

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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MEMBERS GET THEIR SAY

MAIL-IN VOTE ON NEW TENTATIVE
AGREEMENT THAT PROTECTS BENEFITS
AND PROVIDES A MODEST WAGE INCREASE

AN AGREEMENT WORTH SUPPORTING



HSA AND OTHER UNIONS HAVE BEEN HUNKERED DOWN IN CEASELESS AND DIFFICULT NEGOTIATIONS FOR ALMOST FIVE YEARS.

The effort has expended enormous resources – resources that we need to focus on helping members deal with their daily workplace challenges.

So when mediators approached HSA and other unions about early negotiations for a five-year deal, we decided to listen.

We brought our chief stewards together from around the province to discuss the opportunity. They gave the bargaining committee a mandate to proceed with negotiation and to focus on talks around wages, protection for benefits, fixes to the Pharmacare Tie-In drug benefits, more resources for the Enhanced Disability Management Program, solutions for recruitment and retention, and a five-year term for any resulting agreement. And they agreed to to brief members and continue canvassing your opinion.

The talks yielded a tentative agreement, and as this goes to press, members are voting.

I think this agreement is worth supporting. Here's why.

Since 2001, the government has been forcing harsh mandates and imposing contracts.

In 2001, the government imposed a contract with a two-tier wage system. Your union didn't accept that. We even conducted an illegal strike to fight it. But in the end, the government imposed it through legislation.

In 2012, the government imposed the 37.5 hour work week

and the Pharmacare Tie-In. All health care unions had to bargain for protections and accept the change, or face another legislated contract that would have made things much worse.

Make no mistake. Governments are pushing to cut your wages and benefits. But we've found creative ways to push back and make important gains like shift differentials and addressing issues around on call and call back. Since 2001, the minimum total wage increase for health science professionals has totaled 24.65% – while the cost of living in BC has gone up 20.57%. And that is the minimum. Some of our members have seen wage increases totaling 48.85%

We continue to work to find ways to undo the worst parts of these punishing mandates. This contract is no different.

Your bargaining committee has reached an agreement that protects your benefits while offering a small wage increase. If the nurses or the public service unions achieve a better increase, this agreement guarantees we get that increase too. Add to that additional support for the new Enhanced Disability Management Program, a special committee on recruitment and retention, and a significant improvement to the imposed Pharmacare Tie-In allowing members to claim 50% of the costs for drugs that weren't covered at all in the last agreement.

It is always up to the members. But we think this is an agreement worth supporting.

Val Avery

Make no mistake. Governments are pushing to cut your wages and benefits. But we've found creative ways to push back and make important gains.

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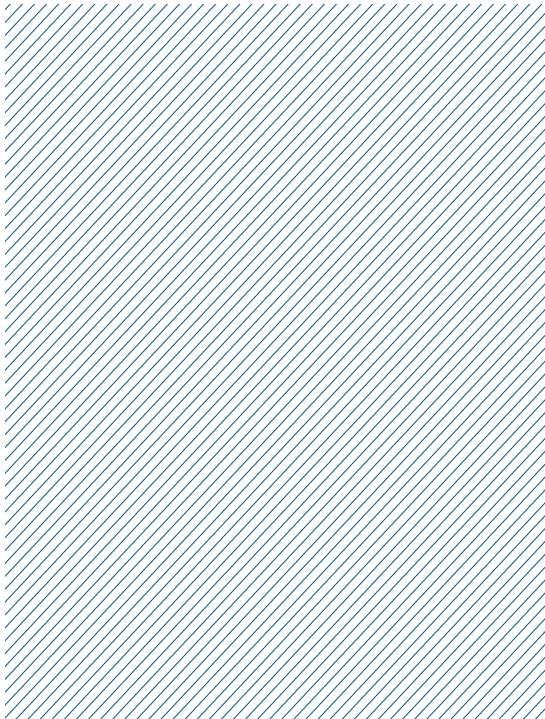
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ARBITRATOR RULES FLU VACCINE POLICY IS ALLOWABLE

HEALTH CARE WORKERS WHO DON'T GET A FLU SHOT OR WEAR MASKS AT WORK FACE RISK OF BEING FIRED.

An arbitrator has ruled on the controversial flu shot policy for health care workers. The ruling supports the health authority policy that dictates all health care workers must get immunized against seasonal influenza, or wear a mask at all times during the declared flu season. Flu season is typically declared from late-November to March by the Provincial Health Officer.

The arbitrator also found the policy extends to anyone who enters a hospital, including visitors, doctors, volunteers and outside contractors. Non-compliance can result in the removal of hospital privileges for doctors, and the termination of contracts.

"We are of course disappointed in the arbitrator's ruling," said Val Avery, President of Health Sciences Association, the union that challenged the policy on behalf of 16,000 health science professionals.

"Our members believed they had a right to make personal health care decisions, but this policy says that's not the case. Flu shots are now mandatory for all health care workers, and if they fail to disclose whether they have been immunized, they must wear a mask at all times throughout flu season," Avery said.

But Avery said the decision does address some privacy concerns the union had with the policy. The arbitrator determined "it was an abuse of the privacy rights of health care workers" for immunization status reports of employees to be circulated at the workplace, as was done in 2012. In addition, the original policy required health care workers to report if other workers were not comply-

ing with the policy, which could create an unnecessary atmosphere of suspicion and accusation in the workplace. That requirement is removed.

"We will be telling our members to comply with the new policy, or risk being fired," she said.

"Compliance means getting immunized, or, alternatively, if an individual chooses not to be immunized, to wear a mask at all times at work during flu season," she said. The ruling emphasizes that employers are legally obligated to accommodate health care workers who cannot comply with the policy.

Avery said the union will continue to encourage health science professionals to take advantage of on-site flu shot clinics, and expects health authorities to have an adequate supply of masks available for use during flu season.

HSA WELCOMES NEW MEMBERS

HSA welcomes 19 employees at Island Women Against Violence on Salt Spring Island. Our newest members voted to join HSA in early November.

Island Women Against Violence is a non-profit society dedicated to supporting women and their children throughout the Southern Gulf Islands whose lives have been affected by violence and abuse.

They operate the Salt Spring Island Transition House, the 24-Hour Violence and Abuse Help Line, Women's Outreach Services, Stopping the Violence Counselling for Women and Children Who Witness Abuse Counselling for Children.

The transition house is currently staffed with trained support counsellors and is accessible to single women or women with their children around the clock.



YOUR EDMP REPRESENTATIVES, LEFT TO RIGHT: KARIM KANJI, JULIA THICKETT, JAMES BENSON, SHARON MARTIN, TERRY HO, SEAN MCKIBBIN, NADINE SOUKOREFF, DEBORA MUNOZ, ASH SUMNER, BENITA SPINDEL, DAVID NOGA, HELGA WAINWRIGHT, PENNY REGIER

NEW HEALTH PROTECTION FOR MEMBERS

ENHANCED DISABILITY MANAGEMENT PROGRAM LAUNCHED NOVEMBER 1

HEALTH CARE WORKERS SUFFER THE HIGHEST RATE OF WORKPLACE INJURY, SO HSA IS PLEASED TO ANNOUNCE GREATER DISABILITY SUPPORT FOR MEMBERS.

A new Enhanced Disability Management Program (EDMP) negotiated into the Health Science Professionals Bargaining Association and Nurses' Bargaining Association contracts in the last round of bargaining comes into effect November 1.

The program replaces disability management programs previously run by individual health authorities.

Jointly developed with em-

ployers and other unions over several years, EDMP is an employee-centred, proactive, and customized disability management program for employees with occupational and non-occupational illnesses and injuries.

The province-wide program includes HSA union representatives across the province whose role it is to work with and advocate for HSA members who are ill or injured and who are recovering and rehabilitating in order to return to work.

"HSA has selected a number of very skilled members to advocate for and support their peers in this process," said HSA President Val Avery.

"They will help provide early, appropriate and on-going support to maintain employees' connection with the workplace and a return to work in a safe and timely manner," she said.

The program covers HSA members who are directly employed by Health Authorities. Affiliate employers are expected to come on stream with the program some time in 2014.

Employees currently working with an existing disability management program will continue with that program.

For further information, please refer to the HSA website at: <http://www.hsabc.org/member-benefits/edmp>

MEMBERS ELECT NEW BOARD REPRESENTATIVES

REGION 2

Derrick Hoyt has been elected as the Regional Director to represent members from Region 2 on the HSA Board of Directors. Hoyt is a Pathologist Assistant at Royal Jubilee Hospital in Victoria.

For 25 years, He has served in many roles as an active union member, including as a Member at Large and Steward.

The byelection was required when Region 2 regional director Val Avery was named HSA President in September. Hoyt will serve on the board until the end of the term, which expires at the end of the 2014 HSA Convention in Vancouver.

REGION 5

A bylection for election of Regional Director for Region 5, (primarily Provincial Health Services Authority) is currently under way as this issue goes to press. Please check hsabc.org for results expected in late November.

The successful candidate will take office immediately following the election, and will serve as the Regional Director until the April 2015 HSA convention.

Directors meet four times a year as a board, and serve on committees of the board, taking an active leadership role in representing the union and its members. Directors receive wage replacement for the time they spend in official meetings at their own regular rate of pay. Part-time and casual members are reimbursed as if they were at work during the meetings they attend.

To be eligible for nomination, members must be employed in a chapter and have been a member of HSA for at least one year immediately prior to election. Candidates must be nominated in writing by two members in good standing.

CORRECTION

JOHN HOWARD SOCIETY
OF NORTH ISLAND ISN'T
RENEGING ON WAGE
INCREASE OR CUTTING
PROGRAMS

The October issue of HSA Report included an article about community social service agencies forced to cut programs because the BC government refused to fund the 1.5% wage increase negotiated in the last contract. That article included a list of agencies – including John Howard Society – which had either decided to cut programs or refuse to pay the wage increase.

Wendy Richardson, Executive Director of the John Howard Society of North Island, contacted us to point out that her agency was paying the increase without making cuts.

“First of all, I applaud the article which addresses the government reneging on their deal to fund negotiated wages increases.

“However, I note that there is a list of community-based social service agencies that ‘are not paying the 1.5 per cent wage increase or may be cutting programs and services’. The first on the list is ‘John Howard Society – across British Columbia’.

“I’m not sure what other John Howard Societies are doing but I do want to point out that we are paying the wage increase and are not contemplating cutting programs or services. So I’m a bit bothered about being lumped in the John Howard group in case it gives the wrong message to our staff, clients, funders and other stakeholders who might read the magazine.”

HSA apologizes for the error and applauds John Howard Society of North Island for taking a tough stand.



HSA'S REGISTERED PSYCHIATRIC NURSES GATHERED IN RICHMOND FOR A NOVEMBER 20 BARGAINING PROPOSAL CONFERENCE

WAGES AND BENEFITS TOP LIST OF PRIORITIES FOR BARGAINING

HSA MEMBERS BELONGING TO THE BARGAINING ASSOCIATIONS FOR NURSES, COMMUNITY HEALTH AND COMMUNITY SOCIAL SERVICES GATHERED FOR BARGAINING PROPOSAL CONFERENCES IN LATE NOVEMBER.

Wages and benefits were named the top priority for members working in all three sectors.

RPN members called for a fix to the Pharmacare Tie-in implemented in the 2012-2014 contract, as well as for improved wages and classification specialization that recognizes registered psychiatric nurses' unique contribution to the modern health care team.

Community health members called for a wage increase on par with the cost of living, and a "me-too" clause that would ensure equal general wage

increases for all who work in the sector. In addition, as has been a priority for several rounds of bargaining, members want their bargaining representatives to advocate for wage parity with their counterparts who work in hospitals and who are covered by the Facilities Bargaining Association collective agreement.

On benefits, delegates to the community health bargaining proposal conference called on their bargaining representatives to advocate for the preservation of all current benefits in extended health, an improvement in the Pharmacare Tie-in equal to the improvement achieved by health science professionals tentative agreement reached earlier in November (see pages 8-11 for more information), as well as improvements to the extended health plan and the introduction of an Employee Assistance Program by every employer.

Delegates also favoured a contract period longer than

two years, improved severance allowance, and retention of Earned Days Off (EDOs).

For members working in the community social services sector, the top three priorities are wages and sick pay, and the elimination of the limit on coverage for health science professional services. The language in the current collective agreement is out of date and provides only minimal coverage for physiotherapy.



STEWARDS FROM CHAPTERS AROUND BC GATHERED ON SEPTEMBER 19 TO DISCUSS THE OBJECTIVES OF THE NEGOTIATIONS.

HEALTH SCIENCE MEMBERS VOTE ON TENTATIVE AGREEMENT

AS THIS MAGAZINE GOES TO PRINT, INFORMATION AND MAIL-IN BALLOTS HAVE BEEN MAILED TO ALL HEALTH SCIENCE MEMBERS

IN LATE NOVEMBER, THE HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION REACHED A TENTATIVE AGREEMENT FOR THE 17,000 HEALTH SCIENCE PROFESSIONALS DELIVERING MODERN HEALTH CARE IN BC'S HOSPITALS AND COMMUNITIES.

It is a five-year agreement that expires March 31, 2019. The agreement was reached in advance of the expiry of the current agreement, set to run

out on March 31, 2014.

"HSA entered into early negotiations after being approached by government, which was looking to find common ground that meets our shared objectives for stability in the health care system, as well as a strong commitment to recruitment and retention of the health science professionals essential to the modern health care team," said Val Avery, president of the Health Sciences Association of BC.

"This tentative agreement does just that. Over the course of

five years, our members will achieve modest wage increases, and work with employers to continue to deliver quality care to patients. In addition, employers have committed to processes aimed at recruitment and retention of highly skilled and in-demand health science professionals," she said.

HOW THE EARLY NEGOTIATIONS ROLLED OUT

At the end of August, the government started approaching some unions to discuss early negotiations. Many agreed, includ-

HIGHLIGHTS OF THE TENTATIVE AGREEMENT INCLUDE:

- Wage increase totalling 5.5 per cent over five years; with a possibility for improvements dependent on the performance of BC's economy (Economic Stability Dividend)
 - » A “me-too” clause. If other comparable public sector compensation increases exceed these increases, then the HSPBA collective agreement will be adjusted by an across-the-board percentage increase to match those compensation increases.
- Protection of benefits
 - » Current benefits provided by the collective agreement will be maintained until April 1, 2016
 - » A jointly-run trust will be established by April 1, 2016 to allow for joint administration and decision-making about participation in and management of benefits
 - » The Pharmacare Tie-In drug benefits coverage program, introduced in the 2012-2014 contract, will be improved to allow for 50% coverage for prescriptions not covered by the Pharmacare formulary. The change is retroactive to Sept. 1, 2013.
- Improved commitment to disability management for staff, ensuring they are supported to return to work successfully after absence due to injury or illness – health care workers experience the highest rate of occupational injury in BC.
 - » Increase Enhanced Disability Management Program union representatives.
- A joint recruitment and retention committee designed to address issues and initiatives to ensure long-term supply of highly skilled health science professionals.
 - » Identify barriers to retention and recruitment
 - » Joint union/management requests may be made to government for labour market adjustments to address wage-driven recruitment and retention issues

ing HSA. On September 19, HSA convened a special meeting for Chief Stewards, the local leadership around the province.

At that meeting HSA stewards gave the bargaining committee a mandate to proceed with negotiation and to focus on talks around wages, protection for benefits, fixes to the Pharmacare Tie-In drug benefits, more resources for the Enhanced Disability Management Program, solutions for recruitment and retention, and a five-year term for any resulting agreement.

PROTECTION AND IMPROVEMENT FOR YOUR BENEFITS

Members have told HSA they want a modest wage increase without losing benefits. That's challenging, because the government is determined to reduce wages and cut benefits. They wanted to cut \$3.8 million

from your benefits – a deep and painful cut.

Maybe that's why there have been so many rumours about cuts to benefits. But they are not true.

This agreement delivers a modest 5.5% wage increase without cutting benefits. Health care workers have the highest rate of workplace injury, the bargaining team negotiated more support for the Enhanced Disability Management Program. Significant improvements have been made to the Pharmacare Tie-In drug coverage imposed in the last contract: it now provides 50% coverage of drugs not covered by Pharmacare, a big savings for members facing health issues. And those savings are retroactive to September 1, 2013. With the Blue Net Card, you will not have to save and submit receipts. The 50% is deducted right at the pharmacy.

The current benefits remain unchanged, and in 2016 a jointly-run trust will be established to give HSA the power to make decisions about future changes to benefits.

A MODEST WAGE INCREASE

Unions bargaining in the health care sector are facing a government demanding reduced wages and benefits. In the last two rounds, the government first froze wages, then forced unions to fund them by reducing benefits.

In spite of these challenges, our bargaining teams have managed to negotiate wages on par with the cost of living. Since 2001, the minimum total wage increase for health science professionals has totaled 24.65% – while the cost of living in BC has gone up 20.57%. And that is the minimum. Some of our members have seen wage increases totaling 48.85%



ON NOVEMBER 18, STEWARDS FROM AROUND THE PROVINCE AGAIN GATHERED TO DISCUSS THE DETAILS OF THE TENTATIVE AGREEMENT

Members have told their union they want a modest wage increase without giving up benefits, and that's what this agreement achieves. Members will receive a 5.5% increase over five years, and there is a "me-too" clause, meaning that if another health care union or the public service achieves a better wage increase, this agreement guarantees HSA members get that increase too.

IMPROVEMENTS TO THE PHARMACARE TIE-IN DRUG BENEFITS PROGRAM

Government is beginning to crack down on benefits for every union in BC. That's why the Pharmacare Tie-In was imposed in the last contract. HSA fought against it, but after BCNU and BCGEU accepted it we had to as well.

We can't get rid of the Pharmacare Tie-In, but with this agreement, we've improved it significantly for our members.

The Pharmacare Tie-In used to provide no coverage at all for the large number of drugs not included on Pharmacare's coverage list. Now, if Pharmacare doesn't cover it, your benefits will pay 50% directly at the pharmacy with your Blue Net Card. That's a big savings for members facing health challenges. And those savings are retroactive to September 1, 2013.

THIS CONTRACT AVOIDS DEEP CUTS TO YOUR BENEFITS

While governments around the country attack unions and prepare to undermine wages and benefits, the BC government planned to cut \$3.8 million from your benefits – every year.

If we had not successfully steered clear of those cuts, we could have seen benefits losses like caps on services and reductions in benefits.

But we didn't accept that. We fought back.

Instead, HSA negotiators man-

aged to protect your benefits and get you a modest wage increase.

The current benefits remain unchanged, and we have negotiated a jointly-run trust starting in 2016 so that HSA will have a say in decisions about the future design of our benefits plan.

A PATH FORWARD ON RECRUITMENT AND RETENTION

Any health science professional will tell you that shortages are reaching a crisis level. And with the government insisting on cutting wages and benefit costs for unions in BC, that's going to be hard to fix.

This agreement manages to deliver a modest pay increase of 5.5% without cutting benefits. And while there is no room to negotiate more significant wage increases, this agreement establishes a joint recruitment and retention committee designed to address issues driving shortages of health science professionals.

JOINT TRUST CAN PROTECT YOUR BENEFITS FROM GOVERNMENT WHIMS

Governments around Canada are looking to reduce the cost of benefits for union members, and BC is no different. The government would have cut \$3.8 million from your benefits – every year, and those cuts would have been spelled out and put in place by an arbitrator just months from now.

Your benefits are too important to be used as a political football.

This agreement establishes a jointly-run benefits trust in 2016. Under this plan, your benefits would be managed like your pension – by a specialized and balanced group that meets the needs of both sides. The agenda will no longer be set by the short-term needs of government negotiators.

It will allow for shared administration and decision making about participation in and management of your benefits. We get access to all the data we need to help us make decisions based on how our members use the benefits available to them. Benefits are guaranteed to remain unchanged until at least 2016, and HSPBA members will have the opportunity to provide input to the joint trust. That means you'll get a say about which benefits are most important to you and how the plan might be improved to meet your family's needs.

Joint trusts come with some risk, but risk is preferable to the certainty of \$3.8 million cuts each year for the next several years. Furthermore, without any control over administration of benefits we will not be able to avoid ongoing demands for cuts. Joint trusts already manage your pension, and a joint trust is working for unionized support workers at elementary schools.

In short, rejecting this deal will put the fate of your benefits back into the hands of a government looking to score quick wins at your expense.

That means an immediate cut of \$3.8 million from benefits, leaving members with reduced coverage and increase co-payment obligations. And government will be able to impose further cuts as they please. This deal protects us from that and gives members a say in how to protect and improve their benefits.

It will identify barriers to recruitment and retention, and can make the case for labour market adjustments where other tools simply won't work.

OTHER UNIONS HAVE OTHER PRIORITIES

Other unions have questioned HSA's tentative agreement. Some of their members are represented by the Health Science Professionals Bargaining Association, which is led by HSA. These unions have told their members to vote against this contract.

These other unions mostly represent members who are not health science professionals. That means they have different bargaining priorities. In the last rounds, these other unions were quick to negotiate contracts that sacrificed benefits, and HSA was forced to follow this precedent.

This time, HSA is taking a stand for your benefits. So while the

other unions attack and even spread misinformation, remember: they don't represent you and they don't represent your priorities.

This agreement protects your benefits and delivers a modest 5.5% increase over five years. And if another health care union or the public service achieves a better increase, this agreement guarantees we get that increase too.

EVERY MEMBER GETS A VOTE THROUGH THE MAIL-IN BALLOT

This is an important contract, and as always every member will have an opportunity to cast their vote. In the past we've heard concerns that voting at meetings can be hard because of scheduling and weather, so this time our members will vote by mail-in ballot.

To make sure all members make an informed decision, HSA has mailed an information booklet

and voting kit to all members. Ballots must be postmarked by December 11, and all votes will be counted by December 20.

We will also be posting FAQs and updates on the HSA web site, and contacting members by email. Make sure we have your email address – go to hsabc.org and select "contact" then "member contact update form".

MORE INFORMATION

Visit hsabc.org for updates, and keep an eye on our Facebook page at facebook.com/HSABC.

A MASK IS ONLY AS GOOD AS THE FIT

HSA FIGHTS MOVE TO SAVE MONEY AT THE EXPENSE OF WORKPLACE PROTECTION FROM AIRBORNE PATHOGENS

BY DAVID DURNING

IN SEPTEMBER, BRITISH COLUMBIA HEALTH EMPLOYERS APPLIED TO WORKSAFEBC FOR AN EXEMPTION UNDER THE RULES REQUIRING ANNUAL FIT TESTING OF N95 RESPIRATOR MASKS.

The HSA has opposed the application on the grounds that the employers' attempt to move to biennial fit testing weakens current safety standards and places healthcare workers at a greater risk of exposure to airborne pathogens.

BC health authorities estimate that as many as 45,000 healthcare workers may be required to use an N95 respirator during the course of their normal duties due to potential exposure to infectious diseases. If there should be a serious outbreak such as SARS or a pandemic influenza outbreak, that number could increase to 75,000.

An N95 respirator is designed to protect the wearer from aerosolized and droplet contaminants. The N95 designation means a minimum efficiency of blocking solid or non-oil containing particulates that are 0.3 micrometres or larger. The N95, which grew in prominence during the 2002-03 SARS outbreak is the most common protective mask in use today by healthcare workers, but it is only effective if properly used and properly fitted. The frequency

of fit testing is important because it has an effect on how documentation and supplies of masks are maintained. If too much time goes by, test records become outdated and supplies of the proper models and sizes of masks may not be available when needed.

N95 masks are considered personal protective equipment in BC and their use in health care worksites must be in accordance with regulations established by WorkSafeBC. WorkSafeBC, as well as the Occupational Safety and Health Administration (OSHA) and the National Institute of Occupational Safety and Health (NIOSH) in the United States require annual fit testing of N95 respirators.

Section 8.40 of the OHS Regulation ("Regulation") states:

(1) A respirator which requires an effective seal with the face for proper functioning must not be issued to a worker unless a fit test demonstrates that the facepiece forms an effective seal with the wearer's face.

(2) Fit tests must be performed in accordance with procedures in CSA Standard CAN/CSA-Z94.4-02, Selection, Use, and Care of Respirators.

(2.1) A fit test must be carried out

(a) before initial use of a respirator,

(b) at least once a year,

(c) whenever there is a change in respirator facepiece, including the brand, model, and size, and

(d) whenever changes to the user's physical condition could affect the respirator fit.

It appears the primary reason for the employers' application is due to the inconvenience and cost of annual fit testing and places those concerns ahead of worker safety. WorkSafeBC orders issued for BC health employers from 2011 to September, 2013, show at least 10 violations of the current regulatory requirements for annual fit testing under OHS Reg. 8.40, which seems to indicate an insufficient allocation of resources to ensure proper N95 fit testing programs.

The union has filed a response with WorkSafeBC supporting the continuance of annual N95 fit testing and requesting that the employers' application to move to biennial fit testing be denied.

If you have a question or concern about occupational health and safety, contact ddurning@hsabc.org.



CHEAP SHOTS

SHORT-SIGHTED POLITICAL LEADERS ARE HOPING TO SCORE QUICK POINTS BY ATTACKING YOUR PENSION

BY DENNIS BLATCHFORD

AS A RECENTLY RETIRED HSA MEMBER, I WAS ALARMED TO READ THAT THE CONSERVATIVE GOVERNMENT OF STEPHEN HARPER IS PLANNING TO TARGET PUBLIC SECTOR PENSION PLANS.

I'm very concerned by this and want to know if my Municipal Pension Plan pension is safe?

I believe you are referring to media reports from the Conservative Party of Canada convention recently held in Calgary. The convention dealt with a number of inflammatory resolutions attacking the pensions of public sector workers. While these types of issues are not new to the Conservative Party, some party activists are more vocal in expressing such extreme views these days. Perhaps it's the Tea Party effect spilling over into Canadian politics. However, like any political party, not all party policies translate into government policies, so it remains to be seen whether the Harper Conservatives would introduce comparable legislation.

With respect to your pension, federal governments of any stripe have little bearing on

provincial pension plans. Your MPP pension falls under provincial legislation and is funded through a partnership between plan members and their provincial employers; in your case the health authority where you worked. The federal government has limited powers to interfere with your pension; other than setting the tax rate you pay in retirement. Raising taxes on retirees is always a vote killer, so I don't think you need to be too concerned about the federal government clawing back your hard earned pension through the tax system. And certainly the government couldn't target only those Canadians who enjoy the security of a defined benefit pension plan.

I've worked hard in my profession for nearly 30 years and helped countless patients to a speedy recovery. It really annoys me that anyone would suggest that somehow I shouldn't be entitled to a decent pension in my retirement years. Where does this kind of nonsense come from?

Unfortunately, we are seeing a knee-jerk reaction to anything associated with public sector compensation. Like it or not, these are the times we live in. The fact that pension plans can be structured to be low cost and high value annoys some people and creates a form of pension envy. In reality, public sector pension plans contribute a range of positive effects on the economy; not the least of which is seniors like you with the means to spend in their communities. And, what few people understand is that most of the money paid to retirees is from investment income – not taxpayers!

Where can I find out more?

If you go to the Straight Talk section of the MPP website (www.pensionsbc.ca) you will find a report by the Conference Board of Canada entitled "Economic Impact of British Columbia's Public Sector Pension Plans". Perhaps you could share it if you have any friends in the Conservative Party of Canada.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.



EDITH MACHATTIE, OCCUPATIONAL THERAPIST

BY LAURA BUSHEIKIN

BY ANY STANDARDS,
EDITH MACHATTIE'S JOB IS
IMMENSELY CHALLENGING.

The school-aged children she works with as an Occupational Therapist at Surrey's Centre for Child Development are the most medically complex kids.

"We focus on the most compromised. These are not just kids having trouble with handwriting," she says. "Most are in wheelchairs, some are not verbal, some need feeding support, some need an alternative to oral food.

"In terms of diagnosis, it's mainly kids with neurodevelopmental diagnoses, like cerebral palsy, but also extremely rare genetic conditions, and kids

with progressive diseases, and some with no diagnosis at all because no one knows what's going on.

The vibrantly multicultural nature of her clientele adds an extra layer of complexity. "Surrey has a fantastic community of new families to Canada, families who have been here for only a couple of years, families who have lived through extraordinary circumstances in their country of origin. So there are a lot of really resilient families, and a lot who have lived through very challenging circumstances."

While the families she works with are deeply committed to supporting their child, they are also often struggling with residue of past trauma and the daily challenges of immigrant life – speaking the language, getting a job, paying the bills, figuring

out how everything works.

Despite the challenges, when MacHattie talks about her work, she lights up. "There are so many things I love about it. Every single day at work I realize how lucky I am.

"Watching a child complete a skill for the first time or discovering independent mobility in a power chair is incredible. You watch their life change in front of you. You see the pride and sense of accomplishment on their faces.

"And in their family, you see the light bulb moment – my kid can do that! – it's awesome. And when you see classrooms getting really excited about a way a student can participate. Seeing other students giving them high fives as they move down the hall.



"It's such hopeful work when that happens," concludes MacHattie.

Occupational Therapy, she says, is a difficult profession to define. "OTs help people overcome whatever barriers are in their way so they can participate in their lives to their full potential."

MacHattie will recommend and work with adaptive equipment such as wheelchairs, bathroom fixtures, adaptive chairs and desks, writing and eating utensils, mattresses, beds, lifts and ramps; she consults on home and school renovations; recommends strategies for comfortable sleep to prevent pressure sores, and suggests ways children can participate in feeding themselves.

"If a family is keen on a child learning to zip up a jacket, I can help break down the components to help them teach this skill to their kid."

“Watching a child complete a skill for the first time or discovering independent mobility in a power chair is incredible. You watch their life change in front of you. You see the pride and sense of accomplishment on their faces.”

MacHattie works closely with school staff and families. "It doesn't really help if I am the only person this kid can do this magical new thing with. The family is key. We work together to develop goals that are meaningful to them."

Building long-term relationships with the families takes patience and understanding.

"Our program is meant to be

low barrier so we go out into the community to provide service. A lot of families are working multiple jobs and don't have transportation. Also, seeing people in their own space helps minimize the power imbalance between the 'professional' and the family, which is really important. Some of these families have had really bad experiences with authorities in the past, so building trust can take a long



time. It sometimes takes years.”

And it is a process of continual learning for MacHattie. “In our OT department, we have talked about cultural safety and how to look at our own biases and understand how our background will impact our clients’ experience of health care,” she says. “We are part of an interdisciplinary team including physiotherapists, speech therapists, and social service workers. Also we work with community partners which help support our multicultural families, for instance providing basics such as language interpreters.”

This too is part of why MacHattie loves her work. “It’s such a privilege to be able to watch as communities rise up around these children to support them,” she says.

MacHattie does admit to frustrations at work. “The hugest challenge is the lack of funding. There are about five full-time-equivalent OTs for the Surrey School District and thousands of kids who need support. It’s

“The kids I work with are the most vulnerable, but the kids who need just a bit of help don’t get seen by anyone. I walk into the school and have to say sorry, I can only see two kids. But there are 25 others who would need my support.”

a difficult ethical situation. The kids I work with are the most vulnerable, but the kids who need just a bit of help don’t get seen by anyone. I walk into the school and have to say sorry, I can only see two kids. But there are 25 others who would need my support.”

MacHattie channels her frustration into activism. She has been Chief Steward at her facility for two years, is a member of the HSPBA bargaining team, and is an HSA Constituency Liaison, meeting with her MLA regularly

to explain and advocate for health care needs.

She knows she is helping every day via her work, but says that means little if nothing is getting better on a systemic level. “These families are impacted so much by policies, funding choices, and unfair immigration laws. I can’t sit back and do nothing.”

Clearly, in her political activism, as in her profession, MacHattie sees challenges as opportunities to do meaningful work.

IT'S TIME TO GROW THE CPP

NEW CONFERENCE BOARD REPORT BOOSTS ECONOMIC ARGUMENT FOR ENHANCING THE CANADA PENSION PLAN

SINCE 2009, THE CANADIAN LABOUR CONGRESS (CLC) HAS ADVOCATED FOR A MODEST, PHASED-IN EXPANSION OF THE CANADA AND QUEBEC PENSION PLANS.

The logic is simple: the CPP is one of the world's most successful, sustainable and secure pension plans. And while many ideas for creating new opportunities for retirement savings are being promoted to deal with the looming crisis of inadequate retirement savings, CPP expansion is the simplest because the system is already in place.

HOW IT WOULD WORK

Currently workers and employers pay 4.95% of salary into the CPP (up to a current "Yearly Maximum Pensionable Earnings" limit of \$47,200 per year).

Labour's plan to double future CPP benefits can be paid for by increasing what workers currently save through CPP contributions by 0.43% of pensionable earnings each year for 7 years.

These increased contributions would effectively double the average earnings replaced by CPP pension benefits, to a maximum (in 2010 dollars) of \$1,868 per month.

Some might be surprised that

we can finance a future doubling of CPP pension benefits by saving less than 3% more of our salaries. This is because the CPP structure is so cost-efficient. It is possible to achieve more with less.

The plan offers a better minimum pension to everyone. CPP benefits are indexed, secure, and portable across jobs. Workers wouldn't fear losing their pensions given the misdeeds of Bay Street and Wall Street.

THE ECONOMIC BENEFITS

The momentum is building. In the last year, several provinces have started working together to pressure the federal government to implement a CPP expansion plan.

The federal government is resisting the move, aided by sham studies from right-wing think tanks, but the economic argument is compelling.

In October, a Conference Board of Canada study of five British Columbia public-sector pension plans found enormous advantages flowing from defined benefit plans. The Conference Board study found that defined benefit plans systematically generated a larger savings pool for investment, increasing the overall capital stock in the economy. As a result of just 5 BC plans, provincial income was \$1.28 billion higher than it would

EXAMPLES

Under the expanded CPP, a 28 year old who works full time from now until retirement at 65 would earn a monthly payment of about \$1772.

Currently she'd receive only \$886.

Under the expanded CPP, a 38 year old who works full time until retiring at 65 would receive about \$1293 each month.

Currently he'd receive only \$646.

Under the expanded CPP, a 48 year old who works full time until retirement at 65 would receive about \$814 each month.

Currently she'd receive only \$407.

otherwise be, and an additional 8,000 jobs were supported in the provincial economy.

HELP SHAPE THE FUTURE OF YOUR UNION

GET INVOLVED IN 2014 BASIC STEWARD TRAINING AND BASIC OHS STEWARD TRAINING

STEWARDS PLAY A VITAL ROLE IN THE UNION.

Particularly important is the steward's role in contract interpretation, organizing and the grievance procedure. In recognition of the need for educating new stewards in these areas, HSA is offering four 3-day Basic Steward Training workshops at the HSA office as follows:

January 13 – 15, 2014

February 3 – 5, 2014

February 24 – 26, 2014

March 10 – 12, 2014

Location: HSA Office,
300 – 5118 Joyce Street,
Vancouver

The focus of this training session is for new, inexperienced HSA chief, assistant or general stewards who have received no previous training from HSA. Enrolment is limited, so experienced stewards or safety stewards who have attended previous workshops may only attend if there is space in the workshop.

The workshop will familiarize new stewards with the structure of HSA and promote skills to en-

able stewards to function confidently in their role. Workshop content includes:

- how HSA works as a union
- role of the steward
- advocacy skills
- leadership skills
- contract interpretation
- grievance handling

BASIC OHS STEWARD TRAINING

Occupational health and safety issues are very important to HSA members, and OHS stewards play a vital role in promoting a safe work environment and helping to prevent injuries. These workshops are participatory and discussion oriented. We encourage you to bring examples from your workplace for discussion. HSA is offering three 2-day OHS steward training workshops at the HSA office as follows:

January 20 – 21, 2014

February 17 – 18, 2014

March 3 – 4, 2014

Location: HSA Office,
300 – 5118 Joyce Street,
Vancouver

Priority will be given to new HSA OHS stewards and to OHS stewards who have not previously attended HSA OHS workshops. Workshop participants will discuss:

- rights and responsibilities of safety stewards
- role of the WCB
- occupational health and safety regulations
- accident investigation / prevention
- role of a steward on the joint occupational health and safety committee
- workload / stress
- violence in the workplace
- musculoskeletal injuries
- harassment and bullying as workplace hazards

To register, visit hsabc.org/events, or call 604-439-0994 or toll-free 1-800-663-2017.

YOUR BENEFITS SHOULD NOT BE A POLITICAL FOOTBALL



AS THIS ISSUE OF THE REPORT GOES TO PRESS, THE HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION HAS REACHED A TENTATIVE AGREEMENT FOR A RENEWED CONTRACT RUNNING FROM APRIL 1, 2014 TO MARCH 31, 2019.

The proposed five-year agreement has a number of elements that I and the bargaining committee believe meet the needs of health science professionals.

For more than a decade, wages and benefits have been under attack by the provincial government. Free collective bargaining has not existed in any real measure in the public sector, which has been subject to de facto wage controls. And in more recent bargaining, benefits have been in the government's sights.

Led by the BC Nurses' Union and BCGEU, a change in drug benefits coverage in 2012 saw public sector union members lose coverage with a switch to a Pharmacare tie-in system, eliminating any coverage for drugs not included in the Pharmacare formulary. In this tentative agreement, HSPBA has managed to address this loss by restoring coverage of 50 per cent of the costs paid direct at the pharmacy for drugs that are not recognized by Pharmacare.

To address the increasing pressure on benefits, your bargaining committee worked to find creative solutions and the result is a proposal

for a joint trust to run the benefits program. Under the terms of the tentative agreement, benefits are guaranteed to remain as they currently are until at least 2016.

HSPBA will obtain full access to all financial information, as well as claims usage statistics for our members.

When the time arrives in April 2016 to fund the new joint trust, the trustees will have the option of either: taking all HSPBA assets and liabilities from the current trust, Health Benefits Trust, as they exist at that time; or making a clean start with the new trust and starting out with a fresh pot of money.

That decision will be a careful and well informed decision based on a meticulous review of the financial and claims information, and the best interests of the members. The trust will have joint oversight by both the union and the employer and we will have the ability to manage the risk, and control any potential redesign of the benefits plan.

Joint trusts do come with some risk, but we believe this small risk is preferable to the certainty of \$3.8 million cuts each year for the next several years. Joint trusts already manage your pension, and a joint health trust similar to the one in the Tentative Agreement is working very well for unionized support workers at elementary schools. A far greater risk lies in not accepting this opportunity and leaving ourselves vulnerable to the government's whim in the next round of bargaining set to commence the spring of 2014.

For more than a decade, wages and benefits have been under attack by the provincial government. Free collective bargaining has not existed in any real measure in the public sector, which has been subject to de facto wage controls. And in more recent bargaining, benefits have been in the government's sights.



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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