

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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DECEMBER 2014



ARE WE READY FOR THE NEXT ONE?

A NEW HOME, WITH ROOM TO GROW

HSA'S FIRST OFFICE WAS A LITTLE PLACE ON KINGSWAY.

As the number of members grew steadily, so did the need to find new space. We soon moved to an office on Hastings at Boundary, staying there until 1994, when we moved to Metrotown. Only a few years later, in 1998, we moved to the offices many of you know on Joyce Street.

Now, it's time to move again.

For the last few years, we've found it harder to work effectively in the current space. There just isn't enough room for meetings, training, and in order to serve the members better we need room for staff to work individually and collaboratively.

I'm excited to announce our new office location at 180 East Columbia Street in New Westminster, a few blocks south of Royal Columbian Hospital. The new building has greatly improved training facilities and technology features that will allow us to enhance our education programs. We will also now have the space to hold more union meetings on site. That means we'll save money on renting facilities for regional meetings, bargaining conferences and steward conferences.

It's designed with flexibility in mind. As our member servicing needs change, we can adapt the building itself to match these needs. It also has the potential to be expanded by some 9000 square feet should we need the extra space.

It's centrally-located, with easy access to Highway 1 and the airport, and it's just steps away from Sapperton Skytrain station.

As with the offices on Joyce, HSA will own the new building, and it's a significant asset. It also has some revenue-generating possibilities; we're looking into options for renting out our training and meeting spaces, for example.

It's our home as of January 5, and many of you will get to know it well.

Val Avery



The new building has greatly improved training facilities and technology features that will allow us to enhance our education programs..

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MEMBERS

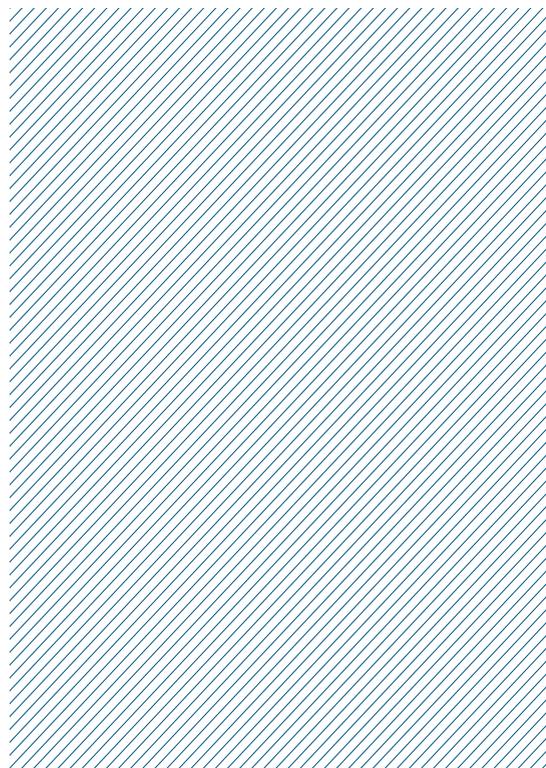
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HSA

HSABC
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Health Sciences Association of British Columbia, we are the union delivering modern health care in BC. Also join us on facebook.com/hsabc
British Columbia, Canada
hsabc.org
Joined January 2008
Photos and videos

2,772 FOLLOWS 912 FOLLOWERS 1,555 FAVORITES 31 LISTS 18

Get profile

Tweets Tweets & replies Photos & videos

HSABC @hsabc · Oct 4
Splinting can improve function, decrease pain. One of the reasons I became an #OT! #creativity



1

View more photos and videos

HSABC @hsabc · Oct 4
I may or may not have used one (or both) of these when I was #pregnant... #OTs know #AssistiveDevices



1

View more photos and videos

HSABC @hsabc · Oct 3
My OT colleague is helping a #Kid #access his #communication device so he can speak #OTs #enable & promote #inclusion & #participation

1

HSABC @hsabc · Oct 3
Met today with @CFRI #researchers to plan #MedSchool I'll be presenting on #VirtualReality & the #Brain! TwBy @stephglegg

1

HSABC @hsabc · Oct 3
Occupation isn't necessarily your job – it's what occupies your day & gives it meaning #OccupationalTherapy #function #independence

1

HSABC @hsabc · Oct 3
Did you know... #OTs target barriers to #mentalhealth? #engagement #empowerment #education #advocacy #PracticalCopingStrategies Ask us!

1

HSABC @hsabc · Oct 3
3/3 For 7 days, @stephglegg will host HSA twitter account to share her thoughts as #OT working the front lines of modern health.

1

HSABC @hsabc · Oct 3
2/3 Oct is Occupational Therapy Month. HSA reps over 1200 #OTs in BC, one of 75 health science professions represented by HSA.

1

HSABC @hsabc · Oct 3
1/2 Meet Stephanie Glegg, paediatric occupational therapist at Sunny Hill Health Centre for Children - HSA's first guest tweeter. #OT

Who to follow
Bibi Good @bibigood_new
Joan Dewey @joandewey
Gillian Shaw @gshawot
People accounts - Find more



STEPHANIE GLEGG,
OCCUPATIONAL THERAPIST



LILY CHEUNG,
RESPIRATORY THERAPIST



SARAH CHAPPLE,
SOCIAL WORKER

BE OUR GUEST

On October 2, HSA staged another first. That's the day occupational therapist Stephanie Glegg took over HSA's twitter account as our first "guest tweeter". For the next seven days, Stephanie reached thousands of twitter users with first-hand insights, experiences and stories about life as an OT working in BC. It was informative, entertaining, and moving.

Since then, we've provided two other guests access to HSA's account -- respiratory therapist Lily Cheung and social worker Sarah Chapple. Each brought a passionate and completely unique point of view to their tweets, and promoted their profession to the public, the media and others in their field.

It's all part of HSA's communications strategy: raising the profile of your work, the essential role you play in health care and community social services, and giving a voice to our members.

We've only just begun. If you'd like to serve as a guest tweeter and help promote your profession. get in touch by contacting info@hsabc.org.

And if you're not already following along, go to www.twitter.com/HSABC. You won't want to miss a thing.

A DAY TO RECOGNIZE THOSE WHO CARE FOR OUR MOST VULNERABLE

VIOLENCE IN THE WORKPLACE, WORKLOAD, HEALTH AND SAFETY ISSUES ARE JUST A FEW MAJOR CHALLENGES COMMUNITY SOCIAL SERVICE WORKERS FACE.

Since 2008, the National Union of Public and General Employees (NUPGE) has recognized November 6 as Community Social Service Workers Appreciation Day. Now two provinces and over 125 communities across Canada also recognize November 6 as a day to show our appreciation for the compassionate work community social service workers do.

It is a good time to reflect on the challenges they face in caring for the most vulnerable in our communities, and that's why NUPGE surveyed community social service workers across the country to learn about the biggest issues facing them.

The results made for grim reading:

- 65 per cent of community social service workers who responded have experienced workplace violence
- 60 per cent of community social service workers have experienced an injury in the workplace

Responses to two other questions made it clear workload is also an issue:

- Almost two-thirds of those responding have seen their caseloads increase
- 18 per cent were expected to do volunteer work for their employer

Shocking as these numbers are, they are not new. A 2007 NUPGE publication *Health and Safety in Community-Based Social Service* reported that 74 per cent of workers in B.C. had been victims of one type of violence in the previous year or

had seen a colleague attacked. Researchers also found that cuts to funding for community social services resulted in major increases in workloads.

"Community social service workers are being asked to sacrifice their health and safety to try to make up for cuts to federal and provincial funding," said NUPGE National President James Clancy. "Workers who care for the most vulnerable people in our community deserve much, much better."

STEWARD ELECTIONS

ALL HSA CHAPTERS HAVE BEEN ASKED TO HOLD STEWARD ELECTIONS AND RETURN RESULTS NO LATER THAN JANUARY 16.

That means it's a great time to get involved as a steward for your worksite.

As a steward, you'll be a crucial part of HSA's province-wide labour relations team working to help your co-workers with concerns and questions. It's a great chance to get more involved in the union, learn more about your contract and labour relations, and get to know some really interesting people.

New stewards are invited to participate in training sessions. The next round of three-day sessions are scheduled for:

January 19-21
February 2-4
February 16-18
March 23-25

One-day occupational Health and Safety Steward training sessions are scheduled for:

February 23
March 2
March 16
March 30

For more information, drop a line at info@hsabc.org.



SCREEN SHOT OF WWW.HEALTHCARECONNECTED.CA, A MICROSITE CONSTRUCTED TO SUPPORT HSA'S LATEST AD CAMPAIGN PROMOTING MEMBER PROFESSIONS.

NEW AD CAMPAIGN CONNECTS

HSA'S LATEST AD CAMPAIGN CONNECTS IT ALL TOGETHER.

Reaching audiences in communities around the province in October and November, the series of six radio ads, supported by on line banners, shows the public how many of our professions connect to better health care by connecting with each other.

"It's always a challenge to represent the complexity of HSA's 75 member professions in a 30-second ad," says HSA President Val Avery. "But as in previous years, we feel this campaign creates a memorable impression with the public while managing to promote the specific professions representing over 14,000 of our 17,000 members."

The campaign's on line ads

"The anxiety attack connects to the ER. The ER connects to the pharmacist. The pharmacist connects to the psychiatric nurse. The psychiatric nurse connects to the psychologist, who connects to the social worker, who connects to the recovery. The recovery connects to friends, to family, to life."

EXCERPT FROM ONE OF SIX RADIO ADS DESCRIBING HOW HEALTH SCIENCE PROFESSIONS CONNECT TO EACH OTHER AND TO A BETTER LIFE FOR PATIENTS

bring members of the public to healthcareconnected.ca, a special web site showcasing some of HSA's largest professions, and in many cases featuring actual members.

"The site does a very good job of actually showing the public

what these key professions do, and it's quite lovely to look at. Together with the radio ads describing how our work connects together, I think it's another step towards showing the public the essential nature of our work."

INITIATIVE TO EASE BARRIERS FOR NURSES ENTERING BC WORKFORCE

IN NOVEMBER, BC ANNOUNCED EFFORTS TO SUPPORT INTERNATIONALLY EDUCATED PRACTITIONERS AS THEY ENTER THE PROVINCE'S NURSING COMMUNITY.

The streamlined process comes as a result of collaboration between government and representatives of the College of Licensed Practical Nurses of BC, the College of Registered Psychiatric Nurses of British Columbia, the College of Registered Nurses of British Columbia, the Health Employers Association of BC, B.C.'s health authorities and B.C.'s Chief Nursing Officer Council. Together they will work to develop a new approach to competency assessments for the nursing community.

"As with any highly skilled occupation, competency and knowledge assessments are an important part of ensuring that the most qualified and well-trained nurses are providing care to British Columbians," said BC Health Minister Terry Lake. "This new, streamlined assessment program will help get more international nurses into the health system."

"Like so many other health professionals, registered psychiatric nurses have been struggling to shoulder increased workloads due to shortages," said HSA President Val Avery. "We welcome any initiative that recognizes this problem and makes measureable progress towards a solution. And if the changes prove successful, we will urge the government to take a similar approach to other health professions suffering acute shortage."

Once in place, the new process will evaluate applicants for registration in any of four professions – registered nursing, registered psychiatric nursing,

licensed practical nursing or health-care assistant. Assessments will be based on the applicant's ability to apply the required skills, knowledge and attitudes and values that are needed to be ready-to-practice.

The groups will work over the next year-and-a-half to develop the new integrated competency assessment process, which is expected to be in place by March 2016.

"We look forward to collaborating with the provincial government and partners to develop an integrated assessment process for internationally educated practitioners in the nursing community to become registered in the province," said College of Registered Nurses of BC registrar/CEO, Cynthia Johansen.

The nursing regulatory colleges and HEABC assess an average of more than 1,400 internationally educated applicants each year in B.C.



PHYSIOTHERAPIST NU LU SAYS INCIDENT REPORTS ARE WORTH THE EFFORT

PAPERWORK ISN'T POINTLESS

NU LU WAS FRUSTRATED.

As a physiotherapist at Vancouver General Hospital, she needed to get her patients up and moving. The rehabilitation she and her fellow physios provide is important – if it didn't get done, the patients didn't get to go home. But many of them were on short oxygen lines attached to the wall, and while portable oxygen units were on hand, hospital policy firmly states that only nurses or respiratory therapists are able to set them up, and they were not always readily available. At the end of each shift, patients remained unseen, their stays prolonged.

Problems like these are not uncommon. The health care system is a complex one, and small things can have very big implications for patient care and, ultimately, for the cost of

providing that care.

Nu knew that something needed to be done, so she took action.

“We started filling in incident reports stating that this was unsafe,” explained Nu. “If physiotherapists like me can't do an assessment for the patient, the nurses can't work safely because they don't know how much assistance the patient needs. Ultimately that holds up discharge because if the patient is limited to the bedside, they never get a chance to walk far enough to get well and go home.”

Nu says she encouraged her fellow physios to fill out an incident report each and every time they were unable to get their patient connected up to the portable oxygen tanks.

“We did that for about a week, and then our supervisor just said

‘stop, no more reports, we'll get this fixed.’ And about two weeks later, it was. I've never seen a change happen so quickly.”

Nu, now an HSA steward, agrees that workplace rules and paperwork can be time consuming and frustrating, but cheerfully insists a little patience and persistence can pay off.

“We spend a lot of time complaining about things, but if we spent that time filling out reports we'd actually solve a lot of these problems. People don't like filling them out because they don't think they go anywhere. But they do, and there has to be a response.”

Nu's approach has already solved a separate issue around health and safety at her work-site, and she's looking for ways to solve more problems.

“I say don't get upset by the rules. Use them to fix things.”

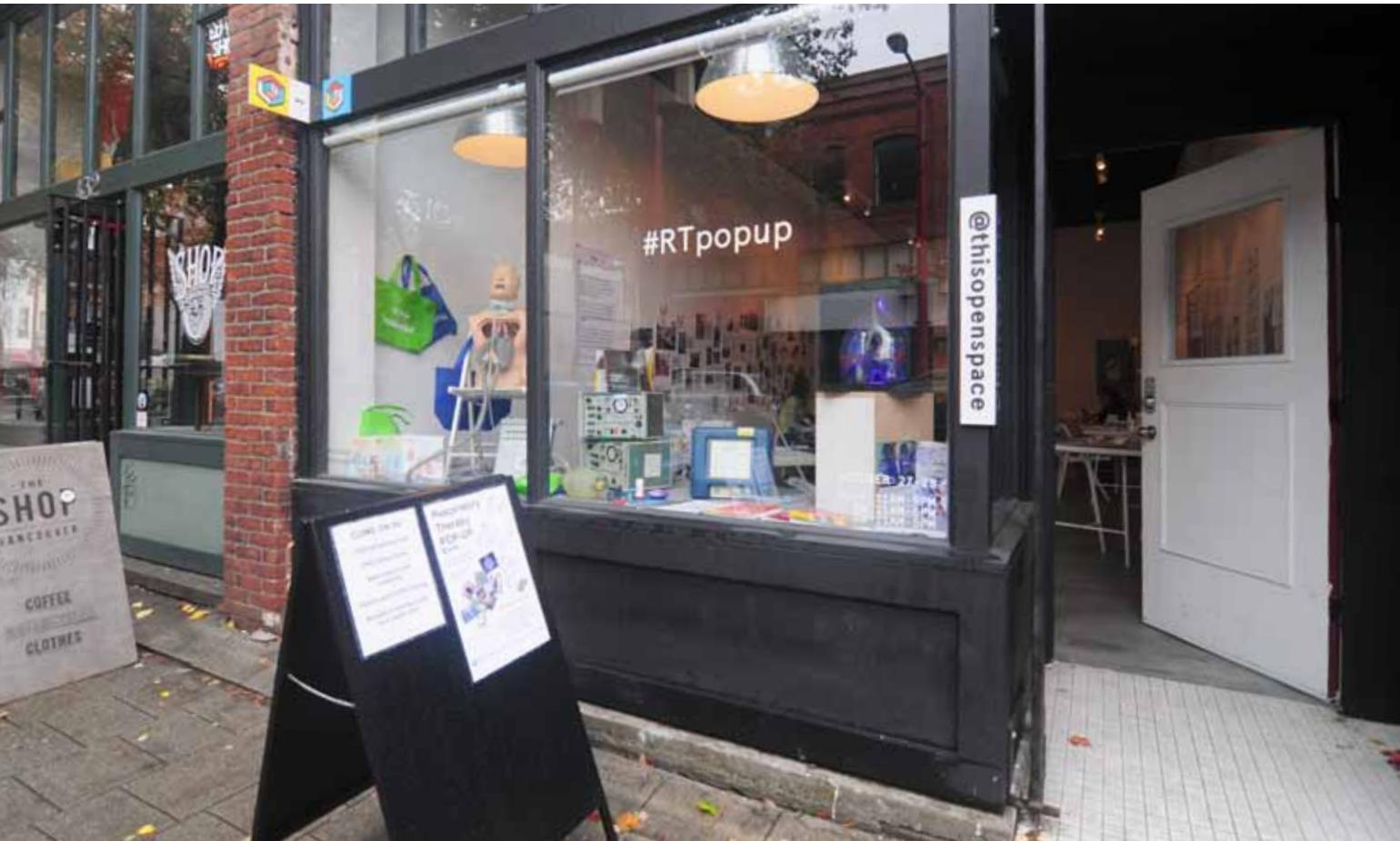


HSA'S MEMBER PROFESSIONS PLAY AN ESSENTIAL ROLE IN DIAGNOSIS, TREATMENT, REHABILITATION AND PREVENTION FOR PEOPLE WITH BREAST CANCER. FOR THE PAST 16 YEARS HSA HAS BEEN A PROUD SUPPORTER OF THE RUN FOR THE CURE, WITH MEMBERS RAISING MONEY AND TAKING PART IN EVENTS AROUND THE PROVINCE.

RUN FOR THE CURE 2014







RTPOPUP TOOK OVER A VANCOUVER STOREFRONT FOR TWO DAYS AND INVITED THE PUBLIC TO COME IN AND EXPLORE THE WORLD OF RESPIRATORY THERAPY.

TAKING RT TO THE STREETS

PROFESSIONAL
RECOGNITION DAYS,
WEEKS AND MONTHS
COME AND GO.

Posters go up on bulletin boards, posts go up on social media sites. Maybe there's cupcakes. It's a great chance to educate and celebrate the work that makes our health care and community social service systems work, but it's getting

harder to break through the noise and distractions of modern life.

That's why a group of respiratory therapists decided to do something a little different for October's RT Week.

Led by Vancouver General Hospital's Lily Cheung, the group decided to get out of the clinical setting and take their message directly to the public.

"In the past we've hosted booths or spaces in the hospital to highlight the work we've achieved over the year and invited the public to take part in interactive displays that demonstrate what RTs do in an acute setting," says Cheung.

"This year we wanted to reach outside of a traditional hospital or clinical setting," says Cheung. "It's important to connect with the public when they aren't



LILY CHEUNG, RT



RTPOPUP FEATURED A GALLERY OF MORE THAN 50 STORIES AND IMAGES ABOUT RESPIRATORY THERAPISTS AND THE WORK THEY DO.

already worried about getting treatment for themselves or a loved one. Somewhere where we won't fall into our roles as patients and therapists. We wanted a more neutral space to connect."

Working with Vancouver-based event production and publicity company @thisopenspace, Cheung's team took over a vacant storefront in Vancouver's historic Gastown and created RTPopUp, a temporary gallery/information booth/meeting place where curious passers-by could hang out with RTs, tinker with equipment and receive complimentary breathing tests.

"I think the most successful aspects of the event involved the types of conversations we were able to generate between the public and the therapists," says Cheung. "Hot topics like how Canada is planning to deal with the Ebola virus, or the role of e-cigarettes in helping smokers quit conventional cigarettes, and how community care is playing an increasing role in the

"It's important to connect with the public when they aren't already worried about getting treatment for themselves or a loved one."

health system. With the public interacting with RTs representing the full scope of practice - from acute to community - it was definitely interesting to debate the different perspectives on all these issues.

Cheung says she had the support of dozens of RTs and others from around the province.

"RTs from St. Paul's, Surrey Memorial, Burnaby, Lion's Gate, Royal Columbian, Langley, Richmond, BC Children's, Royal Inland, Thompson Rivers University, GF Strong, George Pearson, Ravensong, the Provincial Respiratory Outreach Program, RT Without Borders, Vancouver General, all the way to Kenya and the Middle East were very

supportive. Of course, I could not have got anywhere without the generous support from the Canadian and BC Society of Respiratory Therapists, as well as BC Association for Individualized Technology and Supports for People with Disabilities (BCITS), BC Lung Association, Asthma Society of Canada, Motion Specialties, Medigas, and Carestream. These organizations were on board all the way and contributed to the very success of this event.

"Next year I would love to showcase the iron lung, among other neat vintage items. This event renewed my passion for the profession and I'm hoping to keep that momentum going all the way to next year!"

STILL NOT READY

HAVE FUNDAMENTAL HEALTH AND SAFETY RIGHTS BEEN LOST IN THE BC RESPONSE TO EBOLA?

By David Durning
HSA Senior OHS Officer

OVER THE YEARS, CANADIAN WORKERS HAVE FOUGHT FOR AND GAINED IMPORTANT WORKPLACE HEALTH AND SAFETY RIGHTS.

The diligent exercise of these rights is proven to be the most effective way of ensuring workplace hazards are controlled.

These rights, enshrined in legislation and regulation, are:

- the right to know about workplace hazards;
- the right to participate in eliminating those hazards or in mitigating their effects;
- the right to refuse unsafe work;
- the right to exercise these rights without discrimination.

Have these health and safety rights been front and centre during the current Ebola outbreak?

Unfortunately, the answer is no. Instead, a top down and mainly bureaucratic approach has been used, often making it difficult for workers to obtain accurate and consistent information and to be active participants in improving infection control measures.

THE LEGACY OF SARS

Ironically, much of the infrastructure in place to deal with

The vast majority (nearly 90 per cent) of HSA members surveyed did not feel adequately prepared to deal with an Ebola outbreak.

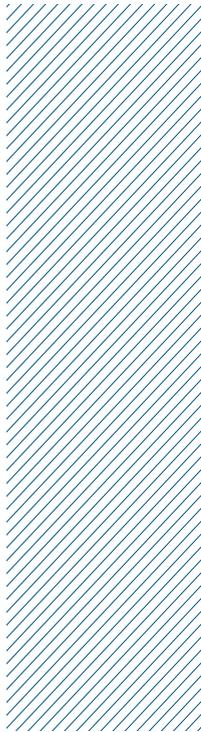
the Ebola virus today was built as a result of recommendations after the SARS outbreak 11 years ago. In 2003, Canada was hit hard by the SARS coronavirus. There were more than 400 probable and suspected SARS cases in Canada and 44 related deaths, concentrated in Toronto and the surrounding area. The toll on health care workers was extremely high. More than 100 became ill and 3 died. It was a stark reminder of the risks experienced by those front line workers on a daily basis, but especially during outbreaks.

Following SARS, it was acknowledged that there needed to be better coordination of efforts in response to outbreaks. So in 2004, Canada's federal government created the Public Health Agency of Canada (PHAC), to provide leadership and action on public health matters including national response coordination on infectious disease outbreaks.

TEMPORARY MEASURES

Fast forward to 2014. Over the past months, provincial governments have adopted Ebola protocols laid out by the PHAC. In BC, a Provincial Ebola Preparedness Task Force, co-chaired by Provincial Health Officer Perry Kendal and Associate Deputy Minister of Health Lynn Stevenson, oversees an array of committees and working groups coordinating various elements of Ebola preparedness. The task force and its subcommittees are updating infection control protocols, updating training for front line workers and dealing with hundreds of details in response to the Ebola outbreak.

A number of HSA members are directly involved in this provincial network, providing expertise in many areas, despite the fact that the Ministry of Health has created a structure that makes it difficult for active worker involvement, thereby compromising their abilities to exercise basic health and safety rights. This focus on the Ebola





RAYNATOU DIALLO, A LABORATORY MANAGER AT THE TELIMELE DISTRICT HOSPITAL, IN GUINEA, WORKS ON THE FRONT LINES OF THE FIGHT AGAINST EBOLA. "WE HAVE KEPT STRICT INFECTION CONTROL MEASURES IN THE LABORATORY. I WAS NOT AFRAID WHEN EBOLA ARRIVED." PHOTO BY C. BLACK, COURTESY WORLD HEALTH ORGANIZATION.

outbreak should be seen as an opportunity to build better and more proactive labour-employer relationships for dealing with workplace hazards. Instead, it appears the intention is to establish temporary working groups that will work hard until this particular outbreak passes and then be disbanded to allow things to drift back to the way they were. Hopefully that isn't the case.

MOST FEEL UNPREPARED

In October, at a time when the Ebola outbreak was dominating the news, HSA surveyed members working in five sites designated by the Ministry of Health to manage and treat suspected or confirmed Ebola cases. The survey questions were designed to measure our members' confidence levels around Ebola preparedness. Responses

came from workers who could potentially be exposed to Ebola through interactions with patients and from those who could potentially be exposed through lab and testing procedures.

Surveys confirmed what was already suspected – the vast majority (nearly 90 per cent) of members surveyed did not feel adequately prepared to deal with an Ebola outbreak. Almost as many indicated the only information they had received about the outbreak at that point was through the media.

FOCUS ON FUNDAMENTALS

Health care workers in BC and across North America have spoken out publicly and loudly about the gaps in preparedness and the need to have more attention paid to worker safety. These actions to refocus our

employers' and governments' attention to include basic health and safety rights have been having an impact and must continue. The current outbreak will be brought under control, but the work being done now to establish Ebola standards should set a new benchmark for strong infection control measures for epidemics and outbreaks which are expected to accelerate in the coming years.

While infection control protocols are under scrutiny and revision, it's a prime opportunity to build in requirements for involving HSA representatives from your workplace health and safety committees. It's not a coincidence that this fits with another health and safety principle of continual learning and process improvement.

For up to date Ebola information, visit: www.hsabc.org/ebola
For general OHS information, visit: hsabc.org/member-benefits/occupational-health-and-safety.



HSA VICE PRESIDENT JANICE MORRISON IS ONE OF MANY MEMBERS WHO TOOK PART IN MUNICIPAL ELECTIONS AND RECEIVED SUPPORT FROM HSA'S POLITICAL ACTION FUND.

HSA VP TAKES LEADERSHIP TO NELSON COUNCIL

By Carol Riviere

DEEP TIES TO HER COMMUNITY AND LONG-TIME UNION ACTIVISM HELPED HSA VICE-PRESIDENT JANICE MORRISON SECURE A SPOT ON NELSON CITY COUNCIL IN THE RECENT MUNICIPAL ELECTION.

"My family have lived here since the 1920's, and I've served my community in many different

ways in the 25 years I've called Nelson home," says Morrison. "Having served a previous term on city council, chaired the Kootenay Lake Hospital Foundation and been president of our local chamber of commerce, I feel well-prepared to resume the role of city councillor."

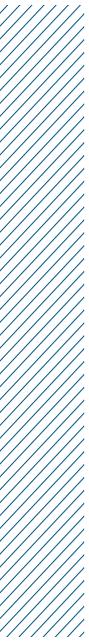
The experience and education Morrison received as an HSA activist also helped in many ways. "From the time I started as an assistant chief steward right up

to my current position as VP, I've had lots of opportunities to practice public speaking and active listening skills, as well as a proactive leadership style," says Morrison. "I've also benefited from the great education HSA and our labour affiliates provide. I've taken public speaking and parliamentary procedure workshops at the Canadian Labour Congress's Winter School, and attended election campaign schools put on by HSA and for women candidates."

Morrison also appreciates the direct campaign support she received from HSA and her local labour council. "I am thankful to the West Kootenay Labour Council for donating to my campaign and for endorsing me to all the local union affiliates. I also appreciate receiving five days of paid leave to campaign from HSA's Political Action Fund. This allowed me to have nine days immediately before election day to carry out a very well received door-to-door campaign, walking almost 50 miles and handing out more than 3,000 pieces of campaign literature."

"My involvement through HSA with the broader union movement, like the BC Federation of Labour and the National Union of Public and General Employees, has provided insight into many issues – including living wage jobs, the environment, social justice issues, and the need for adequate health funding," says Morrison. "Many of these issues have direct impacts at the community level, such as where a lack of mental health funding contributes to local homelessness and poverty."

"In my new role as a city councillor, I will continue to speak to all levels of government about the need for public services, using the various avenues councillors have to communicate with provincial and federal representatives. As HSA members, we are well educated and positioned to take on these roles as school trustees, councillors and even mayors, and to advocate for better public services for our communities. I encourage members to consider running in the future."



HSA MEMBERS STEP UP TO SERVE THEIR COMMUNITIES

SEVEN OF THE CANDIDATES WHO RAN FOR ELECTION ON NOVEMBER 15 WERE HSA MEMBERS WHO APPLIED FOR AND RECEIVED SUPPORT FROM HSA'S POLITICAL ACTION FUND.

Beth Burton-Krahn, a counselor on the Palliative Response Team with Victoria Hospice, was elected as a first-time candidate to the Esquimalt Council.

Laura Dupont, a program assistant at SHARE Family and Community Services, was elected as a Port Coquitlam councillor in her first run for office.

Nicole Gilliss, region 10 member-at-large, was re-elected to a second term as a councillor in Hudson's Hope. Nicole works as a combined lab/x-ray technologist at Hudson's Hope Health Centre and at the hospital in Chetwynd.

Lynn Kelsey, an HSA member and long-time steward at South Okanagan Women in Need Society (SOWINS) was unsuccessful in her bid for a seat on Penticton Council.

Janice Morrison, HSA vice-president and region 9 director, was elected to Nelson Council. Janice works as a physiotherapist at Kootenay Lake Hospital.

Deborah Munoz, a diagnostic electroneurophysiology technologist at University Hospital of Northern BC and an HSA regional EDMP rep, lost out on a seat on Prince George Council by a mere 95 votes.

Shelley Quist, a combined lab/x-ray technologist and assistant chief steward at Port Hardy Hospital was unsuccessful in her first bid for Port Hardy Council.

Congratulations to all members who ran for election!

ARE OUR POLITICAL LEADERS UP FOR DEBATE?

Over 100 women's and allied organizations, including HSA's national union, the National Union of Public and General Employees, have launched Up for Debate – a campaign calling on all federal political parties to commit to change women's lives for the better.

In Canada, women continue to earn 20 per cent less than men for the same full-time 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 through a shelter.

The reality for women in other parts of the world is even worse.

Anne Davis, Region 1 Director, and chair of HSA's Women's and Political Action Committees, knows first-hand that the fight for equal rights for women and girls is far from over. "Working at the Comox Valley Transition Society I see the end result of such basic inequality, as women and their children struggle to rebuild their lives after leaving abusive relationships."

As a political activist, Davis also understands that women can determine the outcome of the next federal election. "Women vote in greater numbers – over a half million more women than men voted in the last federal election. When we elect our next government in 2015, we want to know how each party leader plans to build a more equal Canada for all of us," says Davis, "We want proof that the candidates for prime minister understand the needs and realities of women. This must start by committing to participate in a nationally broadcast leaders' debate focused on policies and issues that impact women's lives."

"82 per cent of HSA members are women, and many of us provide services to women suffering due to inequality. This is a campaign that deserves our support," says Davis.

Find out more about the campaign, and join the call for a federal leaders' debate at upfordebate.ca.

OCCUPATIONAL HEALTH AND SAFETY NEEDS YOU

WORKPLACE HAZARDS ARE REAL. FIGHT BACK AND JOIN YOUR SITE'S JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE.

**By David Durning
HSA Senior OHS Officer**

ARE YOU CONCERNED ABOUT HEALTH AND SAFETY IN YOUR WORKPLACE?

Do you want to be directly involved in making your workplace safer for you and your co-workers?

Do you want to participate in union and employer sponsored training to learn about making your workplace safer?

If you answered yes to any of these questions, there may be opportunities for you to join your site's joint health and safety committee. We're always on the lookout for HSA members interested in taking action on workplace health and safety.

Joint occupational health and safety (JOHS) committees are made up of employer and union representatives and cover all workplace areas and departments. HSA is involved in more than 300 such committees with members acting either as representatives or alternates. Most sites typically have one JOHS committee, but larger facilities may have several to ensure all areas of the workplace are covered. With so many committees, there are often spots to fill and we could use your help.

Under the B.C. Workers' Com-

penensation Act, JOHS committees have the mandate to identify and resolve workplace health and safety problems. Although your employer is ultimately responsible for ensuring workplace safety, the JOHS committee makes recommendations to the employer for corrective actions when gaps are identified. If there is uncertainty in how to resolve issues, the JOHS committee may call upon WorkSafeBC inspectors to help out. The unions' labour relations officers and OHS officer are also available to assist committees in resolving issues.

Besides regular monthly meetings of the JOHS committee, representatives are involved in:

- ensuring regular workplace hazard inspections are carried out;
- making sure that accidents and injuries are properly reported and investigated;
- investigating health and safety complaints or refusals to work due to real or perceived hazards.

As a union representative on a joint health and safety committee, it's necessary to have the knowledge required to carry out duties effectively. In addition to training provided by the employer, HSA regularly sponsors training sessions for OHS stewards and JOHS committee

representatives.

One-day basic OHS courses are scheduled for February 23, March 2, 16 and 30, 2015. All of these will be held in the new HSA office and training centre at 180 East Columbia Street in New Westminster.

Other basic and advanced OHS courses will be scheduled throughout the year. Self-registration is available through the HSA website or you may call Karin at 604-439-0994 for more information about training opportunities.

Health care workplaces contain many hazards. Through the dedicated efforts of joint occupational health and safety committee representatives, we are better equipped to analyze factors that contribute to injuries and disabling diseases and to ensure our employers comply with their legal requirements to provide a safe workplace.

If you are interested in becoming part of the health and safety team in your workplace - either as a JOHS committee representative or as an alternate - please indicate your interest to your chief steward, your HSA labour relations office or to David Durning, HSA's senior OHS labour relations officer, at ddurning@hsabc.org or 604-439-0994/1-800-663-2017. After January 5 call 604-517-0994.

SORRY, MEDICAL MARIJUANA IS NOT COVERED

LIKE MOST DRUG PLANS, OURS DOESN'T PROVIDE A COST SHARE ON DRUGS NOT DEEMED MEDICALLY NECESSARY

I'm advised by Pacific Blue Cross that fertility drugs are not covered under the new 50 per cent cost share arrangement for non-PharmaCare formulary medications. Why are these drugs not covered?

The agreement on the 50/50 cost share on non-PharmaCare formulary medications did not sweep in classes of drugs previously unavailable under the old drug plan. It was never the intent of the 50 per cent cost share language to include the so-called "lifestyle/supplementary" drugs that were not part of the pre-June 2013 Health Sciences Professionals (HSP) drug plan. Fertility drugs fall under the "lifestyle/supplementary" category; a catch-all term for certain medications deemed not medically necessary. Anti-obesity and sexual dysfunction medications also fall under this category of drugs and are not included in the HSP drug plan. These exclusions are quite typical of most drug plans in Canada.

It is important to remember that the 50 per cent cost share language was negotiated to provide reasonable access to medications not covered under

the PharmaCare drug formulary. These medications were previously available under the old HSP drug plan when members enjoyed an open drug formulary – save and except the "lifestyle/supplementary" class of medications. That changed when many unions were forced into accepting a limited formulary under the PharmaCare tie-in in early 2013. During the subsequent dispute over the botched implementation of the PharmaCare tie-in HSA pushed for improvements and achieved the 50 per cent language. This was included in the five-year extension of the collective agreement ratified last year.

What about medical marijuana? Does that fall under the "lifestyle/supplementary" class of drugs as well?

Actually, medical marijuana doesn't currently have a Notice of Compliance issued by Health Canada and therefore is not considered a prescription requiring drug. So it doesn't fall under any drug category; whether in the drug formulary or not. However, the courts have required reasonable access to a legal source of medical marijuana when authorized by

a physician. Note that medical marijuana is authorized rather than prescribed by a physician. So, unless the status of medical marijuana changes, this product won't be part of any provincial drug formulary under current rules.

Meanwhile, 23 US states have voted to relax the laws on medical or recreational use of marijuana – despite still being illegal federally. These are trends that drug plan designers and health policy regulators will be watching closely in 2015.

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



KARIM HAS BEEN A RADIATION THERAPIST FOR 17 YEARS AND NOW TREATS A PATIENT EVERY 12 MINUTES. DURING THAT TIME HE MUST DELIVER TREATMENT, PROVIDE EDUCATION, AND ABOVE ALL MAKE A CONNECTION.

KARIM KANJI

RADIATION THERAPIST AND LIFELINE FOR COLLEAGUES

By Laura Busheikin

THERE'S NO DOUBT THAT HAVING TO TAKE TIME OFF WORK DUE TO AN INJURY OR ILLNESS BRINGS A MULTITUDE OF CHALLENGES.

Aside from the medical demands, there are forms to fill out and anxiety around getting the proper benefits. There are often feelings of isolation. There is the uncertainty of not knowing when, how, or if you can return to work.

Since November 2013, HSA has been providing the Enhanced Disability Management Program (EDMP), a support program for

members facing these challenges. Karim Kanji, a radiation therapist at the BC Cancer Agency, has been an EDMP representative since the program's inception. During that time he's seen first hand how providing consistent and holistic support leads to better return-to-work outcomes, reduces disability costs, and minimizes stress for both employee and employer.

"If you can engage at an early stage and keep an ongoing connection between the employee and the workplace, that helps facilitate a timely and safe return to work," says Karim, who is one of 12 EDMP representatives in BC.

Karim took on the .5 position because he wanted to help

other HSA members, he says. "Members often don't know about support and services available. My role is to facilitate communication between the disability advisors at workplace health and the employee, so that members understand the process."

The program addresses all the barriers to returning to work - medical, personal, workplace and vocational. This could mean arranging re-training, making sure the right equipment is in place, or looking at ways to promote supportive interpersonal relationships at work, all as part of creating and following a graduated return-to-work program.

Also, Karim helps clients to



KARIM WANTED TO HELP OTHER HSA MEMBERS DEAL WITH DISABILITY, AND HAS HANDLED ABOUT 100 CASES SINCE BECOMING A REPRESENTATIVE OF THE ENHANCED DISABILITY MANAGEMENT PROGRAM.

“I’d always gravitated towards helping roles... I love the opportunity to make a difference in a cancer patient’s life, just by giving them a gentle touch or a smile.”

understand the various forms required, the benefits available in the collective agreement, and lets them know about other potential sources of financial support.

Because the program is still quite new, sometimes HSA members are hesitant, says Karim. “Some employees are worried that they have to provide their whole medical history to the employer. So I need to explain the parameters of the program and that confidentiality is paramount. Workplace health receives the medical, but the manager and department are only provided with any limitations and restrictions so that an appropriate graduated return to work or other support and services can be offered.”

In the past year, Karim has handled approximately 100 cases. “The most satisfying part of it is when I get feedback from members saying that they have appreciated the support and advocacy I have provided. I feel good knowing that I am making a difference in a member’s disability journey.”

The desire to make a difference was Karim’s main motivation for embarking on a career in health care 17 years ago. “I actually used to be a lending officer,” he explains. “But I found that banking was becoming too much of a sales oriented environment. I didn’t want to be selling people something they didn’t need. And I’d always gravitated towards helping roles.” He trained at the BC Cancer Agency’s

radiation therapy program (this course is now offered by BCIT).

“I love the opportunity to make a difference in a cancer patient’s life, just by giving them a gentle touch or a smile. We treat a patient every 12 minutes. During that time we have to deliver treatment, provide education, and make sure the treatment is accurate and correct. If I can make a genuine connection and offer support during that time, they really appreciate that,” says Karim, demonstrating the compassion and empathy that motivates his work as both a radiation therapist and an EDMP representative.



RPN VAL BARKER, HSA PRESIDENT VAL AVERY AND OUTGOING BC FEDERATION OF LABOUR PRESIDENT JIM SINCLAIR JOINED VOLUNTEERS AT A NOVEMBER 18 EVENT TO LET HSA'S RPNs KNOW THE RAID BY BCNU HURTS ALL WORKING PEOPLE.

BCNU RAID ON RPNs ENTERS THIRD YEAR

RPNs PRESSURED INTO SIGNING CARDS IN MISLEADING CAMPAIGN

HSA'S REGISTERED PSYCHIATRIC NURSES ONCE AGAIN FOUND THEMSELVES PRESSURED, HARRASSED AND TRICKED INTO SIGNING BC NURSES' UNION CARDS AS BCNU LAUNCHED A THIRD ROUND OF RAIDS THIS FALL.

"In health care, we work as a team, side-by-side, for the good of all," said HSA President Val Avery. "Imagine what would happen to our health care system if we didn't.

"Unions are exactly the same; when we work together we improve wages, benefits and working conditions for everyone in BC. When we don't, everyone suffers.

"That's why it's so upsetting to see the BCNU once again waste time and money on a campaign to increase their own membership by stealing members from HSA."

HSA RPNs at several sites report being pressured by supervisors to sign union cards, and being told that signing a card "doesn't mean anything". Many report they signed cards just to get paid BCNU organizers to stop harrasing them on the job.

"The BCNU was expelled from the BC Federation of Labour in 2009 because of its concerted and destructive campaign to move union members from the Hospital Employees' Union to the BCNU," said then-BC Federation of Labour President Jim

"In health care, we work as a team, side-by-side, for the good of all. Imagine what would happen if we didn't."

Sinclair. "They've brought the same tactics to registered psychiatric nurses who are in HSA.

"The BCNU has spent the better half of a decade not helping improve our province for all, but using union dues and other resources to increase the number of members in one union by moving them from another."



Name: Alka Kundi.

Nickname in high school: Well, my name is Alka, so the nicknames should be obvious. Alkaseltzer, Alcoholic and Alkatraz. In retrospect, I'm not sure if these were nicknames or if people were just making fun of me, but oh well.

Job title and department: Labour Relations Officer, Servicing.

What you actually do, in your own words: I talk to members and learn about them both personally and professionally. I try to understand difficulties they are encountering in the workplace, and work with them to help resolve those problems.

Secret talent unrelated to job: I like to work with my hands: cooking, painting, pottery, sewing, building Ikea furniture. The outcomes are usually disastrous but I enjoy the process.

At HSA since: October 6, 2014.

Job before HSA: Lawyer.

What you were doing when you were interrupted for this interview: Kickboxing.

Best thing you did to help a member in the last week: I have been trying to help a member with a pretty complicated pension issue. It has taken me some time to understand the issue well enough to explain it to the member and to the employer, but I think we are getting there. I think that by pushing myself to understand the issue in detail, I have been able to educate the member, and to advocate on their behalf effectively, and we are now starting to see the employer come around.

Plans for the weekend: I am taking my two little boys to a puppet show.

Last book read: The last book I read was the Book Thief by Markus Zusak.

Good or bad: Very good, but very sad.

Why: The story is set in Nazi Germany, so of course it is extremely upsetting to be reminded of the atrocities that were going on at that time. The book is narrated by the Grim Reaper which gave it a very interesting and unique perspective.



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

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(from left) Anne Davis, Allen Peters, Janice Morrison, Bruce MacDonald, Anita Bardal, Derrick Hoyt, Val Avery, Joseph Sebastian, Marg Beddis, John Christopherson, Mandi Ayers.



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