

THE Report



KEEP EVERYONE COVERED

Young health care advocates
concerned about Harper's
approach to new Health Accord

Unreal



AS PART OF THE UNION DELIVERING MODERN HEALTH CARE, HSA members are proud of their expertise. This expertise is based on a profound dedication to learning and applying the most recent research and most objective facts of their disciplines. We work in a world based on reality, where respect for the facts is a life-or-death matter.

It is therefore especially rankling to be governed by an individual who so wilfully ignores and denigrates facts in favour of narrow and short-sighted ideology. Who wants to turn our country into a place that is no longer reality-based.

I'm referring of course to Prime Minister Stephen Harper. Whether he's denying falling crime rates and insisting on spending billions on new prisons or undermining international efforts to combat global warming so as to assist oil companies, he seems constantly to be dismissing the facts which must govern a modern society, even going so far as to attack those who insist on them.

Add to this list the matter of pensions for middle-income Canadians. Still riding the coattails of an economic stability established by the government he defeated, Harper was invited to address government and business leaders at the World Economic Forum in Davos, Switzerland. There he admonished them to embrace austerity measures (ignoring the warnings of a majority of economists, who warn that austerity will only diminish fragile economic growth), and announced that Canada's Old Age Security program is unsustainable. People may have to work until they turn 67, he pronounced.

Only a few days later, the independent Parliamentary Budget Officer stepped in to assert some facts: there

THE FACT IS THE PENSION SYSTEM ISN'T DOING TOO MUCH – IT'S NOT DOING ENOUGH. BUT THE FACTS HAVE NEVER STOOD IN MR. HARPER'S WAY.

is no sustainability crisis facing OAS. Costs are rising but within acceptable levels relative to Canada's GDP. Furthermore Ottawa's finances are in such good shape we could afford to cut taxes, boost spending and cut cheques to all the retiring baby boomers. Other economists and pension experts made the same case, including a 2009 report released by Harper's own Finance Ministry.

The fact is the pension system isn't doing too much – it's not doing enough. But the facts have never stood in Mr. Harper's way.

That's why HSA supports the Canadian Labour Congress campaign to enhance the Canada Pension Plan. The CPP was designed to cover just 25 per cent of average lifetime earnings because back then, many employees were covered by company pensions. Now that those pensions are relatively rare, an expanded CPP offers the most efficient and straightforward way to provide increased security to more Canadians in a sustainable manner. Taking action now will pay off in the future – by avoiding the massive costs related with helping seniors impoverished because they couldn't save for retirement.

It's a good plan, based on solid facts, and if we pull together we can convince this government to get real. **R**

WHAT HAVE WE DONE FOR YOU LATELY?

Every day, HSA members just like you find themselves facing workplace problems they can't handle on their own – illness, injury, harassment, and unfair treatment happen more often than you might think.

As a member of HSA, you've got an experienced team on your side – experts in labour relations, labour law, negotiation, workplace safety, workers' compensation, long-term disability, and more.

Here are some real stories about how HSA has helped members recently (names have been changed to protect identity):

- Aman, a program support clerk, had been suffering migraines and chronic pain for a few years. Then she injured her back on the job. As a result, she developed fibromyalgia, and couldn't perform her duties. WCB denied her claim, but HSA appealed the decision on her behalf and won. Aman now has the compensation she needs.
- Dawn, an MRI technologist, developed an abdominal pain that became so intense she had to stop working in 2009. Despite clear medical support from her doctors, Great-West Life refused her claim. HSA sought and submitted additional medical documentation and forced Great-West Life to submit the claim to a panel of doctors at the Claims Review Committee. They found the claim was credible, and the refusal was overturned. Dawn now has the support she needs to get better.

Do you need help? HSA is here for you.

Contact your workplace steward (see the list on your union bulletin board) or contact HSA at 604-439-0994, toll-free 1-800-663-2017.

Pharmacists speak up

On January 6, with no warning at all, hospitals pharmacists were informed that the government plans to cut their salaries by up to 14 per cent starting April 1.

HSA is working with pharmacists around the province to fight back. HSA built a web site allowing pharmacists and those who support them to send messages directly to Premier Christy Clark, Health Minister Mike de Jong, the chairs of all health authorities, members of the official opposition and their local MLAs. In just the first two weeks over 1000 letters were sent.

“Even with the existing market wage adjustment, Alberta hospital pharmacists are currently paid over \$5 an hour more than their BC counterparts. Also Alberta will give our pharmacists a \$12,000 recruitment bonus if they move there. Now BC hospital pharmacists pay is to be cut by 14%! ”

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



[HOME](#) [PRIVACY POLICY](#)

Stop unilateral wage rollback for BC's hospital pharmacists

Pharmacists can make a difference if we speak up. Please use this form to write a letter explaining your concerns in the box below or use the pre-written text we've provided as an example.

On January 6, 2012, the Health Employers Association of BC suddenly announced a unilateral 3%-14% wage rollback for BC's hospital pharmacists. HEABC's plan to eliminate a market wage adjustment will aggravate an ongoing staffing shortage in BC's hospital pharmacies, putting all British Columbians at risk. Help us tell government to stop the health employers' ill-considered plan, and help us protect BC's health care system.

Use the form below to enter your name and email then write a letter explaining your concerns in the box below or use the pre-written text we've provided as an example.

Your email will be sent directly to:

- Honourable Christy Clark, BC Premier
- Honourable Mike de Jong, BC Minister of Health
- Health Employers Association of BC
- Honourable Adrian Dix, Leader of the Official Opposition
- Honourable Mike Farnworth, Opposition Health Critic

It will also be cc'd to the following health authority chairs:

- Rip Woodward, Chair, Vancouver Coastal Health Authority
- Don Hubbard, Chair, Vancouver Island Health Authority
- Norman Embree, Chair, Interior Health Authority
- David W. Mitchell, Chair, Fraser Health Authority
- Dr. Chuck Jago, Chair, Northern Health Authority
- Wynne Powell, Chair, Provincial Health Services Authority

"We deserve to work in an environment with adequate staffing to provide for patient safety and the best service we can provide to the people of Vancouver Island. "

"Clinical and specialized pharmacists are extremely dedicated to the pharmaceutical care provided to their patients and the literature supports that the value added to the clinical care of complex patients far outweighs the employment costs of pharmacists."

"I would like to see the rollback of wages and benefits apply first to CEOs, and government ministers, as well as all top levels of management. Let us see them lead by example rather than continue with their own unsustainable and obscene wages and benefits."

"Although I respect the current financial status of the health care system and government in general, pharmacy wages are not the place to cut. It has been proven that pharmacist management of medication improves patient outcomes and saves money in drug costs and patient care costs."

"The knowledge of hospital clinical pharmacists and pharmacy managers has saved easily millions of dollars in drug costs."

New year brings improved benefits for health science professionals

As of January 1, 2012, the new contract includes the following improvements:

- vision care coverage increased to \$350 and deductible removed
- dual dental restriction removed
- psychological services added, including registered clinical counselors and registered psychologists, to a maximum of \$900 per year
- contraceptive coverage added, including standard oral contraceptives and injectables
- podiatrist services increased to \$400 per year
- orthotics coverage improved: changes in conditions will be covered once every five years

A full list of your health benefits can be found at hsabc.org

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Return undeliverable Canadian addresses to database department
Suite 300, 5118 Joyce Street, Vancouver BC V5R 4H1



The negotiating team for Health Science Professionals: (TOP L-R) Julio Trujillo, Candis Johnson, Dawn Adamnson, Jeanne Meyers, Reid Johnson, Cheryl Greenhalgh, Denise Sylvest. (BOTTOM L-R) Brendan Shields, Kimball Finigan, Val Avery, Edith Machattie, Rick Lascelle.

HSA negotiators head to the table for members in all sectors

Collective agreements covering the vast majority of HSA members working in health sciences and community social services expire on March 31, and HSA's negotiators have already begun work on the next agreements.

HEALTH SCIENCE PROFESSIONALS

Bargaining for the Health Science Professionals Bargaining Association was scheduled to begin February 27.

HSA priorities for bargaining were set at a three-day bargaining proposal

conference in November.

HSA President Reid Johnson said delegates to the bargaining proposal conference were clear about their overarching instruction to the bargaining committee.

"They want an approach to bargaining that says we respect the process, that we understand and respect the value our members bring to the system, and that we demand the same commitment to the process and to our members from government."

Priorities set by delegates fall into

WHAT YOU CAN DO

Keep your contact information up to date

To update your contact information, log in on HSA's website <http://www.hsabc.org/members/login.php>

This process also allows you to sign up to receive news bulletins directly to your email inbox.

four themes:

- Regain and maintain a competitive edge
- A modern system needs modern approaches
- Quality care depends on quality delivery by quality people
- Enhanced knowledge means enhanced health care

Johnson predicts that HEABC will be at the table with the government mandate of “net zero” replaced with the newly minted terminology of the same principle – “cooperative gains.” He said HSA will approach bargaining with an open mind, but carrying a clear mandate from the membership.

“We will enter bargaining with respect for the process, but that cannot be a one-way deal. Respect is a two-way street, and without a mutual commitment to the process, we can’t move ahead,” he said. And the bargaining team will be relying on members to support them to make improvements.

“We ask that our negotiating committee respect the direction of this conference,” he told delegates. “We in turn must ensure that we respect the direction of our negotiating committee. Sometime in the coming months, our negotiating committee may come back to us and say ‘we took our agenda forward and now we need your help to earn the respect our members demand,’ and we to be prepared as a union to do that.”

HSA’s member representatives to the bargaining committee are:

- 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.

With over 14,000 health science professionals, HSA is the lead union in the Health Science Professionals Bargaining Association.

COMMUNITY HEALTH

Representatives of HSA’s Community Health Services and Support workers began talks with the employer January 23. Talks commenced between the Community Bargaining Association (CBA) and the Health Employers’ Association of BC (HEABC) with the initial tabling of proposals. The CBA presented a summary of the priorities identified by health care workers and proposals related to harassment and bullying. Negotiations resumed

on February 6.

Delegates to a bargaining proposal meeting in October put wages and benefits at the top of the priority list. Members also directed their representatives to the bargaining table to seek improvements in vacation, anti-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 representative.

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.

Six hundred HSA members are covered by the Community Health collective agreement. HSA is a member of the union bargaining association, also called the Community Bargaining Association. The BC Government and Service Employees’ Union (BCGEU) represents the majority of workers in this sector.

NURSES

Ensuring the safety of patients in BC's health care facilities is the priority for the Nurses Bargaining Association, as they began bargaining in January for a new contract with the province's health authorities.

HSA's Registered Psychiatric Nurses are represented by Lions Gate RPN Val Barker and Senior Labour Relations Officer Pat Blomme.

HSA President Reid Johnson said psychiatric nurses want to ensure they can continue to deliver safe and high quality care. "With hundreds of hours of specialized training, Registered Psychiatric Nurses are the caregivers of choice in mental health," he said. "We'll be at the table advocating on their behalf."

The nurses wrapped up the first two days of preliminary bargaining discussions with health employers January 25. Bargaining was set to continue February 20.

Problems with patient safety and understaffing have been in the spotlight recently, as nurses have been forced to care for patients in hospital hallways, lounges and other areas not appropriate for patient care, including a hospital coffee shop. Health employers rarely provide more nurses to handle these increasingly difficult caring conditions.

"As highlighted with critical safety concerns at Victoria's Eric Martin Pavilion and at Abbotsford Regional Hospital, RPNs need adequate staffing, logical communication about patient files, and thorough risk as-

sessments and safety procedures," Johnson said. "Safe, quality patient care starts with adequate staffing on the wards."

In a province wide survey last spring, a majority of BC Nurses' Union members reported that normal nurse staffing levels are not adequate for the number of patients for whom they are required to provide care in hospitals, in community services and in long term care nursing homes. The concern is particularly overwhelming in hospital emergency wards, on medical units, in long term care and for case managers trying to find appropriate services for clients in the community. Members say that for much of the time, managers aren't even meeting their inadequate normal staffing levels.

In the survey, members put patient safety and safe staffing at the top of their priority list for bargaining. They also want job security for nurses, at a time when health authorities have been cutting back nursing staff to save money, failing to hire new nursing graduates into full-time positions, and refusing to backfill nurses who are off sick or on vacation.

BCNU is the largest union in the Nurses' Bargaining Association, which also includes the Health Sciences Association, the BCGEU, and the Union of Psychiatric Nurses.

COMMUNITY SOCIAL SERVICES

The first dates for bargaining with the employer have now been set for the week of February 27.

HSA's bargaining representatives joined discussions at the bargaining association's strategy meeting in late January. Delegates to HSA's community social services bargaining proposal conference in December elected Jody Moore – family counselor, Cameray Counselling Centre – as their representative. Margaret Blair-Cook – supported child development consultant, Central Okanagan Child Development Association – is the alternate. They will be supported by labour relations officer Sharon Geoghegan.

Also elected to serve on the expanded HSA bargaining committee were:

- Joyce Pielou, child and family counsellor, Campbell River Family Services
- Marcia Eberl, women's counsellor, Victoria Women's Transition House Society
- Yvonne Adebar, infant development program consultant, Sources Infant Development Program

The Community Social Services Union Bargaining Association (CSSBA) represents all the unions certified by the BC Labour Relations Board to represent the 15,000 workers in the community social services sector in our province. The BCGEU is the largest union in the community social services sector.

There are 220 employers in community social services divided in three sectors: Community Living, General Services and Aboriginal Services.



HOW TO: Access HSA member's web

MEMBERS AND STEWARDS are entitled to access a vast array of resources available in the password-protected members' section of the HSA web site.

Members can sign up for email bulletins on issues that interest them, update their contact information and read reports on HSA Board activity. Stewards can do all this and find the documents they need to help members with their concerns – steward manuals, forms, collective agreement information, memos, bargaining information, resources on campaigns and information on events like convention.

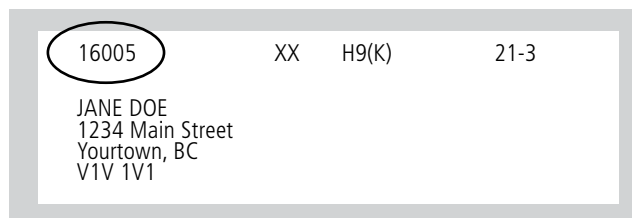
The members' section login is

right on the main page of hsabc.org, at the top of the left-hand column. If you don't already know how to access the members' section, here's how:

- Click "create a login" just under the main member login to start a simple three-page process.
- The first page requires your five-digit membership number. It is printed on the mailing label of this issue of *The Report*. If you can't find your membership number, send an email

to webmaster@hsabc.org to request your member ID. Enter this member ID on this first page and confirm your identity using your birthday.

- On the second page, create your username and password.
- On the third and final page, select the type of email bulletins you'd like to receive from HSA. **R**



Your member ID, circled, is printed on the mailing label on the back of this issue of *The Report*.



Pharmacist Jing-Yi Ng was one of the members attending a January working group meeting to plan HSA's response to HEABC's sudden decision to roll back wages for hospital pharmacists by as much as 14 per cent.

HSA calls on HEABC to rescind notice of pharmacist wage rollback

ON FRIDAY, JANUARY 6, without any advance warning, the Health Employers' Association of BC (HEABC) announced a plan to roll back pharmacist wages by up to 14 per cent.

"It was shocking," said Jeanne Meyers, HSA's Executive Director of Legal Services and Labour Relations. "The move is short-sighted and ill-considered," she added.

HEABC had decided to eliminate a market adjustment for pharmacists. First introduced in 2006 to address chronic issues of recruitment and retention, the market adjustment has effectively stemmed the flow of pharmacists away from hospitals in BC.

Now, with hospitals still struggling to fill vacancies, the adjustment would cease effective April 1,

2012.

Meyers said the announcement from HEABC came without notice, and that Northern Health Authority has opted out of the decision to cut pharmacists wages.

"The market adjustment is there to address the wage disparity between BC and other provinces," said Meyers. "Other provinces pay up to \$11 an hour more. Come April,

if HEABC has its way, pharmacists who are looking for competitive wages won't find them in British Columbia hospitals, and, as they have in the past, will walk across the street to work at retail pharmacies, or leave the province."

Within days, HSA sat down with a working group of pharmacists to mount a strategy to oppose the rollback. HSA launched a letter-generated web site to help pharmacists express their concerns directly to HEABC, Premier Christy Clark, the Health Minister, chairs of the health authorities and members of the provincial legislature. Pharmacists rose to the challenge and sent hundreds of letters in just a few days.

"We have – as have the Premier, the Minister of Health, and the health authority executives – received feedback from hundreds of pharmacists about the consequences that eliminating competitive wage schedules would have on the health care system," said Reid Johnson, HSA President.

On January 18, HSA hosted a telephone town hall to brief pharmacist members and take questions. Several hundred members – close to half of all HSA pharmacists – took part, and HSA urged them to share information about continued issues related to recruitment and retention, including vacancy rates at their facilities.

On January 26, HSA called on



dehaann Neil de Haan

RT @hsabc Health employers announce plan to roll back BC hospital pharmacist wages by up to 14% ow.ly/8nyq7 #bchc #bcpoli

9 Jan



wayne_shelley wayne shelley

HEABC announces plan to roll back pharmacist wages by up to 14 per cent hsabc.org/viewBulletins.... via @hsabc

10 Jan



davimorh David Morhun

HEABC announces plan to roll back pharmacist wages by up to 14 per cent hsabc.org/viewBulletins.... via @hsabc

10 Jan



DrDeanElbe Dean Elbe, PharmD

RT @hsabc: Pharmacist on BC 14% wage rollback: "like saying to a diabetic: 'your blood glucose levels are fine now, we can stop insulin'"

12 Jan



hsabc HSABC

All BC hospital pharmacists invited: telephone town hall 7pm Jan 18. Make sure we have your home phone #! hsabc.org/register.php

16 Jan

Retweeted by Kerbear15



SarahNStabler Sarah Stabler

@adriandix www.hsabc.org and pharmacistsmatter.ca

17 Jan



DrDeanElbe Dean Elbe, PharmD

If you've ever received helpful medication advice from a BC hospital pharmacist, now is the time to speak up at pharmacistsmatter.ca #bchc

18 Jan



SarahNStabler Sarah Stabler

@LibbyDavies BC's hospital pharmacists would appreciate your support, a 14% wage roll back=detrimental to retention and patient care

18 Jan



LibbyDavies Libby Davies

@SarahNStabler thanks for letting me know - seems quite incredible - glad to hear grievance filed

18 Jan

Members around the province turned to social media tools like Twitter to express their concerns, alert others about the implications of the decision and get the latest information from HSA.

STORY CONTINUED FROM PAGE 13

HEABC to rescind the notice at a meeting held that day. HSA also challenged Health Minister Mike de Jong to meet and discuss the case for protection of pharmacy services and patient care.

“It is important that the Minister of Health understand that without critical members of the modern health care team, patients will suffer,” Johnson said.

“The market adjustment was introduced in 2006 to address a crisis in recruitment and retention – BC hospitals were not able to attract the specialized and critical expertise they needed in clinical pharmacists. The draw to retail pharmacy – where wages are substantially higher – and to other jurisdictions, with higher wages and a lower cost of living was strong, and the solution was to offer fair market.

“Eliminate the fair market wages, and we’re right back to where we were. Only this time, it will be worse, as other jurisdictions have continued to pull ahead of BC on wages,” Johnson said.

HSA members are encouraged to support the union’s fight for fair wages for the modern health care team by visiting pharmacistsmatter.ca, and adding their voice to the call for continued quality health services for all British Columbians. **R**

MEMBERS TAKING ACTION

In just two weeks over 1000 letters were sent to the Premier and Minister of Health calling on government to reverse HEABC’s decision. Here are some excerpts:

COLLABORATING TO ENSURE THE BEST FOR PATIENTS

“Hospital pharmacists do more than count pills and dispense drugs. They ensure the best possible clinical care and treatment of patients, including advising doctors on medications. They prepare chemotherapy drugs. They collaborate with other health professionals in educating and caring for patients.”

PREVENTING SERIOUS MEDICATION ERRORS

“In particular, as a pharmacist working in the specialty area of Oncology, we work in an environment where it is especially difficult to attract qualified individuals. Moreover, the toxic and hazardous nature of the chemotherapy medications that we deliver at the BC Cancer Agency requires a pharmacist’s due diligence and expertise to ensure that medication errors and adverse events are prevented. A single error caught by a pharmacist can prevent devastating consequences leading to morbidity and mortality.”

ROLLBACK WILL RESULT IN INCREASED COSTS

“We are fortunate to have a talented team of clinical pharmacists working at Lions Gate Hospital who are very dedicated, hard working and on whom we have become reliant on for clinical decision support. I have no doubt that if the rollback results in a loss of some of our experienced pharmacists and subsequently there is difficulty recruiting and maintaining their equivalent, LGH will be poorer for it. While it is difficult to estimate the cost in terms of increased lengths of stay, increased adverse events, my overall belief is that the roll back will result in increased costs as opposed to the savings that you are expecting.”

HOSPITAL PHARMACISTS ARE SPECIALISTS

“To summarize in just one sentence what hospital pharmacists do: we ensure the safe, rational and economical use of medication. Hospital pharmacists are specialists in the same way physicians are specialists. At Children’s Hospital my colleagues and I are specialists in: General Pediatric, Oncology, AIDS and HIV, obstetrics, Infomatics, Neonatology, Intensive Care, Cardiology, Neurology, Cystic Fibrosis, Drug Information, Drug Utilization and Evaluation, Nephrology, and Solid Organ Transplant.”

Professional exams now eligible for Tuition Tax Credit

Many HSA members are required to complete professional examinations in order to continue performing their jobs. The exams aren't cheap – some cost as much as \$2000.

Good news: as of 2011, the Tuition Tax Credit has been extended to include professional examinations for people working in regulated occupations like law, accounting, skilled trades – and medicine.

The measure extends eligibility for the Tuition Tax Credit to fees paid to an educational institution, professional association, provincial ministry, or other similar institution to take an examination that is required to obtain a professional status recognized by federal or provincial statute, or to be licensed or certified in order to practice a profession or trade in Canada.

As with the existing Tuition Tax Credit, the total fees must exceed \$100 per year in order to be eligible.

To find out more, contact the Canada Revenue Agency or talk to an accountant.

Claim your LTD premiums

HSA members paying into a long-term disability (LTD) program are reminded that their portion of the premiums are tax deductible.

In most cases, LTD premium costs are split between the employer and the employee. You can claim the portion you pay, not the portion paid by the employer.

Employee LTD payments are not clearly listed on your T4, so you need to save your pay stubs and add up the portion listed on each.

Employees working more than one position, or those who were transferred in 2011 due to a consolidation, are reminded they will have more than one set of pay stubs.

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.

In early April, a PDF version of HSA's Annual Report will be posted on the web site at hsabc.org. Members who prefer to read a printed copy can still request one by calling 604-439-0994, toll free 1-800-663-2017.



Young members of the BC Health Coalition presented red umbrellas, signifying the protection offered by Medicare, to provincial premiers attending Health Accord discussions in Victoria on January 19.

Stronger Health Accord needed to improve health care

BY CAROL RIVIERE

HSA AND OTHER MEDICARE ADVOCATES were out in full force in Victoria during a recent premiers' meeting to discuss renewal of the national Health Accord due to expire in 2014.

The premiers gathered to develop a response to

the federal government's surprise announcement in December that the annual increase in federal transfers to the provinces for health care will be cut by up to 50 per cent beginning in 2016-2017.

As details of the federal plan were revealed, Medicare supporters became concerned not only with the cut in funding, but with the federal government's apparent

willingness to take a hands-off approach to how the provinces deliver health care.

Harper's Conservatives appear eager to abandon the federal government's responsibility to enforce national standards under the Canada Health Act as well as to establish and coordinate national health care programs. This comes at a time when a national pharmacare plan, and a national home and community care plan are desperately needed to improve seniors' care.

The Conservatives also appear to be inviting the provinces to increase private for-profit health care delivery – a sure way to increase costs and decrease the quality of patient care.

"The evidence is clear," says HSA physiotherapist and BC Health Coalition co-chair Rachel Tutte. "Public health care is sustainable and the real driver of increases in health care spending comes from out-of-pocket costs for private health services not covered by Medicare."

Public health care advocates believe the premiers' decision to create an interprovincial "Health Care Innovation Working Group" is an opportunity for the provinces to build on the many positive public solutions that strengthen Medicare.

While attending the Victoria events, HSA vice-president Val Avery emphasized that BC and other provinces have had real success with such things as specialized public hip and knee replacement programs, and one-stop breast health centres that expedite diagnosis and treatment for breast cancer.

"Expanding these and other proven public solutions is the best way to strengthen health care," says Avery.

WHAT YOU CAN DO

The BCHC and youth organization Check Your Head are working with young people to support public health care.

An important part of their campaign is a series of workshops on the importance of keeping health care public, which CYH facilitators deliver to students around the province.

If you can help CYH arrange to speak at your local high school or college, then please contact them at checyourhead.org/contact. **R**

Youth to premiers: Medicare – it's got us covered!

A delegation of youth gathered at the premiers' meeting in Victoria in January to send the message that the future of the health care system is in question and youth want a say.

"Young people have a stake in the future of our health care system," said delegation member Vince Terstappen. "Discussions in preparation for the 2014 health accord are excellent opportunities for all of the provinces to work together to listen and respond to the ideas, values, and contributions of young people."

"Young people have a stake in the future of our health care system."

The delegates, including students and young doctors, brought umbrellas as gifts to the premiers to symbolize health coverage for all, joking that the premiers would need them for their stay in rainy B.C. The premiers' umbrellas each came with a note, including the phrase: "We want an accord that ensures that when you need care, you're covered – no matter where you live, how much money you have, or who you are."

"We appreciate our health care system and view equality and equal access as core values," says Terstappen. "We understand the importance of taking care of each other and want the 2014 health accord to reflect these values."



Participants at the BC Federation of Labour Renewal Conference in November.

A time for new voices

BC FEDERATION OF LABOUR SEES MORE DIVERSITY AS THE FUTURE OF THE UNION MOVEMENT

BY ANNE DAVIS
DIRECTOR, REGION 1

THE B.C. FEDERATION OF LABOUR did something interesting recently.

For many years, the Fed has held an annual convention in Vancouver. The conventions are a great place to connect with others in the labour movement, get some education on current burning issues, and join campaigns.

There has been a certain sameness to the conventions, however. We see the same delegates get up to the mic and give the same speeches each year, while outside the walls of the Convention Centre, the labour movement continues to slowly shrink. Ten years ago, 32 per cent of

the work force in B.C. belonged to unions. Today that number is down to 29 per cent.

In 2010 the delegates to the BC Fed Convention voted to change things as part of a long-term plan to revitalize the labour movement in this province. We voted to have a regular convention every second year and to have smaller, regional conferences and union renewal conferences in between.

The first Union Renewal Conference was held in December. And that's where things became really interesting.

Each union was informed ahead of time that at least one quarter of their delegation had to be made up of people of colour and aboriginal people.

On the first morning, Jim Sinclair, President of the BC Fed, stated, “This conference is about racism. It’s about the difficult conversations we need to have within our unions and within the labour movement as a whole, if we are to survive.”

The first speaker was Karl Flecker, Director of Human Rights for the Canadian Labour Congress. He shared some rather stunning demographic data:

- Canada’s workforce numbers 18 million, and in the next ten years up to ten million of them will retire.
- We will continue to rely upon immigration to supply the workforce.
- 80 per cent of immigration to Canada is coming from the Middle East, Africa, Asia Pacific, and the Americas. Immigrants are largely people of colour.
- 65 – 80 per cent of the current workforce is composed of equity seeking groups: women (49 per cent), aboriginal (3.2 per cent), LGBT (10 per cent), racialized (12.6 per cent) and persons with disabilities (5.3 per cent).

This information provides a clear imperative for action. Unions must embrace radical change, especially within our governance structures. The principle that the leadership of unions should reflect the membership of unions came into sharp focus at this convention. Currently, in many of our unions, as in most other organizations in Canada, the higher we look within the structure, the more we find older white men in positions of leadership. That has to change. We need to do some critical thinking about the development of leadership, while considering the implications to the seventh generation.

We need to carry out membership audits in order to understand who our members are and who is missing within the governance of our unions. We need to identify barriers to participation within our structures and commit to their removal. Some unions have already done lots of work in this area, while others are barely in the beginning stages.

We must continue to speak out on policy that matters to all equity seeking groups, support outreach networks and continue to advance representative workforce strategies.

We need to provide high profile assignments to mem-

bers of equity groups but support them sufficiently to prevent tokenism.

These strategies are not just about keeping unions as institutions alive; they are also about the very real needs of equity seeking groups, which unions are in a position to address.

Unions have not always been on the right side. The Fisherman’s Union originally supported the internment of their Japanese fellow fishermen, although by the end of the war, they realized they were wrong and they supported the return of confiscated boats to returning internees. The white miners of Cumberland at one time supported the exclusion of Asian workers. We have come a long way since that time and the labour movement has taken a leadership role in fighting racism. The question, however, is whether we have done enough to advance equity groups within our own unions.

I don’t believe for one moment that the current leadership of our unions is racist. I do believe, however, that barriers to participation exist both within and outside of our unions and that those barriers are sometimes invisible to those of us who don’t experience them directly.

At one point, Jim Sinclair looked at the assembled delegates and said, “I’m looking at 150 people and I’m seeing at least 100 people of colour and aboriginal people. Why is it that, when I look at 1000 delegates at B.C. Fed Conventions, I don’t see 100 people of colour and aboriginal people?”

Because of the mandate that each delegation had to be racially diverse, we were hearing new voices. An aboriginal nurse from Bella Coola told me that she had often applied to attend union events, but had never been chosen because of the high cost of air fare in and out of her community. This was her first chance at attending a labour conference and she had important things to say.

The conference agenda was a mix of speakers, cultural entertainment and world café style breakout groups. As we all became more comfortable talking about race and racism, there were many rich and nuanced conversations between delegates and much sharing of ideas and strategies for change.

I think the labour movement in B.C. owes a big vote of thanks to Jim Sinclair. He took a risk in opening up a difficult subject, but he had the foresight to recognize this critical issue. Now it’s up to all of us to take action. **R**



A new publication for ultrasonographers identifies seemingly minor mistakes, like the one above, that can lead to pain and career-limiting injuries.

At last: WorkSafeBC action on ultrasonographer injuries

HSA OVERCOMES YEARS OF WORKSAFE BC INDIFFERENCE TO HIGH INJURY RATE

BY MARTY LOVICK

IN JANUARY, HSA AND WORKSAFE BC began distribution of a publication that aims to reduce the high level of work-related injuries for ultrasonographers. It's a major achievement, and one which came only after years of effort by the Health Sciences Association.

I first became aware of the high level of repetitive strain injury among this specialized group of members when I worked as an Employee Health Services Consultant at Royal Columbian Hospital during the early 1990s. An injured ultrasonographer was seeking compensation with the support of the medical imaging supervisor and her manager, who agreed that her required duties were the cause of her injury. The Workers' Compensation Board denied the claim at first, but I attended her hearing, sup-

ported her appeal and in the end it was allowed. During the process, I learned about the astonishingly high rate of injury among ultrasonographers and the WCB's reluctance to deal with the problem.

Throughout the 1990s research done worldwide began to establish the risks faced by ultrasonographers every day. In BC, much of this research was done by universities, the Occupational Health and Safety Agency for Healthcare, and leading ergonomists like Judy Village. Literature outlining best practices was published, and it became clear that the inherent characteristics of the equipment used in BC led to awkward posture, force and repetitive motion.

Above all, these studies objectively demonstrated that ultrasonographers were suffering injury rates unheard of in modern times. Research showed that 80 per cent of these workers suffered pain and a degree of disability due

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Do you have questions about occupational health and safety at your workplace?
Contact Marty Lovick at mlovick@hsabc.org

RESEARCH SHOWED THAT 80 PER CENT OF THESE WORKERS SUFFERED PAIN AND A DEGREE OF DISABILITY DUE TO THEIR WORK, AND 20 PER CENT WERE UNABLE TO COMPLETE THEIR CAREER IN THE FIELD.

to their work, and 20 per cent were unable to complete their career in the field. Statistics like these in any other industry would be a scandal, but with less than 400 professionals working in the province at any one time the issue stayed under the radar.

For several years HSA made serious efforts to force WorkSafe BC to change the way they dealt with claims by ultrasonographers. The response was indifferent, despite the fact that virtually all claims were allowed after they were examined by the independent appeal tribunal.

The WorkSafe BC prevention department, unlike the adjudication arm, is able to work in favor of better practices to reduce injury. Knowing this, HSA approached the prevention department two years ago with a proposal to develop a best practice prevention package for ultrasonographers. It would begin with a project at two hospitals on Vancouver island, and it was agreed that WorkSafe BC and HSA would jointly fund the publication.

The resulting material has been circulated to ultrasonographers around the province, students in BCIT's training program, members of the BC Ultrasonographers Society, all BC health authorities and is posted on the WorkSafe BC website. You can find it here:

- www2.worksafebc.com/Portals/HealthCare/GeneralErgonomics.asp

The material will not only help lower injury rates through prevention, it should also help ensure that injured ultrasonographers receive fair treatment for their claims because WorkSafe BC itself helped produce it and have it posted on their web site. **R**

CURRENT DISPUTES

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

USW Local 2009 - VS - Compass Group Canada
Major Issues: Concessions, wages
Commenced: Sept. 26, 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

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

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HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

Sudden change in pay forces rethink of retirement timeline

BY DENNIS BLATCHFORD

I'm a pharmacist nearing retirement and I've been notified that my pay will be reduced effective April 1st. I am concerned that this will result in a lower payout of my cash-in of sick leave credits if I stay past March 31st. Also, my employer says they require six months retirement notice. Am I bound by that under the collective agreement, and will my cash-in of sick leave credits be at the lower pay-rate if I stay past March 31st?

You have every right to be concerned about how your cash-in of sick leave credits – or other accruals – would be treated post-March 31st. The collective agreement is clear that your cash-in of sick leave credits would be calculated based on your existing salary at the time. So clearly you would suffer a loss if your salary is reduced after March 31st and you remained an employee.

On the issue of whether you are bound by the employer's policy on six months retirement notice, the collective agreement stipulates that employees "make every possible effort to give twenty-eight (28) calendar days' notice when resigning from the health organization." Otherwise you are penalized 2 per cent for earned vacation entitlements. The collective agreement makes no specific mention of retirement notice; six months or otherwise.

So the employer's retirement policy is not technically valid?

Well, the policy is certainly valid from a human resources and operational planning perspective, and normally

you would want to provide your employer plenty of notice of your intention to retire. But contractually you are not bound by six months' notice, and any policies or rules can't be in conflict with the collective agreement. So six months' notice might be their preference; but not their rule. If you were willing to pay the penalty, you could walk into work tomorrow and announce you were retiring at the end of your shift...not that I'm recommending that!

So what do you think would be reasonable notice if I decided to retire before March 31st?

Six weeks should be the minimum lead time. It will take at least that long for payroll to review your records and process final calculations and pay-outs. And you will need to initiate your pension if you want to move seamlessly from drawing a pay cheque to drawing a pension. You also may want to draw down your vacation and other entitlements through regular payroll so as to maximize your pensionable service before you begin actually drawing your pension. Lump-sum payments are not eligible for pensionable service. That's why you should try and give your employer as much retirement notice as you can, even though you didn't choose these circumstances.

I had no intention of retiring this early, so the notice has taken me completely by surprise. Is there any possibility that the employer may rescind the notice?

I work in the area of pensions and benefits where long-term planning is the foremost consideration in keeping

R

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

such programs viable. In my experience, when human resources decisions are made on a scale like this, there is a thorough analysis of the possible effects and impacts on the workforce affected. Part of that analysis should have included the possibility that such a decision would trigger a wave of resignations and or retirements, since the basis of these bonuses was to attract and retain staff. It seems then that this decision was not based on sound human resource principals; otherwise the decision makers would have factored in retirements by providing long-term notice of their intentions and allowing the gradual processes of retirements and recruitments to take place over an extended time span.

From a human resources planning perspective this is the equivalent of slamming your brakes on a busy freeway...never a good idea. To answer your question, the employer has set in motion a chain reaction and at this point it is difficult to figure out where it may lead. But as one of the people affected by the decision, you have to figure out what is right for you. And that just may mean leaving a job you've enjoyed – and would have continued – had your salary not been reduced. **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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Danielle Renaud's response to her injury helped her fellow ultrasonographers gain recognition for the risks of their profession.

Injured, but unbowed

BY LAURA BUSHEIKIN

ULTRASONOGRAPHER DANIELLE RENAUD can serve as an example of just how devastating a workplace injury can be. In 1993, four years after she graduated from BCIT, an injury caused by the ergonomic challenges of her job at Royal Columbian Hospital in New Westminster sidelined her. What followed were years of living with pain, undergoing therapies, cutting back her work schedule, and eventually making the difficult decision to change careers.

PHOTO: DAVID BIEBER

However, what is more notable is the way Renaud provides an example of responding to adversity with courage and strength. When her first WCB claim to cover medical costs for the injury was rejected, she enlisted the help of HSA and made an appeal – taking on this challenging process with calm determination.

The appeal was accepted – not just a victory for Renaud, but also a precedent for other ultrasonographers, who face an alarmingly high rate of work-related injury.

“I knew that lots of ultrasonographers were having problems but it was mostly just talked about behind closed doors. I was one of the first to make a claim,” says Renaud. “It wasn’t so much for me but more to make a point. It needed to be recognized and documented for my field, for other ultrasonographers.”

Ultrasonographers, often referred to as sonographers, use ultrasound for diagnostic imaging of the soft tissues of the body. Although it is most commonly associated with obstetrics, ultrasonography has many uses and is an important tool in cardiology, gastroenterology, gynecology, neurology, urology, emergency treatment, and more.

Renaud's injury, which presented as pain and limited mobility all along her right side from her neck through her shoulder and into her back, resulted from keeping her arm out for extended periods of time holding a transducer. It's a common position in ultrasonography, explains Renaud.

“It's a static rather than dynamic motion, so circulation is compromised and there isn't enough blood supply. Over time, there is a big load on muscles that were not meant for that. The muscles pull on the spine and the spine gets out of alignment.”

Renaud says the pain came on gradually, and like many people, she downplayed it and hoped it would go away.

“It was my supervisor who said if you are in pain all the time you have to go to Occupational

Health,” says Renaud. The first claim was rejected on the grounds that the weight of the transducer was too insignificant to have an effect.

“That made me really mad and I knew I wanted to pursue it, but I didn’t know how. That was when HSA stepped in and provided a lawyer. It was so great to have the backing of my union,” she says.

The appeal process took two years, and was, Renaud admits, a “big hassle,” but when the positive ruling came in, it felt wonderful. “By then it was becoming more and more known as a problem for ultrasonographers. The ruling felt like a real acknowledgement.”

However, Renaud’s health problems did not disappear. She put in another WCB claim in 2001, and this one came through without a hitch. She remained on the job part time, and eventually switched to casual. She also explored other types of work, but was always pulled back to ultrasonography.

“I loved ultrasound and didn’t really want to leave,” she says.

“Ultrasonographers get all the fun. We get to work with technology, and we get to see the patient. As well, we are involved in the diagnosis. When the physicians have a question, we have to find the answer, which is very satisfying – you are part of finding the solution to the puzzle. I really liked the obstetrics component. It’s a privilege to work in a hospital in a context where most of your patients are happy; they are not sick.”

However, Renaud could not argue with her health situation. By 2006, she recognized that she needed to find another career path.

She enrolled in general studies at Douglas College, with no clear plans. A computer class piqued her interest in databases, which led her to investigate the Health Information Management Program. She realized right away it was a good fit for her – she would remain in health sciences, remain in HSA, and work at something that en-

gages her.

“It’s very much an investigative type of work. There’s a lot of logical thinking and analysis. Those are things I liked in ultrasound and they are here too,” says Renaud. She looks forward to graduating in May, at which point she will officially and definitively leave ultrasound (she is still working on a casual basis at Royal Columbian Hospital).

Clearly, Renaud’s injury changed her life – but so did her experience pursuing workplace justice on behalf of herself and her profession. She learned to be a strong advocate, not to give up, and to use the support available rather than work in isolation. She hopes others will follow in her example.

“Sure, it’s a pain to make a claim, but you need to do it. The union will back you up so you don’t have to be doing this on your own.

“With the economy the way it is now, there is a lot of pressure to see more patients every day. The stress is going up. It will affect you. If you don’t make a claim for an injury, you won’t get the attention of your employer. Stand up for your work environment! You do have the right to have enough time to see your patients, and to have the tools you need to not get injured,” says Renaud.

She urges ultrasonographers to practice preventative maintenance, such as going for regular massages, and to talk with their employers about workplace ergonomics. Again, the union can be helpful – HSA has recently worked with WCB to create best-practice guidelines to help ultrasonographers avoid ergonomic strain (see story page 20). **R**

“THE STRESS IS GOING UP. IT WILL EFFECT YOU. IF YOU DON’T MAKE A CLAIM FOR AN INJURY, YOU WON’T GET THE ATTENTION OF YOUR EMPLOYER. STAND UP FOR YOUR WORK ENVIRONMENT!”

A better plan for kids

BY SHARON GREGSON

Coalition of Child Care Advocates of BC

WHAT WOULD IT MEAN TO YOUR FAMILY if quality child care was available for \$10 a day? What about free child care for families who earn less than \$40,000 a year? What if the early childhood educators responsible for giving kids the best possible start in life earned an average of \$25 an hour?

Child care services make it possible for parents to participate in the paid workforce while their children grow and thrive. But for many parents child care is still unaffordable and unavailable. Fees are too high and spaces are too few.

The Coalition of Child Care Advocates of BC and the Early Childhood Educators of BC have developed the “Community Plan for a Public System of Early Care and Learning” to positive-effect change for children, families, caregivers

and communities across the province.

The plan builds on research that demonstrates public spending on the early years is a wise social and economic investment and that quality child care *is* early learning. This “made in BC” plan incorporates the best of child care and the best of public education. It addresses the urgent need to provide children and families with quality, affordable early care and learning services – a key missing piece of BC’s family policy.

Highlights of the plan include:

- \$10 a day child care, \$7 for part-time, free child care for families earning less than \$40,000 a year;
- new legislation – a BC Early Care and Learning Act;
- a new home for child care in the Ministry of Education;
- a new role for Boards of Education;
- the development of Early Years Centre Networks;
- enhancing kindergarten and grade one;
- strengthening school age care and family child care; and
- developing the early childhood educators’ workforce.

HSA endorses the Community Plan for a Public System of Early Care and Learning. HSA supports the Coalition of Child Care Advocates of BC through the union’s Equality and Social Action Fund. This year, HSA contributed towards CCCABC’s delegation to the United Nations to discuss the crisis in child care in BC and the rest of Canada. For more information, see www.cccabc.bc.ca.

We invite you to join the growing enthusiasm for the plan spreading across the province. Visit www.cccabc.bc.ca/plan for more information and to show your support. **R**



We want to fix. Government wants to fight.

IN THE LEAD-UP to health science professionals bargaining, BC Premier Christy Clark reiterated that her government would not negotiate wage increases for public sector workers, including health care workers and teachers, unless union members reached into their own pockets.

The pronouncement exposes this government's contempt for collective bargaining, and signals – once again – that in a year when public sector collective agreements expire and government has an opportunity to address the crisis in health care with creative and positive solutions it plans to head in exactly the opposite direction.

Our current HSPBA contract, which expires March 31, was reached after months of talks. In good faith, the union bargained elements that set clear timelines and goals for addressing longstanding issues in the contract. Commitments were made on both sides to modernize the classifications system. HEABC didn't live up to its end of the bargain, and late last year HSA and the bargaining association was forced to file a policy grievance, which has been referred to arbitration.

On the heels of that policy grievance, HEABC – without notice or consultation – announced that the market adjustment which has served to attract and retain pharmacists to stay in clinical practice in hospitals since 2006 would be eliminated April 1. The crisis in staffing, according to Health Minister Mike de Jong, is over. The truth is the crisis in pharmacy staffing has only been stemmed because local employers understood that a competitive wage has to be paid to retain these highly trained and critical members of the health care team.

As HSBPA heads to the bargaining table to negotiate a new contract for health science professionals, the con-

ditions for bargaining are far from ideal. For bargaining to be successful, both parties need to come forward with some element of common purpose, and a degree of trust.

That trust was broken when HEABC failed to make good on its commitments to the classifications process, and when it announced that the market adjustments for pharmacists would end April 1. When you factor in a bargaining 'mandate' that hamstring any chance for free collective bargaining, it becomes increasingly difficult to see a road to common ground.

HSA and HSPBA go to the table at the end of February with a mandate from members to regain and maintain a competitive edge for health science professionals in BC. That means competitive wages, and excellence in the delivery of health care. We will go to the table prepared to bargain. We enter these negotiations with a commitment to collective bargaining, and expect the same of HEABC.

If we don't get that commitment, we – and all HSA members – will have to consider the options we have for applying pressure to achieve the conditions you need to keep working in a system that delivers quality care.

In preparation for any of the possibilities – and this includes job action – HSA is actively involved in essential services negotiations, negotiating minimum levels of service required to ensure the health and safety of patients in the event of dispute by any of the bargaining associations now involved in bargaining.

As chief negotiator, I know you will all join me in thanking your bargaining committee members in advance for what promises to be a very tough round of bargaining. And I encourage you to stay up-to-date by registering on the HSA website at hsabc.org to receive news. **R**



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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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(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald



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