

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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36 BILLION AND TWELVE REASONS
TO VOTE FOR CHANGE ON OCTOBER 19

EVERY. SINGLE. VOTE. COUNTS.



HSA IS A NON-PARTISAN UNION, BUT THAT DOESN'T MEAN WE DON'T SPEAK UP ON THE ISSUES THAT MATTER TO OUR MEMBERS.

On October 19, Canadians have a chance to make a choice that will decide the future of our country for the next four years, and far beyond that. HSA doesn't promote specific political parties or candidates, but our members count on their union to defend their interests, and there is plenty at stake in this election.

As workers employed in the health care system and community social services, we are all well aware of the strain that years of cuts and austerity have placed on workload and the quality of patient and client care. Every member should be greatly concerned about the possibility of this situation becoming much worse.

In 2014, the Conservative government allowed the Health Accord to expire. The Accord is the agreement between the federal government and the provinces which ensures equal access, proper funding and high standards for health care in Canada. Without a new accord, standards for care will fall across the country, and provinces will face increase pressured to privatize services. Most alarmingly, the federal government also plans to cut \$36 billion in funding for health care if it gets re-elected. \$36 billion dollars.

A \$36 billion dollar cut will reduce funding in BC alone by \$5 billion. Imagine what that is going to do to the quality of patient care, and the already backbreaking workloads we all face.

For years, the provinces have urged a new accord. The Conser-

vative government has refused. Stephen Harper won't even meet with them. But while the provinces can't force him to be accountable, you can.

It's been said a thousand times that every vote matters and it's never been more true.

The Conservative government has changed the rules to make it harder for all Canadians to vote, so casting your ballot takes more planning and more commitment than ever. You'll find more about this on page 4.

That's why I am urging every HSA member to vote. We know voter participation is declining thanks in part to negative ads, cynical strategy and the feeling that nothing ever changes.

But believe me, change is coming. Either we will have to deal with the destructive change wrought by a \$36 billion cut to public health care – or the positive change made possible by electing a government that listens to Canadians, shares their values, and is willing to reinvest in the health care system that we all depend on.

If few people vote, we will be dealing with destructive change. If more people vote – including each and every one of you – we can achieve positive change.

Please, read this issue, make your vote plan, and vote for positive change on October 19.

Val Avery

A \$36 billion dollar cut will reduce funding in BC alone by \$5 billion. Imagine what that is going to do to the quality of patient care, and the already backbreaking workloads we all face.

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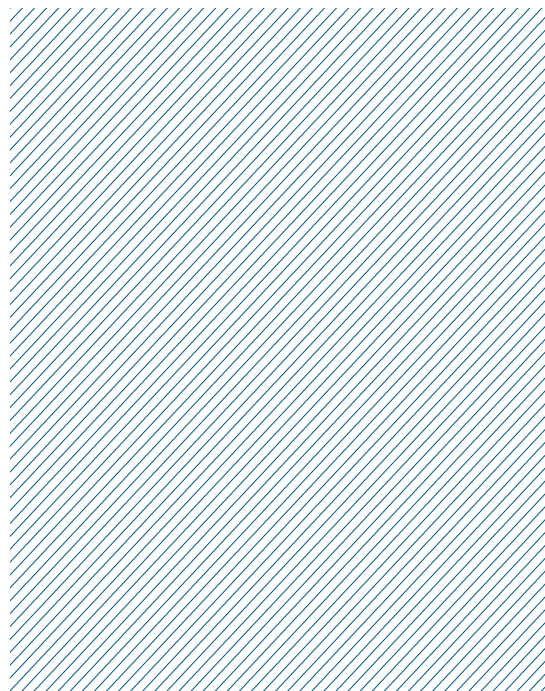
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HOW TO VOTE

IT'S NOT AS EASY AS BEFORE SO LISTEN UP

The Conservative government of Stephen Harper has changed Canada's election rules, making it much harder for all citizens to vote in their elections, and preventing Elections Canada from raising awareness about the new rules for voting. Please take a few minutes to make your plan.

1. MAKE SURE YOU ARE REGISTERED.

Go to the Elections Canada web site at www.elections.ca to find out if you are on the voters list. If you aren't you can add your name.

2. LOOK FOR YOUR VOTER INFORMATION CARD IN THE MAIL.

A few weeks before election day you'll receive a card that confirms that you are registered to vote, provides information on where to vote and the dates and locations for advance polls. If you don't get this card, you can register with your local returning officer (listed at elections.ca).

3. CHOOSE HOW YOU WANT TO VOTE.

Election Day is Monday, October 19. You can also vote at advance polls on October 9, 10, 11 and 12, but the locations are limited. The voter information card mailed to you will tell you where to vote. On Election Day you can vote at any Elections Canada office - as long as you have the right ID. You can also vote by mail, but the deadline is October 13 and you have to apply at elections.ca well in advance so don't wait too long.

4. MAKE A PLAN AND MARK IT ON THE CALENDAR.

Most people say they vote, but participation has dropped to just 58% in 2008, the lowest level ever recorded. Many people intend to vote, but wind up missing out because of last-minute scheduling issues. Don't miss your only opportunity to shape the next five years of national government. Plan ahead.

5. BRING THE RIGHT KIND OF IDENTIFICATION.

This is critically important because of recent changes. You must bring government-issued ID like a driver's licence or provincial ID card. If you haven't got those, you must show two pieces of ID where one has your current address - passport, birth certificate, bank membership card, credit card statement, bank statement, utility bill, student ID card, etc. If you only have ID without your address, be prepared to have someone who does have the right ID swear an oath attesting to your identity. More information about this can be found at elections.ca.

6. WATCH OUT FOR DIRTY TRICKS.

Conservative Party organizers have been convicted of or pleaded guilty to breaking election laws in each of the last three federal elections. In the most recent election, thousands of voters received intentionally misleading phone calls that directed them to false polling locations. Be very suspicious of any last-minute phone calls, leaflets, emails or social media messages that appear to change your voting location or hours.

STEWARDS AND OHS TRAINING

STEWARDS ARE INVITED TO LOG IN FOR TRAINING SESSIONS POSTED AT HSABC.ORG. WORKSHOPS WILL BE LISTED UNDER STEWARD EDUCATION EVENTS.

BASIC 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 three-day Basic Steward Training workshops at the HSA office as follows:

- October 26-28, 2015
- November 16-18, 2015
- January 11-13, 2016
- January 25-27, 2016
- February 22-24, 2016
- April 11-13, 2016

HSA Office, 180 East Columbia Street, New Westminster

The focus of these training sessions is for new, inexperienced HSA chief, assistant or general stewards who have not attended Basic Steward Training in the past.

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

OHS STEWARD TRAINING:

Occupational health and safety is important to HSA members. Safety stewards and representatives on joint OHS committees play a vital role in promoting a

safe work environment and preventing injuries. This November, HSA is offering three one-day OHS steward training workshops in the New Westminster office. These workshops are participatory and discussion-oriented, providing an opportunity to examine examples from your own workplace.

1. OHS Steward Training - Basic

Tuesday, November 24, 2015

HSA Office, 180 East Columbia Street, New Westminster

Workshop participants will discuss:

- rights and responsibilities of safety stewards
- role of the Workers' Compensation Board
- occupational health and safety regulations, policies and guidelines
- hazard identification
- incident investigations
- worksite inspections
- role of a steward/worker rep on the joint occupational health and safety committee
- violence in the workplace
- musculoskeletal injuries
- harassment and bullying as workplace hazards
- making recommendations

Priority for this course will be given to new HSA OHS stewards and representatives on joint occupational health and safety (JOHS) committees who have not previously attended HSA OHS workshops.

2. OHS Steward Training - Incident Investigations *

Wednesday, November 25, 2015

HSA Office, 180 East Columbia Street, New Westminster

This is a second level OHS course. Completion of the Basic OHS course or equivalent is required before taking this course.

When an incident or near miss happens at the workplace, an investigation by the employer and a worker representative from the Joint OHS (JOHS) commit-



REMEMBER: ALL STEWARD TRAINING SESSIONS INCLUDE FREE CHEESE.

tee must take place. Incident investigation is a serious matter. There is a need to gather facts, objectively assess those facts and arrive at appropriate solutions to prevent future incidents.

How do you conduct an effective investigation? This course will provide you with the opportunity to improve your investigative skills, determine root causes and develop effective recommendations.

In this course participants will:

- learn about legislation requirements for incident/accident investigations
- examine the principles of incident causation
- learn how to conduct a proper investigation by gathering the facts
- learn how to analyze the results of the investigation and determine contributing factors and root causes
- learn how to prepare reports and develop effective

corrective actions

- conduct a class incident investigation and put theory to practice.

3. OHS Steward Training - Women's Health and Safety in the Workplace *

Thursday, November 26, 2015

HSA Office, 180 East Columbia Street, New Westminster

This is a second level OHS course. Completion of the Basic OHS course or equivalent is required before taking this course.

All workers face health and safety issues at work - injuries, workplace hazards, disease, and stress. Many of these issues also have a gender dimension - they affect women in particular ways.

The course gives participants skills for assessing and controlling workplace hazards from a woman's perspective. It is geared to joint occupational health and safety (JOHS) committee members and to all women who want to know

more about how to make our workplaces and lives safer and healthier.

In this course participants will:

- Discuss how women's health (including reproductive health) is affected by toxic workplace substances, work design and work organization.
- Learn about workplace stresses such as violence (including domestic violence), bullying and harassment.

IHA ANNOUNCES PLANS TO RESTRUCTURE LAB SERVICES

A MASSIVE REDESIGN OF LABORATORY SERVICES IN INTERIOR HEALTH AUTHORITY WAS ANNOUNCED IN JULY BY THE HEALTH AUTHORITY.

Changes over the next two years include consolidation of all services to the Kelowna General Hospital lab, and the expanded use of Point of Care (POC) testing. The changes are expected to affect 23 sites across IHA.

A team of HSA labour relations experts HSA met with the employer (IHA) to discuss the changes and the potential consequences for HSA members working in the labs. IHA claims the planned changes in service will not lead to job loss for technologists across the Health Authority.

However, as restructuring in health care has come to be code for controlling spending that ultimately leads to reduced care for patients, HSA will be monitoring developments closely.

We have set up a dedicated email address for members to keep as up to date as possible on developments in IHA lab structures. Any changes you experience or hear about, including changes in job duties, decreases in available overtime, unfilled vacancies, etc. should be reported to HSA through ihalab@hsabc.org.

HSA understands from the initial meeting that the IHA leadership group intends to travel throughout the Health Authority this fall to meet with all the staff. The intended outcome of these meetings is to hear of any concerns from staff at the work-level related to the proposed changes. HSA labour relations staff will attend all these meetings to support its members.

HSA and its members have an established reputation of working co-operatively with health authorities to improve practices and processes that ensure innovative approaches to address the needs of patients. HSA plans to work in this spirit with IHA, but will ensure that HSA members and patient care are protected through the restructuring.

LETTER TO REPORT MAGAZINE

Did you know that other unions such as CUPE AND HEU give members that are retiring cash for their long term membership.... around \$10/year. When I found this out I inquired why HSA does not support this reward. I was told members did not ask for it. I doubt that CUPE or HEU members had to ask for it. I have contributed for 35 years and I think a cash reward would of been a nice ending to my career but this is not going to happen for me. So all you members still working need to write and call HSA and get this in your contract. If other unions especially HEU can offer this to their members I see no reason why HSA cannot. It's a sign of respect and appreciation for years served as a union member.

Judy Bartsch,
Medical radiation technologist,
Member for 35 years

HSA MEMBERS LEAD PATIENT CARE INNOVATION

EVIDENCE-BASED RESEARCH LOOKS TO IMPROVE CARE AND REDUCE COSTS

HSA HEALTH SCIENCE PROFESSIONALS DOMINATED THE FIELD AT THE 2015 PROVIDENCE HEALTH CARE RESEARCH CHALLENGE

The research challenge, now in its fifth year, supports evidence-based innovation to improve patient care. It provides point of care health care workers with no formal research experience an opportunity to conduct research to inform their work in patient care, and ultimately to influence practice.

Providence Health Care developed the research challenge in 2011. The challenge was developed in partnership with the University of British Columbia (UBC) school of nursing. This year, HSA provided funding for the challenge and, of the 15 research groups, nine included health science professionals on the research teams.

HSA President Val Avery said the funding provided by HSA helps support members motivated to improve the quality of the care they provide.

“HSA members are lifelong learners. This research initiative helps provide information, mentorship, and funding to facilitate our members actively working to improve the delivery of patient care for populations with increasingly complex care needs and in an environment where health care professionals are constantly pushed to do more with less,” she said.

Two research groups, one from Mount St. Joseph’s, and the other from St. Vincent’s Langara, focused on an issue near and dear to many health science professionals’ interests – the success of interdisciplinary teams’

practice; one from the patient’s perspective, and the other from the team’s perspective.

At Mount St. Joseph’s the research team of social workers **Teresa Robitaille, Stephanie Lam, Julia Peirce**, occupational therapist **Mary Lau**, and registered nurse Christine Lipus, focuses on identifying interdisciplinary discharge planning interventions for frail older adults. The goal of this research is to help facilitate more targeted interventions for older adults in acute care, thereby reducing unnecessary re-admissions to hospital, decreasing length of stay, and improving patient and family experience in acute and community transitions.

The St. Vincent’s Langara research team includes physiotherapist **Anne Leclerc**, dietitian **Kit Chan**, occupational therapist **Karen Pott**, cardiology technologist **Annes Song**, and spiritual health leader Chris Bernard. Their research project is an exploratory study to understand interdisciplinary care team stress related to the dying process of long-term care residents. The study comes out of staff reporting they have insufficient time and resources to deliver safe, compassionate, and ethical care, and not having sufficient knowledge to support families of more frail residents who require increasing complexity of care.

Several other research teams include participation from health science professionals.

Physiotherapist **Ellen Woo** teamed up with nurses to look at early mobilization in the intensive care unit at St. Paul’s Hospital.

Physiotherapists **Colleen Budzinski, Ashley Plough, Rachel Tutte, Stacey Prodaniuk** and occupa-

tional therapist **Stacey Prodaniuk** are on a team examining use or non-use of lower limb prosthesis in older adults with amputations following inpatient prosthesis training at Holy Family Hospital.

Dietitians **Russell Friesen, Kathy Ho, Jenn Messina** and **Alena Spears** from St. Paul’s Hospital are working to determine whether people living with HIV and have interactions with the hospital have adequate protein intake.

Another team of dietitians including **Kay McQueen, Karin Mornin**, and **Shauna Ratner** are focusing their research on determining the feasibility of following the Mediterranean/Premixed diet for patients attending the Health Hearth Program at St Paul’s Hospital.

Also from St. Paul’s Hospital, the research team of social workers **Joanne Schwartz, Alison Rowe, Alison Barret** and **Linda Wu** are looking into why patients affiliated with community mental health teams continue to present at Emergency, with a view to improving integration of community and hospital-based mental health services.

Social worker **Deborah Ong-Lum** and dietitian **Michiyo Upton** at St. Paul’s Hospital teamed up to look at getting dialysis patients active by looking at the feasibility of implementing an intradialytic pedal exercise program for hemodialysis patients at East Vancouver Community Dialysis unit.

Jasmine Parbhu, a social worker at Holy Family Hospital, is on a research team evaluating the effectiveness of a volunteer-based falls prevention strategy in residential care.

12 REASONS TO VOTE FOR CHANGE

BY CAROLE RIVIERE
HSA COMMUNICATIONS

1. WE NEED A GOVERNMENT THAT CARES ABOUT PUBLIC HEALTH CARE

A \$36 BILLION CUT TO HEALTH CARE

In 2014, the Health Accord, an agreement between the federal government and the provinces that ensures equal access, proper funding, and high standards for health care in Canada, expired. The provinces are asking for a new Accord, but the federal government has refused to strike a new deal. Instead, the Harper Conservatives plan to cut \$36 billion in health care funding after the election.

Without a new Accord and in the face of deep funding cuts, standards will fall across the country and the provinces will face increased pressure to privatize more health services. Lack of federal leadership to strengthen health care has already put the public system in crisis and allowed opportunistic for-profit clinics to push for a two-tier, America-style system.

A NATIONAL SENIORS CARE STRATEGY

Our federal government must

invest in a national seniors care strategy – so that seniors receive the care they need and are able to live healthier lives in their homes and communities.

Seniors deserve to live with dignity. A strategy for seniors care that includes national standards, funding for innovative health care programs, and legislation to ensure people have the support they need as they age, should be a priority for Canada's next government. A federally funded strategy would reduce stress and financial hardship for seniors and their families. Unless changes are made to provide appropriate care for seniors, aging members of our communities will continue to face unnecessary hospital stays, which puts their health at risk and causes system-wide inefficiencies.

UNIVERSAL PHARMACARE

We need a federal government that will implement a national Pharmacare plan so that everyone has equitable, afford-

able, sustainable access to the medications they need to stay healthy.

Canada remains one of the few OECD countries without a national drug plan. Right now, an average of one in ten people in Canada (and as many as one in four in some provinces) can't afford to fill their prescriptions.

A national drug plan would provide access to prescription drugs for everyone and could save up to \$11 billion every year through measures such as a national, evidence-based formulary and bulk buying that have reduced drug costs in many countries.

Federal leadership to address health care challenges is crucial. Find out where the parties stand on health care from the BC Health Coalition (votepublichealthbc.ca/solutions) and the Canadian Health Coalition (healthcoalition.ca).



2. WE NEED A GOVERNMENT THAT PROMOTES EQUALITY FOR WOMEN

STILL STRUGGLING FOR EQUITY

More women than ever before are graduating from university, entering new professions and running for public office. Yet women continue to earn just 71 per cent of what their male peers earn for the same work, are more likely to be poor, and do twice as much unpaid work at home. Since 1980 over a thousand Aboriginal women and girls have been murdered, and each day more than 8,000 women and children seek protection from a shelter.

Vote for a party that will:

GET SERIOUS ABOUT ENDING VIOLENCE AGAINST WOMEN AND GIRLS

Take a comprehensive approach to addressing the root causes of violence against women in Canada, including the extreme levels of violence against Aboriginal women and girls. Provide support for survivors, hold perpetrators accountable, challenge sexism that perpetuates violence, and show leadership on the international stage to end violence

against women in all forms.

TAKE ACTION TO END WOMEN'S ECONOMIC INEQUALITY

Address growing economic inequality and income gaps, including between women themselves. Recognize women's contributions to the economy and society, and fund public services and social programs that help lift women out of poverty, beginning with universal childcare, affordable housing, and fairer immigration policies. Significantly increase the percentage of Canada's international development budget that is specifically allocated to advance gender justice and women's empowerment.

SUPPORT WOMEN'S LEADERSHIP

Recognize the fundamental role that women's organizations play in bringing about positive social change, and re-invest in Canada's organizations and institutions that champion justice and equality for all women. Create a Canadian fund to support women's organizations and women's

human rights defenders.

Find out where the candidates in your area stand on these issues by asking questions like:

- How will your government encourage women to enter occupations that are typically male-dominated and ensure that they receive equal pay for equal work?
- What specific actions will your government bring in to change the culture of violence against women in Canada?
- What will you do to make sure that childcare and senior care services are provided?
- What steps will your government take to support women's rights organizations and the advancement of gender equality through international assistance?

Check out "Up for Debate" for more information on where the parties stand on these issues upfordebate.ca.



CONSERVATIVE PIERRE POILIEVRE HAS PUSHED TO SHRED SUPREME COURT PROTECTIONS FOR UNION MEMBERS AND IMPOSE US-STYLE UNION-BREAKING TACTICS

3. WE NEED A GOVERNMENT THAT WON'T ATTACK YOUR RIGHT TO A FAIR AND SAFE WORKPLACE

YOUR RIGHTS AS A CANADIAN

Unions like HSA empower Canadians to speak their minds and assert their rights.

This leads to higher wages (for both union members and non-members alike), lower income inequality, a stronger economy, healthier public services because of a bigger tax base, safer workplaces, higher voter turnout, and increased equality for women, people with disabilities, people in the LGBTQ community, and visible minorities.

That's why the Supreme Court of Canada has ruled that the right to collective bargaining is protected for all Canadians by the Charter of Rights and Free-

doms. But now the Conservative government has ignored the evidence of experts, the concerns of seven provinces, the objections of their own senators, and even the rules of Parliament to ram through Bill C-377, a new law that would impose unique and crippling laws on unions alone.

CRIPPLING, INVASIVE, UNCONSTITUTIONAL

The law will require unions, labour trusts and employee associations to disclose any transaction of more than \$5,000, along with the names of the payer and payee, to the Canada Revenue Agency, which would post the information to its website. That rule could apply to anyone who

receives cash from a union, including private contractors hired to do work, such as construction, maintenance, or photocopying. Unions, like other organizations in Canada, already disclose their finances as part of existing regulations, and the law is considered unconstitutional. Furthermore, the federal privacy commissioner has warned that the law violates Canadian privacy laws.

REDUCED MEMBER SERVICES

This law, if allowed to be enforced, will place huge financial burdens on HSA, divert valuable resources from member services while providing no useful information to members of the union or the public.

4. HIGHER INCOME INEQUALITY HURTS US ALL.

Income inequality is growing in every province. It's grown by 10% across the country since 1981, and shot up by 14% and 19% in Ontario and Alberta.

5. A STRONG ECONOMY DEPENDS ON GOOD JOBS.

There are six unemployed Canadians for every job vacancy, but tighter eligibility rules mean that less than half of unemployed Canadians now qualify for EI. The CIBC says the quality of Canadian jobs hasn't been this bad for 25 years.

6. AFFORDABLE CHILD CARE HELPS KIDS, FAMILIES AND THE ECONOMY.

A TD bank study found that every dollar invested in early childhood education earns back between \$1.50 and \$3. And yet Canada remains the only G7 country without a national early childhood education program.

7. IT IS BETTER TO BUILD THAN TO CUT.

Since taking office, the federal Conservatives have forgone an estimated \$43 billion a year because of tax breaks that primarily benefit the wealthy and large corporations, in addition to cuts to the GST. In the meantime we've suffered deep cuts to the programs that give all Canadians a fair shot, and the nation's productivity and prosperity have declined.

8. A DIGNIFIED RETIREMENT FOR ALL IS WITHIN REACH.

Only one in four working Canadians are covered by a traditional pension plan. In other words, 11 million working Canadians don't have a workplace pension. With an investment of a few dollars a day, the CPP will have the resources to support those without workplace pensions.

9. A STRONG ECONOMY DEPENDS ON A HEALTHY ENVIRONMENT.

In 2014, Canada ranked dead last among the world's 58 most industrialized countries when it came to making progress on cutting greenhouse gas emissions.

10. WE MUST STOP BREAKING OUR PROMISES TO INDIGENOUS CANADIANS.

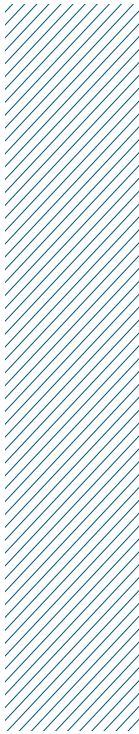
First Nations schools receive \$3,000 less per student than non-First Nations schools and income inequality between people living on reserves and people living in the rest of Canada grew between 2000 and 2011.

11. FREE AND FAIR DEMOCRATIC ELECTIONS ARE AT RISK.

The Conservatives have been convicted of or pleaded guilty to breaking election laws in all three federal elections since 2006. They have also stripped from Elections Canada the authority to enforce laws that protect people's democratic rights, and even made it illegal for Elections Canada to encourage people to use their right to vote.

12. THE BEST DEFENSE AGAINST TERRORISM IS EDUCATION AND ENGAGEMENT, NOT FEAR.

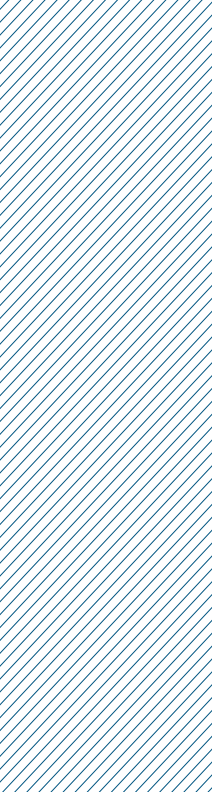
Bill C-51, which gave our intelligence services unchecked new powers to spy on all Canadians, was strongly opposed by a broad range of Canadians and organizations, including four former Prime Ministers (Joe Clark, Jean Chretien, Paul Martin, and John Turner), the Canadian Privacy Commissioner, and hundreds of law professors and business leaders.





“I WAS BULLIED
BY THE BCNU”





“I KNOW THEY WILL TRY IT AT OTHER WORKSITES, SO IT’S IMPORTANT THAT ALL RPNS KNOW ABOUT THIS.”

“IT GOT SO BAD I STARTED TO THINK ABOUT MOVING. I THOUGHT, IF THIS IS THE WAY THEY WERE BEHAVING TOWARDS ME NOW, WHAT WERE THEY GOING TO BE LIKE IF THEY WERE MY UNION AND I DEPENDED ON THEM TO REPRESENT ME?”

Jenny Orriss is calm and articulate when she tells the story, but you can sense her frustration, her anxiety. More than anything, you sense her strength.

Orriss, a registered psychiatric nurse at Royal Inland Hospital in Kamloops, takes her professional commitment to her patients and her colleagues seriously, and is mostly startled by the dangerous tactics employed by BC Nurses’ Union organizers who tried to raid HSA members last fall.

“I mean if they think this is ok, it really makes you wonder how they run their union,” she says. They put their own registered nurses at risk by sending these

people in to disrupt the workplace.

“I think that after the labour board ruling they know there are a lot of nurses who are aware of their tactics, and they probably won’t try that again at our worksite,” said Orriss, referring to rulings by the Labour Relations Board on April 17 and May 13 which found the BCNU had put both patients and staff at risk by using dangerous organizing tactics at Royal Inland Hospital in December 2014. “But I know they will try it at other worksites, so it’s important that all RPNS know about this. They need to be prepared, and they need to stand up. Because they don’t have to put up with bullying.”

Orriss was a fairly new RPN the first year raid organizers showed up at the work site. Her colleagues encouraged her to become a steward, and while she was at the training session organizers from the Union of Psychiatric Nurses, which has since been taken over by BCNU,

showed up and invited HSA members out for dinner.

“HSA said it would be good for us to hear both sides, so I went to the dinner, but I wound up leaving because the UPN was being so aggressive. Some of our members were asking really intelligent questions, but their response was just rude. All they did was slander HSA. They didn’t say how they would represent us better.”

The next year, things began to ramp up. BCNU organizers showed up one night, after hours. They convinced some nurses to let them into the site, and they insisted on talking to Orriss. She gave them some time, but when she told them she needed to get back to work they became confrontational, and said that HSA members were being rude to them.

Orriss notified her manager about the incident, and not long after they showed up again. This time, they interacted with patients and attempted to disrupt

“THEY WERE CLEARLY VIOLATING LABOUR LAWS, AS THE LABOUR BOARD RULING SHOWED, AND AFTER I ASKED THEM TO LEAVE THEY BEGAN TO HARASS ME.”

a meeting of HSA RPNs.

“The charge nurse asked them to leave and they refused. She notified the manager on call and he informed them they needed to leave and they still refused. They didn’t leave until they were escorted off the unit by security.”

During the incident, BCNU organizers confronted Orriss, calling her a liar in front of her patients. Orriss was appalled. “Our job is to help our patients, and we work very hard to build therapeutic relationships with them in an environment of trust. And then these strangers come in and make accusations about me right in front of them. Obviously this is very disconcerting for the people we are caring for.”

The disruptive tactics continued. One evening BCNU organizers confronted HSA RPNs while they were meeting at a restaurant, making a scene in front of the public. “It was really confrontational and inappropriate to do that in a public setting. It did not cast our profession in a

positive light. It got to the point where we had to move tables.”

They continued to enter the workplace after hours, acting aggressively and confronting RPNs while working. Then they started to harass her.

“They were clearly violating labour laws, as the labour board ruling showed, and after I asked them to leave they began to harass me. I was targeted by them.”

“They started to make derogatory comments about me to the other nurses. It got to the point where I started to feel quite anxious about coming to work. I mean I’m dealing with people who come into my workplace and call me a liar, right to my face, in front of patients and other nurses. That’s when I started to think about moving away.”

The end of the formal raiding period brought some relief, but Orriss knows they’ll be back, and it’s important to get ready.

“It’s important to let new grads

know that RPNs helped found HSA, that HSA has fought for RPNs, has the lowest dues and really experienced labour relations staff. That we’ve really led on the issue of violence with things like Val Avery’s summit with the government and key agencies. And it’s important to remind them that HSA has remained a professional union – we don’t raid, we don’t engage in unprofessional and dangerous tactics like the BCNU, and we don’t break labour laws like BCNU.”

Orriss also expresses gratitude for the support RPNs have been receiving. “We realize there are many other professions in HSA and I know there are probably some hard feelings because of the resources needed to help us, but everyone has been really supportive. That’s one of the strengths of HSA – we are made up of so many professions, but that allows us to speak to the broader issues in health care, like the risks to the public system that we all work in.”

CHANGES AFFECT SAFETY RULES

EMPLOYERS WILL NOW BE REQUIRED TO INVESTIGATE AND REPORT WITHIN 48 HOURS OF INCIDENTS

BY DAVID DURNING
HSA OHS OFFICER

RECENT AMENDMENTS TO THE WORKERS COMPENSATION ACT ARE MEANT TO IMPROVE WORKPLACE HEALTH AND SAFETY AND TO PROVIDE STRONGER TOOLS TO WORKSAFEBC OFFICERS FOR ENFORCING THE ACT AND THE OCCUPATIONAL HEALTH AND SAFETY REGULATION.

Bill 9 received Royal Assent on May 14, 2015 and makes a number of changes to Part 3 of the Workers Compensation Act. Some of those have already come into effect and others will be phased in over the coming months. The changes are due to recommendations in a report written by Administrator Gordon Macatee, released in July 2014. Macatee was appointed to the role following 2012 mill explosions in Prince George and Burns Lake, where four workers died and many more were injured.

Although Macatee's appointment and recommendations were in response to mill safety concerns, changes brought about through Bill 9 apply to all BC workplaces.

One of the important changes that HSA members involved in joint occupational health and safety committees should be aware of has to do with tighter time frames for incident investigations. Employers are now required to investigate and issue preliminary reports within 48 hours of an incident and to submit a full investigation report to WorkSafeBC within 30 days, unless an extension is granted. As was the case previously, worker reps and the JOHS committee should be involved in those investigations.

BILL 9 HIGHLIGHTS

Changes to the Workers Compensation Act include:

- expanded stop work order powers (in effect May 2015)
- changes to employer incident investigations (in effect May 2015)
- expanded injunction powers (in effect May 2015)
- changes to penalty due diligence (in effect May 2015)
- compliance agreements (effective Sept. 15, 2015)
- employer citations (to be implemented in early 2016)
- request for reviews (effective Sept. 15, 2015)
- additional members on Workers Compensation

Board of Directors (effective Sept. 15, 2015)

Learn more about these changes on the WorkSafeBC website at worksafebc.com.

FURTHER RESOURCES

The following documents, also available on the WorkSafeBC website, provide summaries and an overview of the Bill 9 changes to the Workers Compensation Act:

- Legislative Change: A Primer on Stop Work Orders
- Legislative Change: A Primer on Employer Incident Investigations
- Legislative Change: A Primer on Injunctions and Due Diligence

WorkSafeBC has published revised occupational health and safety policies related to the Bill 9 amendments. These are available on their website as updates to the Prevention Manual and the Occupational Health and Safety Regulation page.

For more information about these changes, please refer to the WorkSafeBC website (worksafebc.com) and enter "bill9faqs.pdf" in the search box in the top right corner.

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

MATERNITY LEAVE?

DON'T FORGET TO PURCHASE YOUR PENSION CONTRIBUTIONS

BY DENNIS BLATCHFORD
HSA PENSIONS AND
BENEFITS ADVOCATE

I took a maternity leave in 2014. When I received my annual member benefit statement from the Municipal Pension Plan in June, I noticed there were no contributions made to my pension account even though the collective agreement says the employer will continue to make payments “as if the employee was not absent”. Why didn’t my employer make pension contributions during my maternity leave?

Thank you for this question... it is a good one. The collective agreement language under Article 18.04 Benefits Continuation would certainly lead you to conclude that employer pension contributions would continue during your maternity leave. But in practice they don't. The language - and it is purposely explicit - is more an expression of the intent of the parties rather than an accurate reflection of the underlying administrative practice for these particular payments. When bargaining, the parties to the collective agree-

ment (HEABC and HSPBA) are trying to construct language between them in the clearest terms possible. But in the background are independent but related parties (Municipal Pension Plan and its administrative agent BC Pension Corporation) that are not directly tied to the language of the collective agreement. So in practice, your employer's contributions during your leave are made “as if the employee was not absent” but not until you purchase your portion of the maternity leave. In fact, under the pension plan rules the Pension Corporation would not accept any contributions on your behalf while you were on a maternity or any other leave.

So why wouldn't the language reflect the actual practice?

The challenge when drafting collective agreement language is the negotiators are working under a compressed timeframe, so capturing the intent of the parties is the paramount goal. Third parties can and do change policies and administration practices that may be beyond the scope of the collective agreement. So the important thing is having language where

the intent is unequivocal. Regarding this clause, some illustrative language would be desirable for clarity, (and is so noted) but rest assured that the employer's obligation is still intact and those contributions will be made “as if the employee was not absent” once you complete your purchase of maternity leave service.

Is there anything else I need to know?

Just a reminder that you only have five years to make your purchase, (or within 30 days of severing employment) and the sooner you do, the cheaper the purchase price will be. It's always advisable to purchase eligible service, but even more so for maternity leave because unlike a general leave purchase, the employer pays their portion. Members should receive a benefit information package from the employer before going on maternity leave. The package contains a summary of your benefit entitlements and other useful information. It's always a good idea to keep this benefit information handy while on leave.

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

MPP HOSTS PENSION SEMINARS

THE MUNICIPAL PENSION PLAN HAS SCHEDULED SEMINARS FOR HSA MEMBERS IN COMMUNITIES AROUND BC, AND THE REMAINING SESSIONS ARE AS FOLLOWS:

- October 5: Nanaimo
- October 8: HSA Office
- October 14: Chilliwack
- October 20: Nelson
- October 27: Prince George
- October 29: Kelowna
- November 3: Cranbrook
- November 9: HSA Office
- November 18: Kamloops

Two seminars will be presented at each location, with one intended for new and mid-career members, and the other

intended for members nearing retirement.

- 4:30 - 6 pm Your Pension, Your Future seminar provides information for new and mid-career members.
- 7 - 9 pm Thinking About Retiring seminar provides great information for members nearing retirement.

All plan members are welcome to attend, including those receiving long-term disability (LTD) benefits. Members attending the seminars are invited to a buffet dinner from 6 - 7 pm on the day of the seminar.

MPP recommends that you bring your most recent Member's Benefit Statement to the seminars and there will be a sample statement in the hand-out material as well. Once you

have registered for the pension seminar, you will receive a confirmation email from HSA. This email will include contact information from MPP to obtain your pension statement.

Registration is through My Events Registration and you will need your HSA member ID number in order to create a login. Please call the HSA office at 604.517.0994 or 1.800.663.2017 to receive your HSA member ID number.

Spouses are welcome to attend if space allows but priority will be given to HSA members. Confirmation for spouses will be provided after the seminar deadline.

No wage replacement or expenses may be claimed for attending these seminars.



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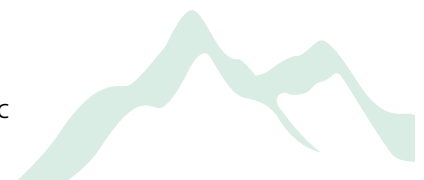
Find out how » mpp.pensionsbc.ca/agm



#mppagm

Municipal Pension Plan
Annual General Meeting

October 15, 2015 • 10am – noon
Anvil Centre • 777 Columbia Street • New Westminster, BC





EASTER TOCOL

SOCIAL WORKER, CONSTITUENCY LIAISON

BY LAURA BUSHEIKIN

“NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS.”

This quote by anthropologist Margaret Mead nicely sums up the motivation social worker Easter Tocol brings to her work with the HSA constituency liaison program.

This program trains and coaches HSA members so they can meet with their MLAs to talk about the public policies that matter to the union. The goal is to educate and engage the MLA,

ultimately in aid of better health care and social services policies.

Tocol brought to the position a deep belief in the power of civic engagement – and a ton of relevant experience. Before becoming a social worker she worked with youth and children in the social services and non-profit sector. She then worked as a constituency assistant for an MLA for four years, and in that role was active on many community committees, working on homelessness, drug and alcohol addiction and other issues. She is currently an oncology social worker at Burnaby Hospital’s outpatient cancer centre, providing mental and emotional counselling and daily advocacy for patients and families dealing with financial and

practical needs.

In 2013, Tocol became the president of the Filipino Social Workers Association of British Columbia where, among other activities, she took the lead in organizing a ground-breaking conference to help service providers and care-givers better understand Filipino issues.

“We are the third-largest visible immigrant community in BC, and no one knew how to work with our community. The conference helped us increase understanding of our culture – for instance attitudes towards child rearing and parenting,” says Tocol.

Given her history, it’s not surprising that Tocol agreed enthusiastically when, after serving

“I SAW HOW A GROUP OF, SAY, JUST TEN PEOPLE CAN HAVE AN IMPACT.”

as steward at Burnaby Hospital for a couple of years, she was recruited to become a constituency liaison.

“It’s so important to educate and inform our politicians about how their decisions impact people on a daily basis,” she says. “Politicians are there to represent us, so they need to hear what is actually happening in our lives.”

HSA provides training for constituency liaisons. Experienced staff and outside experts are brought in to provide an introduction to the political landscape and practice of government relations, and practical tips to help prepare for meetings. Liaisons are provided with detailed information packages to guide them through briefings about the main issues. After meeting with the MLA, the liaison reports back to HSA on the MLA’s response.

“Currently, professional shortages are a big issue. When we talk about them we highlight our shared goal of filling the health care skills gap and maintaining cost-effective health-care,” says Tocol.

Although the constituency liaison program focuses on MLAs, Tocol says it is also essential to keep an eye on federal politics, especially now with a federal election in full swing. Tocol recently helped present the Canadian Labour Congress’ Better Choice campaign, aimed at educating HSA members on important election issues, at Burnaby Hospital.

“We had a couple of education sessions with our members where we had lunch and talked

“One of the most powerful things you can do is talk from your heart and tell your personal story.”

about four main issues: child care, better jobs, pensions, and medicare. It was very positive! We reached out to almost 100 members in the hospital. A lot of the members had valid concerns and it was a great opportunity to talk and get them thinking about making good decisions in the election. They can now ask these questions to

their local political candidates,” says Tocol.

Tocol says that no one should ever doubt that their voice has power. “One of the most powerful things you can do is talk from your heart and share your personal story. That way our decision-makers can understand how their policies are affecting people. Sometimes these stories are brought up in the legislature, and it has a powerful effect.

“I encourage people to take action. In my work as an Con-

stituency Assistant, I saw how a group of, say, just ten people can have an impact by putting pressure on an MLA. It can cause change. It’s do-able.”

Like Margaret Mead, she has absolutely no doubt that she, as a “thoughtful, committed citizen” working with others, can improve her world.



LYNN, BREAST CANCER SURVIVOR, WITH DAUGHTER-IN-LAW STEPHANIE LAM, HSA PHYSIOTHERAPIST. PHOTO BY ALLYSON ELL, SQUISHY PRINTS PHOTOGRAPHY.

LOCAL HERO

THE CANADIAN BREAST CANCER FOUNDATION IS FEATURING HSA PHYSIOTHERAPIST STEPHANIE LAM IN ITS PROMOTIONAL CAMPAIGN FOR THE 2015 RUN FOR THE CURE.

Lam's story, part of the Local Heroes campaign, is featured on postcards and posters for the Vancouver Island events.

"My mother-in-law, Lynn, was diagnosed with breast cancer in June 2014," says Lam. "It was especially devastating because it felt as if she had just finished her yearly check-ins after six years in remission from colon cancer; then we got the news that the lump that she felt was cancerous and would need to

be removed. Lynn then chose to undergo chemotherapy at the BC Cancer Society in Victoria. She and Chris' father stayed with us for a few days before and after each round, before making the 15-hour trek back to Bella Coola.

"The wonders of chemotherapy are so closely juxtaposed with its terrible side effects. It's bewildering: on one hand they are literally giving your loved one a chance at life, and on the other we are left feeling helpless as they become weaker, lose their hair, sleep all day, and are sick all night. To be honest, I'm not sure if I've done anything of which to be proud. My mother-in-law is witty, quick to share an uplifting story with a stranger, and selfless with her support, time and

love for her family. I just hope that I've been able to do my part in the family and represent this incredibly strong woman during her journey.

"With the help of some wonderful colleagues at the Queen Alexandra Centre for Children's Health and the Health Sciences Association, we organized a few bake sales at work, and I shaved my head after last year's CIBC Run for the Cure. The Survivors' Parade before the actual run is absolutely beautiful and emotional. It is so important to keep the focus on these people they are the reason we are here, why we need to keep their spirits high, to keep fundraising, and to keep moving towards finding a cure for breast cancer.



Name: Jonny Sopotiuk

Other names used on line: Jonathon Wayne for my design work

Job title and department: Communications Officer, Communications

What you actually do, in your own words: Provide members with information about the HSA and opportunities for education, training, engagement and advocacy through the union.

Why this is cool: I get to use a variety of skills on a daily basis. Everything from design, writing, digital organizing and website building to photography.

Secret talent unrelated to job: I'm a practicing and exhibiting artist. I primarily work in sculpture, installation and ceramics.

Superpower you would like to have, and why: I've always wanted to be able to fly. It's a bit weird though as I don't really care for heights so I'm not sure how well it would work out.

At HSA since: June 1st. They call me the new guy with the funky hair around the office.

Job before HSA: Communications and Organizing Officer with the BCGEU.

What you were doing when you were interrupted for this interview: Outreach calling to members about an upcoming summit on workplace violence.

Interesting thing you did to help a member in the last week: I provided a young member with some opportunities and to get more involved with the union. She had never been active before and wasn't sure where to start. Only a week later and she's already volunteering to take on regular projects!

Plans for the weekend: Some super high double bounces on the trampoline with my nephew Behailu.

Last book read: Raven Brings The Light

Good or bad: Super good, it's the story of how Raven (the trickster) gifted the world with light. It's a gift for Behailu and I'm pre-reading it first.

Why: I just visited Haida Gwaii and was immersed in the culture, history and creation stories of the Haida people. If you ever get a chance to visit make sure to check out Sherry's Gas Bar & Grill in Old Masset, it's a hidden gem!



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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