

# THE Report

## CARING PROFESSIONALS

Screening, diagnosis,  
treatment, recovery  
and support



## Why are the BC Liberals picking on our kids?

**SEPTEMBER WAS A DEVASTATING** month for parents of children with special needs. First, the Ministry for Children and Family Development announced a dramatic cut in funding for children with autism. But, not to worry, the minister said, the \$3-million cut would be replaced with a \$1-million referral centre. Programs would be cut, but somehow, the ministry promises, families across the province will have more access to therapies and services for their kids.

Explain that to the families who count on the Queen Alexandra Centre for Children on Vancouver Island. 34 early childhood intervention workers have received lay-off notice. That means those professionals will no longer be at Queen Alex available to deliver the services families so desperately need.

Never mind the 70 severely affected children whose \$70,000 Early Intensive Behaviour Intervention programs will be cut off: going from 40 hours of intensive therapy a week to whatever patchwork of services a family can cobble together with \$20,000 in funding. Oh, make that \$22,000 as the minister promised increased funding per child to \$22,000 – except that come July 1 with the introduction of the HST, that \$2,000 increase is moot – since it will go to increased taxes on goods and services.

**AND FRESH ON THE HEELS OF** cutting funding for children with autism, the ministry abruptly cut off funding to the Infant Development Program's provincial office.

Imagine for just a moment the emotional turmoil of having an infant with developmental disabilities, and not knowing where to turn to find the help your baby needs to give her a fighting chance. That's just one service the IDP Provincial Office provides, and the Ministry for Children and Families is ripping that away from some of the most vulnerable people in our province.



Johnson

THERE IS NO  
EXPLANATION  
FOR THIS  
ATTACK ON  
OUR FUTURE.

In addition to acting as a referral service for families, the IDP Provincial Office provides professional training and clinical support to the infant development program consultants around the province. Through the office, staff who work with families are also connected to a range of early childhood intervention information, resources, and services

The IDP Provincial Office has been the template for the development of Provincial Offices for Aboriginal Infant Development Programs and Supported Child Development Programs whose provincial offices were similarly

cut. As sister programs, the Infant Development Program, Aboriginal Infant Development Program and Supported Child Development Program provide a continuum of care for infants and young children, many representing the most vulnerable children in BC.

Funding will or has already been discontinued for the Healthy Choices in Pregnancy initiative at BC Women's Hospital, which focused on reducing Fetal Alcohol Spectrum Disorder. Books for BC Babies program, and minor capital grants for child care centres have been reduced from \$5,000 to \$2,000.

There is no explanation for this attack on our future, other than the government feels that kids and families are dispensable.

It is a short-sighted, mean-spirited, and direct attack on families with children with disabilities, and we as a compassionate society have a responsibility to speak up for and defend the services families count on. **R**

*Reid Johnson is president of the Health Sciences Association of BC.*



**"Nothing is more satisfying than saving a life. I can remember specific people where, had I not been there, they might not have survived the event."**

— BRIAN HERZKE, RESPIRATORY THERAPIST, PAGE 21

## FEATURED ARTICLE

### Solidarity volunteers

HSA members take their commitment to international solidarity seriously. Two members at Queen Alexandra Center for Children brought their professional skills and enthusiasm to work with communities in Honduras and El Salvador.

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## HSA FEATURED

In advance of this year's Run for the Cure, HSA is featuring mammographer Shannon Adamus in province-wide newspaper ads, urging women across BC to get screening mammograms to rule out breast cancer.



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Publications mail agreement no. 4000 6822  
Return undeliverable Canadian addresses to database department  
Suite 300, 5118 Joyce Street  
Vancouver BC V5R 4H1

## HEALTH CARE CUTS

### IHA cuts services to seniors, children

**CITING BUDGET CUTS**, the Interior Health Authority has eliminated crucial services for vulnerable residents in the Kootenays.

Golden Hospital's speech language pathologist was laid off as of the end of September, leaving neurological patients, speech-delayed children and stroke and surgery patients without the critical support they need.

Meanwhile, the recreation therapist at Talarico Place in Castlegar has been laid off and recreation therapy services at Boundary Hospital in Grand Forks have been halved.

Reid Johnson, president of the Health Sciences Association, the union that represents the laid off workers, said the cuts will hurt vulnerable patients in the region.

"Health Minister Kevin Falcon has directed health authorities to balance their budgets, and the direct result is reduced services to British Columbians," he said.

"Communities in the Kootenays have already suffered too many losses to their health care services. These latest cuts will end up costing the system more in the long run," he said.

"Speech language pathology is



critical in the rehabilitation of stroke patients, for example," he said. "And with early intervention and therapy for children with speech delays, they can help solve many problems."

The reduction in recreation therapy services will also have an acute impact on seniors in the region, Johnson said.

"Recreation therapy has been proven to decrease the need for medication in agitated or depressed seniors. In addition to enriching the lives of seniors in care homes, recreation therapy lowers depression rates, and keeps seniors active and engaged – helping to stave off dementia and other chronic health conditions," he said.

At Talarico Place, where half of the seniors are of Doukhobor descent, the recreation therapist spent years developing activity plans geared specifically to their unique needs.

"Without those therapy services, the well-being of residents will suffer," Johnson said. **R**

### Poll: British Columbians strongly oppose health care cuts

**EVEN DURING AN** economic downturn, British Columbians overwhelming support maintaining public health services. That's what respondents told HSA in August, when the union took part in an omnibus poll on public services. The results show dramatic public opposition to health care cuts in general, and to cuts to diagnostic testing specifically.

In view of upcoming contract negotiations, HSA asked two specific questions.

#### **86% of British Columbians agree (65% agree strongly) that:**

- "the provincial government should NOT make cuts to public health services during this economic downturn"

#### **88% of British Columbians agree (66% agree strongly) that:**

- "the provincial government should NOT make cuts to medical tests like lab tests, X-rays, ultrasounds, CT scans, and MRIs during this economic downturn."

These numbers reflect a landslide public consensus that the provincial government must not sacrifice our public health care system to the economic downturn.

The union plans further public opinion polling in October, as well as a membership questionnaire. Please participate in sharing your opinions should you be contacted for these important polls. The results will be tabulated and shared with delegates to HSA's Bargaining Proposals Conference in November.

## Slashing support for children is no way to balance budgets

**"GOVERNMENT SPIN** won't help autistic children and their families," HSA Reid Johnson told the media, in response to a massive government cut in support for autistic children across British Columbia announced in September.

HSA represents the team of health science professionals who work with children with autism spectrum disorder and their families, including autism intervention specialists, physiotherapists, occupational therapists, speech language pathologists, and social workers.

In mid-September, Children and Family Development Minister Mary Polak announced funding for autism services for children under age six would be cut by more than \$3 million.

Polak tried to disguise the cut as an improvement in service, saying that eliminating a \$5 million intensive therapy program for some autistic children allows the government to increase funding for all autistic children under age six from \$20,000 to \$22,000. Given the number of autistic children in the province, this actually reduces overall funding to the under six group by more than \$3 million. Meanwhile, the \$2,000 per child increase will barely cover the increase in service costs when families begin paying HST on autism services next year.

At Queen Alexandra Center for Child Health on Vancouver Island, staffing will be cut significantly, as

more than 40 staff have received layoff notice.

Polak claims autistic children will still receive adequate services, but with significant layoffs of the health professionals who provide autism services, such as those at Queen Alexandra, families will have a harder time finding qualified professionals to provide these services.

"Any way you slice it, cutting autism support by \$3 million is not good for kids," Johnson said.

## HSA members needed for health coalitions


**HSA IS AN ACTIVE MEMBER** of the BC Health Coalition, whose mandate is to protect and improve public health care. Every year at HSA's annual convention, delegates have repeatedly directed the union to continue supporting the coalition's work, and to use HSA's Political Action Fund to support members' involvement in political and community work that supports HSA objectives.

HSA provides members with Political Action Fund support to work with their community's own health coalition, or to work directly with the BCHC. The coalition works throughout the province, host-

ing forums, workshops and other events. The BCHC often needs assistance to organize or run events and activities, as well as supporters to staff information tables at other organizations' events.

HSA provides wage replacement or banked time, as well as expenses, to enable members to work in their own communities with the BCHC or their local health coalition.

"As the new labour co-chair of the BC Health Coalition, I'm pleased that HSA is giving such concrete support to HSA members to work with BC's health coalitions," said Rachel Tutte, Region 6 Director and chair of HSA's Political Action Committee. "With the many challenges facing the public health care system, our health coalitions need the skills and energy HSA members have to offer."

Because the BCHC often needs to find volunteers within a very short time frame, HSA is creating a list of members who are interested in working with the coalition, and who can be contacted if a coalition needs assistance in their area. If you are interested in participating, or would like more information, please contact Carol Riviere at the HSA office. 

## HSA's Bargaining Proposals Conference

**is planned for November 8-10 at the Four Seasons Hotel in Vancouver.** ■ Delegates are being elected through regional

meetings around the province. Look for full coverage in an upcoming issue of The Report.



Kimball Finigan (radiation therapist, representing Region 5 on HSA's board of directors) chats with representatives from the Centre for Ability in Vancouver.

## HSA's regional meetings underway

Every autumn, HSA activists gather at regional meetings to hear updates from the union's president and regional directors, and to share experiences and strategies for dealing with workplace issues.

Representatives to this year's regional meetings are also electing delegates to HSA's health science professionals' bargaining proposal conference, to be held November 8-10.

This year's regional meetings kicked off with the Region 5 meeting held in Burnaby, and will wrap up later in October.

Look for full coverage in the next issue of *The Report*. **R**

## POLITICAL ACTION

### Poverty rates still shocking among Canadian women

Canada still has shockingly high rates of women's poverty but the recession seems to have sidelined anti-poverty policies, says a new study by the Canadian Centre for Policy Alternatives.

Entitled *Women's Poverty and the Recession*, the study reveals that even after taking into account government transfers and tax credits, almost one-quarter (24 per cent) of Canadian women raising children on their own and 14 per cent of single older women are poor. This compares with a nine per cent poverty rate among children.

"Child poverty seems to win political points, but Canadian governments are ignoring the very real and private struggle of women on their own who are living in poverty in shockingly high numbers," said CCPA research associate Monica Townson.

Among the study's findings:

- Women raising children on their own are almost five times more likely to be poor than two-parent families with children.
- The poverty rate of older women on their own is almost 13 times higher than seniors living in families.

- Women who work full-time, year-round earn only 71 cents for every dollar earned by men.
- About 40 per cent of employed women work in precarious jobs that are generally poorly paid with little or no job security and no benefits such as pensions.
- Only 39 per cent of unemployed women (compared with 45 per cent of unemployed men) are receiving Employment Insurance (EI) benefits.
- Women account for 60 per cent of minimum wage workers, and minimum wage rates in all provinces are less than \$10 an hour.

The study is critical of recent federal government policies that have helped contribute to women's poverty.

"Since coming to power in 2006, the Harper government has seriously undermined progress towards reducing women's poverty in Canada," Townson said. "Among a long list of policies, Harper has restricted pay equity, refuses to fix EI to prevent more unemployed women from falling into poverty, and cut funding for early learning and child care."

Provincially, the study notes new poverty reduction strategies are underway but, to date, they fail to address the pressing problem of women's poverty. **R**

Source: *The National Union of Public and General Employees (NUPGE)* is one of Canada's largest labour organizations with over 340,000 members. HSA is a component of NUPGE.



# H1N1 virus

## Protect patients and clients from virus by protecting yourself, HSA tells members

In September, HSA released a report by an environmental health expert recommending a high standard of personal protective equipment use by health care workers to minimize the spread of the deadly H1N1 virus.

HSA and our national union, the National Union of Public and General Employees (NUPGE), commissioned the study by John Murphy of Resource Environmental Associates, Ltd., a firm specializing in occupational and environmental health and safety. HSA commissioned the report after it became clear that there was no universal standard across the province on how best to prevent the spread of the virus in hospital and other health care settings.

"It became apparent this summer that there was no consistent protocol across the province, let alone across the country, about the level of personal protective measures health care workers need to take to minimize the risk of spreading or contracting the virus," HSA President Reid Johnson said.

"This report analyses the science and comes to the conclusion that health care workers have a right and responsibility to make an assessment of the risk of spreading the infection, and to take appropriate

infection control measures to protect themselves and their patients," Johnson said.

BC's Chief Medical Health Officer Penny Kendall supported this standard in a policy directive issued in September. Kendall has directed health authorities that health care workers who conduct a point of care risk assessment and conclude that personal protective equipment is required have a right to choose the level of protective equipment they use – including N95 masks to prevent aerosol contamination – in addition to gowns and gloves and other protective measures.

In late September, HSA's occupational health and safety stewards from around the province met in Richmond for guidance on how to help members make an informed

point of care risk assessment.

Representing more than 15,000 health science professionals who work in health care and community social services providing clinical, diagnostic and rehabilitation services in hospitals and in the community, HSA's members include the respiratory therapists and physiotherapists and other health science professionals who are on the front line of treating patients with severe respiratory challenges arising from influenza.

HSA members also work closely with vulnerable populations – including children – in the community. **R**

*John Murphy's report is available on HSA's website at [www.hsabc.org](http://www.hsabc.org). Look for a feature on H1N1 in the next issue of The Report.*



## PROTECTING PUBLIC HEALTH CARE

# Single-payer system is fair and sustainable

by RACHEL TUTTE

*Rachel Tutte, a physiotherapist at Holy Family Hospital and HSA's Region 6 Director, is the new labour co-chair of the BC Health Coalition. This article originally appeared in the Globe and Mail national newspaper, and is reprinted with permission.*

British Columbians are rightly concerned about Health Minister Kevin Falcon's decision to deny \$360-million in funding to health authorities this year. Coupled with the minister's recent comments in favour of for-profit health care this summer, they should be.

The evidence is clear. A single-payer, public health-care system that covers everyone is the fairest and most cost-effective way to provide high-quality care for all British Columbians. The evidence is equally clear that many innovative public solutions are available to address the health authorities' need to do more with less.

It was frustrating, then, to hear the Health Minister suggest that public health care is no longer financially sustainable – implying that we should resort to private, for-profit insurance and clinics, despite the evidence that they cost more, are less safe for patients and compromise the public system.

For example, the Canadian Health Services Research Foundation reports that annual overhead costs of public provincial insurance plans are 1.3 per cent, while Canada's private insurers average 13.2 per cent in administrative costs. And the Canadian Institute for Health Information found that knee replacement surgery in an Alberta public hospital costs on average \$8,002, compared with between \$14,000 and \$18,000 in a private surgical facility.

Even the Health Minister's claims about Medicare's "unsustainability" need a second look. In reality, BC's health care spending has remained

relatively stable over the past 17 years as a percentage of our overall economic output. The government's message that health care spending is taking up a growing proportion of the budget is therefore misleading. There is simply no health spending-induced fiscal tsunami on the horizon – but there will be if we allow for-profit health care to expand.

Health care is a high priority for British Columbians, and most agree that it is a worthwhile investment. But Mr. Falcon's demand for budget cuts hampers our ability to manage costs over the long run and will have major repercussions on British Columbians' health.

Some health authorities have responded by cutting their diagnostic budgets, for example, making the wait longer for patients who require an accurate diagnosis and effective





treatment. This means some patients will become sicker, and require more complex and expensive treatment and rehabilitation.

Other health authorities have said they will cut elective operations, even though BC has several highly successful pilot programs for managing surgical care within the public system that have dramatically increased operating room efficiencies and reduced hospital stays. These programs are team-based, viable, economically achievable solutions, and they need to be scaled up now.

Those familiar with the provincial government's history of privatization can't help but see connections between the health authorities' cuts to elective surgery and the health

minister's comments promoting private, for-profit clinics.

At the same time, a group of for-profit surgical clinic owners have targeted public health insurance regulations and protections in the courts.

They claim to act on behalf of patients, but this lawsuit is really about giving US-style private health-insurance companies access to BC patients. What we see from the United States and from examples at home is that private care costs more and provides less.

Montreal is considered one of the hardest places to find a doctor, yet the city has a high density of private "boutique" physician clinics. In Alberta, the introduction of private

cataract surgery clinics was directly linked to increases in waiting lists in public hospitals.

Experience shows that we will make our public health-care system stronger when we invest and expand on proven public solutions.

Whether it's the hip and knee reconstruction project at Richmond Hospital and the North Shore Joint Replacement Access Clinic that reduced waiting times, or BC's reference-based drug program that increases cost efficiencies, we can and must build on the successful innovations in public health care.

By adopting and promoting public-sector solutions, we can continue to have one of the best health care systems in the world. **R**

## Find your steward



Have concerns at work? Call your steward!

### It's now easier than ever to find your steward's contact information.

The union's website now includes a list of chief stewards (including work phone number) for each worksite. At sites where there is temporarily no chief steward, an email link lets you contact HSA's webmaster, who will in turn ensure you receive an answer to your question as soon as possible.

You can find the list on HSA's website at [www.hsabc.org](http://www.hsabc.org). Look under Contact > Find your steward. The information is updated daily.

Contact information for stewards at your worksite will continue to be posted on the union bulletin board at each site.

**hsabc.org**



What are you doing?

Latest: Random statistic of the day: Canada has two pigs one person. about 1 month ago

Real-time results for **hsabc**



hsabc Why are the BC Liberals pickin  
<http://tinyurl.com/ycmtp52>  
4 days ago from web



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every day: screening, diagnosis, treat  
support <http://tinyurl.com/yeycumg>  
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## Important security notice for HSA members

Please take notice that on or about March 20, 2009 an HSA database on its website appears to have been breached. The member data which may have been accessed are:

- Name
- HSA Membership number
- Personal email address
- Home phone number
- Date of birth

Steps were immediately taken to identify and remove any rogue database records, change all pass-

words on the database and implement additional security layers above the current software based security.

We would recommend that all members contact their financial institutions to ensure that no personal information was retrieved during the breach. It is not possible for the analysts to determine what information, if any, may have been compromised.

It is recommended that members contact the credit bureau and their financial institutions to ensure that there has been no unauthorized activity in their name.

We stress that the breach was found quickly and corrected immediately. If there has been any unusual activity that could be attributable to exposure of members' personal information please advise Rebecaa Maurer at HSA's office at 604.439.0994 (Lower Mainland) or 1.800.663.2017 (toll free in BC).



Thousands turned out to this year's Labour Day picnic, held at Trout Lake in Vancouver. HSA administrative assistants Karin Herbert (left) and Pattie McCormack helped staff the union's booth, distributing stickers, temporary tattoos, flags, and more.

## Public sector workers deserve fair bargaining environment

This fall, HSA's national union – The National Union of Public and General Employees – released a report examining the truth behind a recurring thesis promoted by the Canadian Federation of Independent Businesses that public sector wages are out of control.

NUPGE's critique of the CFIB thesis was prepared by independent economist David Macdonald, a research associate with the Canadian Centre for Policy Alternatives who acts as coordinator of the Alternative Federal Budget project for the CCPA. He is also a frequent media commentator on national public policy issues.

Among the findings in the report, as reported recently by NUPGE secretary-treasurer Larry Brown:

- The methodology used in the CFIB study would not be accepted in a second-year university economics course.
- Every serious unbiased study done by academics has concluded there is a much smaller differential between private- and public-sector wages, and that much of it is explained by the fact that women in the public sector have to be paid equal pay for work of equal value. The CFIB study ignores the role of women's wages in the overall picture.
- The evidence also suggests the differential reverses with those in management positions. Actually, in the case of management employees there is a huge gap. Managerial public sector employees earn 41 per cent less than their private sector counterparts.
- The serious studies show that differences in unionization rates between the public and private sectors are a major determinant of the wage gap. Of course the variation increases if one compares union to non-union wages. It does in the private sector as well. Unionized workers in the private sector enjoy a wage advantage that amounts to between seven per cent and 14 per cent, according to credible research.

## Maureen Headley



Headley

### PR CAMPAIGN AGAINST PUBLIC SECTOR WORKERS IS UNFAIR

- The CFIB study essentially manufactures the wage gap, including benefits. They admit that they didn't actually have broken down benefits variables in their census data purchase. Instead they inappropriately used unadjusted averages to get their results. Their assumption is based on Statistics Canada research that compares all employees; the benefits of highly qualified public employees are compared to the benefits earned by minimum wage workers in retail or fast food restaurants. When it comes to benefits, the CFIB study throws in everything,

uses a completely different standard, and then claims the result is meaningful.

- The CFIB study does not factor in key elements like education and experience, factors considered by every employer in Canada when determining wage levels.
- One academic study has examined the effect of immigrants in the workforce. That study found that there is no difference between the wages of immigrant and non-immigrant workers in the public sector, but there is a lower wage level in the private sector of 14 per cent for immigrant men and 11 per cent for immigrant women.

The argument that public sector workers – including health care workers – have an unfair wage advantage over workers in the private sector feeds into a concerted and long term campaign against public services and public sector workers. The NUPGE-commissioned review of the academic papers on the subject shows that what has been peddled as truth is largely a distortion of the facts.

Why should we care? Public sector bargaining in any

CONTINUED ON NEXT PAGE



## Deadline approaching for HSPBA Bill 29 Education Fund

**FROM FEBRUARY** 2008 to date, the HSPBA Bill 29 Education Fund has provided bursaries to more than 600 HSA members, supporting education ranging from one-day professional development courses to Masters and PhD programs.

This funding arose out of the union's negotiated settlement flowing from the Supreme Court of Canada decision that certain sections of Bill 29 were unconstitutional. This was one-time funding.

Many HSA members are pursuing professional development opportunities through this fund; however, the union has received many more applications to the fund than was anticipated. As the union's priority is to distribute funds to HSA members in a timely manner, a deadline has been established to disburse the remaining funds to members pursuing professional development.

The final deadline for applications to the fund will be November 15, 2009.

Applicants to this last deadline should be aware that as remaining funds are limited, the union does not anticipate being able to fully cover educational and related expenses to all applicants.

For more information, and to download the application form, see HSA's website: [www.hsabc.org](http://www.hsabc.org) > Member Services > Education programs > Scholarships and bursaries

## Registered psychiatric nurses overwhelmingly support HSA

**AS MOST HSA** members are aware, HSA represents registered psychiatric nurses across the province as part of the Nurses' Provincial Bargaining Association. RPNs were one of nine founding professions when HSA formed in 1971, and as the caregivers of choice in mental health, have consistently benefitted from HSA representation – culminating in an overwhelming province-wide vote of support for HSA in 1995, in a vote overseen by the Labour Relations Board of BC.

This summer – in light of the recent turmoil surrounding BCNU's raid on licensed practical nurses currently represented by HEU – two

of HSA's RPN activists conducted a phone survey of RPNs.

RPNs Audrey McMillan and Ruth Larson discussed with RPNs their workplace issues and gathered information about RPNs' satisfaction with their union representation.

Registered psychiatric nurses they contacted expressed overwhelming support for HSA. RPNs were happy that with HSA representation, their specialized training and expertise are highlighted – not submerged in a larger pool. They were also pleased that their dues are only 1.6 per cent of earnings, compared with 2.0 for the BCNU.

A further round of phoning is being planned, in order to contact those psychiatric nurses who could not be reached during the summer.

**R**

## Public sector workers deserve fairness

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circumstances is a difficult proposition. Public opinion about public sector wages has an impact on the mandate politicians will give their negotiators at the bargaining table. If politicians believe they have public opinion on their side against any increases, they will toe a hard line against improved wages and benefits for the people – including health care workers – delivering public services.

As HSA and other unions prepare to enter bargaining for new collective agreements to replace the ones expiring at the end of March 2010, the BC government has already clearly

signaled that it believes it has the public on its side against fair wage increases for health care workers.

They blame the poor economy. At the same time, the government would have us believe that the BC economy is the healthiest one in the country. If that's the case, then BC should be able to keep pace with the other provinces – including keeping up with the going wage offers being tabled across the country.

Download a copy of *An Examination of the Public Sector Wage Premium in Canada* at [www.nupge.ca](http://www.nupge.ca).

*Maureen Headley is HSA's executive director of legal services and labour relations.*



# Building connections, reaching out

by LAURA BUSHEIKIN

Making a difference:  
HSA members reach out in international solidarity

**ABOVE:** Along with other volunteers and members of the community, physiotherapist Lynn Purves helped build houses in El Salvador.

PHOTOS COURTESY LYNN PURVES AND PHIL HARMUTH

**W**ho would want to spend their holiday in an out-of-the-way place with no hotels, restaurants or attractions (let alone hot running water), sleeping in bunk-beds, and working hard all day for no pay?

HSA members Lynn Purves and Phil Harmuth do just that. Both long-time staff at the Queen Alexandra Centre for Children, they volunteer their invaluable skills abroad – and they consistently return feeling they've received as much, or more, than they've given.

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In the small mountain community of Alegria, El Salvador, many homes had been destroyed by earthquakes. Purves helped build 10 homes.

*"We have gone into helping professions for various reasons, but somewhere in our hearts we have the desire to support and help others who are less fortunate or are in need."*

Harmuth, a speech language pathologist, went to Honduras twice, in 2007 and 2008, to volunteer at an orphanage. Purves, a physiotherapist, went to El Salvador last March to help build housing for people left homeless by earthquakes.

Harmuth said his motivation came from a desire to give back on a global level. "For HSA members, international volunteering is a natural fit," he said.

"We have gone into helping professions for various reasons, but somewhere in our hearts we have the desire to support and help others who are less fortunate or are in need. Volunteering either locally or abroad is an extension of that.

"When I have given back in the past, it has enriched my life greatly and given me a sense that it is part

of my purpose in life," he said. "Part of my wanting to give back has to do with my strong faith and belief that we are called to help others."

He and his wife, former HSA member Donna Seedorf-Harmuth, a practice leader with the Vancouver Island Health Authority, had been enthusiastic world travellers for decades – at one point heading off to Europe with their three-week-old baby. With retirement approaching, Harmuth felt like the time had come to explore a different kind of travel.

They heard about the Children's Home Emmanuel in Honduras through friends. Along with their college-aged daughter Talia, they signed up for a week of volunteer work. The family didn't really know what to expect, but were confident they would be needed. "What they really needed help with was spending time with the kids," Harmuth said.

"The children were well-clothed, well-nourished and well-educated, but they still needed love, affection, touch, and play. We engaged in simple activities, pushing them on the swing, going for walks, playing soccer and bingo.

**"MANY CHILDREN WITH** special needs also live at the orphanage, which was very comfortable for us because we have been working with this population throughout our professional careers," he said.

Spending all day with the children – who were hungry for attention and connection – was exhausting, but genuinely rewarding. "There are





450 kids there and all have beautiful smiles on their faces.”

The children at the orphanage either have no living parents or have been neglected or abandoned by their parents. Before going to the orphanage, they had been living on the street: undernourished, uneducated, unloved and unsafe.

The orphanage has a farm and a restaurant where the children work. “They are learning life skills, and contributing in a real way,” he said.

The Harmuths returned for another week of volunteering a year later. Harmuth tells the story of one young woman. “She was about 17, had been out on the street, been raped and had a baby,” he said.

“She had cognitive challenges and could certainly not look after her baby. She was new to the orphanage our first year there, and my wife took a shine to her. She got her

completely cleaned up – gave her a bath, a haircut, and arranged for her to have new clothes. When we went back the next year she looked like a different young woman,” he said.

“Her head was up, she carried herself with more pride, and was taking greater care of her child, whereas before she’d been completely disengaged from the child. And she remembered us! It was clear that her time at the orphanage was so valuable.”

The Harmuths’ experience in Honduras has made them appreciate all they have in Canada. “I am forever grateful; I don’t take stuff for granted. It is a very humbling experience to spend time with these kids and realize where they have come from and what they have in front of them and realize how fortunate we are here. I

**Speech language pathologist Phil Harmuth volunteered at an orphanage in Honduras.**

*“Many children with special needs live at the orphanage, and we have been working with this population throughout our professional careers.”*

Physiotherapist Lynn Purves (third from right) in the doorway of a house she helped build in El Salvador. She is pictured with another Canadian volunteer (far left) and the family who will live in the house.



feel very blessed and privileged,” he said.

Lynn Purves drew similar conclusions from her experience building houses in the El Salvador mountain-top village of Alegria. Like Harmuth, Purves had always been an avid traveller, and wanted to experience something new.

*“It was very satisfying to work alongside the members of the community, and to get to know the family members.”*

She travelled to El Salvador in March of 2008 as part of a group organized by the Emmanuel Baptist Church in Victoria. After spending a few days in San Salvador, the capital, learning about the country, the group headed to Alegria – a small mountain community Purves describes as “the poorest of the poor in El Salvador.”

The coffee plantations that previously bolstered the local economy had been devastated by political in-

stability and natural disasters. Many homes had been destroyed by earthquakes, and many families were living in makeshift corrugated tin shacks with no amenities.

Purves helped build 10 homes, along with other Canadian and Salvadorian volunteers, local community members and the families of those who needed housing. This was part of a larger three-year project in the area. Each house is a simple, sturdy, two-room construction of concrete blocks with a metal roof and louvered windows.

**“OUR JOB AT THE WORKSITE** was to assist the local mason with tasks like mixing cement to fill between the blocks, to carry material from the depot to the house sites, and to haul water from the local town water tap. It was very satisfying to work alongside the members of the community, and to get to know the family members,” she said.

"Some of these people had never had a house before, and would never have been able to afford one without the generosity of others. It was gratifying to see the small efforts of many add up to make a profound change for the families and the community of Alegria.

**"I WAS IMPRESSED** by the way our group from afar came together with the local community for a common goal. It was a rich and rewarding experience."

Purves will be retiring sometime in the next few years. The trip was her way of exploring one option for this new phase of life.

"It feels so good to give back, to offer your time and support to those in need. There is always something you can do to help," she said.

Purves and Harmuth both involved their workplace in their trips. They invited contributions from colleagues, and when they returned they gave a slide presentations at the workplace so that those who supported them could see the results of their generosity.

Harmuth and his family each lugged a full suitcase of supplies, including soccer balls, cosmetics and basic medical supplies donated by Queen Alexandra staff. "I was amazed, just floored, at the generosity of the staff," he said.

One of those staff members is HSA activist Anna Morton, a social worker at Queen Alexandra. Having served as a member of the union's Committee on Equality and Social Action last year, she appreciates



the value of international solidarity work.

"HSA members here in the province are facing our own issues, but it's really important to go outside of that and look at what people in other countries are facing," she said. Experience abroad teaches us to value what we have – and to protect it," she said.

"Although we are nowhere near having the problems of developing countries, we have started going down a slippery slope. Some of us are losing the values inherent in being Canadian: for example, a public health care system accessible to even those amongst us who cannot afford to pay for service," she said.

"We need to fight, now more than ever, for the recognition of the importance of what HSA members provide. We also need to fight to preserve and improve the public system we will all inevitably need access to." **R**

**International solidarity makes a difference.**



# Improved pension estimator helps plan your future

by DENNIS BLATCHFORD

## **I've noticed changes to my annual pension statement, including reference to a personalized on-line pension estimator. Is this new?**

Yes. The new and improved on-line pension estimator allows Municipal Pension Plan members to enroll and access their most recent contribution information, and project the value of their pension upon retirement. By using the enrollment number on their annual benefit statement, active members can log in to track their most up to date salary and service information by accessing the My Account feature on the Municipal Pension Plan website ([mpp.pensionsbc.ca](http://mpp.pensionsbc.ca)).

This system replaces the generic pension estimator of the past, and gives active plan members better and more accurate information on the status of their pension benefit. While the My Account feature is a big improvement on calculating your pension benefit, it does not replace the final calculation done by the pension corporation staff once your retirement date is established.

These improvements are part of an overall strategy of improving communication to Plan members. Since the inception of joint-trusteeship in 2001, the Municipal Pension Plan board of trustees have placed a high priority on improving all aspects of Plan communications to members. This work has been carried out by working closely with the pension corporation to improve services to members, invest in better technologies, and to simplify and clearly communicate Plan rule changes. The My Account feature is proving to be a popular improvement as nearly 30 per cent of active Plan members have made use of the program in the last year.

## **Are there other improvements coming?**

The board of trustees continues to work with the pension corporation to improve pension literacy to all Plan members regardless of where they are in their careers. New communication tools have been developed to target Plan members at the beginning and mid-point of their careers.

The pension seminar "Your Pension, Your Future" has been tailored to address the needs and concerns of these members. In all, over 8,000 Plan members in 43 BC communities attended a pension seminar last year: a 30 per cent increase over the previous year.

The pension corporation also produced a series of videos to educate Plan members on what it means to be part of the Municipal Pension Plan. Those videos are available now on Youtube, with links available on the Plan's website. These initiatives are all part of an overall strategic plan to continue to improve communication to Plan members and this work will continue in the years ahead.

Do you have questions for HSA's pensions & benefits advocate? Contact Dennis Blatchford at [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org)

## 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. A list of chief stewards for each facility is now also available on HSA's website, at [www.hsabc.org](http://www.hsabc.org). Look under Contact > Find your steward.
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).

# Parental leave and benefits

## KNOW YOUR RIGHTS UNDER YOUR COLLECTIVE AGREEMENT

by JULIO TRUJILLO

**I work as a lab tech in a hospital, and I'm pregnant. So is my colleague – she's a registered psychiatric nurse at the same facility. Do we have the same maternity leave benefits?**

Yes you do. But, depending on your contract, different groups of HSA members have different parental leave benefits.

This article discusses the benefits applying to the majority of our members (those covered by the Health Science Professionals Bargaining Association and the Nurse's Bargaining Association agreements), then details the differences in other collective agreements.

### A - MATERNITY LEAVE

For members covered by the HSPBA and NBA, maternity leave of 52 weeks may commence up to 11 weeks prior to the expected delivery date. This leave is divided into 17 weeks maternity leave + 37 weeks parental leave. The benefit entitlement throughout both of these leaves is the same as if the employee had been at work during that period of time.

Other benefits – such as health and welfare benefits, pension, and others – are continued in the same manner as if the employee were not absent.

Seniority, service and vacation entitlements also continue to accrue during this period of time as if the employee were not absent.



**Know your rights: questions and answers about your collective agreement rights**

Additionally, during the 17 week maternity leave period, the employee is entitled to the Supplemental Employment Benefit Plan providing 85 per cent of normal weekly earnings.

Please note that the calculation of “normal weekly earnings” includes all hours scheduled to work during the 20 week period preceding the maternity leave. For part-time employees, this amount exceeds the full-time equivalency of their position since they often work extra shifts.

Also note that this benefit is unconditional and does not require a commitment to return to employment following the maternity leave.

This entitlement is available to all full-time and part-time employees filling permanent or temporary positions at the time the maternity leave begins.

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### **B - NATURAL FATHER OR ADOPTIVE PARENT, INCLUDING SPOUSES IN SAME-SEX RELATIONSHIPS**

This is a parental leave of 37 weeks that may be taken at any time within 52 weeks of the adoption or birth.

The benefits described under maternity leave apply equally to an adoptive parent or the natural father – with the exception of the Supplementary Employment Benefit Plan, which is only available during maternity leave.

Please note that in the case of the natural father or adoptive parent, this leave is not the same as the Employment Insurance entitlement, which can not exceed 37 weeks in total for both parents combined. In other words, the mother may have taken the full 52 weeks receiving EI maternity and parental benefits and the father or adoptive parent may still take 37 weeks under the provisions of the collective agreement – although EI benefits are not payable.

In recent news, on September 10th of this year the Employment Insurance Board ruled unanimously in favour of an Ottawa couple who argued that parents of twins should both be able to receive Employment Insurance benefits for full parental leaves. It remains to be determined whether EI policy changes will provide similar options to other parents with twins,

### **C - COMPLICATIONS OF PREGNANCY**

Any complication of pregnancy prior to going on maternity leave is sick leave. There is no need to commence your maternity leave early under this circumstance, and you can use accumulated sick-leave credits for this purpose – or an unpaid leave of absence due to illness, if necessary.

You can, of course, begin the maternity leave early in this circumstance if you don't have sufficient sick leave credits to cover the period of illness prior to the maternity leave.

You should also be aware that a termination of pregnancy after the 20th week entitles the woman to full

maternity leave benefits if she so chooses. Prior to the 20th week, EI considers the absence an illness.

### **Community Health Agreement, CML, Paragon Orthotics**

All of the above also applies to employees covered by the Health Services and Support Community Subsector, CML, and Paragon Orthotics agreements, with the exception of the Supplementary Employment Benefits Plan (i.e. there is no top-up by the employer during the first 17 weeks).

There is an exception to this: employees who “de-merged” from the HSPBA to the Community Subsector Agreement continue to receive the Supplementary Employment Benefit by special memoranda.

### **Community Social Services Agreement**

Coverage for our members working under the provisions of Community Social Services agreements is the same as coverage under the Health Services & Support Community Subsector Agreement.

Please note that an issue concerning the accumulation of vacation pay entitlement during maternity and parental leaves is currently under dispute between the unions in the Community Social Services Bargaining Association and the employer. **R**

*Julio Trujillo is HSA's labour relations intake officer.*

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





PHOTO COURTESY BRIAN HERZKE

**Brian Herzke**  
Respiratory Therapist  
Vancouver General Hospital

Brian Herzke, in a photo featured on a workplace poster at Vancouver General Hospital.

## SAVING LIVES THROUGH RESPIRATORY THERAPY

# Tending the breath

by LAURA BUSHEIKIN

From the first inspiration of a newborn baby, to the last exhalation of a person at the end of life, breathing defines our existence.

Accordingly, respiratory therapists can be an integral part of every step of this journey. It is no wonder, then, that respiratory therapist Brian Herzke finds his job both exciting and profound. It is also no wonder that this profession has grown and expanded in scope since its inception.

In the spectrum of health care providers, respiratory therapy is a relatively new profession: it evolved in the 1950s during the polio epidemic, when the first mechanical ventilators were invented. At that time, respiratory “tech-

nicians” maintained oxygen cylinders for these machines, but had little interaction with the patients they supported. These days, the role has expanded to include technical, therapeutic and diagnostic care in both community and acute care settings.

“We are the ABC’s – we manage the airway, provide breathing and assist with circulation,” Herzke said. “We are a part of the cardiac arrest team and the trauma team; we are also involved with the assessment and treatment of patients with severe respiratory distress,” he said.

“We treat and educate asthmatics; we work in the intensive care unit as well as the cardiac surgery unit for both neonates and adults. We practice in the emergency department as well as assist with transports both in and out of the hospital environment.” The scope of an RT seems to grow every day.

“We treat sleep disorders such as sleep apnea, and we are getting more involved with rehabilitation and community care. You’ll find RTs at GF Strong working with patients and families

on how to manage life on a ventilator outside of a hospital setting.”

Respiratory therapists are essential almost everywhere in the health care system. This becomes clear when Herzke describes his current position as a member of the critical care outreach team (CCOT) at Vancouver General Hospital. This medical emergency team is comprised of a critical care RT, a critical care nurse, and a physician.

*“Nothing is more satisfying than saving a life. I can remember specific people where, had I not been there, they might not have survived the event.”*

The team will respond to calls from anyone or anywhere in the hospital when a patient exhibits early warning signs of impending distress or deterioration. This

medical SWAT team provide preventative care management of those patients at high risk of critical illness.

“Anyone can call us – a nurse, a doctor, a physiotherapist – if they think a patient is deteriorating to the point of requiring critical care,” he said. “Often, we can be at the bedside sooner than the physicians to support the primary care team members, and we assist with getting things started. Then, after the patient is stabilized, we follow up with feedback to the patient’s primary care team,” Herzke explained. This feedback helps improve the overall care for all patients through support, collaboration and effective communication.

Further, the CCOT members are effective in leadership and mentoring for other health care professionals, some of whom do not have a critical care background. This shared partnership capitalizes on the educational strengths of respiratory therapists. “Our goal is to try and prevent intensive care admission when possible – or facilitate it when it is required. When patients do need intensive care, we want to shorten length of stay with healthier results.”

Response from the staff on the wards has been

overwhelming, he said. “We are inundated with thank yous for helping, supporting and teaching,” Herzke said.

“When the critical care outreach team first started, we’d be called in when there was a code blue and someone was in cardiac arrest and about to die. Now, we are called before that happens, and we are better equipped to save someone. Our motto is ‘call early – call often.’”

Sometimes respiratory therapists are involved in scenarios where their actions and decisions can be described as being life saving. “Nothing is more satisfying than saving a life,” Herzke said. “I can remember specific people where I have felt I had a big hand in giving them more life. Had I not been there, they might not have survived the event.”

RTs provide expertise through their understanding of mechanical ventilation, or life support. This complex intervention requires years of training to optimize the care and management of a critically ill patient. RTs can often suggest or implement life saving ventilation strategies.

In the emergency department, RTs work with patients suffering from asthma and chronic obstructive pulmonary disease. “The greatest thing about being in the emergency department is successfully caring for a patient with chronic airway disease,” he said. “The patients are often admitted scared and unable to breathe; we can deliver medications to relieve them, and use lung testing techniques to measure their improvement or deterioration. This is very important given our aging society and the increased number of people who are suffering from these diseases.”

All respiratory therapists receive training to provide neonatal and paediatric care. He said many RTs then specialize to work in this environment. “RTs are trained to deal with premature babies, and other high risk births,” he said. “We are there giving them the first breath of life.”

Even though Respiratory Therapists are often fortunate to be involved in life saving scenarios,

there are many situations where RTs participate in end of life issues. “We are often present when someone is dying – and we have been trained to be a part of this process. It is a part of our job,” he said.

“I’ve been a part of grieving with families. It’s not always easy. Afterwards, you have to be centered with yourself and ultimately be able to leave it behind, or ask for help when you can’t.

“The best part for me is when I’ve helped care for a patient from full therapy to comfort care, helping families understand what their loved one is going through, and helping them get through a very difficult time,” he said.

Herzke graduated in 1980 with a diploma from what was then Cariboo College in Kamloops, and is now Thompson Rivers University. Respiratory therapy is Hertzke’s third career.

“I used to process income tax returns” he said, sounding almost incredulous. “I hated the desk work.” After some career counselling, he was drawn to respiratory therapy even though he was a bit unclear what it truly entailed.

“I had little idea of what I’d be doing until my final year. But on the first day of my student placement in emergency, I thought: Wow, this is exactly what I should be doing. A bit of adrenaline for excitement, a bit of helping others as I am a caring person, a bit of technology so I could utilize my sciences, and an ability to grow in my profession.” For Herzke, this was the perfect professional fit.

“After 20 years of doing this, I’m still enthused,” he said.

This doesn’t mean there aren’t frustrations. “Our biggest challenge right now is professional recognition,” he said. “BC is one of the last provinces where RTs are unregulated.” (Newfoundland is the only other province without regulation). According to Herzke, this means that RTs do not have a professional college and are not included in the Health Professions Act.

“We are well behind other provinces. Some have had their colleges in place for years and even decades. This is important because a college functions to protect the public and our profession,” he said.

“The current government does not want to create any further colleges for professional groups, but we are still fighting hard to be recognized.” From the first breath to the last, respiratory therapists are at the bedside. They are passionate about providing the best patient care to make both portals of life as comfortable as possible. **R**

*Respiratory therapists across the province presented a variety of events aimed at educating the inter-hospital community and the public about the work of respiratory therapists during Respiratory Therapy week in October.*



### **H1N1: Respiratory therapists**

are among many health and community social services workers on the front line of patient and client care who may be exposed to the H1N1 virus. See resources on HSA’s website on preventing the spread of H1N1, and ensuring your safety at work.

**For more information on respiratory therapy, see the BC Society of Respiratory Therapy’s website at [www.bcsrt.ca](http://www.bcsrt.ca)**



## HSA congratulates scholarship winners

Many scholarships and bursaries are available to HSA members and their children. Applications for 2010 will be accepted beginning January 2010. See HSA's website at [www.hsabc.org](http://www.hsabc.org) for more information.

HSA scholarships are adjudicated by the union's education committee. Members of the 2009/2010 education committee are:

- **Marg Beddis (Chair & Region 7 Director)**
- **Agnes Jackman (Region 4 Director)**
- **Rick Lascelle (Region 3)**
- **John Sawitz (Region 4)**
- **Charles Wheat (Region 10)**
- **Leila Lolua (Staff)**

For information about the work of this committee, contact Leila Lolua at 604/439.0994 (Lower Mainland) or 1.800/663.2017 (toll free in BC).

### **Quinton Benson**

Son of James Benson  
Juan de Fuca Hospital  
Recreation Therapist

### **Hilary Campbell**

Lions Gate Hospital  
Social Worker

### **Patrick Cassidy**

Son of Bonita Klim  
St. Paul's Hospital  
Anesthetic Assistant /  
Respiratory Therapist

### **Ryan Chew**

Son of Evelyn Chew  
Vancouver General Hospital  
Health Records Administrator

### **Rebecca Chin**

Daughter of Anne Chin  
Fraser Valley Child  
Development Centre  
Physiotherapist

### **David Clarkson**

Son of Shirley Clarkson  
St. Paul's Hospital  
Registered Psychiatric Nurse

### **Jessica Corsino**

Daughter of Joseph Corsino  
The Centre for Child  
Development  
Accounting Clerk

### **Suzanne Dunn**

Haven Society  
Victim Service Worker

### **Janel Dykstra**

Lillooet District Hospital &  
Shuswap Health Services  
Medical Radiation  
Technologist

### **Matthew Finnerty**

Son of Garry Finnerty  
Mount St. Joseph's Hospital  
Diagnostic Medical  
Sonographer

### **Andrew Franklyn**

Son of Rosanne Franklyn  
The Centre for Child  
Development  
Occupational Therapist

### **Shauna Gagnon**

Kelowna General Hospital  
Social Worker

### **Alexa Greatrex**

Daughter of Tracey Greatrex  
North Okanagan Neurological  
Association  
Supported Child Care  
Consultant

### **Brianna Hawkins**

Daughter of Mark Hawkins  
Kitimat General Hospital  
Medical Laboratory  
Technologist

### **Ryan Hendricks**

Kelowna General Hospital  
Social Service Assistant / Youth  
Care Counsellor

### **Karina Holmgren**

Daughter of Dauphne Rosell  
Campbell River Hospital  
Medical Laboratory  
Technologist

### **Martin Kozinsky**

Son of Mary Kozinsky  
Burnaby Hospital  
Cardiac Ultrasound  
Sonographer

### **Nathan Leung**

Son of Patricia Shorting  
Royal Jubilee Hospital  
Medical Laboratory  
Technologist

**Melody Lo**

Daughter of Anita Lo  
Ridge Meadows Hospital  
Pharmacist

**Scott McCarten**

Nanaimo Regional General  
Hospital  
Medical Laboratory  
Technologist

**Elizabeth Murphy**

Daughter of Helen Murphy  
Mills Memorial Hospital  
Registered Psychiatric Nurse

**Eliza Robertson**

Daughter of Kathryn Cass  
Queen Alexandra Centre for  
Children  
Psychologist

**Sarah Siebert**

Daughter of Gregory Siebert  
Royal Columbian Hospital  
Nuclear Medicine Technologist

**Kaela Smith**

Daughter of Adrian Smith  
Vancouver General Hospital  
Biomedical Engineering  
Technologist

**Stephanie Smith**

Sunny Hill Health Centre  
Occupational Therapist

**Andrea Steele**

North Shore Community  
Health Services  
Database Support Analyst

**Alyssa Stevenson**

Daughter of Larry Stevenson  
Vancouver General Hospital  
Biomedical Engineering  
Technologist

**Luke Warkotsch**

Son of Karla Warkotsch  
Kelowna General Hospital  
Recreation Therapist

**Brian Williams**

Burnaby Centre for Mental  
Health & Addictions  
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PHOTOS COURTESY ANNE DAVIS

**ANNE DAVIS**

Assistant Chief Steward

Program Coordinator

Comox Valley Transition Society

HSA representative and second vice president, Campbell River, Courtenay &amp; District Labour Council

FIGHTING INEQUALITY, WORKING FOR CHANGE

## Social justice at work in community and home

by LAURA BUSHEIKIN

Like many HSA members, Anne Davis is actively engaged in the fight for social justice. But even the union's most passionate activists might be surprised by how hard Davis is working to advance social justice, human rights, labour, and gender equality.

First of all, there is her job. Davis is program coordinator for the Comox Valley Transition Society, a non-profit organization that runs a women's transition shelter, a public outreach office, and a fundraising thrift store in Courtenay. "A big part of my job is being involved in the

community. I sit on a number of coordinating committees that work on issues related to violence against women. Also, I speak out a lot about the inequality of women."

Davis appreciates having a job she is passionate about. "I'm incredibly lucky to get paid for work I really care about that allows me to be an activist in my community. I don't take that for granted. I know lots of people go to work every day and it's a slog and not very meaningful."

Another benefit Davis does not take for granted is the advantage of a unionized workplace. In fact, she was active in the organizing drive when she and her colleagues decided they wanted to join a union. This was back in 1993, soon after Davis started her job.

"We checked out a couple of unions. HSA won hands down. The staff representative who came

**ABOVE:** HSA activist Anne Davis helps host the annual Miners' Memorial Day in Cumberland.



to talk to us already knew a lot about transition houses, and she brought along a woman who was a steward at the Nanaimo transition house to talk about their experience with HSA. They were both very prepared and knowledgeable.

“We get really good service from HSA,” she continues. “The social services sector is just a tiny part of the union – about five per cent. Yet the union is aware of our issues and respond very quickly if we have problems. I feel we receive the same level of service as the other 95 per cent, and we really appreciate that.”

**DAVIS IS THE UNION’S** assistant chief steward at her workplace, and also HSA’s representative on the Campbell River, Courtenay and District Labour Council. She has been on the labour council for over 10 years and is also its second vice president.

The labour council is an umbrella organization made up of delegates from all the local unions. “We get together once a month so we can share information, support each other through job actions, and provide a united voice for labour locally,” Davis explained. “It’s something I really enjoy because I like to get together with other union activists.”

It was at a gathering of union activists many years ago that Davis first realized just how broad and powerful the labour movement could be.

“When I first belonged to a union – it was BCGEU – the local rep called me up and invited me to go to the BC Federation of Labour convention. At that time I thought unions were just about decent wages, benefits and working conditions: certainly reasonable things to work for, but pretty specific.

“On the first morning of the convention, I was riding down on the elevator with these steelworkers from Trail. They were great big guys with Steelworker jackets. I had a definite stereotype of who they were and why they were there.



With help from HSA’s Madden Memorial Fund, Anne Davis attended this year’s Pacific Northwest Labour History Association Conference held at the Seattle Labor Temple.

“Well, later one of these guys got up and talked about child care. He talked about an incident where some children at an unlicensed child care facility had burned to death, and he broke down and cried at the microphone; he wept and he talked about the injustice of children not having adequate child-care and about its effect on women and communities as well,” she said.

“That completely shattered all my preconceptions. I realized that unions were about more

*It was at a gathering of union activists many years ago that Davis first realized just how broad and powerful the labour movement could be.*

than wages. It was a real eye opener to see how much work unions do around social justice and community issues. It was very inspiring.”

**DAVIS IS STILL** learning about the labour movement – and encouraging others to learn. She has a strong interest in labour history, and for the last couple of years has been the emcee at Miners’ Memorial Day in Cumberland, a former mining community with a rich labour movement history.

“On Miners’ Memorial Day we honour local workers and labour activists. People come

*“When we go to school we don’t learn much about the history of working people. It’s all about kings and queens and national leaders.”*

from across Canada and as far away as Australia. People send wreaths that are laid on the graves of Ginger Goodwin and the miners who died in the mines.” Ginger Goodwin was a United Mine Workers labour

organizer who was shot by hired private police in 1918. His murder is credited with sparking Canada’s first General Strike.

“Labour history is really important,” says Davis. “When we go to school we don’t learn much about the history of working people. It’s all about kings and queens and national leaders. But the history of working people is very interesting; it’s the history of our own communities.”

Davis has attended the Pacific Northwest Labour History Conference three times, thanks to funding from HSA’s Madden Memorial Fund. “That funding has allowed me to go to these conferences where I can learn more about labour history and feel more connected to the larger labour movement,” she said. She urges other HSA members to take advantage of the Madden Fund, which pays costs associated with travel to educational events.

**FOR THE PAST COUPLE OF YEARS,** Davis – along with her husband, a retired union educator – have been instrumental in organizing the Comox Valley Mayworks Festival of Labour and the Arts. The festival presents visual art, music, spoken word and theatre about work and people’s working lives.

“It’s a really fun way of getting some of the issues out into the community and getting people talking and thinking about them. People go to work every day, five days a week. But there isn’t a lot of arts and public commentary about work.”

Even in the co-called private sphere of family, Davis is an activist: “I’ve got four kids and one has a serious mental illness – although things are getting much better now. I’ve become quite an advocate around the issues of people who are really marginalized, including through mental illness,” she said.

Advocating, organizing, leading, coordinating, speaking out: Davis is a busy woman, but shows no signs of slowing down.

“I think in every generation there have been lots of people who work for social justice, and even though there’s lots around us that doesn’t work, or isn’t just, it would be much worse if it weren’t for those people who get out there and do the work. I’m just one of many people and I believe that somewhere, somehow, it does make a difference,” she said. **R**

*For more information about the Madden Memorial Fund, contact HSA’s education officer. Information and an application form are available on HSA’s website at [www.hsabc.org](http://www.hsabc.org).*

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COMMUNITY SOCIAL SERVICES

## Bargaining to restore hard-fought gains

**MOST HSA MEMBERS** covered by the health science professionals' or nurses' contracts probably can't imagine being penalized 20 per cent of their wages when they're sick.

But for those of us who work in community social services, that's one of the harsh realities. If we are sick one day, we only get paid 80 per cent of wages for that day.

In a sector where wages are notoriously low despite training requirements and tough work profiles, some of us are finding we can't afford the 20 per cent "sick penalty." This means many of us come to work sick. This is a miserable situation. It's not safe. To add insult to injury, our sick leave accrual was also cut.

When community social services delegates met this summer to prioritize bargaining demands, this is one of the key issues that activists identified. We need our sick leave restored.

In 2001, the Liberal government imposed the infamous "two-tier wage schedule" for health science professionals. At approximately the same time, the government was unilaterally rolling back hard-fought gains for community social services workers.

Those of us in the community social services are paid much less for equivalent work performed by our colleagues in the community health sector.

In 1999, one of the victories for our sector won after hard bargaining and job action was the promise of future parity with our colleagues working in community health: equal pay for work of equal value. The loss of this (future) parity was one of the cruellest cuts imposed by the Liberal government in 2001. Our members want fairness, and this is one of the top bargaining demands.

As a community counsellor nearing retirement, our bargaining proposal delegates' desire for a pension plan resonated with me. I am acutely aware that our sector



Bennett

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SOCIAL SERVICES  
WORKERS ONLY  
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has no pension plan – something that our colleagues in health probably take for granted.

Another area our activists identified was health and dental benefits. Our extended health and dental coverage is dismal, and is being eroded. Because our prescription drug coverage is tied to pharmacare, many members are finding their prescriptions are no longer covered: every time pharmacare delists a drug, we are left vulnerable.

Meaningful time off is another necessity for a healthy worklife. As with many other HSA professions, community social service workers are facing increased staff

shortages. Retirements – in addition to low recruitment and retention – are resulting in unreasonable workloads for those of us trying to do more with fewer staff.

Delegates at the bargaining proposals conference also discussed sector-wide seniority. This would allow us to port seniority and benefits to other jobs around the province throughout the sector, without penalty. If we didn't have to fear losing our accruals every time we changed jobs, our career paths would see immediate benefits.

Later this fall, HSA's bargaining team is joining other union representatives to compile bargaining proposals for our sector. HSA, with approximately 750 community social services workers, is a relatively small proportion of the unionized workers represented at the community bargaining association. However, I am proud that HSA representatives at this bargaining table have traditionally taken a leadership role. I urge all HSA members to support our bargaining team as they work hard to negotiate a fairer deal for community social services workers all across BC. **R**

*Suzanne Bennett represents Region 1 on HSA's board of directors. Look for more coverage of community social services bargaining in upcoming issues of The Report.*



# Running for the cure every day

HSA members provide caring expertise in screening, diagnosis, treatment, rehabilitation, recovery and support

**HUNDREDS OF HSA MEMBERS** participated in this year's Run for the Cure – the Canadian Breast Cancer Foundation's most important annual fundraiser, held Sunday, October 4.

HSA has supported the run for the past 12 years, and represents the team of highly-trained health science professionals who work in the screening, diagnosis, treatment, recovery, and support of breast cancer patients and their families.

"Breast cancer touches our lives daily, in our communities, and through our work. Throughout BC, our members are there in the community and on the front lines, working with women and their families in every stage of breast cancer – from detection and diagnosis, to treatment, and rehabilitation, and support," said HSA President Reid Johnson.

"It's our commitment to fighting breast cancer that helps define who we are as a union and as caring professionals," he said. "Together, we're making a difference."

Gwen de Rosa poses with young participants in last year's run in Castlegar.



Last year, breast cancer survivors Rachel Tutte (left) and Anita Bardal participated in the Vancouver Run for the Cure.

In advance of this year's run, HSA featured mammographer Shannon Adamus in province-wide newspaper ads, urging women across BC to get a screening mammogram to rule out the disease.

"It's really a very simple, quick test," Adamus said, "and it saves lives. With regular screening, you can identify small changes and have them investigated before there's a major health issue."

"It's such a simple test. Most women are very surprised that it's as easy as it is. If you're a woman over 40, I urge you to go have one!" she said.

This year in BC, the Run for the Cure was held in Abbotsford, Castlegar, Golden, Kamloops, Kelowna, Nanaimo, Port McNeill, Prince George, Vancouver, Vernon, and Victoria.

This year, members from across BC are encouraged to send in your photos. Photos contributed by members will be displayed in an online gallery to celebrate the union's participation in the Run. To send a photo, follow the links on HSA's website at [www.hsabc.org](http://www.hsabc.org). **R**

See the next issue of *The Report* for full coverage and photos of members participating in the Run for the Cure. For information on screening mammograms, visit [www.gohave1.com](http://www.gohave1.com). To book a free screening, phone: 604/877.6187 (Lower Mainland) or 1.800/663.9203 (toll free).



# 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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## THE Report



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(from left) Agnes Jackman, Bruce MacDonald, Janice Morrison, Heather Sapergia, Rachel Tutte, Joan Magee, Suzanne Bennett, Marg Beddis, Val Avery, Reid Johnson. (inset) Kimball Finigan.



KIM STALKNECHT PHOTO

[www.hsabc.org](http://www.hsabc.org)



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# Steward orientation

**As part of an ongoing strategy to assist union stewards in reaching out to members,** each steward delegate to HSA's regional meetings this autumn received a new tool. This USB drive contains an electronic presentation to assist in orienting new members.

The presentation supplements the existing new member orientation kit – distributed to every new member – containing an overview of union services.

What are the benefits of union membership?  
How do I get help with a workplace concern?  
The answer to these and many other questions are contained in the orientation kit.

If you are a new member and have not received the union orientation kit from your steward, contact your steward. Your steward's contact information is posted on the HSA bulletin board at your worksite, and also on the union's website.

**[www.hsabc.org](http://www.hsabc.org) > Contact > Find your steward**



Reid Johnson, President  
Health Sciences Association

Welcome to the Health Sciences Association, the union of caring professionals in British Columbia. HSA was formed in 1974 when medical technologists identified the need for a separate union to represent their interests. By joining together with similar professionals in the health care system, HSA has grown into a union with more than 10,000 members who work in the health care system and rehabilitation services British Columbia.

