

THE Report



TIRED? YOU'RE NOT THE ONLY ONE.

HSA is speaking up for members who aren't getting enough rest while working on call or call back

Time for government to make the right choices



THERE IS NO DOUBT HSA members are angry about the way they were treated by the government in the last round of contract negotiations. But I still find it striking to recognize the source of this anger is not concern for themselves – it's their deep concern for the future of health care and the needs of their patients.

Last month, more than 60 delegates elected by members at regional meetings gathered for a three-day bargaining proposal conference. Delegates assessed proposals from the membership, elected representatives to the bargaining committee, and engaged in frank and pragmatic discussions about the next round of bargaining.

What emerged is very clear: members are looking for fairness and respect in the upcoming round of bargaining. They want fair recognition of the essential role health science professionals play in the modern health care system, because continuing to fall behind our counterparts in other provinces is simply not an option. Not if we want to put a stop to growing health care wait lists. Not if we want to ensure that our patients get the care they need, when and where they need it. And not if we want a health care system that is prepared for the challenges of the future.

If the Liberal government chooses not to recognize our members with a reasonable increase in wages, BC will lose whatever competitive edge we have left in hiring the people who hold our health care system together. This province is already bleeding highly-trained health science professionals to other provinces where wages are more competitive and housing costs more affordable. An ultrasound technologist just starting out in Alberta will

make \$6 an hour more than in BC. In other cases the wage differential can be as high as \$10 an hour.

The facts are stark, but members know bargaining will not be easy. The government's "net zero" mandate has merely been renamed – the "cooperative gains" will be just as restrictive. Delegates to the conference were well aware of this, just as they are well aware that deteriorating economic conditions will force governments to make tough choices for the years ahead.

So let's take a good hard look at those choices. Will the government choose economic growth? Over 85 per cent of our membership is female, and many of those women are the primary source of income for their families. Dollars paid to these professionals go right back into the economy and promote healthy growth. Or will it choose to continue its dubious approach to business tax cuts? These have cost us close to \$16 billion over the last decade, but it's a poor investment. Corporate profits are up but capital investment, including job creation, is down. Will the government choose a sustainable path for the health care system that supports a productive workforce and provides a worldwide competitive advantage? Or will it continue to chip away at the system, rationing needed health services, leaving the sick and vulnerable to wait longer, travel further and, ultimately, incur more costly care?

For the sake of patients, and for the sake of the economy, it's time for the government to make the right choices. **R**

Reid Johnson is president of Health Sciences Association of BC.



Laboratory technologist Annette Glover's dedication to public education was reflected in the fact that she topped the polls in her re-election to a sixth term as a school trustee.

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Scholarships and bursaries available for HSA members and their families

HSA is offering scholarships and bursaries to all members and their children. Ten scholarships will be awarded for full-time studies, twenty bursaries for full-time studies and four bursaries for part-time studies. Two aboriginal scholarships will be awarded to aboriginal students in BC.

The criteria and details are set out on the application forms. To obtain a copy please visit **hsabc.org**.

Completed application forms and transcripts must be mailed to the HSA office and post-marked no later than February 29, 2012. Successful applicants will be notified by letter before the end of May, 2012.

In addition, the Madden Memorial Fund is open to members to fund approved labour educational courses in labour relations, occupational health and safety, human rights and leadership skills throughout the year. Professional development courses are not eligible for Madden Memorial funding. The Madden Memorial Fund application form is also available at **hsabc.org**.

If you have any questions, please contact the HSA Education Department at 604-439-0994 ext. 503 or 1-800-663-2017 ext. 503.

DEADLINE FOR HSA SCHOLARSHIP/BURSARY APPLICATIONS:
February 29, 2012

HSA donates \$5000 to East Africa drought relief

In September HSA's board of directors voted to support relief efforts in the face of the severe drought in South Somalia, which has caused the deaths of tens of thousands, mostly children, and continues to affect over 10 million people.

The United Nations is currently mounting its largest relief effort ever to Eastern Africa in order to prevent the deaths of millions more.

HSA's donation of \$5,000 was made to Oxfam. In Kenya, The agency aims to help 1.3 million people with clean water (provision of clean drinking water and borehole drilling and rehabilitation), hygiene promotion, cash for work, veterinary support and micronutrient supplements.

In Somalia, Oxfam will expand its work in clean water, sanitation facilities, hygiene promotion, veterinary drugs and micronutrient supplements to support three quarters of a million people as well as continuing a cash for work program.

In Ethiopia, the aim is to reach approximately one million people with clean water, basic sanitation, veterinary support, food and cash for work programs.

HSA's best year to date at Run for the Cure

Whether you're counting money raised or the number of HSA members participating, the 2011 Run for the Cure efforts broke all the records.

HSA had raised over \$46,000 to date and 255 members participated in Run events around the province.

Last year, the Canadian Breast Cancer Foundation challenged HSA and other groups to increase fundraising by 10%. Members in Vancouver met the challenge, raising \$27,846, a 27% increase over the \$21,802 raised in 2010.

Congratulations to the top fundraisers from around the province:

David Chew	\$4,231.00
Mari Mills	\$3,000.00
Mary Hatlevik	\$1,850.00
Anita Bardal	\$1,698.00
Terri Coleman	\$1,365.00
Sandra Cassel	\$1,289.00
Lindi Cassel	\$1,191.00
Carmela	
Di Francesco	\$1,163.00

2012 Annual Report going digital

We're going to start saving trees and money while making it easier for you to find out everything you want to know about HSA. The HSA's Annual Report will be made available

in digital format in early April. Members who prefer to read a printed copy can still get one by requesting one. Check hsabc.org for more details or call 604-439-0994, toll free 1-800-663-2017.

Community social service workers approve new contracts

British Columbia's frontline community-based social service workers approved their collective agreements in October. The vote was 88% in favour for General Services and 79% in favour for Community Living Services.

"This agreement offers important improvements for workers who support children, women, adults with developmental disabilities, and other vulnerable members in our communities," says James Cavalluzzo, Chair of the Community Social Services Bargaining Association. "The quality of care and support we are able to provide is directly impacted by the workers' job security and working conditions," says Cavalluzzo.

The agreement improves job security and fair work practices for community-based social service workers, such as bumping, job selection language and bullying.

In addition, the government has approved a \$600,000 retraining grant for workers in the sector, who face constant upheaval from group home closures, cutbacks in agencies that serve women in crisis, people with disabilities, and children with special needs. The new agreement was ratified effective October 14, 2011 and runs until March 31, 2012. Bargaining demands were backed up by an 82% strike mandate from the 15,000 unionized workers in May.

The Community Social Services Bargaining Association includes nine unions representing about 15,000 workers employed by 220 agencies across British Columbia. The B.C. Government and Service Employees' Union (BCGEU) is the lead union in the sector. CUPE, HEU, HSA are the next largest followed by USW, UFCW, CSWU, CLAC and BCNU.

Community social service bargaining prep underway

With the Community Social Services Bargaining Association (CSSBA) contract set to expire March 31, work is already underway to prepare HSA's priorities to the joint bargaining association.

In November, HSA stewards called chapter meetings to discuss bargaining proposals for all HSA members covered by the Community Social Services Bargaining Association collective agreement. The negotiating team is now assessing the feedback and proposals from these meetings.

The CSSBA includes nine unions representing about 15,000 workers employed by 220 agencies across British Columbia. The B.C. Government and Service Employees' Union (BCGEU) is the lead union in the sector with over 10,000 members.

Please check hsabc.org, watch your union bulletin board, or talk to your chief steward, to get updates about bargaining.



Get the latest news. Follow HSA on Twitter at twitter.com/hsabc

HSA files policy grievance against Health Employers Association

HEABC'S REFUSAL TO LIVE UP TO BARGAINED CLASSIFICATIONS COMMITMENT CONTRAVENES COLLECTIVE AGREEMENT, HSPBA CHARGES

AFTER MONTHS OF WORKING to ensure that the Health Employers Association of BC (HEABC) was taking certain collective agreement obligations seriously, the Health Science Professionals Bargaining Association (HSPBA) filed a policy grievance in November, charging that HEABC is refusing to adhere to the terms and conditions negotiated in the 2010-2012 HSPBA Collective Agreement.

"The parties jointly agreed to a committee to actively review and make recommendations to improve the classification system, and to be prepared for negotiating constructive changes in the upcoming round of bargaining. There has been nothing

active about HEABC's participation on the joint committee," HSPBA's chief negotiator and HSA Executive Director of Legal and Labour Relations Jeanne Meyers said.

"In fact, HEABC has instead actively sanctioned the reclassification of some HSPBA members to its own advantage, rather than attempt to address those features of the system which no longer reflect current health care delivery," Meyers said.

"The result is HSPBA members are experiencing real losses, and that is unacceptable. HSA, on behalf of all the unions in HSPBA, will use any and all means to pursue remedies to the losses all members have been subjected to, thanks to HEABC's re-

fusal to uphold its obligations under the collective agreement," she said.

The union bargaining association charges HEABC has contravened the collective agreement by failing or refusing to work towards fulfillment of the objectives outlined for the Joint Classification Committee, while proceeding to implement the Interim Classification Modifications – contrary to the memoranda and collective agreement.

Under the terms of the collective agreement, the parties have 14 days to resolve the grievance. If the grievance remains unresolved after that period, the grievance will be referred to arbitration. **R**

Vancouver Coastal Health postpones plans for "Allied Health Redesign"

Vancouver Coastal Health announced in October it was postponing its third of three Working Group Sessions to a later date. More recently they announced their session will be delayed into January.

HSA Membership Services Coordinator Kathy McLennan

said the Health Science Professionals' Bargaining Association welcomes this postponement. "VCH caused much uncertainty and worry with their announcement in August that it plans to redesign the Allied Health Professional Leadership structure," she said.

"Our members are aware that this

is an initiative of Vancouver Coastal Health; this is not a collaborative project with HSA or the Health Science Professionals' Bargaining Association," she added. "HSA and HSPBA are working to protect members' rights throughout this employer-initiated process."



Tired? You're not the only one. More than 60 per cent of HSA members working on call or call back report extreme fatigue.

HSA urging employers to reduce on call and call back work

SURVEY CONFIRMS MEMBERS WORRY INSUFFICIENT REST IS PUTTING THEIR SAFETY AT RISK

HSA MEMBERS WORKING ON CALL or call back say they're suffering from fatigue that's so serious it sometimes jeopardizes their personal safety.

Following up on complaints that working on call and call backs can lead to getting insufficient time off between shifts, HSA addressed the issue as part of the recent Health Science Professionals collective agreement. The employers and unions including HSA have committed to a working group to review current practices and provide recommenda-

tions to reduce the need for overtime and call back.

To get a better handle on the extent of the problems, HSA held membership meetings and conducted a poll of members over the summer. The results confirm the seriousness of the problem:

- Only 5 per cent of members report they "never" feel fatigued after on call or call back work. 60 per cent say they always or usually feel fatigued, and 35 per cent

say they sometimes feel fatigued.

- 62 per cent of members say they have suffered excessive fatigue or a fatigue related illness as a result of on call or call back work.
- 64 per cent usually or sometimes feel on call and call back work and the associated travel is jeopardizing their personal safety.

These findings will inform a joint report now being finalized, and will be addressed in the upcoming round of bargaining. **R**



School trustee Annette Glover and her daughter Jolene campaign in Kamloops

A passion for public education

HSA LAB TECHNOLOGIST WANTS TO GIVE KIDS BETTER GROUNDING IN SCIENCE

BY CAROL RIVIERE

ANNETTE GLOVER'S DEDICATION to public education was reflected in the fact that she topped the polls in her re-election to a sixth term as a school trustee in Kamloops/Thompson School District #73.

As a medical laboratory technologist at Royal Inland Hospital, and an HSA member for more than 30 years, Annette recognizes the role of public

education in ensuring students have the science foundation and skills to enter a career in health care.

Her special interest in science education is evidenced by her role as the founding president, and a continuing board member, of the "BIG Little Science Centre" in Kamloops.

In the 2011 civic campaign Annette discovered that social media and technology created additional ways to connect with voters, along

with more traditional brochures, public forums, media participation, group and individual phone calls, email inquiries and campaign signs – including mobile signage on her family's vehicles.

She is most appreciative of the tremendous support she received from friends, family and community members, as well as for the \$200.00 grant she received from HSA's Political Action Fund. **R**

HSA members elected across BC

At least seven HSA members ran in the November 19th civic election. Several of these members received training or financial support through HSA's Political Action Fund.

Nicole Gilliss

A combined lab/x-ray technologist, Nicole serves as chief steward at both Hudson's Hope Health Centre and Chetwynd General Hospital, and until her election, served as an HSA constituency liaison. A first-time candidate, Nicole was successful in her bid for a council seat in Hudson's Hope.

Annette Glover (see article on facing page)

Lynn Kelsey

Lynn has served in several steward positions, as well as on the Community Social Services Bargaining Committee during the last round of bargaining. She works as a program coordinator at South Okanagan Women in Need Society (SOWINS). Lynn was unsuccessful in her first run for office, which saw 19 candidates vying for 6 positions on Penticton's city council.

Joyce McMann

Joyce topped the polls in her re-election as a school trustee in School District #72, Campbell River. She works as a coordinator of the Family Place program for Campbell River Family Services, and has been a member of HSA since 2004.

Debora Munoz

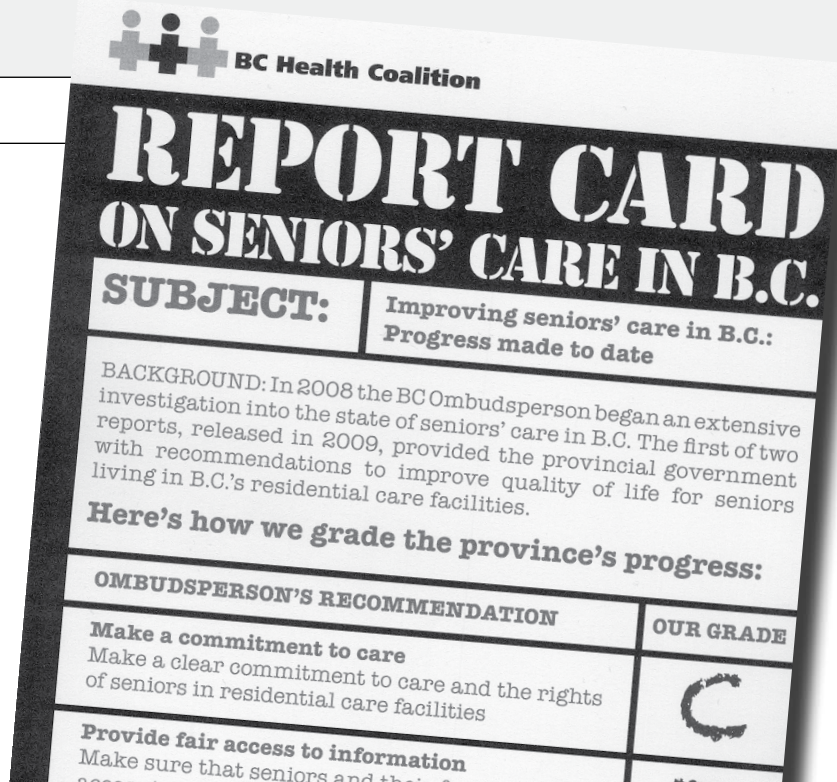
Debora works as a diagnostic neurophysiology technologist at University Hospital of Northern BC, and has been active in HSA for several years. She was elected as a Prince George city councillor in 2005 and 2008, but was unsuccessful in her third bid for a council seat.

Sophia Woo

A community mental health worker at Vancouver Community Mental Health Service, Sophia was elected as a school trustee in School District #39, Vancouver. She has previously served as a general steward and OH&S steward for her chapter.

Darwin Wren

First elected in 2008 as a councillor in Tumbler Ridge, Darwin was successful in his first bid to be elected as Tumbler Ridge's mayor in the November 19th election. Darwin is a social worker, and serves as chief steward at the Tumbler Ridge Health Centre. He was also a member of the Health Science Professional Bargaining Committee in the last round of bargaining.



Province gets failing grade in providing seniors' residential care

BY CAROL RIVIERE

IN 2008 the BC Ombudsperson launched an investigation in response to widespread public concern about the state of seniors' care in B.C.

The first report, released in 2009, outlined ten recommendations to improve care for seniors living in B.C.'s residential care facilities.

The deadlines to implement these recommendations have passed, and so far the province has only partially implemented a few of them.

In November, a BC Health Coalition delegation presented

Health Minister Michael de Jong with a report card that gives the province a failing grade in implementing two of the Ombudsperson's key recommendations.

Since then, the province has said it is willing to consider appointing a provincial seniors' advocate.

"This is a promising first step, but much more needs to be done," says BCHC co-chair Rachel Tutte. "We need to ensure the province improves its grades."

The Ombudsperson's second report on seniors care is expected to be published in the spring of 2012. This report will be more compre-

hensive, dealing with a much broader range of services for seniors, and is reported to include more than 100 recommendations.

"The province needs to complete its homework from the Ombudsperson's first report before it is called on to deal with the recommendations in the upcoming report," says Tutte. "Now is the time to tell the BC government that we expect the entire package of Ombudsperson's recommendations to be fully implemented. Seniors in BC deserve grade A care." **R**

R

Help pressure the government to improve residential care for seniors – mail the postage-paid card inserted in this copy of *The Report*. The postcard can also be submitted on-line at bchealthcoalition.ca

HSA community health members set priorities for 2012 bargaining

MEMBERS ELECT REPRESENTATIVES, PLACE PRIORITY ON WAGES AND BENEFITS

HSA DELEGATES put wages and benefits at the top of their priority list at the union's bargaining proposal conference for members who work in the community health sector.

Delegates to the October 17 bargaining meeting considered bargaining proposals submitted by chapters, and while wages and benefits will be the priority for HSA representatives to the bargaining committee, members also directed their representatives to the bargaining table to seek improvements in vacation, bullying language, job security, mileage rates and support for a transit subsidy, and professional development and education.

Delegates to the conference elected

Kate Meier, a residential care worker at South Peace Child Development Centre, as their representative to the bargaining table. HSA Senior Labour Relations Officer Dani Demetlika will be HSA's lead negotiator. Linda Spenard, a mental health and addiction support worker at Columbian Centre Society was elected as the alternate.

Members of the expanded committee, an HSA committee to provide advice and feedback to the bargaining committee members, are Sharon Sawyer, a child care assistant at Thompson Nicola Family Resource Society, and Melanie St. George, an environmental health clerk at North Shore Community

Health Services.

There are 600 HSA members covered by the Community Health collective agreement.

HSA is a member of the union bargaining association, the Community Bargaining Association. The BC Government and Service Employees' Union represents the majority of workers in the community health sector. The collective agreement expires in March 2012. **R**

Training funds available for HSA members in the community health sector

If you are an HSA member who was laid off after January 28, 2002 due to re-tendering, contracting out, or bumping from a health care job in the community subsector, or if you are a current employee in a community subsector job and are

interested in skills development, you may be eligible for reimbursement of training costs.

The retraining funds are available as a result of a settlement between health unions, health employers and the BC government related to a June,

2007 Supreme Court of Canada ruling on Bill 29.

You can obtain further information and an application form posted on the HSA website at hsabc.org.



RUN FOR THE CURE 2011



PHOTO: HSA ON LINE INTERVIEW VIDEO





Enhanced Disability Management Program to provide stronger safety net for members

“HOW WILL I TAKE CARE OF MY FAMILY if I get sick, or become unable to work?”

That’s a question that hovers in the back of almost everyone’s mind. We assume that our health benefits will take care of us, and for the most part, they do.

For many years, however, disability management programs have varied from employer to employer, resulting in a patchwork of coverage with many holes. Programs can be hard to access and in some cases don’t help members with debilitating factors that don’t fall under traditional medical categories – family issues, workplace friction and more.

That’s led to real problems for some members – employees who, as a result of their dedication to their jobs and co-workers unwittingly inflict serious harm to themselves by remaining at work when they should be off getting treatment; long-serving members who develop chronic conditions but find they do not have enough sick leave to bridge the five-month LTD waiting period; members who find themselves frustrated and bewildered by a complicated array of programs and providers including Healthcare Benefit Trust, Great West Life, LTD benefits administrators, WorkSafeBC case managers and vocational rehabilitation consultants, the employer’s human resources advisors, and disability management consultants.

That’s why HSA has been working to implement the Enhanced Disability Management Program (EDMP). Jointly developed over several years, by HSA, the BC Nurses’ Union and the Health Employers Association of BC, EDMP is an employee-centred, pro-active, appropriate and customized disability management program for employees with both occupational and non-occupational illnesses and injuries.

“EDMP is going to put an end to a patchwork of un-

equal programs that protect some HSA members and let others fall through the gaps,” said HSA President Reid Johnson. “It’s an opportunity for our members to access

“EDMP IS GOING TO PUT AN END TO A PATCHWORK OF UNEQUAL PROGRAMS THAT PROTECT SOME HSA MEMBERS AND LET OTHERS FALL THROUGH THE GAPS.”

better services, faster, no matter who they work for.”

EDMP will apply to employees with a date of disability after April 1, 2011, but the implementation is still in process. Health authorities are now bringing their procedures in line with the goal of rolling out all programs by the end of 2012, but by early 2012 members will be able to contact HSA representatives responsible for promoting EDMP in their region and helping members learn about the new procedures.

“These regional representatives will play a big role in helping HSA members make the most of EDMP,” said Johnson. “We had a pile of applicants, and we’ve identified a number of members who have a passion for disability management, great skills with people, problem-solving and multi-tasking, and above all a real dedication to making sure fellow HSA members get the help they need with early intervention, long-term disability and return to work issues.”

Members interested in finding out when they can talk to a regional EDMP representative should contact their steward or the HSA office at 604-439-0994 or toll-free 1-800-663-2017. **R**



HSA President Reid Johnson, along with senior HSA staff and members of the board at the November conference.

Members meet to set priorities for health professionals bargaining

2012 BARGAINING ABOUT RESPECT, REGAINING BC'S COMPETITIVE EDGE

AFTER REGIONAL MEETINGS AROUND THE PROVINCE followed by a three day conference to work through proposals from members and develop direction for 2012 bargaining, HSA's health science professionals elected members to the negotiating committee with a mandate to demand respect at the bargaining table.

HSA President Reid Johnson said the Liberal government's "net zero" mandate of 2010 has been renamed a "cooperative gains" mandate.

"HSA members served notice at the beginning of this year that continuing to fall behind our counterparts in

other provinces is not an option.

"What HSA members are looking for in this round of bargaining is fairness and respect: Fair, respectful, and meaningful collective bargaining; and fair recognition for the role health science professionals play in the modern health care system," he said.

The bargaining proposal conference, held November 20-22, was preceded by an extensive process of member consultation. Stewards held chapter meetings to ensure that all members had an opportunity to discuss their own priorities for the upcoming round of bargaining, and re-



Members participated in ten regional meeting held in September and October.

"HSA MEMBERS SERVED NOTICE AT THE BEGINNING OF THIS YEAR THAT CONTINUING TO FALL BEHIND OUR COUNTERPARTS IN OTHER PROVINCES IS NOT AN OPTION."

gional meetings were also held around the province in September and October to hear from stewards and other activists about the issues facing members covered by the Health Science Professionals Bargaining Association (HSPBA). Members attending each of the ten regional meetings elected delegates to represent their views at the November conference.

Guest speakers at the conference included Larry Brown, Secretary-Treasurer of the National Union of Public and General Employees, providing a national perspective on the bargaining climate; and Igluka Ivanova

from the Canadian Centre for Policy Alternatives and Ken Peacock of the Business Council of BC, who participating in a panel discussion on the economic situation in British Columbia.

Delegates elected three members to the bargaining committee, who will represent members on the HSPBA negotiating team when bargaining gets underway for a new collective agreement. Two board members were previously elected by the union's Board of Directors.

For a full list of the bargaining committee members, please see the following page.



In the leadup to the November conference, members around the province gathered at regional meetings to discuss their thoughts on bargaining and elect delegates to represent them at the bargaining proposal conference. And yes, there were cupcakes.

Bargaining committee elected

Member representatives to the bargaining committee:

- **Val Avery** (Board of Directors), committee co-chair, physiotherapist, Victoria General Hospital
- **Kimball Finigan** (Board of Directors), committee co-chair, radiation therapist, BC Cancer Agency
- **Cheryl Greenhalgh**, medical radiation technologist, Royal Columbian Hospital
- **Edith MacHattie**, occupational therapist, Centre For Child Development (Surrey)

- **Denise Sylvest**, physiotherapist, Castlegar Community Health Centre and Talarico Place
- Alternates to the bargaining committee are: **Brendan Shields** (Board of Directors), Music Therapist, Richmond Hospital; **Candis Johnson**, Supported Child Care Consultant, Child Development Centre of Prince George, and **Rick Lascelle**, Respiratory Therapist, Ridge Meadows Hospital.

Speed dating for justice

A DAY IN THE LIFE OF HSA'S COMMITTEE FOR EQUALITY AND SOCIAL ACTION

BY KIMBALL FINIGAN
CHAIR, COMMITTEE ON EQUALITY AND SOCIAL ACTION

CAN YOU IMAGINE 25 QUICK MEETINGS on one day?

Each fall, HSA's Committee on Equality and Social Action (CESA) meets over the course of two days to determine how to allocate funds provided by HSA members to advance their concerns through the Equality and Social Action Fund. This is a rewarding but extremely challenging proposition. On the first day – what we call “speed dating” day – the committee meets with representatives from all the organizations which have applied for funding support. We hear presentations and ask questions.

The committee's mandate is to support groups in society working to promote social and economic justice, labour solidarity, protection of human rights, and universal, publicly-funded health care. The mandate also includes advocacy and education on economic and social justice issues.

This year's presentations were bracing and inspirational. It's easy to feel disheartened by the sheer number of urgent concerns we all want addressed, but it's also inspiring to know there are such excellent people working on each issue. It is important to emphasize that the committee's mandate is not about “charity” – it is about building a community that will work continuously towards a better world. Here is what CESA's members-at-large have to say about their experience.

LARRY BRYAN

Registered Psychiatric Nurse, Haro Park Centre

“As a health care worker for more than 30 years, it was inspiring to recognize the passion and commitment the presenters had for their projects. As health care providers, members in HSA demonstrate this commitment to those under our care on a daily basis.

“I kept thinking about how those with the least seem increasingly forced to bear the brunt of the financial

downturn. I tried to find the projects that would offer the most direct benefit to the end users.”

ADESH KAHLON

Ultrasound Technologist, CML Healthcare

“Almost all the organizations met the goals and objectives of the Equality and Social Action Fund, and it was sad to see that some of these organizations were significantly affected by government cuts and unable to provide the level of services needed.”

PENNY REGIER

Respiratory Therapist, Surrey Memorial Hospital

“I was looking forward to our ‘speed dating’ day in the hopes of finding a new cause to throw my support behind. I was not disappointed.

“The Coalition of Child Advocates of BC (CCCABC), in conjunction with the Child Care Advocacy Association of Canada, has developed a national plan to provide child care that would actually be profitable to government. The program would have a nominal fee of \$10 but would provide thousands of jobs in BC alone – and be an enormous economic stimulus. The plan estimates that the child care program would pay for itself in only three years.

“For example, providing quality and accessible child-care to all families should be considered the right of every child, woman, and family. Even the United Nations is concerned about Canada's lack of progress. I urge HSA members to consider the impacts of poor child care and endorse the CCCABC's UN brief, “A Tale of Two Canadas” found at www.cccabc.bc.ca/res/rights.html. Vote to keep this issue on the political agenda and talk to those around you about the denial of rights in this country.” **R**

CESA's final list of donations will be published in the 2011 Annual Report in April. In the meantime, members should check out HSA's Facebook page for the latest.



Are you transporting dangerous goods?

ASKING QUESTIONS CAN PREVENT ACCIDENTS AND SEVERE FINES

HSA MEMBERS WORK IN A DIVERSE ARRAY of professions. Many of these professions involve the transportation of dangerous goods, but not every employer is doing enough to make sure employees know the risks and the rules related to handling, transporting or offering for transport materials that can be hazardous, poisonous, infectious or radioactive.

Laboratory technologists are fully engaged in the world of transporting dangerous goods when shipping specimens. Nuclear medicine work in both acute care and at cancer agencies involves receiving and transporting some of the most risky radioactive products. However not all dangerous goods are so easily identifiable. The magnet used in a mobile MRI unit is housed in two thousand litres of helium, and when the Interior Health Authority recently deployed a portable MRI unit

to move between Penticton and Cranbrook, a special permit from Transport Canada was required to move the van on the highway without violating federal law regarding the transportation of helium.

Pharmacists are often involved in shipping medicine which qualifies as a dangerous good, but there is little recognition of this and consequently little training.

Employees mishandling dangerous goods can face severe consequences in addition to the obvious threats to health and safety – federal law will fine both organizations and individual employees found in violation. It's not enough to assume your employer has everything under control.

Jackie Spain, a medical laboratory technologist and occupational health and safety steward for HSA at Golden and District General Hospital, has years of experience

rience dealing with questions around the transportation of dangerous goods. She offers the following answers to some key questions:

How do I find out if I am involved in the transportation of dangerous goods (TGD)?

If you are moving radioactive material or patient specimens, you are involved. If the specimens are non-infectious, you are exempted, but if you even handle, transport or offer for transport a patient specimen that contains a pathogen you are definitely involved.


OK, so I'm involved, and I'm worried I or my employer might be breaking the law. What should I do?

You should speak to your supervisor and express your concerns. If you aren't sure about the regulations involved, contact HSA to talk to someone who can help you. If the problem persists you can report the issue to Transport Canada. If you are not TGD certified, you can refuse to do the work and defer to a staff member who has the appropriate training.

I'm worried my employer isn't given me enough TDG training. What should I do?

Print out a copy of regulation 6.1 from the Transportation of Dangerous Goods Regulation and show them it clearly states that an employer is forbidden to ask an employee to do the work if they are not adequately trained. You can also contact the HSA to ask for help.

Who can I contact to find out more about TDG?

The Canadian Transportation of Dangerous Goods web site provides contact information for regional offices and inspectors, and is an excellent resource on the rules and their application. It's also a good idea to talk to your workplace's resident expert on transporting dangerous goods. HSA staff are also able to answer your questions or put you in touch with an expert who can. Contact Marty Lovick at 604-439-0994, toll-free 1-800-663-2017 or mlovick@hsabc.org. 

CURRENT DISPUTES

For more information and updates, please check the BC Federation of Labour web site at: bcfed.com.

Ironworkers Local 712 - VS - Advanced Bending Technologies

Major Issues: Benefits, concessions, wages
Commenced: October 3, 2011

CUPE Local 3338 - VS - Simon Fraser Student Society

Major Issues: Concessions, job security, wages
Locked out July 10, 2011

Teamsters, Local 31 - VS - The Great Canadian Railtour Company (operating as Rocky Mountaineer Vacations)

Major Issues: Seniority, wages, work hours
Locked out June 21, 2011

Construction Maintenance and Allied Workers (CMAW), Local 1928 - VS - Cove Top & Flash Employees

Major Issues: Wages, benefits
Locked out Dec. 23, 2010

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

Major Issues: Wages, job security
Commenced: Dec. 15, 2008

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

Major Issues: Seniority, Benefits, Concessions
Commenced: July 25, 2001

Why are they picking on my pension plan?

BY DENNIS BLATCHFORD

I have been seeing a lot in the media recently about public sector pension plans and calls for reforms. What does this mean for the Municipal Pension Plan and do I have anything to worry about regarding my pension?

It's hard to pick up a newspaper these days without some reference to pension plans. Between the economic worries in Europe and the United States, pensions have become a major discussion point for worried citizens the world over. Retirement programs in places like Greece, Italy and France are a flashpoint as governments have cut benefits trying to get their financial affairs in order. Some U.S. states have put extreme political pressure on public sector pension plans; the controversial governor of Wisconsin recently suspended bargaining rights to push through pension reforms on state workers.

Here in Canada, the Canadian Taxpayers Federation and the Canadian Federation of Independent Business have decided to pile on by mounting attacks on Canadian public sector pension plans. It's little wonder we are seeing pensions in the news like never before.

So what is their main complaint?

They claim that these pension arrangements are too lavish in Canada and too costly for taxpayers and for business. They use broad-brushed rhetoric and isolated examples to try and discredit defined benefit pension

plans like your Municipal Pension Plan (MPP).

The fact is no two pension plans are exactly alike and each needs to be judged on its own merits. Some plans may be open to criticism on a specific issue, but by and large public sector pension plans in Canada are among the best managed pension plans in the world and provide good value for taxpayers. Most are funded on the basis of equal contributions by both the employer and the employee. The taxpayer gets good value because these public services are provided by a stable and committed workforce motivated by a decent pension plan. Despite what the Canadian Taxpayer Federation may say, most citizens who encounter the health system are grateful for the commitment and professionalism they encounter there. Having a decent occupational pension plan helps contribute to that.

If these are reasonable and affordable pension arrangements, why are these organizations opposed to them?

They have some less obvious motives. Pension plans hold enormous amounts of investment assets that are generally held for the long term. The MPP alone has assets valued at over \$27 billion to pay for future liabilities. In Canada, the total value of pension plan assets run in the trillions of dollars. These accumulations dwarf other private savings of Canadians which are usually invested in retirement savings plans, mutual funds or other investment products purchased in the financial services sector. Perhaps the critics of public sector pension plans would like to see more of this money circulating in the marketplace in the form of private savings rather than pooled on a non-profit basis to maximum value.

Fees associated with mutual funds or other private savings plans have proven rather rewarding for the financial services sector in this country. In fact, Canada has some of the highest commissions and handling fees of any jurisdiction in the world. If you contrast that with the cost of administration and investment man-

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Do you have questions for HSA's pensions & benefits advocate?
Contact Dennis Blatchford at dblatchford@hsabc.org

agement fees for the MPP, you will see that there is no comparison. Typically, investment fees can cost the private investor upwards of 2 per cent per year depending on the product. Compare that with fees of less than .30 per cent for the dollars you invest into the MPP, and you can see why a defined benefit pension plan can deliver more value to Plan members. Little wonder then that pro-business groups would try to undermine the defined benefit pension model.

So is anyone defending my defined benefit pension plan?

Yes. The first step in defending your pension is providing a quality product at an affordable price for plan members and employers. The combination of good governance through the Board of Trustees, quality services through the BC Pension Corporation, and internationally recognized expertise through the BC Investment Management Corporation is the best defence against those who would dismantle a proven and effective means for hundreds of thousands of BC workers to enjoy a degree of financial security in retirement. Such pension arrangements are good for society, and for the economy, and policymakers understand that. **R**

NEED HELP?

HSA's experts are available to assist

1. Contact your union steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board. You can also find your steward's contact info on HSA's website – just click "contact" then "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 on the back cover).

MOVING?

Your employer does not send us address changes. We depend on you to let us know.

RETURN TO:

Health Sciences
Association of BC
300 - 5118 Joyce St.
Vancouver, BC
V5R 4H1

OR EMAIL:

memberlist@hsabc.org

MEMBER # (AT TOP LEFT OF MAILING LABEL)

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HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at www.hsabc.org.

Criminal record checks: keeping up to date

BY YUKIE KURAHASHI

WITH VERY FEW EXCEPTIONS, most HSA members are now covered by a provincial requirement to undergo a criminal records check every five years – not just upon hire.

The Criminal Records Review Act was amended in January 2008 to cover employees with unsupervised access to children under age 19. In January of this year, the Act was further extended to cover employees with unsupervised access to vulnerable adults.

Who are considered “vulnerable adults”?

According to the Criminal Records Review Act, “vulnerable adults” are those individuals who depend on others for ongoing assistance with daily living, or who are at risk of being abused because of:

- their age
- their frailty
- mental or physical disability

I usually work in the lab, and don’t see patients. But very rarely – once every few months – I cover an outpatient shift where I do see people. Do I still have to get a criminal record check?

Yes. You’re likely to require a check if you have any client or patient contact. This is true even if you only rarely pick up overtime or oncall shifts where you might have such patient contact.

I work as a health records administrator in a large urban hospital. I work in a sub-basement, and have never had

patient contact in 15 years – nor do I ever expect to. Do I still have to get a criminal records check?

If you can make a case that you truly don’t have any patient contact, the union will defend your right not to get a criminal records check. Talk to your steward for next steps.

I work as a physio at a hospital, where I had a criminal records check done. I’m also a casual at the local child development centre – where they also want me to pay for a criminal records check. Can’t the CDC just get a copy of the one I’ve already done, from the hospital?

Yes, the employer administrations should be able to cooperate – and coordinate information regarding criminal records checks. The union will defend your right not to pay twice. Talk to your steward for next steps.

I heard that HSA was trying to get our \$20 criminal records check fee back for us.

Yes, the union filed a “me too” grievance, awaiting the result of grievances filed by the BCGEU and the HEU to recover these fees. However, the grievances were unsuccessful – which means HSA members will also have to pay the \$20 fee.

How do I pay for the criminal records check?

Most employers give the option of you going in and paying the \$20 fee every 5 years. You can also elect to sign a form for automatic payroll deduction every 5 years. **R**

The right to refuse overtime

BY JUILO TRUJILLO

IN THESE TIMES OF CHRONIC SHORTAGES of workers with the skills to do the work that HSA members perform, requests by employers that their employees work extra hours or sometimes on their days off have become far too common. There are unfortunately many misconceptions about the rights and obligations to work or refuse the overtime.

In general, employers have a reasonable expectation that employees will work any overtime when required. As a matter of fact, absent any modifications to this management right in the collective agreement or statutory limits, employees will need to comply and work the overtime in most circumstances.

The majority of HSA members are covered by one of four collective agreements. Each of those agreements has more or less to say about the right to refuse overtime ranging from nothing at all in the Health Science Professional Bargaining Association (HSPBA) agreement, a right to refuse more than a “reasonable” amount in the Nurses Bargaining Association (NBA) agreement all the way to a more clear right to refuse in both the Community Health and Community Social Services agreements where the employer can only insist on the employee working overtime in an “emergency” situation.

That seems pretty cut and dried but in reality it isn't. In the first place in a health care or social services setting, it is not all that unusual that the need to work the overtime was indeed triggered by an emergency situation. It has to be a legitimate emergency and this is open to some interpretation, but there will be many cases where members covered by these agreements will need to comply and work the overtime despite the apparently strong language to the contrary.

On the other hand, the absence of a clear right to refuse in the HSPBA agreement is not as clear as that seems either. There really is very little difference between having the NBA language that seemingly gives nurses the ability to refuse an unreasonable amount of overtime except in emergencies, and the HSPBA lack of specific language. We can always insist on the same standard of reasonable application whether it is explicitly stated in the agreement or not.

In British Columbia our statutes provide no help. In other provinces, for example in Ontario, the Employment Standards statutes do set limits on the maximum hours of non-voluntary work in a week. The Ontario statute which sets the maximum number of hours at 48, has been successfully used by unions in arbitrations as a *de facto* limit on the amount of overtime an employee is required to accept in a week.

The HSPBA also has a provision in the Safety and Occupational Health section, specifically Article 38.05 Workload, that would also modify the employer's ability to assign overtime if this results in an unsafe or consistently excessive workload. We would certainly use this article in situations where the overtime creates a chronic workload problem.

You may also have legitimate health reasons for refusing overtime due to acute or chronic conditions. This is something that you should discuss with your doctor if you find yourself in this situation. You should also make the employer aware of this ahead of time if possible.

In summary, other than in the specific cases outlined above, you should expect that an intrinsic part of your job is the requirement to work overtime in some circumstances. You should make the necessary arrangements that you need to make to enable you to do this. Often you will have very little notice. **R**



PHYSIOTHERAPIST SIMONE GRUENIG
GETS RESULTS FOR PATIENTS
AND FELLOW EMPLOYEES

Airing concerns

BY LAURA BUSHEKIN

THAT BIG SIGH OF RELIEF? HSA member Simone Gruenig just might have something to do with it.

As a physiotherapist specializing in cardio-respiratory care, Gruenig says that one of the best parts of her job is the immediate relief she can bring to someone who is having trouble breathing.

“You can get very quick results, allowing someone to finally take a nice breath or breathe on their own again. It is very rewarding,” says

PHOTO: DAVID BIEBER

Gruenig, who works in the palliative care unit at Vancouver General Hospital.

As an HSA steward, Gruenig also has successfully improved working conditions at her site. Thanks to Gruenig, her colleagues can breathe easier, knowing their rights are safeguarded.

And when health care professionals’ rights are upheld, patients benefit, says Gruenig. “People fought for the things in the collective agreement not just to have a better working environment for themselves but also for better patient care. Because ultimately we are all here for the patient,” says Gruenig.

Three victories at her current workplace stand out for Gruenig. The first paved the road for easier access for Gruenig and her colleagues for the right to education leave – a very important issue for her profession.

“We like to do our best for our patients, so we need to stay abreast of evidence and new techniques. This takes money and courses,” explains Gruenig. “In our collective agreement, it says that we are allowed \$600 per calendar year for education, but it stipulates that this is within budgetary restraints. When we go to managers to ask for courses, which are quite expensive, they typically say no, we don’t have anything in our budget.

“In my first year here, I had quite a bit of back and forth with my manager because I wanted to take a course, but spending \$1000 cuts deeply into my monthly budget. I knew [this right] was in the collective agreement, so I started a grievance process. My understanding was that if the books were opened management couldn’t justify not paying for the course.”

The grievance was successful. “I was able to take the course, and apply what I learned to my patients. This allowed other physiotherapists to ask for education funding and education leave, knowing that someone had successfully gone through that process”

Since then, Gruenig has received the go-ahead every year to take a course. “It’s nice to know the

manager will work with me on the issues,” she says.

Another significant success involved the issue of remuneration for being on call during lunch breaks. Gruenig was in a Practice Support Position at the time, and was expected to be on call during lunch, with no pay. She didn’t question this practice until she went to steward training and read the collective agreement, which states that staff have the right to a flat rate if they keep their pager on during lunch break.

Gruenig felt encouraged by her recent success advocating for education leave. She approached her manager who agreed to pay the flat rate. But the issue wasn’t resolved yet. The situation got complicated when another staff member stepped up and said he’d keep his pager on without getting paid.

“I thought, oh no, we are in the same union and you are saying you will do the same thing for free,” recounts Gruenig. She says that strong communication skills were essential for solving this issue.

“There were some good conversations about the fact that members shouldn’t do something for free,” she says. In the end, the collective agreement was upheld, and Gruenig was again paid for having her pager on during lunch breaks.

The third victory dealt with overtime issues, but ended up improving staffing levels in the VGH cardiac ward. The department had an unusually low number of physiotherapists per patient, which meant that the physiotherapists ended up doing a significant amount of unpaid overtime.

“We put our foot down and said no, if there is overtime, we get paid for it. After a while we racked up quite a bit of overtime, and over the years we were able to work with practice and present our workload grievance to management. So now after years of advocating a new temporary position has been created.”

Gruenig is also an HSA Constituency Liaison. In this position, her job is to advocate for the un-

ion, and the professions it represents, to her MLA and MP.

“We make appointments with them, give them information and have follow-up conversations. Sometimes it’s as simple as informing them about who we are, what types of professions are in HSA, and what our issues are. Advocating for our people at the political level is so important. Politicians need to know who we are and what we do so they can advocate in the legislature for us,” she says.

Gruenig also has a passion for teaching and has a part-time position as a clinical instructor teaching cardio-respiratory physiotherapy at UBC. The combination of part-time teaching and part-time clinical work is ideal, she says.

Gruenig joined HSA in 2007 and jumped right into active involvement. Her previous position, in Ontario, was non-unionized, and she was eager to learn how a union works and how it supports members.

The positive effects of being in a union were immediately obvious to Gruenig. “In the unionized workplace, I saw that people are more comfortable in their jobs, and there is less stress with the managers and the administration, because people know that if there are issues there is a collective agreement to back them up,” she says.

Union activity also satisfies Gruenig’s interest in the political process. She worked in the House of Commons during her undergraduate years (her first degree was in Human Kinetics) and was actively involved in municipal politics for several years at one point. She looks forward to the possibility of being active again in municipal and provincial politics when her children, now two and five, are older. But for now, she’s fully engaged and motivated by her roles as teacher, union activist, and physiotherapist, helping a wide range of people breathe easier – literally and figuratively. **R**

DECEMBER 6

National Day of Remembrance and
Action on Violence Against Women



Violence is still a daily reality

**"HERE IN MY LITTLE COMMUNITY,
IN JUST THE LAST WEEK, THE POLICE
LAID 17 CHARGES AGAINST MEN
WHO HAD ASSAULTED WOMEN."**

DECEMBER 6, the anniversary of the 1989 shooting of 14 young women in Montreal, now marks National Day of Remembrance and Action on Violence Against Women. It's a day that continues to have special meaning for members of our union. Close to 85 per cent of HSA's membership is female, and many members working in transition houses, counselling programs and other areas in the health care system work directly with women who have been victims of violence. But there is more to it than that.

"December 6, 1989 was the point where the conversation about violence against women finally went public, in the most horrible way," explains Anne Davis, director for Region 1 and chair of the HSA Womens Committee. "Since then the issue of violence against women has not gone away. Here in my little community, in just the last week, the police laid 17 charges against men who had assaulted women. It remains one of the real barriers preventing women from full participation in society."

While the day is dedicated to all women, Davis says there is a special focus on aboriginal women.

"It's important to note that well over 500 aboriginal women have gone missing or been murdered here in Canada in just the last few decades," she says.

Davis says that progress is being made. Police departments have made great strides in the way they respond to domestic violence, people are talking about the issue openly, and women are quicker to seek help.

"A lot of women are seeking help, many of them through services provided by HSA members. And something I've noticed is that often it's the younger women who are getting out of situations faster, and who are less willing to put up with what some of the older generation might have. To me that's very hopeful." **R**

The season of giving

In past years, Health Sciences Association has marked the holiday season with cards of thanks and greetings to activists, colleagues, supporters and suppliers. It was our way of thanking you for the work you do with us throughout the year.

This year HSA instead made a financial contribution to Protein for People.

Protein for People has helped food banks through direct donations of protein-based food and has helped food banks to get better volume based-prices which means food banks can save precious money and maximize their purchasing power. You can learn more at **proteinproject.ca**.

Thank you for your support, and please accept my best wishes for the holiday season on behalf of HSA's Board of Directors and staff.



Reid Johnson, HSA President



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



HEALTH SCIENCES ASSOCIATION

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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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