeanor calms and reassures them.

Lai is driven to help her patients, regardless of their lifestyle, their finances, or other circumstances. She works with patients, their families and support networks to salvage what can be saved, easing the situation for all concerned. Her equanimity is admirable, considering she generally sees people at their worst, and at their most desperate.

Her compassion stems from her experiences growing up as a visible minority in Vancouver in the '60s and '70s when racism towards minorities was more transparent. Her mother set the example of advocacy and compassion as she used her strong grasp of English to help other new Chinese Canadians negotiate health

Recognizing the need to encourage students to consider careers in the health sciences, Lai organized a hospital tour for 20 high school students – including a panel discussion with a full range of health professionals.

care, immigration, and other systems.

"That sense of right and wrong and advocacy was something I grasped pretty early on, and those very Chinese values of respecting your elders, honouring the family, education and strong work ethic, also formed my general world view."

Lai's road to social work was a winding one. Originally, she studied nursing, and graduated from UBC in 1990 – preparing her well for health care in general. While she was a psychiatric nurse at Toronto East General Hospital,

Continued page 25

FOCUS ON PENSIONS

Municipal Pension Plan secure and stable

by DENNIS BLATCHFORD

Q I am concerned about the sudden and dramatic downturn in the markets, and whether there will be a significant impact on the Municipal Pension Plan. How has the downturn affected the Municipal Pension Plan?

A The recent market volatility will affect investment returns for the Plan for an unknown length of time. Economies world-wide have been affected and it may be that we are dealing with a 'once in a century' event. Fortunately for Plan members, the Plan is designed to account for poor market returns, unlike other pension

plans that are very much reliant on the performance of markets to pay pension benefits. The Plan is designed to ease over most fluctuations in the market, and with the professional management of Plan assets through the BC Investment Management Corporation, assets are positioned to safeguard against such volatility.

Q What is the difference between 'defined benefit' and 'defined contribution' plans? Should we consider moving to a 'defined contribution' plan?

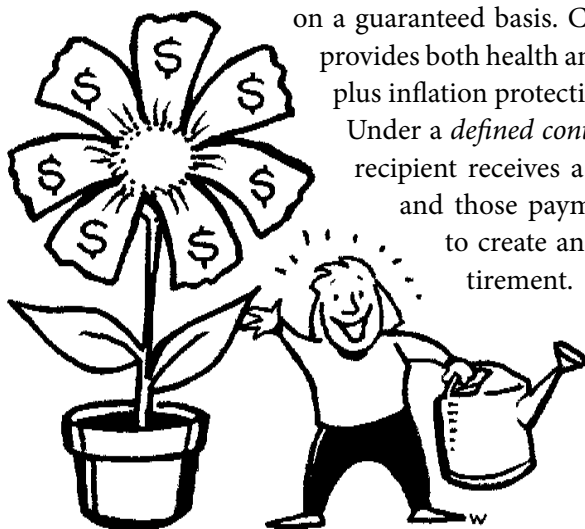
A The Municipal Pension Plan is a *defined benefit* pension plan. Under a defined benefit plan, members are guaranteed a pension benefit based on a formula of years of service and salary. Those benefits are paid for life. Additional benefits are also provided but not on a guaranteed basis. Currently, the Plan provides both health and welfare benefits plus inflation protection for retirees.

Under a *defined contribution* plan, the recipient receives a defined payment and those payments are invested to create an income upon retirement. The amount received at retire-

ment is based on how well those investments did over time. As self-directed investments, some pension accounts would do better than others depending on the skill and knowledge of the investment managers, or in some cases, the individual member.

However, in the current climate, not many people in direct payment plans - or those relying on RRSPs for retirement income - are banking on high investment returns. In fact, many defined contribution plan members have had to alter their retirement plans because of what has happened in recent months. To use a baseball analogy, it is possible that some people will hit a home run in a defined contribution plan. Unfortunately, others will strike out.

A defined benefit plan - such as our Municipal Pension Plan - is more reliable. In a defined benefit plan there are no home runs, but no strike-outs, either.



Q • How can defined benefit plans guarantee everyone a life-time benefit?

A Defined benefit plans work on the principle of pooling • risks and gains over a long period of time. In the MPP, • there are over 225,000 members – including active members and retirees – across three large public sectors: health, education and municipal.

Active members help pay the benefits that retired members receive. With a continual flow of new members entering the plan, and older members leaving, the Plan is able to produce the benefits on an ongoing basis. As the Plan only needs to account for the average life expectancy of members, it doesn't require the resources to fund for those who will live well past the average life span.

Conversely, those in defined contribution plans need to ensure that they don't out-live their savings. Therefore, they need to create a funding stream designed to stretch well past the average life span, say to age 105 (with the balance going to their estate). Again, in the defined contribution model, the onus is on the individual member – with none of the risks spread around.

A defined benefit plan is safer and more predictable – and those are very good features to have in a pension plan during difficult economic times. **R**

Do you have a question for HSA's Pensions & Benefits advocate? Contact Dennis Blatchford at dblatchford@hsabc.org.

This regular feature answers frequently-asked questions about pensions. See pensionsbc.ca for more information about the Municipal Pension Plan.

Continued from page 23

A caring career

Lai discovered the role of social work stretched beyond patients' illnesses to embrace their needs, hopes and families.

She returned to UBC and enrolled in back-to-back BSW and MSW studies in Social Work, graduating in 2001.

While earning her social work degrees, she worked for the Ministry for Children and Families in child protection and at BC Children's Hospital. In 1994 she joined St. Paul's Hospital. St Paul's is a team-playing hospital where everyone has a vital role to play, she said. It is big enough to be exciting, but small enough so as to know everybody. Her biggest reward is knowing she made a difference in someone's life, even if that person doesn't realize it.

Lai gives to the community what her parents gave to her. They immigrated to Canada to give her opportunities they never had.

"They worked hard every day of their lives," she recalled. "I look back and realize how fortunate we were that our parents remained healthy and could provide for us all those years. My father also worked in a union environment; when I look back, I realize what a difference it made to our family to have the support and security this provided."

Lai greatly appreciates her husband's "incredible" support and they treasure their life with their daughter Olivia and son Matthew. When her kids grow up, she hopes to branch out to international aid work. "We owe it to our children and their future to reach out and help ensure that basic needs of shelter, safety and education are available to everybody." **R**

Do you have a remarkable colleague? Submit their name and a brief description of why you think their story would interest and inspire other HSA members across BC. Send your nomination to yukie@hsabc.org.

Retirees achieve inflation protection

by DENNIS BLATCHFORD

In the current Provincial Collective Agreement of the Nurses Bargaining Association (2006-2010), one per cent of the 2008 wage increase has been set aside to be used for inflation protection and benefits for retirees. This protection applies to registered psychiatric nurses represented by HSA.

As lead union in the NBA, the BC Nurses' Union has undertaken to administer the program on behalf of all nurses covered under the NBA agreement.

Beginning in 2009, the program will pay a portion of the Medical Services Plan (MSP) premiums for retirees who meet the eligibility requirements. To be eligible for the retiree benefit, you must have retired as a member of one of the unions that make up the Nurses' Bargaining Association under the provincial collective agreement and belong to the Municipal, Public Service or Canadian Blood Services pension plans.

Information about the program and an ap-

plication form was included in the December issue of *The Report*, and is also available on HSA's website at www.hsabc.org.

While the program will be verifying payment of Medical Services Premiums for members of the Municipal Pension Plan (MPP) prior to payment, proof of payment for members of the Canadian Blood Services Plan or the Public Services Pension Plan are not available through those plans. If you are members of these plans, you will be required to provide proof of MSP payment.

Following receipt of your application form, you will receive instructions on how and when to submit proof of payment. Meanwhile, if you are a current retiree or plan to retire within the next year, keep your MSP bill statements for verification.

In order for HSA to track eligible retirees as this program goes forward, it is very important that you let your steward know when you retire and provide your current contact information and your pension plan membership.

If you know of union members who have already retired, we encourage you to let them know they should contact the HSA office to register for the program. You can also provide HSA your contact information by emailing dblatchford@hsabc.org or by leaving a message for Dennis Blatchford, Pensions & Benefits Advocate, at 604.439.0994 or 1.800.663.2017 local 523.

If you are a current retiree or plan to retire within the next year, keep your MSP bill statements for later verification and reimbursement.

Pension plans assure members their pensions are safe

Members of the Municipal and Public Service pension plans have raised concerns about current market conditions and their impact on retirement pensions. Both MPP and PSPP have addressed these concerns on their websites.

Retirement pensions are secure under both plans. Their defined benefit pensions guar-

antee an income for life after retirement. The amount of the pension depends on years of service and earnings, not on the state of the market at retirement. Day to day investment decisions are made by the boards' investment agent, the British Columbia Investment Management Corporation. bcIMC is guided in making prudent investment decisions by the boards' investment policies.

In its *Board Communiqué* of October 3, 2008, the MPP assured members that:

The British Columbia Investment Management Corporation had been expecting this market correction for some time and positioned its investments defensively (for example, underweighting equities and increasing cash) well-diversified across a wide range of asset classes including cash, government bonds, stocks, real estate and infrastructure (utilities, roads and bridges) the risky products at the root of the current financial upheaval, such as subprime mortgages, non-bank sponsored asset backed commercial paper, credit default swaps or hedge funds. Furthermore, bcIMC does not use leverage, or borrowing, in the public markets.

For the full text of the MPP and PSPP bulletins, please visit mpp.pensionsbc.ca or pspp.pensionsbc.ca and look for the bulletins under "What's New."

Keeping in touch as a retiree

HSA encourages members to maintain contact with the union into their retirement.

All retiring members receive free mailings of *The Report*, and HSA pays for a one-year membership in the BC Federation of Retired Union Members (BC FORUM).

BC FORUM provides members with a range of products including travel, medical and dental insurance, plus income tax and financial planning services, BCFORUM is a non-pro fit society founded by the labour movement, dedicated to the interests of members and their families, as they move into their retirement years.

Retirees will also be invited to sign-up on a dedicated HSA e-mail list that will alert them to events and activities in their communities they have indicated an interest in such as preserving medicare, improving pensions, or other community based campaigns.

HSA continues to issue retirement certificates to retiring members. If you know of a colleague who is about to retire, please contact the union. **R**

The Report provides regular updates and advice on pension issues. See pension Q&A on pages 24-25.

Strength in numbers: a secure, well-administered pension is one of many significant union benefits.



OPERATIONS

Financial controls: transparent, accountable

by SUSAN HAGLUND

As I write, 2009 has just begun, and the annual financial audit is underway. HSA's finances have daily, monthly, quarterly, annual and long term rhythms. At convention, delegates approve the audited financial statements and the proposed budget printed in the annual report – but there are numerous other controls in place.

It is critical that the union's finances are reported accurately and transparently to members. It is one thing to see audited statements; it is quite a different perspective to see accounting details, and to see their relevance.

The concept of “financial controls” may seem uninteresting. However, without them, the finances of any organization can quickly deteriorate. As an organization grows and gets more complex, the need for more scrutiny and standardization of controls becomes vital.

The financial evolution of HSA in some ways parallels stages people experience through various life stages. When we are young, financial controls may mean living from pay cheque to pay cheque while repaying student loans or working at short-term low-wage jobs. Maturity means increased stability, learning to live within our means, and planning for major expenditures. We learn to balance a cheque book, pay bills on time, budget, and review revenues and expenses, putting our financial house in order. Then providing for a family, combined with long-term retirement planning become priorities. Financial controls put in place (or neglected) have a direct and lasting impact on the household.

Similarly, as HSA has “grown up,” our



Susan Haglund
Executive Director of Operations

financial needs have matured and controls have evolved – and these controls rely heavily on members, elected officials, and union staff, each of whom plays an essential role in HSA's ongoing financial health.

From a governance perspective, financial controls start with the board of directors establishing the finance committee as specified in the union's constitution. The board also approves financial policies governing a number of areas, such as asset management, member reimbursement, financial aid and awards, investments.

These policies form the framework within which all financial operations of the union take place. In addition, the board receives and approves monthly financial statements and recommended budgets as presented by the finance committee.

The committee reviews monthly financial statements and reports, and ensures that ad-

equate financial controls are in place. It also recommends a consolidated annual budget to the board. The committee reviews regular variance reports to oversee how closely actual expenditures reflect the approved budget; ensures an annual independent third-party audit is done; and reviews HSA's investment portfolio with the portfolio managers. At least twice annually, the committee audits all expense claims made by board members, including the president.

Member actions also play a key role in the union's financial controls. These elements include timely submission of expense claims (with appropriate supporting documentation) and *Record of Union Leave* forms, along with completed attendance sheets at union workshops and events. These represent the members' banked time and expense reimbursements, both of which are financial commitments.

Accounting also reconciles member dues and initiation fees submitted by employers. To verify accuracy, the accounting team tracks member dues remitted through payroll deductions by pay period. Any anomalies are sorted out with employers to ensure dues are accurate and remitted to HSA in a timely fashion according to the applicable collective agreement. If staff determine that an employer may have incorrectly over-deducted dues or initiation fees, members are reimbursed.

Within the union's office, all staff adhere to purchasing and expense policies and procedures to ensure appropriate use of the members' money. Staff expense claims are scrutinized just as members' claims are.

Staff track capital assets; as these assets depreciate, they are disposed of according to approved policies. Staff review all supplier invoices, approve and match them against the

goods or services received before payment. We review bank statements and reconcile them monthly. Periodically, we ask for competitive bids for banking services to ensure the best services at reasonable cost.

Staff budget managers conduct regular financial reviews to ensure their department works within the Convention-approved budget and within the board-approved policies and procedures.

Overall, HSA has a robust system of general and specific financial controls to ensure accuracy in how member dues are remitted, used, expensed and invested to advance the union's immediate and long term goals and objectives. The aim is to make it easier for members to understand exactly how their

Overall, HSA has a robust system of general and specific financial controls to ensure accuracy in how member dues are remitted, used, expensed and invested to advance the union's immediate and long term goals and objectives.

dues are being used and controlled. The due diligence directed at HSA financial controls means that members' monies have optimal oversight, verification of accuracy and appropriate separation of functions to ensure open and honest accounting.

As you can see, these financial controls bring a sense of order to a whole lot of otherwise bewildering numbers. **R**
Susan Haglund is HSA's Executive Director of Operations.

News

CANADIAN CENTRE FOR POLICY ALTERNATIVES

Federal budget leaves unemployed in the cold

The latest federal budget leaves hundreds of thousands of vulnerable Canadians hanging on a very short rope and won't provide the immediate stimulus our economy needs, says the Canadian Centre for Policy Alternatives (CCPA).



Released at the end of January, the budget fails to expand Employment Insurance (EI) to ensure laid-off Canadians are eligible for benefits and its infrastructure promises require the provinces and municipalities to match funding – a condition that will stall many projects.

“This budget is not equal to the challenges facing the country, nor does it live up to the rhetoric of the Throne Speech delivered only

“Six out of 10 Canadians don’t get EI and everyone agrees that’s a problem, but this government inexplicably decided to ignore the problem – and that will lead to disaster for many.”

26 hours before which claimed to protect the vulnerable,” said CCPA senior economist Marc Lee.

The omission of major EI reforms in the face of massive unemployment stands as its biggest weakness, said CCPA senior economist Armine Yalnizyan.

“Canada is facing a potentially massive wave of economic dislocation as out-of-work Canadians turn to an EI system that is not re-

cession ready,” Yalnizyan said. “Six out of 10 Canadians don’t get EI and everyone agrees that’s a problem, but this government inexplicably decided to ignore the problem – and that will lead to disaster for many.”

Broad-based tax cuts are also a problem, said CCPA Analyst David Macdonald.

“Only five per cent of the latest federal budget is actually devoted to tax measures to help vulnerable low income Canadians,” Macdonald said. “In the coming recession, the government will help you adjust the colour palette of your kitchen, but if you’re poor you’ll be on your own.”

The average Canadian will only get a \$300 tax break, with low-income Canadians receiving a maximum of only \$33, Macdonald said.

Finally, the budget injects much needed infrastructure dollars that could be the engine of job creation. But for every dollar spent in federal infrastructure stimulus, provinces and municipalities must pony up 73 cents for the money to flow – delaying critical job-creating projects that should be stimulating Canada’s economy this year, not next. **R**

For more progressive analysis, see CCPA’s website at www.policyalternatives.ca.



Health Sciences Association The union of caring professionals

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

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Val Avery, Physiotherapist
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Bruce MacDonald (Secretary-Treasurer)
Social Worker, Royal Columbian Hospital

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George Pearson Rehabilitation Centre

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THE Report



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Celebrating HSA members



Sandra Boyd is a client care coordinator with the Urgent Response Team of the Vancouver Coastal Health Authority, working with clients in the Downtown Eastside who have concurrent mental health and addiction problems. She was featured in the April/May issue of this magazine.

Do you know someone with an unusual job? Does a colleague inspire you to act for positive social change? In each issue, *The Report* features members who are making a difference in their workplaces and communities. To nominate an HSA member to be highlighted in an upcoming issue of your magazine, send an email to the editor. Include a brief description of why your nominee's story would be of interest to HSA members across BC.