HEALTH SCIENCES ASSOCIATION | JUNE 2004 | VOL. 25 NO. 3

THE Report

CONFIDENT AND STRONG

MEMBERS SET DIRECTION FOR COMING YEAR

Liberals went too far

by CINDY STEWART

With less than a year left in the Liberal government's mandate, we have come through a very turbulent period in labour relations in British Columbia.

Cindy Stewart, left, joins Royal Columbian Hospital Steward Lai-Lin Harvalias to support facilities health services and support workers on April 26

It started three years ago when the government legislated health science professionals back to work and then imposed a contract on HSA members. It continued with legislation that arbitrarily changed health care contracts.

When a mediator recently concluded there was no hope for a negotiated settlement with HEABC, HEU served strike notice, and picket lines went up April 25 – on the heels of HSA's annual convention.

I want to thank each and every one of you who, on incredibly short notice, supported HEU on the picket lines. It was a huge task for our job action coordinators around the province – many of whom were in Burnaby for our convention – to ensure essential services and job action schedules were put in place.

Your strong support was critical to the success of the HEU job action in the days leading up to the government's introduction of Bill 37.

Even when the legislation ended the strike and you returned to your regular scheduled shifts, your continuing support of your colleagues was well appreciated by HEU.

The details of Bill 37 have been well chronicled. After years of battling with HEU, the government showed just how mean-spirited it was.

After trying to convince British Columbians that your co-workers providing support services are overpaid, it was clear British Columbians didn't agree with how far the government was prepared to go – and they were particularly aghast at government's decision to legislate a retroactive 15 per cent wage rollback.

Much to government's surprise, they were on their own. The reaction to Bill 37 was swift. British Columbians were shocked and angry. The key to their eventual softening of the legislation was the broad public support shown for HEU in their protest against the government.

As an officer of the BC Federation of Labour I was involved in the weekend negotiations that led to the province backing off the legislation and finding an agreement that mitigated the most outrageous aspects of the legislation.

That weekend, a courageous and difficult decision was made by the executive of the HEU and the officers of the BC Federation of Labour. The work done that weekend:

- eliminated any retroactive wage rollbacks
- forced the government to back down from their plans to privatize an estimated additional 8,000 full-time jobs, capping any contracting out at 400 this year, and 200 next year
- secured $25 million in severance that will be left to the bargaining association to distribute
- ensured there would be no recriminations from employers against health care employees or unions involved in job action

With less than a year left in their mandate, the Liberal government got a clear message. The electorate, up to this point, have seemingly been prepared to cut the government some slack with the constant imposition into the collective bargaining process. But this time, they went too far, they got a little too greedy and their arrogance was a little too blatant. The backlash cut a wide swath across public opinion and the government had no choice but to listen.

With a federal election underway and less than a year to the next provincial election, the events of the past month underscore the importance of ensuring those that represent us, understand the issues that are important to us.

As delegates to the HSA convention confirmed, the next twelve months hold great potential – and no one can speak about the issues important to you … better than you.

I'm looking forward to working with HSA members across the province to ensure issues important to you are raised at every level of government. R

Cindy Stewart is president of the Health Sciences Association.

THE Report

contents


5


14

NEWS

DEPARTMENTS

COLUMNS

THE FRONT COVER

Margaret Farrell is a neighbourhood support clerk and a dynamic steward at North Shore Health / Community Health Services. Dan Jackson photo.

Publications mail agreement no. 4000 6822
Return undeliverable Canadian addresses to database department
Suite 300, 5118 Joyce Street
Vancouver BC V5R 4H1

BREAKING NEWS

Framework agreement reached for health science professionals

On June 10, the Paramedical Professional Bargaining Association reached a framework agreement with HEABC that will remove the employers' concession demands from the bargaining table and create a climate for constructive negotiation of a number of contract issues, including posting and bumping language, hours of work and recruitment and retention.

Under the terms of the framework agreement, there will be no net increase to wages and benefits for the duration of the two-year agreement, which expires March 31, 2006.

"This agreement protects health science professionals from a long list of concession demands proposed by employers. It also protects members from rollbacks to wages and benefits," Chief Negotiator Ron Ohmart said.

The terms of the agreement mean that health science professionals covered by the PPBA agreement will not see any changes in the collective agreement that would adversely affect health and welfare benefits, vacation, sick leave and severance.

"Given the current climate set by the provincial government, I am pleased that HEABC was able to work with the union bargaining association to develop an agreement that protects wages and benefits and paves the way for discussion about issues important to the delivery of quality health care."

Under the terms of the agreement, a number of issues have been set aside for further discussion. The discussion will be limited to the following issues:

- administrative issues related to the unions' ability to represent members in the workplace
- bumping and posting language
- long-term disability
- hours of work
- adequate off-duty hours for those providing on-call services
- classification issues
- mileage
- recruitment and retention
- contract language housekeeping issues

Discussion on all these issues is to be concluded by July 30, 2004, unless both parties mutually agree to continue. If agreement is reached on any issues, the two parties agree to recommend that the April 1, 2001 – March 31, 2004 collective agreement be rolled over, including any changes on the agreed to items.

If there is no agreement on the issues, the recommendation to members will be for a straight rollover of the 2001-2004 collective agreement.

The text of the framework agreement is posted on the HSA web site at www.hsabc.org, and is being distributed to HSA stewards for posting on union bulletin boards. R

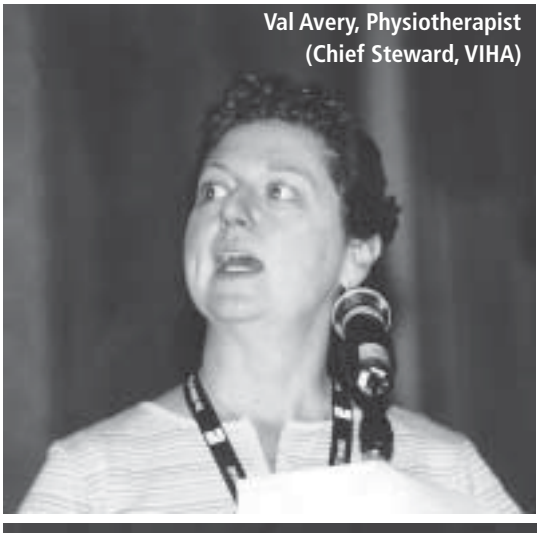
The Paramedical Professional Bargaining Association represents approximately 13,000 health science professionals in the Health Sciences Association of BC, BC Government and Service Employees' Union, Canadian Union of Public Employees, Professional Employees' Association, and the Hospital Employees' Union.

April: More than 300 HSA activists gathered for the union's 33rd Annual Convention.

Consolidating strengths, setting direction: *working to protect services*

A record number of members attended HSA's 33rd annual convention, held April 23 and 24 in Burnaby. Delegates spent two days listening to reports and guest speakers, and vigorously debating resolutions to help determine the union's course of action over the next year.

Continued next page



Val Avery, Physiotherapist (Chief Steward, VIHA)

Sue Hodson, Medical Radiation Technologist (Chief Steward, Peace Arch Hospital)

Continued from previous page

HSA President Cindy Stewart (right) presents Maureen Whelan with the first ever Solidarity Award from the National Union of Public and General Employees, of which HSA is an affiliate. Whelan, a founding member of HSA, recently retired from her role as the union's Executive Director of Operations.

Brand new members from Diagnosticare discuss a convention resolution

New Region 8 Director Joan Magee speaks out

Delegates spoke passionately about the devastating effects of the provincial Liberals' cuts to health care and community social services. Members described the resulting harm to patients, clients, and their communities, as well as their constant struggle at work to do more with less.

They expressed their sadness at seeing fellow workers laid off in unprecedented numbers, and their fears for what this will mean for the quality of patient and client care.

They spoke of their anger and frustration at seeing workers in community health and community social services forced to accept concessionary contracts, and the looming strike in the facilities support sector – a strike that members said would not have to happen, if the government would allow free and fair collective bargaining.

Faced with so many threats to their patients and clients, and to their right to fair compensation and working conditions, members reaffirmed the need to continue strengthening union solidarity, both within HSA and with the rest of the labour movement – especially with other health care unions currently engaged in collective bargaining.

Resolutions were passed calling on HSA to lobby the provincial government to stop cutting social services, and to stop contracting-out and privatizing services provided by HSA members.

Members also directed the union to work with the BC Federation

Victoria stewards Carmela Vezza (left) and Debra Gillespie

of Labour and the Canadian Labour Congress to educate members and the public about the negative effects globalization could have on our public health care system, and to lobby our governments on this issue.

A recurring theme at convention was the need to become more active politically, both as individuals and through the union, especially over the next 18 months as BC citizens are given the opportunity to elect new federal, provincial and municipal representatives.

Delegates passed a series of resolutions to support the objective of electing representatives who will support progressive legislation, particularly in the areas of health care, other public services, labour relations, labour standards, and human rights. These resolutions included:

- Providing financial support to members running for office, where both the member and party support issues important to HSA and its members;

- Increasing the amount of financial support HSA can provide to members working on approved election campaigns;

- Providing financial support to members to attend non-partisan campaign schools, which teach participants how to run election campaigns, as well as what's involved if they want to run for office; and

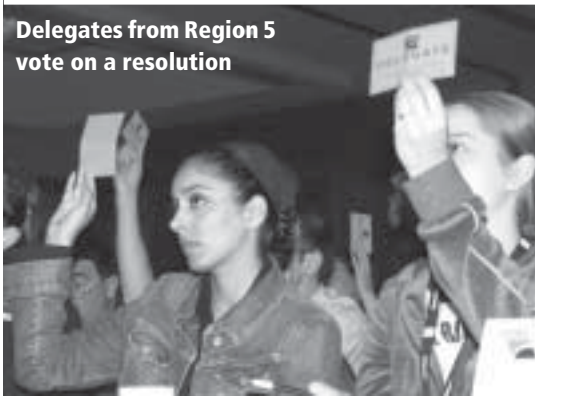
- Authorizing a modest, one-time increase in HSA's fund to support members' involvement in electoral politics during 2005, when there will be both a provincial election, and province-wide municipal elections.

Delegate Janice Morrison, a physiotherapist from Kootenay Lake District Hospital, spoke in favour of these resolutions as a means of promoting the important goal of increasing the number of women elected to political office. "Knowledge is power," Morrison said.

"I attended the Women's Campaign School in February, and it was excellent. I would urge members to register early for the next session of this campaign school." R

Royal Columbian stewards add their voices in singing "Solidarity Forever"

E-activism: Wilson Louie (VIHA) logs on to speakoutforhealth.bc.ca



Delegates from Region 5 vote on a resolution

Carole James, leader of the BC NDP

Carole James addressed HSA's convention for the first time as the new leader of the BC New Democratic Party. James began by expressing her appreciation for the work HSA members perform. "The diverse health care professionals represented by HSA are absolutely vital to the health care system, patients and their families," said James. "You have the public's respect, even if Mr. Campbell and his government show little respect for your contribution to quality patient care."

"While Joy and Jenny hold the government to account in the legislature, I've been traveling around BC, holding the Liberals to account in communities throughout the province," said James. "I've been hearing a lot of warnings about how the government's policies are jeopardizing patients," she continued. "I want to hear your stories, to hear about the human impact of cuts to health services."

James said she is encouraged by the fact that people are not taking the cuts lying down. "Individuals and organizations like HSA are fighting the cuts all across this province. Campaigns like HSA's "Speak out for Health" are playing an essential role in getting information out to the public about the real impact of the BC Liberals' agenda on health care."

Following her remarks, James responded to a broad range of questions from delegates. She concluded by expressing her desire for an early meeting with HSA's Board of Directors, to learn more about HSA and the concerns of HSA members. R

David Rice, director of the Canadian Labour Congress Pacific Regional Office

David Rice, the director of the Pacific Regional Office of the Canadian Labour Congress, talked to delegates about the CLC's issues-based, "Better Choice" campaign for the upcoming federal election.

Rice explained that the CLC conducted polls and focus groups of members across the country, in order to identify the federal issues that are most important to CLC members. The CLC is distributing information on the top issues identified by members, and is encouraging members to vote for representatives who support these issues.

These include several health care issues such as implementing the Romanow Report (including its recommendation that the federal government pay at least 25 per cent of the total cost of public health care in Canada), opposing private, for-profit health care, and the need for national home care and Pharmacare programs.

You can find out more about the CLC's "Better Choice" campaign at www.betterchoice.ca. R

Jim Sinclair, president of the BC Federation of Labour

Jim Sinclair, president of the BC Federation of Labour, applauded HSA's work in protecting members' interests against a provincial government that doesn't respect or value the work of HSA members, and in helping to lead the fight to protect public health care.

"Your "Speak out for Health" campaign has highlighted the crisis government cutbacks have created in our health care system," said Sinclair. "You've listed the litany of broken government promises, and most importantly, you've created an opportunity for British Columbians around the province to speak out and voice their concerns."

Sinclair went on to talk about the need to elect a new provincial government that will support the priorities of working families; health care, education and an economy that provides jobs.

"This next provincial election isn't just about getting rid of Gordon Campbell and the Liberals. It's about what we believe in," said Sinclair. "Our public health care system isn't perfect, but it's right to have a system where everyone has the right to be healthy, regardless of the amount of money they make. It's right to treat public education as our commitment to the next generation – to give them the opportunity to find out what they can be. It's right to build our province for British Columbians, not sell it off to the highest bidder."

He also described the election strategy the BC Federation of Labour is implementing with the help of affiliates like HSA. "The corporate sector will be putting a lot of money into re-electing the Liberals. We'll be countering that by engaging member-to-member, by getting workers involved in the democratic process," said Sinclair. "We've hired eight organizers who'll be traveling around the province over the next 12 months making sure our message is reaching our members." R

Larry Brown, secretary-treasurer of HSA's national union, the National Union of Public and General Employees, talked to delegates about the increasing resistance around the world to free trade and corporate globalization.

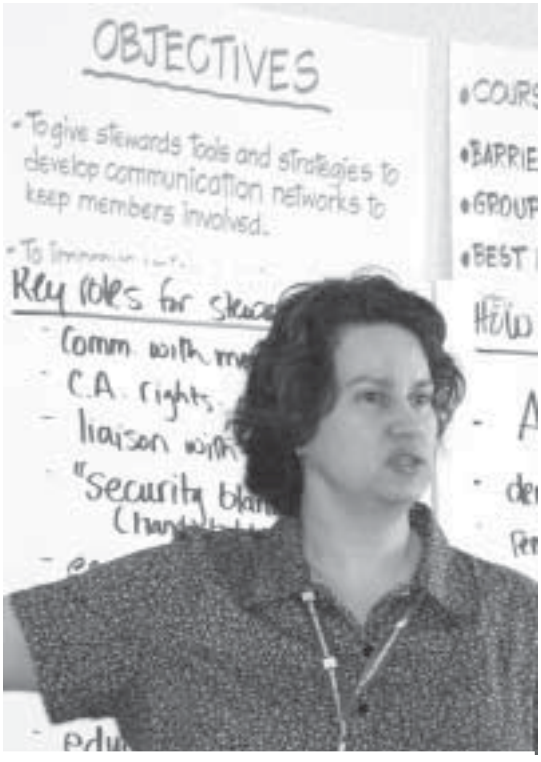
"NUPGE is opposed to free trade, because it isn't really about trade – it's about limiting governments right to govern, about limiting countries' sovereignty." He outlined how corporate globalization is adversely affecting health, by increasing poverty in developing countries, and by threatening the continued existence of public health care systems, such as we have in Canada.

Brown concluded by acknowledging HSA's continuing struggle against the provincial Liberals' legislative attacks on workers who provide public services.

"You cared when it mattered – before it was too late. And you didn't just care, you acted," Brown said.

"There are now more International Labour Organization complaints against the BC government than there have ever been in history against a Canadian government. The numbers are right up there with the number of ILO complaints against Colombia." R

Larry Brown, secretary-treasurer of the National Union of Public and General Employees



HSA communications officer Carol Rivière develops ideas on building your HSA team

Developing skills,

More than 35 convention delegates attended a pre-convention workshop on *Building Your HSA Team.*

For one and a half days, activists focused on strategies stewards can use to recruit other members to help with union activities, to communicate with HSA members in their workplace, to attract members to meetings and to develop and carry out goals with their HSA team.

A recent survey of HSA stewards identified workload, restructuring and membership apathy as three obstacles to union activism in the workplace. Workshop participants came away with lots of ideas for overcoming

As part of a demonstration of a group mobilizing activity, workshop participants planted wild flower seeds in an adjacent vacant lot

Below: Workshop participants Anita Bardal (Chief Steward, St. Paul's Hospital) and Lila Mah (Steward, Kelowna General Hospital) learned that group mobilizing can be fun and invigorating. Bottom: HSA Education Officer Leila Lolua (with earth balloon) is joined by stewards (from left) Errin Patton , Marg Corcoran, and Bridget Kemp

building your team

these obstacles, and were ready when they returned to work after convention, to start using these ideas to mobilize HSA members to support the HEU's job action.

Several members at the workshop particularly appreciated a presentation at the workshop given by Region 6 Director, Rae Johnson on "Dealing with Organizational Change." Rae had many insights to offer on this subject, not only because she has recently completed an MBA thesis on the topic of organizational change, but also because of the tremendous amount of organizational change she, like many HSA members, has experienced in her own workplace. R

Region 6 Director Rae Johnson on dealing with organizational change

NUPGE: OUR NATIONAL UNION

It's time for a national home care system

We want home care to be many things. For some it is help with basic household tasks, for others it is complicated medical procedures offered in the home, for still others it is various physical and emotional therapies – and even more.

What we want

We want home care to be many things. For some it is help with basic household tasks, for others it is complicated medical procedures offered in the home, for still others it is various physical and emotional therapies – and even more.

Canada's home care workers deliver it all.

And we're glad they do.

Most Canadians strongly feel that, whenever possible, looking after sick people in their own homes is preferable to institutional care. It's better socially; it's better for the patient's mental and spiritual health; and it makes good economic sense.

Hospital stays are shorter than they used to be and today's health care is not confined to hospitals or doctors' offices. The focus must be on quality care for patients and not the building in which those needs are met.

Medicare must be expanded to cover all home care treatments and services. It makes no sense to guarantee public coverage of medically necessary services provided in hospitals, but to provide only partial coverage or no coverage when those same services are provided in the home.

Home care is an efficient and cost-effective way to deliver many health care services. For example, an acute care hospital bed costs more than $600 per day to operate while the average patient receiving publicly provided care at home consumes between $50 and $200 per day of services.

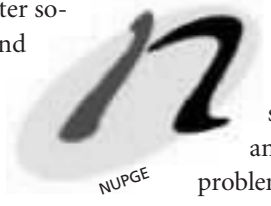
Quality health care and a good value – what more could we want?

What we get

Unfortunately, what we get is a patchwork of programs and services. All the provinces are at different stages of development in home care. The methods of payment and the criteria for eligibility vary widely.

Cuts to health care have meant that hospital beds were closed faster than the development of home care services.

Workers in home care, overwhelmingly women, want to provide the best care possible for their clients. But low wages, long hours, erratic schedules and little support have made the profession simply not viable for many. Attracting and keeping skilled workers is a serious problem — one that can only be solved when home care workers receive the same respect and treatment as other health care workers.



Privatization that makes matters worse

The lack of federal government leadership has resulted in aggressive corporations moving quickly to take over. In many provinces, non-profit home care providers have been driven away by provincial governments favouring low-wage commercial providers. The previous Ontario government's model of managed competition for home care delivery is a good example of this.

The Manitoba government reversed its "experiment" with privatized home care because it concluded that there was absolutely nothing to gain by turning the system over to private operators. It re-

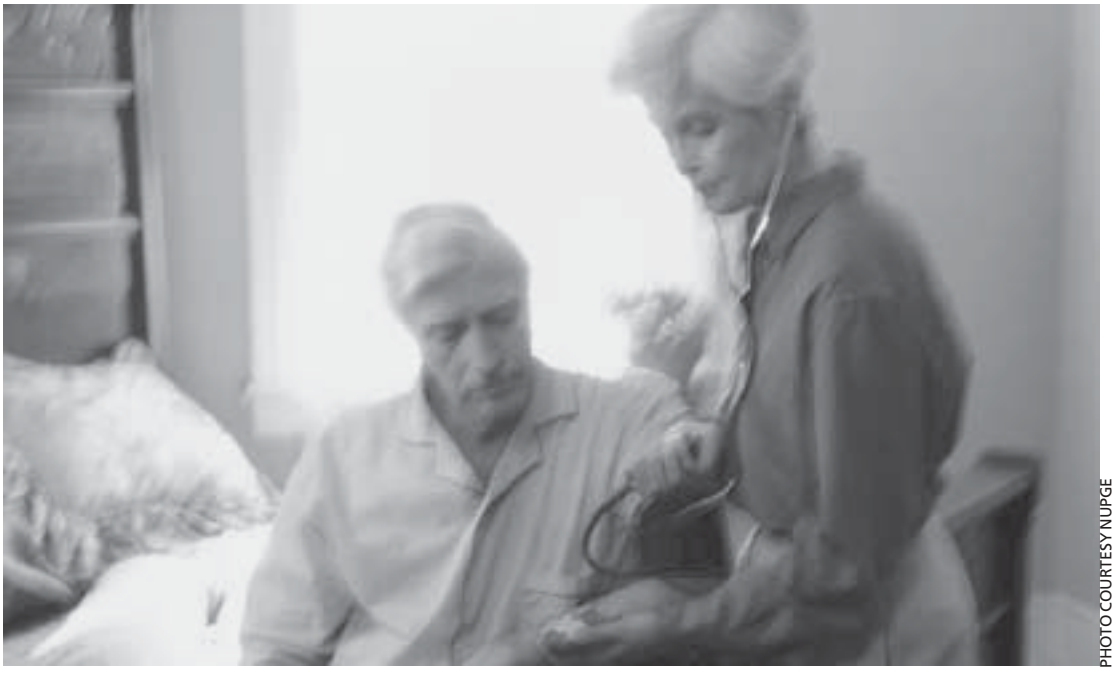


PHOTO COURTESY NUPGE

alized that privatization doesn't produce substantial cost savings, leads to lower wages and increased staff turnovers, and poorer quality service. Furthermore, for-profit companies are likely to reduce staff training to increase profits, thus reducing the quality of service.

What we need

We face a double challenge: first, to overcome government reluctance to add home care to our overall health care system, and second,to avoid the perils of a privatized home care delivery system.

The 2002 Romanow Report proposed a process for a national home care program – but did not bring all the provincial services into a national system. And efforts to have home care included in the *Canada Health Act* have been largely ignored.

What is needed is fundamental change.

What is needed is a coherent national strategy that is publicly administered and provided with sufficient money and staff to offer the necessary home care services.

It's time for a national public home care system.

We can only count on ourselves to make it happen! R

This article is reprinted from materials developed for NUPGE's home care campaign. HSA is an affiliate of the National Union of Public and General Employees. See www.nupge.ca for more information.

An acute care hospital bed costs more than $600 per day to operate while the average patient receiving publicly provided care at home consumes between $50 and $200 per day of services.

HSA calls on Premier's office to end secret negotiations with BCMA on lab services

Deal would give private labs exclusive access to out-patient lab testing and divert millions in savings back to doctor-controlled fund

HSA President Cindy Stewart and Executive Director of Labour Relations Ron Ohmart at a news conference held June 3 to question secret negotiations between BCMA and the Premier's office

HSA is calling on the Campbell government to end secret negotiations with the BC Medical Association over the issue of lab reform.

In early June, HSA learned that the government and the BCMA were on the brink of an agreement that could end the competitive bidding process announced last summer and guarantee the private sector full access to lucrative out-patient testing.

HSA President Cindy Stewart questioned the move at a news conference. "After 18 months of negotiations, the Campbell government has abandoned its commitment to openness and transparency, in favour of a secret deal that guarantees millions of dollars in profits for private sector labs," she said.

Stewart said the BCMA began meeting with the Premier's Office in January in an effort to stop the competitive bidding process that would allow both private and public labs to compete for out-patient lab services.

This meeting was followed by a flurry of correspondence between the BCMA and the Premier's office in which the BCMA calls for an end to the competitive bidding process and offers to reduce fees for pathologists by 20 per cent ($60 million) in exchange for a commitment that the savings would go back into a fund controlled by the BCMA. The government responds by holding firm on the competitive model but offering to exclude public labs from bidding.

"Last summer, the government committed to reforming the lab system and redirecting millions of dollars back into much-needed health care services," Stewart said. "Instead, the government is negotiating a secret deal that guarantees massive profits for private labs, and diverts $60 million in savings back to a fund controlled by the BCMA."

"We are calling on the Campbell government to end these secretive talks with the BCMA and resume negotiations that include all health stakeholders," Stewart said. "The government was on the right track last summer and should not allow one group – whose membership includes pathologists who have a vested interest in making profits for shareholders – to derail that process."

One of BC's largest and most profitable private labs, BC Biomedical, is owned by a group of pathologists.

Last July, the Ministry of Health Services released a report that estimated the government could save up to $150 million annually by proceeding with a lab reform initiative that included reducing pathologist fees, improving and coordinating information systems, and introducing a competitive bid process for out-patient testing. R

Also see letter next page. For updates and a chronology of provincial lab restructuring, see our website at [www.hsabc.org].

LETTER TO THE PREMIER

June 3, 2004

Dear Premier Campbell,

The Health Sciences Association has learned that the Premier's office is conducting secret negotiations with the BC Medical Association on the issue of laboratory reform. Specifically, we understand that you are on the brink of an agreement that could give private laboratories exclusive access to out-patient testing and divert $60 million in lab savings back to a BCMA-controlled fund.

I am alarmed that your office is prepared to renege on a public commitment to meaningful, accountable and transparent lab reform by striking a deal that excludes all significant stakeholders except for the BCMA.

In addition, I understand that you are considering a proposal whereby the BCMA would agree to a 20 per cent cut to pathology fees in exchange for a commitment that the savings be redirected to a BCMAcontrolled fund.

As you know, the lab reform process was intended to find real savings that could be redirected to much-needed health care services. The lab reform initiative should not be hijacked as a solution to your negotiations with the BCMA.

This is not an issue between the government and the BCMA. This is an issue that affects patients, health authorities and service providers in the public system.

As you know, health authorities have been working for months to develop bids for out-patient lab testing. Lab testing generates revenue for health authorities – revenue that is reinvested into health care services.

There is no question that laboratory reform is absolutely necessary. But successful lab reform cannot be achieved in a discussion that excludes significant stakeholders.

For years, the Health Sciences Association has advocated for meaningful reform of laboratory services, and HSA has been involved in the current review of laboratory services since 2002. HSA's submission to the government review laid out three objectives:

- Improved quality of service for patients, physicians and other clinicians
- Cost-efficiencies that can be re-invested in direct patient care
- Better co-ordination and information-sharing among lab providers to eliminate waste and duplication

When, in July 2003, the Health Services minister announced plans for restructuring in the system, HSA welcomed your commitment to reinvestment in the health care system and cost effective service delivery. You were on the right track. Please do not allow one group with a vested interest to derail this important initiative.

Meaningful laboratory reform has been a long time coming in British Columbia. I urge you to get the process back on track and include all the stakeholders in discussions on reform.

Sincerely,
Cindy Stewart, President
HEALTH SCIENCES ASSOCIATION OF BC

cc. Ken Dobell, Deputy Minister to the Premier
Hon. Colin Hansen, Minister of Health Services
Dr. Penny Ballem, Deputy Minister
Dr. Steve Brown, Assistant Deputy Minister
Dr. Mark Schonfeld, Executive Director, BC Medical Association
Dr. John Turner, President, BC Medical Association

ACTIVIST PROFILE

Advocating for patients, fighting service erosion

by CAROLE PEARSON

Carmela Vezza is a good person to have on your side. "I realized quite young," she says, "that in order for people to get services they needed they had to have an advocate, somebody who could dig around and find out what was available and pursue it. I realized I was sort of good at it – or maybe I should say, successful."

Vezza is the co-ordinator of social work and HSA chief steward at Vancouver Island's Saanich Peninsula Hospital. Her mother had multiple sclerosis, and the family learned first hand of the challenges created when a health care system falls short.

"My experience in growing up with a mom with a chronic illness was one of a constant struggle to find resources, even health care, which should be accessible to everyone. That was what really drove me into social work," she explains.

Born in Victoria, Vezza attended the University of Victoria where she initially completed a degree in sociology. She says, "One day, I asked myself: 'What are you doing? You really need to be in social work to do the things you want to do.'"

Vezza went back to school for two more years and completed a BA in social work. Since then, she worked for the MS Society and the Victoria Epilepsy and Parkinson's Centre before being employed at SPH.

"I love being able to make things work for people," she says about her job. "There's a rewarding feeling, when, at the end of the day, you can say, 'OK. We made something happen for somebody. We made a difference.'"

She's seen a lot of changes in the health care system during her years at SPH. Budget cuts have resulted in reduced services, closed acute care beds and more health care services off-loaded onto the community.

Vezza adds, "The frustrating part about working in social work now is there are fewer and fewer success stories in terms of being able to get people what they need. I see more families in total crisis and totally burned out because they have to take on more and more of the work. I've seen that progressively getting worse over my 15-year practice."

Her caseload numbers have dropped from about 120 a month to around 75 to 80, but her workload has increased significantly. The people she's seeing now have more complex problems caused by the reduction in services and medical coverage. "It's a real erosion of service," Vezza says. "We're doing far more family conferences, and seeing more angry people."

More angry people. More burned out people. More people overburdened by the task of caring for ailing family members. She says, "There are people who tell us, 'I can't deal with this anymore.' I see older women – some men, too – often in their 70s and 80s, and who have health issues themselves, looking after their elderly spouse and, on some oc-

YUKIE KURAHASHI PHOTO

Carmela Vezza advocates for long term care patients and their families at Saanich Peninsula Hospital. She is calling for a national home care program.

casions, looking after their elderly parents."

That's why Vezza sees a desperate need for a national home care program, covered under federal legislation. The Romanow Report did address the issue by recommending $2 billion in annual transfer payments be set aside for home care.

If implemented, home care would become a publicly-funded health care right like a hospital stay or a doctor visit. Vezza would like a separate Home Care Act where home and community supports and rehabilitation are provided as well, and would allow people access to a variety of health care services regardless of their financial situation – or level of perseverence.

Thats why Vezza, as part of her MSW program, participated in presenting a brief to the Romanow Commission proposing a National Home Care program.

"I just think there's such inequity," Vezza complains. "When the system is under such stress and there are staff shortages and not enough resources, it's the squeaky wheels that are getting the grease. The person who doesn't have an advocate and who doesn't have a family member who's jumping up and down and demanding services, they tend to get overlooked. Human nature? Yes. Is it fair? No. And should you have to scream and shout and jump up and down? Don't think so!"

When the Canada Health Act was drawn up, home care was not considered to be medically necessary. But things have changed as hospitals downsize and proportionate funding isn't being funneled into meeting the increased reliance on home or community-based care. According to the Canadian Centre for Policy Alternatives, private spending on home care increased in the 1990s by 50 percent. It says half of this comes from shifting services covered by the CHA to locations not covered under the Act, like people's homes.

"For some people, there's no burden to pay the extra costs. For others, it is a huge stress on individuals and their families." She sees plenty of people in the latter group during the course of her day. She does her best to find solutions for them, but until Ottawa and the provinces take decisive action to address home care funding, she's prepared to be the 'squeaky wheel' on behalf of her patients. R

Carmela Vezza
Social Worker and Chief Steward
Saanich Peninsula Hospital

LONG TERM CARE

Staffing cuts shortsighted

by CAROLE PEARSON

After six years, music therapist Sally Howard has said good-bye to the North Shore Kiwanis Care Centre. It wasn't exactly a voluntary decision. "My job was deleted in the budget," she explains. "It wasn't, in their words, a clinically valuable service, and they didn't wish to fund the position any longer."

Howard worked at the multi-level regional care facility since it opened in 1998. Late last year, the director of senior's programs visited KCC to announce cuts to staffing levels affecting all unions. In the course of subsequent negotiations, it became clear that Howard's position was being cut. After waiting for four or five stressful months, she chose to resign rather than continue in what she saw as an unhealthy situation and "to pre-empt a pink slip," as she puts it.

"I can certainly understand reallocation of funds, but I can't understand making these changes without fully understanding the benefits of services that are currently being offered."

Howard says neither of the two relatively new managers at KCC observed the work she was doing with the 192 residents or even discussed it with her. "My professional concern is that there was no process of information gathering prior to cutting this position. I can certainly understand tight budgets. I can certainly understand reallocation of funds, but I can't understand making these changes without fully understanding the benefits of services that are currently being offered," she argues.

Staff members frequently refer to residents' quality of life when discussing the recent changes at KCC and how it is being sacrificed. Besides no longer having music therapy, residents have been without a recreation therapist since January and the vacancy has yet to be posted. Budget cuts by the Campbell Liberals have worked their way down through the system and left elderly residents without programs that were not only therapeutic but brought pleasure and purpose into their lives.

"This is people's home, not a hospital," HSA chief steward Maureen Ashfield says. "It's the last home most of them will have. By losing that component (music therapy and recreation), you're losing a huge chunk of what we consider to be a good life."

Robin Shore, who was a social worker at KCC until she was recently bumped out of her position, surmises it represents a shift in thinking by cash-strapped employers who have focused more on maintaining the basic needs of patients, like ensuring people are fed and washed. "It's not necessarily about offering a quality of life," she says. "The extras that provide that, like music, recreation and activation, aren't quite as important (to the employer) right now."

Howard notes, "Many people may think that music therapy is a 'frill' in times like this, but, in a setting like KCC, I don't think it's a 'frill.' With the

Health science professionals play a key role in the lives of long term care residents. (File photo)

new system, residents are admitted with a more complex set of needs, both physically and cognitively. They need support to help them make this transition successfully, and to go on to live meaningful lives in the facility. Without resident-oriented services like recreation and music therapies in place you potentially are creating a crisis situation for these residents. It's disheartening to realize that the services that help people cope are the ones being cut."

The role of a music therapist is to co-ordinate music to respond to patient needs either in a group or a one-on-one setting. It is described as an important part of a holistic approach to health care. Recent cost-cutting measures have indicated managers see this as one program patients can manage without. Howard strongly disagrees, and argues that these are short-sighted cuts.

There are many components to music therapy. Ashfield says, "Music is a great catharsis to deal with emotions and to encourage reminiscence. People with dementia benefit, and it is used as a comfort. It also gets people moving." And singing.

Shore was a big fan of the choir at the KCC. Under the direction of the music therapist, they performed four concerts a year. Now, there is no one to continue the work. "Our choir has finished," Shore says regretfully. "That was a program that attracted up to 50 people once a week. They were all residents and you'd even have a 95-year-old playing the drums. It's a pretty beautiful thing. It didn't matter about abilities or disabilities or talent. They just wanted to be part of a music experience."

"This is the last home most of these residents will have. By losing music therapy and recreation, you're losing a huge chunk of what we consider to be a good life."

When KCC managers announced how they intended to pare down their costs, staff members came up with an alternative proposal. A different re-structuring would have allowed the music therapist to be kept on for two days a week while still coming close to meeting budgetary limits. But according to staff dietitian (and local steward) Nora Ryan, who met with management, "There was virtually no explora-

Continued next page

"It's really traumatic on the residents. There's no one who knows the residents and I think that's really important for quality care of people."

Continued from previous page

tion of our proposal and their original plan was implemented. So we've been feeling very disgruntled and not recognized for our contribution and what we had to say."

Ryan says, "We had two new managers making decisions that affect us without really knowing what we do all day. They certainly didn't recognize the value of recreation therapy or they wouldn't have left the position vacant for so long." One manager has since resigned.

Anticipating the reductions, the recreation therapist left for another full time position elsewhere, according to Ryan. Almost six months later, the now half-time position has yet to be posted. "We lost an awesome recreation therapist in Janet Power," says Ryan.

Recreation workers are keeping some programs running, but the lack of a recreation therapist to design and implement individual program activities has been keenly felt by residents. In one case, because there was no recreation therapist to manage the complement of casual recreation workers, a staffing shortfall occurred due to a lack of coordination: several employees were off work at the same time. "We basically ran dry," says Ryan. "Our special care unit, for example, did not have programming for 16 days. That is just neglecting everything but the physical needs of highly demented residents."

And without therapists to monitor and evaluate program effectiveness, Ashfield wants to know, "Who will figure out who is benefiting from them? There will be no one to focus on which activities will work for individual patients. The activity aides don't have the training. It's not what they were hired to do."

The loss of these program therapists comes on top of other significant changes at KCC. The once-large contingent of volunteers at the facility has dwindled because the recreation therapist was also the volunteer co-ordinator and, now, there is no one to provide support or orientation. New employees are replacing many of the long-time staff members residents have come to know. Privatization has meant new housekeeping staff at the facility. There are new care aides due to 'bumping' throughout the region and, over one-third of the RNs are being replaced by LPNs.

KCC's food services were recently privatized as well. As staff dietitian, Ryan is concerned about the qualifications and retention rate of the new, lower-paid servers and cooks. Her own hours are being cut from five to three days a week. She perceives that residents will continue to expect her to provide the service she always has provided for them, yet there won't be sufficient time to do so.

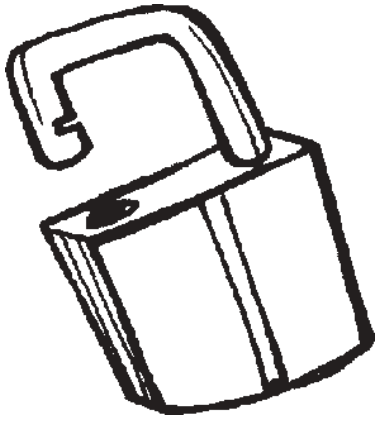
Shore says, "It's really traumatic on the residents. There's no one who knows the residents and I think that's really important for quality care of people. You have to know who they are and have a bit of a sense about them. It's not just about feeding and medicating. It's about quality of life."

Seeing a reduction in residents' quality of life has raised the concerns of staff and family members of the residents as well. Their demands include keeping the original number of RNs and they want the popular music therapy program brought back. Assisted by staff and residents, relatives have conducted leafleting campaigns, voiced their concerns at Vancouver Coastal Health Authority meetings and lobbied provincial and civic politicians in order to pressure KCC management to re-consider their changes. They are speaking out for those who, literally, cannot speak for themselves.

Meanwhile, Howard has found another job and for this she is grateful. Still, it's hard to walk away from six years of friendships. "I will miss the residents the most. It was an exceptional place to work, even in the midst of all of the waiting to find out about our jobs. I came to know what the value of working there was, and it was the people." R

PERSONAL INFORMATION PROTECTION ACT

Safeguarding members' personal information



Your personal information has always been treated with confidentiality. New privacy legislation means new procedures to ensure your privacy continues to be protected.

by SUSAN HAGLUND

You may notice a difference next time you are in contact with HSA staff.

The HSA complies with the requirements of the *Personal Information Protection Act* ('PIPA'), legislation that came into effect in BC at the beginning of this year. Although the personal information that you provide to HSA has always been treated as highly confidential, HSA staff are now implementing new Privacy Commissioner-recommended procedures for safeguarding your personal information from unauthorized access, use, disclosure, copying, modification or destruction.

Not all privacy protection processes are noticeable to members, but one procedure that will be evident is our new method of verification of member identification.

How does HSA identify you in order to safeguard your personal information?

While it's easy to identify someone you are speaking with in person by their photo identification, it's a little harder to identify someone over the phone.

When you next call the HSA, you may be reminded that in order to protect your own information privacy, and that of other members, HSA staff may verify your identity over and above the fact that you are who you say you are.

Staff may ask that you provide more specific identifying information before proceeding to give information out or to collect information from you. This is similar to your bank verifying who you are before they will give you your own financial information over the phone.

HSA is committed to the protection of your personal information and to complying fully with legislation. An extra question or two for identification purposes at the beginning of your next phone call to HSA will take only a moment of your time.

HSA staff thank you in advance for your understanding and your cooperation with this necessary procedure. We are sure our members will appreciate the extra care being taken – because it protects all members. R

Susan Haglund is HSA's Privacy Officer and Executive Director of Operations.

PERSONAL INFORMATION PROTECTION ACT

New privacy legislation: what does it mean for you?

At the beginning of 2004, the government introduced updated privacy legislation for BC. What does this mean for HSA members?

The *Personal Information Protection Act* ('PIPA') came into effect on January 1, 2004. The purpose of this *Act* is to ensure that all private sector organizations in BC responsibly handle all personal information collected, used, secured and disclosed in the course of conducting business.

We ask that you sign and return the attached form to the HSA office as verification that you have been informed about the new privacy legislation.

PIPA gives individuals the ability to request access and corrections to their own personal information, and the right to limit the use of personal information provided.

HSA has taken the necessary steps to fully comply with the new legislation and, as required by law, has published a privacy policy statement and Privacy Officer contact information on our website at [www.hsabc.org].

In compliance with PIPA, HSA is altering all standard member forms to include a notification that members are consenting to use of their personal information for the purposes of conducting representational duties as a union, and in providing member services.

As a member, the handling of the personal information that you have already provided to HSA is automatically covered under the protection of the new legislation.

However, from time to time, you may need to submit additional personal information to staff in order to represent your interests. Therefore, we ask that you sign and return the attached form to the HSA office where it will be kept with your HSA record as verification that you have been informed about HSA's compliance with the new privacy legislation. Please use the attached envelope.

We thank you in advance for your cooperation. If you have any questions or concerns about privacy legislation or HSA's compliance with the *Personal Information Protection Act* you may contact HSA's Privacy Officer, Susan Haglund, at:

phone: 604/439.0994 (x524) or 1.800/663.2017 (x524)
fax: 604/439.0976 or 1.800/663.6119
e-mail: privacy@hsabc.org R

REPRINTED FROM LAST ISSUE: PLEASE RETURN YOUR FORM!

clip and return to HSA office using enclosed envelope

Member # (at top left of mailing label)

PRIVACY ACT NOTIFICATION

Surname

Given names

I, (name) _____ , have been informed of the purpose of the *Personal Information Protection Act* and I understand that any personal information I have previously provided to the HSA is protected by this Act.

I am aware of the Health Sciences Association's commitment to handling my personal information with the confidentiality and security required by the *Personal Information Protection Act*. I know that I may choose not to consent to the HSA's collection, use or disclosure of my personal information but I am aware that by withdrawing or denying my consent, I may restrict the ability of the HSA to provide me with full member services and representation.

I consent to the HSA's continued use of my personal information, in compliance with the *Personal Information Protection Act*, for the purpose of providing representational duties as a union, and in providing services to its members.

RETURN TO:

HSA Health Sciences Association of BC
300 - 5118 Joyce Street
Vancouver, BC V5R 4H1

Member signature

Date

4/14/2004 ADM O O35 PRIVACY LAW EXPLANATION TO MEMBERS.DOC

Union gains recognition for aid

For HSA's donation to the Canadian Red Cross and its wildfire relief fund last summer, the union was recognized with a Red Cross Companions' Circle award. Brian Isberg (HSA treasurer), Cindy Stewart (HSA president, second from left) and Kelly Finlayson (HSA vice-president, right) accept the award on behalf of members from Michelle Scarborough (second from right) of the Canadian Red Cross.

MOVING?

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

RETURN TO:

HSA Health Sciences Association of BC
300 - 5118 Joyce Street
Vancouver, BC V5R 4H1

OR EMAIL:

memberlist@hsabc.org

Member # (at top left of mailing label)

CHANGE OF ADDRESS

Surname

Given names

Facility/worksite(s)

New home address

City | Province | Postal code

Home email

Home tel. ( ) | Work tel. & local ( )

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.

ADM 0 035 CHANGE OF ADDRESS

What happened to the Romanow Report?

by MAUDE BARLOW

It's been more than a year since the much-anticipated Romanow Commission Report was tabled. The story dominated every media outlet for days, and Canadians positively greeted its recommendations with what pollsters called a "deep national consensus."

The report dominated the First Ministers' Summit held last February in Ottawa and formed the centrepiece of the new health "accord" announced at the closing news conference. The report was a great success, declared the federal and provincial health ministers and they promised that many of its key recommendations would be acted upon, including a recommitment to federal funding. The cameras packed up, the health ministers went home, and most Canadians breathed a sigh of relief that, finally, something was going to be done about the declining state of health care in this country.

A year later, Canadians are left to wonder what happened. After what many considered to be a wonderful exercise in democratic participation, a handful of the demands they made to their governments through the Romanow Report has been implemented. In some parts of the country, developments have moved the agenda the other way.

In his report, Roy Romanow affirmed health care as a fundamental right of citizenship and called for a recommitment to public, universal health care. He called for an expansion of home care and primary care. He called on politicians to take control of rising drug costs. He called for a full exemption for health care from trade agreements. He called for a large infusion of federal funds. And he called for a National Health Council that would study best practices and focus on accountability and transparency in the delivery of quality health care for all Canadians.

Perhaps most important, he said that health care is not a commodity and that for-profit services would be detrimental to Canadians. "It is a perversion of Canadian values to accept a system where money – rather than need – determines who gets access to health care."

A year later, very little of the promised funds has been released to the provinces, although there have been hopeful statements of intent from Jean Chrétien and his successor, Paul Martin.

Obviously, the lack of federal funds has prevented the implementation of the promised goal of finding new monies for primary and home care. In any case, these recommendations are at "provincial discretion," and unlikely to be followed in at least several provinces, even if federal funding is freed up.

The National Health Council, whose mandate falls far short of the one Romanow envisaged, has not been established, although there are signs of improved federal provincial cooperation in this arena.

Prescription drug costs, although lower than in the U.S., continue to be out of the reach of many Canadians. And Canada is still negotiating a full-services agreement at both the WTO and the Free Trade Area of the Americas (FTAA) that have not yet exempted health care.

There has been no action at the federal level to curb the proliferation of for-profit services in British Columbia and Alberta. While the citizens of Ontario have likely put a stop to the galloping for-profit services that flourished under the Eves government, Quebec's new premier is talking about opening up that province's health care system to the private sector.

Private spending on health care in Canada has grown by almost 100 per cent in the last decade. Private clinics now capture about 10 per cent of the MRI market – a dramatic increase in just four years since they were introduced. There are 250 large for-profit health corporations, more than 600 private home care agencies, and 140 private health insurance companies, many of them U.S.-based transnationals.

These for-profit services pose a grave threat to Canada's public health care system. Under the terms of NAFTA, the exemptions for public services such as health care are applicable only if the service is delivered entirely on a not-for-profit basis. We are playing with fire by allowing the creeping commercialization of our health care system when big hospital and HMO corporations south of the border are waiting. Already in Canada, there are elite think tanks, business leaders and right-wing politicians who see medicare as an anachronism incompatible with the rules of the global economy.

That's not what the people of Canada think. We know that because of what they told the Romanow Commission. But a year after its release, we are closer to destroying public health care in Canada than saving it, and that must keep Roy Romanow up at night. R

Maude Barlow is the national chairperson of the Council of Canadians.

Committees

EDUCATION COMMITTEE

HSA congratulates scholarship winners

For information on HSA's education programs and scholarships, talk to your chief steward, visit www.hsabc.org or contact Education Officer Leila Lolua at the HSA office.

Catrina Marie Duckworth
daughter of Kellie-Anne Marie Duckworth, Recreation Therapist, Sunny Hill Health Centre for Children

Sarah Wong
daughter of Sandra Wong, Physiotherapist, Mount St. Joseph's Hospital

Jennifer Capell
Physiotherapist, BC Childrens Hospital, VHHSC, Lions Gate Hospital, Royal Columbian Hospital

Leanne Eldred
daughter of Diane Eldred, Medical Laboratory Technologist, East Kootenay Regional Hospital

Andrea Elaine Wolter
daughter of Kathy Wolter, Medical Laboratory Technologist, Royal Columbian Hospital

Megan Eloise McAlister
daughter of Joan McAlister, Speech Language Pathology Assistant, Fraser Valley Child Development Centre

Katie Lee
daughter of Albert Lee, Medical Laboratory Technologist, Surrey Memorial Hospital

Jason Mosberian
son of Pauline Mosberian, Pharmacist, St. Paul's Hospital

Alison Missellbrook
daughter of Angela Rocca, Physiotherapist, Prince George Regional Hospital

Allison Elizabeth Webb
daughter of Elizabeth J. Webb, Medical Radiation Technologist, Golden & District Hospital

Liliana Dragowska
daughter of Wietlawa Dragowska, Research Assistant, BCCA

Tristan Clifford Collins
son of Susan Clifford, Physiotherapist, Kelowna General Hospital

Rebecca Matthews
daughter of Jennifer Matthews, Medical Laboratory Technologist, BC Children's Hospital

Katherine Yelland-Mitchell
daughter of S. Lorne Yelland, Respiratory Therapist, Kelowna General Hospital

Sarah Kathryn Elizabeth Charles
daughter of Jennifer Charles, Cardiac Ultrasound Technologist, Kelowna General Hospital

Erin Maureen Alexandra Green
daughter of Maureen Green, Dietitian, Penticton Regional Hospital

Crystal Wickey
daughter of Victoria Wickey, Medical Laboratory Technologist, Surrey Memorial Hospital

Marissa Jane Paterson
daughter of Laura Paterson, Pharmacist, Kelowna General Hospital

Janine Elena Soochan
daughter of Nuey Soochan, Medical Laboratory Technologist, BC Children's Hospital

Susan MacEachern
daughter of Rosemary Groves, Physiotherapist, Eagle Ridge Hospital

Bill McKeown
Respiratory Therapist, Vancouver General Hospital

Valerie Laine Wood
Medical Laboratory Technologist, Kootenay Boundary Hospital

Aboriginal Scholarship Winners:
Rebecca Michelle Taylor
Teen Noel Williams

HSA committees: 2004/2005

Committee for Equality and Social Action
Jackie Spain Chair, Region 9 Director
Agnes Jackman, Region 4 Director
Maureen Ashfield, Region 3 Member at Large
Kimball Finigan, Region 6 Member at Large
Amanda Bartlett, Region 8 Member at Large
Sheila Vataiki, staff

Education Committee
Bonnie Norquay (Chair), Region 5 Director
Audrey MacMillan, Region 7 Director
Filippo Berna, Region 4 Member at Large
Larry Bryan, Region 5 Member at Large
Irene Goodis, Region 8 Member at Large
Leila Lolua, staff

Occupational Health & Safety Committee
Jackie Spain (Chair), Region 9 Director
Lois Dick, Region 10 Director
Hilary MacInnis, Region 1 Member at Large
Colya Kaminiarz, Region 4 Member at Large
Charles Wheat, Region 10 Member at Large
Marty Lovick, staff

Political Action Committee
Kelly Finlayson (Chair), Region 1 Director
Cheryl Greenhalgh, Region 3 Director
Hanna Gidora, Region 3 Member at Large
Marg Beddis, Region 7 Member at Large
Thalia Vesterback, Region 9 Member at Large
Carol Rivière, staff


CALM GRAPHIC

Run for the Cure
Cheryl Greenhalgh (Chair), Region 3 Director
Agnes Jackman, Region 4 Director
Rachel Tutte, Region 7 Member at Large
Rosalie Fedoryshyn, Region 7 Member at Large
Sandra Luker, Region 9 Member at Large
Janice Davis, staff

Trial Committee
Hilary MacInnis, Region 1
Greg Hill, Region 2
Irene Goodis, Region 8
Sheldon Shore, Region 8
Gwen De Rosa, Region 9
Dennis Blatchford, staff

Community social services members vote to accept new agreements

Nearly 15,000 community social services workers represented by 13 unions, including HSA, have ratified new collective agreements. Workers voted in favour of accepting new agreements in all three subsectors, as follows: 69 percent in favour in general services, 66 percent in favour in community living and 82 per cent in favour in aboriginal services. HSA has members working in both general services and community living.

The two-year contracts in general services and community living provide for continuity of service for BC's most vulnerable citizens and protect workers' jobs, in exchange for about $40 million in cost-containment and concessions.

"This was a difficult set of negotiations," said Josef Rieder, Senior Labour Relations Officer and HSA's representative on the Union Bargaining Association. "By eliminating job security through Bill 29, and severely cutting funding to community social services, the provincial Liberals created a bargaining climate where it was almost impossible to find a way to maintain services for clients and protect jobs," he said.

"It took six months of hard bargaining to achieve our members' top priority of service continuity for clients and enhanced job security, and to minimize the concessions our members would have to make to achieve this goal," Rieder said. "Our members deserve a lot of credit for the support they gave to the bargaining committee throughout the entire process."

The new agreements, which expire March 31, 2006, preserve wage rates for incumbent employees and the majority of superior benefits outside of health and welfare. Savings were achieved primarily through the implementation of a wage grid for new hires, reductions in sick leave accrual and payout, postponing the payout of job evaluation and equity adjustments, plus amendments to some health and welfare benefits.

Printed copies of the new collective agreements will be available from employers, after the parties have finalized all wording in the agreements. In the meantime, members can view a draft version of the agreement, and a summary of its major new terms, on HSA's website at [www.hsabc.org]. R

A vital part of strong communities

Community social services workers provide a wide range of services including assistance to people with physical or developmental disabilities such as Down Syndrome or autism, counselling, support and guidance to teenagers, children and parents, assistance to immigrant families, crisis centres and suicide prevention, help for women and their children fleeing abusive homes, and sexual assault response and advocacy.

Who represents community social service workers?

The Union Bargaining Association, which acts as the bargaining agent for workers in community social services, is made up of 13 unions. In addition to HSA, the UBA includes the BC Government and Service Employees' Union (BCGEU), Canadian Union of Public Employees (CUPE), Hospital Employees' Union (HEU), United Steelworkers of America (USWA), Professional Employees' Association (PEA), United Food and Commercial Workers' International Union (UFCW), International Union of Operating Engineers (IUOE), Canadian Translators and Interpreters' Guild, Construction and Specialized Workers' Union, Christian Labour Association of Canada (CLAC), BC Nurses' Union (BCNU), and the National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-Canada).

NBA, HEABC strike framework agreement

MIRIAM SOBRINO PHOTO

Audrey MacMillan (left, Region 7 Director) represents HSA's registered psychiatric nurses on the nurses' bargaining association. At a news conference in May, she joined BCNU President Debra Macpherson at to announce the framework agreement.

The Nurses' Bargaining Association reached a Framework Agreement May 21 with the Health Employers Association of BC which stipulates how bargaining discussions will be conducted this summer.

Aimed at bringing stability to BC's health sector, the agreement states that there will be no rollbacks in nurses' hourly rates, benefits or time off provisions and that there will be no increase in total compensation.

Under the Framework Agreement, a series of high level nursing policy discussions will take place in June involving the provincial Ministry of Health Services, HEABC and representatives of nursing unions. These discussions will deal with some of the key professional practice concerns of Registered Nurses and Registered Psychiatric Nurses about ways to improve patient care by addressing issues confronting the nursing workforce during the continuing shortage of nurses.

Those issues involve recommendations from the Canadian Nursing Advisory Committee, which targeted the nursing shortage and addressed other key problems undermining nurses' ability to provide safe, quality care. The 2002 CNAC report was sponsored by the federal, provincial and territorial ministers of health.

The high level discussions, to be chaired by Anne Sutherland Boal, BC's Assistant Deputy Minister of Health Services for Clinical Innovation and Integration, will discuss increasing the number of fulltime nursing positions, improving the shift scheduling system, phased retirement, finding full time jobs for new graduate nurses and nurses' hours of work.

The policy teams will make recommendations to the bargaining committees of HEABC and the Nurses' Bargaining Association. The NBA consists of the BC Nurses' Union, the Health Sciences Association and the Union of Psychiatric Nurses.

If the Nurses Bargaining Association and the HEABC can agree to solutions on these issues, they will form part of a new collective agreement which will run until March 31, 2006. If no agreements are reached, the current contract will continue in effect until March 31, 2006.

Whatever is finally decided on, any or all of these issues will be sent out for a NBA membership vote during the last two weeks of September. R

News

UN asked to condemn legislation ending strike

CALM

The National Union of Public and General Employees – of which HSA is an affiliate – has filed a formal complaint against the Newfoundland government with the International Labour Organization in Geneva, Switzerland.

The complaint alleges that Premier Danny Williams and his Tory government violated international labour standards endorsed by the Canadian government in its handling of the recent strike by public sector workers in the province.

James Clancy, president of the 337,000-member union, says the ruthless manner in which legislation was used to force 20,000 striking employees to accept the government's demands wiped out any pretense of genuine collective bargaining in the province.

In a letter to ILO director general Juan Somavai, Clancy asked the United Nations agency to find the province in violation of UN obligations that Canada has pledged to uphold.

"Bill 18 was introduced by the government to end a 27-day strike of some 20,000 public service employees which began on April 1," Clancy noted. "It is, however, much more than back-to-work legislation. It is a coercive tool that the government of Newfoundland and Labrador used to legislate a four-year contract containing wage freezes and contract language concessions on its public sector employees.

"It also contained the harshest penalties of any back-to-work legislation introduced in federal and provincial legislatures in the history of Canada," Clancy wrote.

"As is shown in this Statement of Evidence, Bill 18 terminates the collective bargaining rights of public employees for at least a four-year period. The National Union is of the view that this legislation is in violation of the constitution of the ILO and its

core conventions: *Convention No. 87: Freedom of Association and Protection of the Right to Organize* and *Convention and No.98: Right to Organize and Collective Bargaining*."

Clancy made the complaint on behalf of NUPGE and its provincial component, the Newfoundland and Labrador Association of Public and Private Employees and NAPE president Leo Puddister.

Puddister, whose union represented more than 16,000 of the union members involved in the strike, is optimistic the ILO will rule that the complaint is valid.

"It is NAPE's belief that the government of Newfoundland and Labrador has set labour relations in this province back many years by its failure to bargain in good faith," Puddister said.

"We hope the International Labour Organization will make it clear to this employer that no provincial government has the right to impose concessions or to intimidate unions and their members.

Deas Pacific locking out BC Ferry maintenance workers

NUPGE

British Columbia's ferry maintenance workers are being locked out by Deas Pacific Marine after voting 95 per cent to reject a contract offer from the company.

Approximately 160 workers are involved in the dispute, which has the potential to disrupt West

Coast ferry service.

"Ferry Workers' at Deas Pacific Marine have been served notice that they will be locked out of their jobs following the expiration of 72-hour lock out notice," Jackie Miller, president of the BC Ferry and Marine Workers' Union (BCFMWU/NUPGE), announced Tuesday.

"The lock out notice came immediately following [the] vote," Miller added. Despite the developments, the union plans to request formally that the two sides resume talks.

"We will also be approaching the Labour Relations Board seeking ally status for the BC Ferry Company, and a declaration that any work performed by workers at Deas Dock cannot be carried out by replacement workers," Miller noted.

The union will seek to have secondary picketing "defined" by the board, opening the possibility of picketing at ferry terminals.

The workers do repair and maintenance work on BC's ferry fleet.

Ontario health tax will hit most workers personally

NUPGE

Ontario workers cannot count on existing union contracts to cover the province's new health care premiums of up to $900 a year. The tax, announced in the May 18 provincial Liberal budget, takes effect on July 1.

While many union contracts still contain language related to Ontario Health Insurance Plan (OHIP) premiums, dating back to when a similar tax was last collected 14 years ago, Finance Minister Greg Sobara says he doubts it will have any impact on the new tax.

The levy will be deducted from pay cheques in the form of extra income tax rather than as a separate premium.

"Our view is that this is not a premium as defined in those collective agreements," Sobara told the *Toronto Star*. "Failure to pay the premium is a violation of the Income Tax Act, so we think this premium is not covered. We'll have a look at how we're going to clarify that."

The new tax, expected to raise more than $2 billion annually, is bound to be a major bargaining issue between unions and employers when future contracts come up for renewal.

Medicare goes on trial in the Supreme Court of Canada

NUPGE/CLC

Medicare is on trial again, this time at the Supreme Court of Canada.

After enduring endless cutbacks and attacks over the past decade, the country's national public health care system is now being challenged in a case that essentially asks the courts to declare that people with money have a right to buy their way to the front of the line.

Among groups appearing to defend the country's public, universal medicare system is the Canadian Labour Congress, speaking on behalf of the labour movement across the country.

The case involves a Quebec man, George Zeliotis, who waited more than a year for a hip replacement, and Dr. Jacques Chaoulli, his physician. The two are asking the court to declare that health care lineups infringe on rights guaranteed by the Charter of Rights and Freedoms and that private clinics should be available to those who can afford them.

The two men took their case to the top court after losing in Quebec, where the collective rights of citizens to a universal, publicly-funded system were ruled to outweigh individual rights when health care system itself hangs in the balance.

The case is one of two before the courts that could affect the future of universal medicare. Each case seeks to make health care a Charter right, thus limiting the power of politicians to dictate health policy.

The CLC says the Chaoulli case strikes at the heart of the country's public health care system.

"Chaoulli and his supporters want a second tier of private, for-profit health care and they want it to be protected by the Charter of Rights and Freedoms," says CLC president Ken Georgetti.

"What a perversion of basic equality and the values behind public medicare – no way will we let this happen without a fight."

"What Chaoulli and all the groups who've taken his side and financed this case are really arguing is that the Charter does not establish a right to health care for all Canadians, but a system for those who can afford to pay," the CLC says.

The congress represents 2.5 million Canadian workers, including national and international unions, provincial and territorial labour federations and 137 district labour councils. R

CONTRACT INTERPRETATION

It's your right: questions and answers about your collective agreement rights

Workload overload

by BRUCE WILKINS

Q: A recent reorganization in my department has compounded what was already an acute workload problem. My coworkers are all on the verge of burnout. What should we do?

A: As the demands on HSA members become greater due to staffing shortages and government cutbacks, the issue of workload has come to be a very prominent one for our members. What steps should you take if you feel your workload has become excessive?

As you may be aware, there are provisions covering workload in the **paramedical professional collective agreement.** These are contained at sections 14.09 and 38.05.

Section 38.05 outlines a process for addressing unsafe or excessive workloads. The first step in this procedure is for the HSA member to approach their immediate supervisor and discuss the problem. If this does not solve the problem, the HSA member may consult a steward to file a grievance. The grievance must then work its way through the grievance procedure. If the matter is not settled, it may be referred to a troubleshooter who can investigate the difference, define the issues and then make recommendations for settlement.

Article 22.3(a) of the new **community social services collective agreement** allows for the creation of joint health and safety committee which has as one item on its mandate the issue of workload. The joint committee has the stated aim of preventing and reducing risk of occupational illness or injury.

In the **community health and services support agreement**, article 22.2(c) contains a process to deal with safety related workload problems. Where you have such a problem, you must report that problem to the occupational health and safety committee. The committee then brings the problem before the employer. If the problem is not resolved, a troubleshooter may be used to make recommendations.

Some considerations for filing excessive workload grievances need to be taken into account. The first consideration is to follow the procedures and processes outlined in the collective agreement. Grievances where the collective agreement procedures and processes have not been followed are destined to fail. For instance, if you filed a grievance without first approaching the problem with your immediate supervisor or occupational health and safety committee, you may find your grievance rejected and be sent back to follow the procedure properly.

Secondly, you must remember that the evidentiary burden will be on the union should the matter go to a third-party troubleshooter. This is established in the case of *St Paul's Hospital and HEU* (1994) by arbitrator Don Munroe. If the employer denies there is a workload problem, and the evidence does not establish sufficient proof on a balance of probabilities, the grievance will fail. This is why it is crucially important to document all instances of excessive workload. Even a worthy case will fail if the evidence, preferably in documentary form, is not there to prove the case. Furthermore, the evidence must be specific, not general or abstract.

Another consideration is the requested remedy. Workload issues can be systemic, where workload is chronically too high and has been for some time, or it may be periodic or incidental, where staff illness or vacations suddenly cause workload to rise excessively. In the Munroe case cited above, the grievor was credited with a certain number of hours to be paid out because of excessive work load for a limited period. For more chronic or institutionalized workload issues, more permanent remedies should be sought, such as the creation of a new position to be posted to deal with the problem. R

Bruce Wilkins is legal counsel for HSA.

This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email [yukie@hsabc.org]. Don't forget to include a telephone number where you can be reached during the day.

Government continues legislative assault on workers' rights

by JEANNE MEYERS

We have now experienced three years of the provincial Liberal government. We have seen attacks on the rights of HSA members to strike (Bill 2), the imposition of the employer's last offer as a deemed collective agreement (Bill 15), and the blunt assault on freely negotiated collective agreement (Bill 29).

Jeanne Meyers
Executive Director of Legal Services

Through strategic decisions and concentrating our efforts where we can be most successful we have held much of our ground. In the past month the Liberal government hit a new low with the imposition of Bill 37. Response to the provocative and repressive Bill 37 was swift and extreme. While the element of retroactivity was eventually tempered by the provincial government, it can hardly be said that this unprecedented attack on collective bargaining meets international labour standards.

In March of 2003, the International Labour Organization, a specialized agency of the United Nations, issued its findings in respect of Bills 2, 15, and 29. The findings were in response to a complaint initiated by HSA and made by the National Union of Public and General Employees and the Canadian Labour Congress. The ILO was uncharacteristically blunt in ruling that the BC government repeatedly violated workers' rights:

"The committee notes that the impugned Acts affected large numbers of employees in the health and education sectors, and imposed terms and working conditions for an extended period of time… they do constitute and interference by the authorities in the regular bargaining process, since the government intervened legislatively to put an end to a legal strike and to impose the contents of a collective agreement."

With Bill 37, the Campbell Liberals make it clear they are not about to take guidance from the international labour community.

A human rights win

I am pleased to advise that the legal department has won an appeal of an issue important to all working parents. In *Health Sciences Assoc. of BC v. Campbell River and North Island Transition Society* the British Columbia Court of Appeal was asked to consider the meaning of "family status" within the *Human Rights Code*. The court held that:

A *prima facie* case of discrimination is made out when a change in a term or condition of employment imposed by an employer results in a serious interference with a substantial parental or other family duty or obligation of the employee.

The case involved a change to a shift schedule which prohibited a mother from providing after-school care for a child with significant needs. This was a serious interference with a substantial parental duty and triggered the employer's obligation to accommodate to the point of undue hardship. The case confirms that the protection of the *Human Rights Code* against discrimination on the basis of family status extends beyond the status of being a parent and protects a parent's right and obligation to discharge their fiduciary duties in respect of their children.

Tort claim against HEABC

I previously reported that the Supreme Court of British Columbia had dismissed HSA's tort claim against HEABC on the basis of the HEABC's jurisdictional arguments. We have appealed that decision and expect the appeal to be heard in the autumn. R

Jeanne Meyers is HSA's Executive Director of Legal Services.

Skipping breaks, working faster: professionals on the brink

by LOIS DICK

Lois Dick, Region 10 Director

When I started working as a lab technologist in 1971, the profession was a different one than it is today.And with more than 30 years in the job, I have seen my share of change in the workplace.

When I started, I didn't type a single keystroke. These days, almost all our work involves computers. We interact now more with our machines than with our peers.

But the most significant change that I see affecting our workplaces and the people who work there is how we deal with workload.

Everything in our lives has become more complicated in the past 30 years. In the early 70s, if we wanted to talk to someone far away, we wrote them a letter. In an emergency, we would phone – in the evening at the lower rates.

These days everything has to happen instantly. Holiday photos? Ready in an hour. New eyeglasses? Pick them up at the end of the day. Want to talk to a high school friend living in Australia? Send an e-mail. Call her on her cell phone.

All these conveniences and technological advances have had a huge impact on our lives. And technological development continues to contribute significantly to the delivery of patient care. There's no question about that. It's how we manage change – technological and otherwise – that has an impact on the quality of our workplaces.

It sort of snuck up on us. It seems every few years there is yet another grand scheme to reorganize our work – whether it's a wholesale restructuring of the provincial health boundaries, or changes to an individual workplace's systems, we always seem to be in some stage or another of upheaval.

And we adapt. First to one little thing, and then to another. We brace ourselves for big changes, and we roll with them. But we don't really notice as we're going along, and all of a sudden we're in a workplace we don't recognize.

So what do we do to adapt? We work harder. We work faster. We don't have time to get it all done, so we skip a break here and there. And then we skip a few more.

There are no overtime budgets in many departments, so we stay a little extra longer every day without pay. And we feel a professional obligation to do so. There aren't as many staff members doing the work as there used to be, but the demand is still there. And even if employers were hiring, in many of the professions HSA represents, there are shortages. We can't replace retiring or relocating professionals because there is no one to step into their shoes.

It's a story that can be told by so many HSA members, whether you work in the clinical, diagnostic or rehabilitation professions.

These are the kinds of issues our representatives on the Paramedical Professional Bargaining Association bargaining committee are hoping to address at the bargaining table, and they are the kind of issues that are important – to the people doing the job, and to the people who count on our work for their good health.

In my professional life, I work with dedicated professionals who, like me and so many HSA members, struggle to strike a balance between work and the rest of our lives.

And in my personal life, I have recently had contact with a number of health care professionals. As a consumer of the health care system, I see a system full of dedicated individuals working to ensure my family's needs are catered to and met.

As a provider, I see my colleagues struggling everyday to keep that pace up.

And as a union representative, I see that we all have an obligation to continue to advocate on behalf of our members to ensure the quality patient care that my family and families right around the province count on can continue. R

Lois Dick represents Region 10 on HSA's Board of Directors.

RETIREMENTS

HSA salutes all our members who have recently retired. Thank you for your many years of highly-skilled, compassionate service to patients and clients all across BC. This listing includes retirement date and years of service as HSA members.

HSA extends special recognition to Sue Okuda, who is retiring after over 30 years of service. Okuda, a social worker at Royal Columbian Hospital, is a founding member of the Health Sciences Association: in 1971, when health science professionals across the province joined together to form a union, Sue Okuda was there – leading the way.

HSA is pleased to issue retirement certificates to all retiring members. Know someone who's retiring? Please contact Pattie McCormack at the HSA office.

Alan Roche
Chilliwack General
Social Worker, 18 years
January 31, 2004

Darlene Voigt
Kootenay-Boundary Regional Hospital
Medical Lab Technologist, 33 years
March 31, 2004

Glenda MacPherson
Vancouver Community Mental Health
Community Mental Health Worker, 8 years
March 31, 2004

Ida Fankhauser
Vernon Jubilee
Medical Lab Technologist, 27 years
March 31, 2004

James Johnson
Vernon Jubilee
Social Worker, 19 years
March 31, 2004

Janet Bouwman
Royal Columbian Hospital
Medical Lab Technologist, 30 ˚ years
March 31, 2004

Joan Surinak
St. Michael's
Recreation Therapist, 12 years
June 30, 2004

John McDougall
Vernon Jubilee
Medical Lab Technologist, 25 years
March 31, 2004

Lee Henderson
Summerland General Hospital
Medical Lab Technologist, 30 years
March 31, 2004

Louise Wall
Fernie District Hospital
Medical Lab Technologist, 29 years
August 31, 2004

Mandy Channa
Penticton Regional
Occupational Therapist, 16 years
January 13, 2004

Margaret Smith
Prince Rupert Regional
Physiotherapist, 19 years
August 22, 2003

Shantha Martin
Kootenay-Boundary Reg. Hosp.
Medical Lab Technologist, 33 years
March 31, 2004

Sharon Elko
Princeton Regional
Medical Lab Technologist, 23 years
January 31, 2004

Susan Okuda
Royal Columbian Hospital
Social Worker, 30 ˚ years
HSA founding member
March 31, 2004

Valerie Russell
Kelowna General
Registered Psychiatric Nurse, 25 years
December 31, 2003

HEALTH SCIENCES ASSOCIATION OF BC
THE Report MAGAZINE

The Report is dedicated to giving information to HSA members, presenting their views and providing them a forum. The Report is published six times a year as the official publication of the Health Sciences Association, a union representing health and social service professionals in BC. Readers are encouraged to submit their views, opinions and ideas.

Suite 300 – 5118 Joyce Street
Vancouver, BC V5R 4H1
Telephone: 604/439.0994 or 1.800/663.2017
Facsimile: 604/439.0976 or 1.800/663.6119

standing up for justice

MIRIAM SOBRINO PHOTO

On April 26, HSA President Cindy Stewart joined members at Royal Columbian Hospital in New Westminster as they showed their support for facility health services and support workers – most of whom are HEU members. Health workers across the province spoke out about the provincial Liberal government's Bill 37, which legislated HEU members back to work, and at the same time unilaterally imposed a 15 per cent retroactive wage rollback. *See Cindy Stewart's column on page 2.*

Always printed on recycled paper with vegetable-based ink

publication mail agreement #4000 6822