

THE Report

**AGREEMENT
REACHED ON
HEALTH BENEFITS
COVERAGE**

**SEE INSIDE FOR IMPORTANT
DETAILS ON HOW TO SUBMIT
CLAIMS BY OCTOBER 15**



National strategy needed to address shortages

by CINDY STEWART

When the First Ministers were meeting in Ottawa to discuss the future of health care, I was there in my capacity as co-chair of the Canadian Health Professionals Secretariat (CHPS) calling for a national strategy to address the growing shortage of health science professionals in Canada. Ironically, it was the same time that we learned of the Fraser Health Authority's plan to contract out 2,000 MRI procedures.

The Health Authority rationalized their decision by stating that patients are waiting in excess of 200 days to have an MRI. Without question, this is a waiting time that is unacceptable. However the one-time contracting out of MRI procedures is a short term solution to a problem that HSA and CHPS have been raising with provincial and federal governments for some time.

The solution to reducing wait times begins with ensuring an adequate and stable supply of health professionals. Yes, it takes equipment, but it also takes people. Addressing the shortage of health professionals is critical if patients are to have access to important and necessary diagnostic and clinical procedures.

Health science professionals are intimately involved in every step of health care delivery including diagnosis, treatment and recovery. However, in many, if not all provinces, a serious shortage of health professionals – including lab technologists, pharmacists, respiratory therapists and physiotherapists – is leaving patients without access to critical services and jeopardizing quality care.

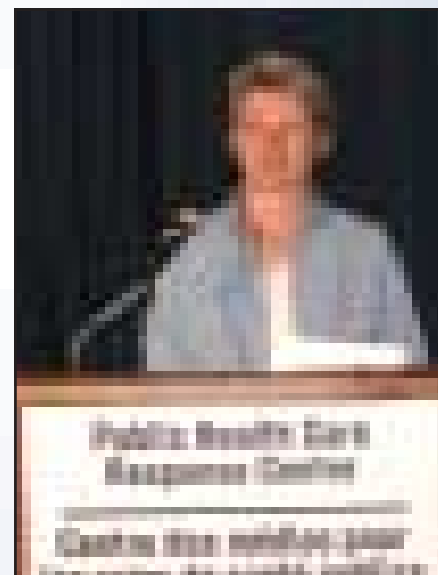
For example, over the past four years,

British Columbia has required 298 respiratory therapists to meet demand. However, only 135 were trained and 39 of the graduates left the province. In Saskatchewan, applicants to the lab technologist program have been told they may have to wait 10 years to be admitted even though the province faces a serious shortage of lab technologists.

Isolated provincial initiatives, such as the Fraser Health initiative, do not provide solutions for the long term. A long-term, comprehensive, and national strategy is key to ensuring Canadians have access to the health professionals and services they need, now and in the future.

Reports identify many factors that contribute to the shortage of health science professionals, including limited access to training, declining morale, deteriorating working conditions, constant restructuring, funding cuts, stagnant wages, and an aging workforce.

A national strategy must include, among other things, dialogue with educators, commitment to recruitment and retention initiatives, increased training spaces, and higher quality of working life. Without a



HSA President Cindy Stewart addresses a news conference to call attention to shortages of health professionals

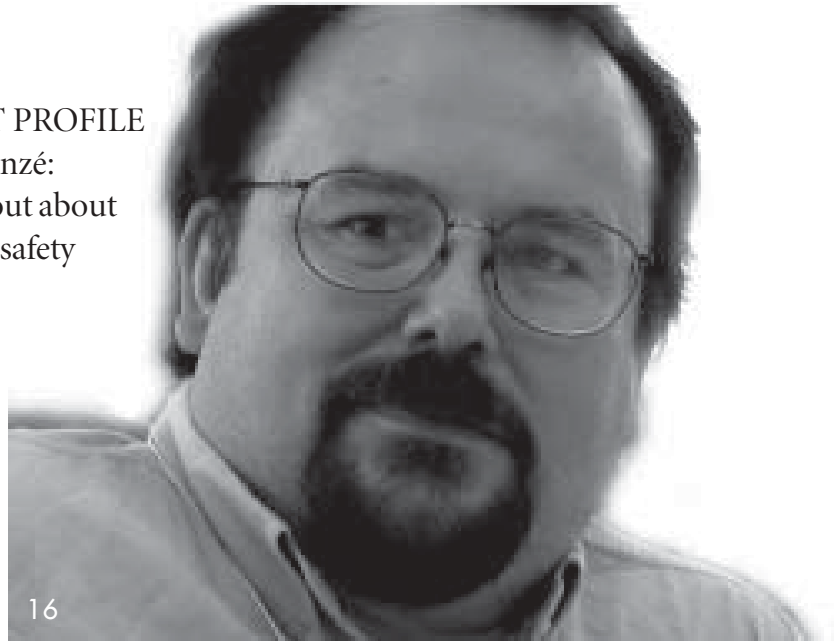
broader strategy, the supply of professionals that deliver the range of services necessary for quality and comprehensive care, will continue to decline and the problem of wait times will continue to intensify and multiply.

CHPS was formed two years ago by our national union, NUPGE, to give a voice to more than 60,000 health science professionals who deliver essential diagnostic, clinical, and rehabilitation services to Canadians. Increasingly, through the work of CHPS, and individual member unions across the country, the profile of the work of health science professionals continues to increase.

While national and provincial organizations can play a part, every member has the capacity to contribute. In this issue, read the story about physiotherapist Susan Hearsey and how she has educated and influenced decision makers about the importance of her work. You can also read about how lab tech Gottfrid Janzé is working to make all of our workplaces safer.

It takes the perseverance and repetition of many voices, at many levels, to make a difference. Please add your voice. **R**

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THE FRONT COVER

Eve Stocker is a counsellor at Cameray Counselling Centre in New Westminister. Dan Jackson photo.

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Tentative agreement for health science professionals

The Paramedical Professional Bargaining Association (PPBA) and the Health Employers' Association of BC (HEABC) have reached a tentative agreement for a collective agreement that expires March 31, 2006.

HSA's bargaining team, clockwise from front right: **Bob Phillips, Connie Bakker, Cheryl Greenhalgh, Brian Isberg, Ann Craig, Janice Morrison, Cindy Stewart (HSA president), Ron Ohmart (PPBA chief negotiator), and Tanis Blomly.**
Inset: Dawn Adamson

The tentative agreement was reached July 15 under the terms of a framework agreement negotiated June 10. Under the terms of the framework agreement, the parties agreed to no net increases or decreases to wages and benefits for the duration of the two-year agreement, and to further discussion on a limited number of key issues.

"The bargaining committee is satisfied that we have achieved the best agreement possible in the current hostile climate created by the government. Health science professionals have been protected from a long list of concessions proposed by the employers," chief negotiator Ron Ohmart said.

"We have preserved the 36-hour work week. We

have also ensured that problems with the bumping process created by the Liberal government under Bill 29 will not continue after the expiry of the legislation on December 31, 2005," he said.

HSA's Board of Directors urge members to vote "yes" to ratify the agreement. Ratification meetings for members will be held in September.

Highlights of the tentative agreement include:

- no net increase to wages and benefits
- no changes to health and welfare benefits
- no changes to vacation, sick leave and severance provisions
- retention of the 36-hour work week
- posting language that allows displaced employees access to job opportunities
- bumping language that will come into effect January 1, 2006, upon the expiry of legislation introduced through Bill 29
- administrative issues related to the unions' ability to represent members in the workplace
- contract language housekeeping issues.

Full details about the tentative agreement have been mailed to all members covered by the agreement, and are also available on the HSA web site.

The Paramedical Professional Bargaining Association represents 13,000 health science professionals represented by 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. **R**



Agreement reached on extended health care benefits

October 15 deadline for submission of 2003 claims

The Paramedical Professional Bargaining Association (PPBA) and the Health Employers' Association of BC (HEABC) have reached an agreement on an outstanding dispute regarding extended health care benefits.

The dispute stems from HEABC's directive to Pacific Blue Cross that the collective agreement did not require it to cover the additional costs arising from the BC government's decision to de-list physiotherapy, chiropractic services, massage therapy and podiatry.

The parties have now agreed that the group extended health care plan will provide reimbursement to employees for these services based on the following terms:

- Reimbursement for eligible services under the Extended Health Plan will be at 80 per cent of the full cost of all visits in a calendar year subject to the deductible and any annual maximums set out in the Plan;
- Payment of eligible claims to PPBA members and dependants will be retroactive to May 5, 2003, the date of the grievance.

Implementation:

- Members are not required to re-submit claims that were previously submitted for reimbursement;
- Where a member has no other coverage, eligible claims will be identified, readjudicated and paid by Pacific Blue Cross through an automated process;
- Where a member has coverage under another Pacific Blue Cross group, eligible claims will be identified, re-adjudicated and paid by Pacific Blue Cross either manually, or through an automated process;
- Where a PPBA member has coverage under another insurer, and claims cannot be re-adjudicated without further information, Pacific Blue Cross will write to the member and request information on any amounts paid by another insurer for the same expense.

Members will be required to send the requested information to Pacific Blue Cross within 45 days from the date of Pacific Blue Cross' letter (an actual date will be specified in the letter).

Upon receipt of the members' information, Pacific Blue Cross will process any eligible claim payments. Member information received after the stipulated deadline will not be accepted. **R**

For more information, please contact the HSA office.

IMPORTANT DEADLINE

Special deadline for 2003 claims: October 15, 2004

Members who, because of the outstanding grievance, did not submit 2003 claims by the normal deadline of June 30, 2004 must submit these claims to Pacific Blue Cross no later than October 15, 2004. This agreement covers claims between May 5, 2003 and December 31, 2003.

The premiers' drug deception

by PAUL RAMSEY

Canada needs a universal, national program that covers the costs of medically necessary prescription drugs. That much is obvious.

The current patchwork of provincial plans that subsidize drug costs is a disgrace. The Canada Health Act mandates universal, government-funded physician and hospital services for all Canadians. In spite of the health system's stresses and strains, everyone – from Newfoundland to British Columbia – has access to those publicly funded services.

But government funding for the pharmaceutical drugs that doctors prescribe outside of hospitals varies wildly across the country. What Canadians pay depends on where they live, on their income, and on their supplemental coverage by private drug insurance.

In 2003 Canadians, on average, used \$620 of pre-

expensive. Paying for them can, in extreme cases, lead to financial ruin. Canada's medicare system was established to remove financial barriers to health care. What's going on?

A few trends are clear. Drug costs and drug usage are increasing rapidly. Twenty years ago the total bill for medications was around \$4 billion; last year it was nearly \$20 billion.

One reason for this rapid escalation is the remarkable increase in drug effectiveness. When Canada's medicare system was established in the 1960s, health care focused on services by physicians and hospitals.

Today prescription drugs can treat what was then untreatable, can keep us out of hospitals, and can help us live longer. We now spend more on drugs than we do on doctors.

Other reasons for high drug costs are less benign: Drug companies use extended patent protection to gouge patients and prevent use of generic drugs. We're suckers for the "newest, greatest" drug, even when older medications are equally effective. Drug companies now market drugs – particularly so-called "lifestyle drugs" – directly to the consumer, driving up demand and use.

Regardless of drug company shenanigans, patients need access to medically necessary drugs. Other countries with universal, public health care systems have done far more than Canada to ensure access to prescription drugs for all their citizens. So when Canada's provincial premiers proposed a national pharmacare plan, they were addressing a real weakness of Canada's health system.

When Canada's provincial premiers proposed a national pharmacare plan, they were addressing a real weakness of Canada's health system. However, the motives behind the premiers' proposal are suspect.

scription medications. If they lived in Prince Edward Island, they paid \$436 of that out of their own pockets. But if they in Manitoba, they paid only \$291; the government paid the rest.

Averages, however, don't tell the whole story. Many medications, particularly new ones, are hugely



HSA members recognize the importance of a coherent drug coverage program, and the need to bring governments to account for reduced drug coverage in recent years.

However, the motives behind the premiers' proposal are, at best, self-serving. They'd obviously like to have the federal government assume the \$7.5 billion that the provinces presently pay for drugs. And since drug costs are the most rapidly escalating area of health spending, they'd like to have that hot potato off their plates.

The premiers would also like to distract the public from their own failures to assist with drug costs. The provinces' performance has been shoddy. Indeed some provinces, like British Columbia, have actually reduced public help with drug costs in recent years.

At its root, the national pharmacare proposal is just a political diversion. The premiers don't want new federal health funding linked to real, and needed changes in the health care systems the provinces run. If the federal government spends all its promised new money on a drug program, no funds will be left

to compel provinces to make changes, changes needed to get wait lists down and improve access.

Here's a better idea: Change the Canada Health Act to include coverage of medically necessary drugs. Set up a federal/provincial cost-shared pharmacare program to protect all Canadians from high drug costs. Use the rest of the promised federal increases to health spending to compel provinces to live by the spirit as well as the letter of the Canada Health Act.

The time for the political gamesmanship that the provincial premiers are engaging in is over. It's time to make some real changes in our health care system. **R**

Paul Ramsey is a former MLA and Cabinet Minister. He now teaches at CNC and is a Visiting Professor in the Political Science Program at the University of Northern British Columbia.

Activists demand health care fix, not privatization

Defenders of public medicare, including the National Union of Public and General Employees, rallied in September as Prime Minister Paul Martin and the first ministers began a three-day historic summit on the future of health care in Canada.

Their message to the country's top leaders can be summed up in one short slogan: *Fix! Don't privatize health care.* The three-day meeting is the first open, televised meeting by Canada's heads of government since the 1980s.

"Too often the political elites of this country make decisions on critical programs without really listening to the voices of ordinary citizens," said James Clancy, president of the 337,000-member union.

"The people who elected them get shut out of the debate. We hope that is not going to happen this time." A large group of demonstrators gathered outside the Government Conference Centre in Toronto to show their support for public health care. **R**

Source: NUPGE



NUPGE: OUR NATIONAL UNION

Canadians want Ottawa to guide health care spending

On the eve of the First Ministers' meeting on health care, a strong majority of Canadians in every region – including Alberta – disagreed with Alberta premier Ralph Klein's opposition to conditions being imposed on new federal health care funding to the provincial governments. In a new poll by Vector Research, conducted August 12-22 for the National Union of Public and General Employees (NUPGE), 72 per cent nationally agree that "the federal government should make provinces accountable to the federal government for how federal health money is spent."

72 per cent of Canadians agree that "the federal government should make provinces accountable to the federal government for how federal health money is spent."

- In Alberta, 70 per cent reject premier Klein's position.
- In Ontario, 77 per cent support making the provinces accountable to the federal government for health care funds.
- And in Quebec, 65 per cent agree with federal spending oversight.

"The results are overwhelming," said National Union president James Clancy. "Canadians simply do not believe that Ralph Klein is speaking for them when he talks about medicare," Clancy said.

"Ralph Klein has already announced that he will miss 70 per cent of the first ministers meeting. As far as 70 per cent of Canadians are concerned, the conference will not miss the kind of prescriptions he is proposing for health care," Clancy added.

1,120 interviews

Nationwide, 1,120 Canadians were interviewed by telephone for the Vector poll. The results are considered accurate within 2.9 percentage points.

The Alberta premier's position was presented to respondents as follows: "There should be no conditions on how provinces spend money they get from



Prosthetist, GF Strong / BC Rehabilitation

the federal government because health care is the provinces' jurisdiction." They were then asked their opinion.

The poll found – among supporters for all four major federal parties – that a big majority of citizens favour placing controls on federal money transferred to the provinces to ensure that it goes to health care as intended.

Among voters who supported Liberal candidates in the June 28 federal election, 77 per cent backed federal controls. Among Conservative Party voters, 61 per cent supported the idea that provincial governments be accountable to Ottawa for how federal funding is spent.

The survey also revealed that the majority of Canadians agree with the prime minister that reducing waiting lists for surgery, treatments and diagnostic tests should be the federal government's first priority for improving the health care system.

Cut wait times

Fifty-seven per cent of those surveyed said the top health priority for the federal government should be cutting wait times. Another 17 per cent say starting a national home care program should be the government's highest health care priority. Introducing a national pharmacare program to provide lower cost prescription drugs is the top federal priority for 11 per cent of Canadians.

"Canadians are clearly in line with the position that we have taken as Canada's second largest union – reducing wait lines is top priority," Clancy said.

"The way to do that, we believe, is stop privatization and increase funding for the system to adequate levels. This will meet the most urgent need by allowing more health professionals to be hired," Clancy added. **R**

Source: National Union of Public and General Employees. For more information, visit NUPGE's website at [www.nupge.ca].

Dosanjh appointment a hopeful sign

The National Union of Public and General Employees said the recent appointment of Ujjal Dosanjh as Canada's new health minister is a positive development for everyone who believes in public medicare.

It's a hopeful sign," says NUPGE president James Clancy.

"At last we have someone at the federal level speaking out strongly against privatization. We're optimistic Mr. Dosanjh will be able to persuade the premiers to set aside their personal political agendas and adopt, instead, the agenda of Canadians everywhere who want the posturing and privatization to stop and the re-building of public medicare to begin."

**"I can tell you that
what we need to do
is stem the tide of
privatization in
Canada and expand
public delivery of
health care."**

In July, after being handed the hottest portfolio in the cabinet, Dosanjh lost no time telling profit-hungry private health care operators he has them in his sights.

"I can tell you that what we need to do is stem the tide of privatization in Canada and expand public delivery of health care," the former NDP premier told reporters. "This is my initiation in federal politics and it's wonderful to be here." **R**

MEMBER PROFILE

Turning passion into action

by MIRIAM SOBRINO

Susan Hearsey describes herself as “boring.” She’s a physiotherapist who loves the work. She eats, sleeps and breathes physiotherapy. She takes physiotherapy books and magazines with her for holiday reading.

But dig a little deeper and you learn that Hearsey is far from boring. She is passionate. And her passion drives her to take on a job and do it well. This is not a woman who gets involved unless she knows she’s going to give it everything she can.

She was born in Hong Kong, where her father was serving in the armed forces. Her family settled in Lancashire, England when the three children were school-aged. And from those early years, she dreamed of going to Canada. She chose physiotherapy as a

career because she wanted to help people and, as it turned out, physios were in great demand. Soon after completing her training, she fulfilled her ambition to move to Canada by landing a job here.

It’s Hearsey’s passion for her patients and the work she does that makes her an effective advocate.

A few years ago, she got interested in continence issues. Her interest and determination led to the development of a continence clinic at Burnaby General Hospital. It took hard work and dedication to bring the specialized clinic to fruition. She studied a similar clinic at Vancouver Women’s and Children’s Hospital, threw herself into learning more, grant application writing, and research until she succeeded in getting the clinic up and running. Today, patients suffering from varying degrees of continence problems have a place to go to deal with a health issue that is also a social stigma. These patients – mostly women – range in age from 20 to 90 years old.

A chief steward at Burnaby General in the mid 1980s for a few months, she rekindled her involvement in HSA recently when the Liberal government delisted several services from the Medical Services Plan.

She went into action shortly after the services were cut. She saw a woman who was waiting for a hip replacement, and in the interim was receiving regular outpatient physiotherapy services to manage the pain she was in.

“Then I looked at the cuts, and I thought – what about all the other patients that aren’t even getting treatment? A lot of people can’t afford to go privately.”

She made an appointment with her MLA, Harry



Susan Hearsey believes in getting involved, speaking out, and making a difference.

“ If individuals don’t speak out and let their thoughts be known about issues and actions that will adversely affect them or others, then every single one of us will ultimately be worse off.”

Bloy. Loaded with information and experience with her 20-plus years as a physiotherapist, she made the case to him.

“He sat and listened. He spent an hour and 20 minutes with me. Then I followed up with a letter that reiterated my points. He later dropped in to see me in the hospital. I showed him around, showed him the waiting list and he asked me ‘how can we get you more staff?’”

Her experience tells her she can’t expect to see new staff streaming in the door any time soon, but she knows that she has made a small contribution to getting the decision-makers to understand health funding is important – and the people who provide the health care services our communities depend on are desperately needed.

Her success with getting her message to her MLA helped convince her it was time to take some action on other issues affecting health care workers.

This summer, Hearsey joined a number of other HSA members at a training session for union members interested in promoting information about changes to Workers’ Compensation and the related occupational health and safety issues for health care workers.

She is encouraging members at Burnaby Hospital to get informed about the changes and to do

something about it.


“If individuals don’t speak out and let their thoughts be known about issues/actions that will adversely affect them or others, then every single one of us will ultimately be worse off. It has been said that one letter written to lobby a cause reflects the opinion of 1,000 people,” she says in an article she

Hearsey took to her MLA her concerns regarding cuts to rehabilitation services. “He later dropped in to see me in the hospital, and asked me ‘how can we get you more staff?’”

has circulated to HSA members at the hospital.

Over the years, Hearsey has learned to appreciate the power of the pen.

A strong advocate of animal rights, she has written letters, signed petitions and gathered signatures for petitions for organizations promoting protection against animal abuse. For Hearsey, it’s not a big stretch going from advocacy for animals to advocacy for people.

“When you’re helping animals, you’re helping people. Animals bring such compassion and peace to people,” she said. 

Susan Hearsey
Chief Physiotherapist
Burnaby General Hospital

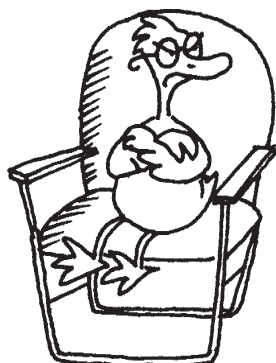
Youth launch campaign to curb voter apathy

Young people who vote are becoming increasingly uncommon, but a collective of British Columbia youth have launched a campaign, entitled *Get Your Vote On*, to change that.

Get Your Vote On is a non-partisan campaign that aims to inform young citizens how to register to vote and how to get to the polls informed and engaged on important issues. *Get your Vote On* will engage youth through fun community events like concerts and all-candidates debates leading up to the BC provincial election on May 17, 2005.

In Canada, since 1972, each successive generation of voters has had a lower voter turnout rate. Large numbers of young people either are not registered to vote at all, or are registered but do not vote. In BC, there are 500,000 eligible-but-unregistered youth voters (aged 18-34) and only one in five eligible voters aged 18-24 is on the voters list. As for general voter turnout, the percentage of eligible voters (registered or not) who cast ballots – dropped from 70 per cent in 1983 to 55 per cent in 2001.

Get your Vote On will engage youth through fun community events like concerts and all-candidates debates leading up to the BC provincial election on May 17, 2005.



Not voting makes you a sitting duck.

Young people are not showing up at the polls in large numbers. *Get Your Vote On* wants to turn this trend around. Voting is one arena where all people have equal voices. Lots of young people say what they care about is not being addressed.

The goals of *Get Your Vote On* include encouraging youth to come together and discuss important issues, to understand where candidates and parties stand on youth issues, to self-organize and mobilize various youth communities, and to make sure youth priorities are on the electoral agenda. Initial survey results indicate that big issues for youth are environment, health care, education and social services.

“The world is run by those who show up, and young people in this province and across Canada are simply not showing up at the polling booth,” said Sarah Rozell from *Get Your Vote On*.

Young people are starting to identify that the low voter turnout among youth is a significant problem, one that many youth feel they need to tackle themselves.

There are many avenues to express values and *Get Your Vote On* believes that a crucially important one is to vote regardless of who one votes for.

Get Your Vote On is currently looking for committee members in your community for the following committees: outreach/communications; endorsements; events; promotions/media; and, research. **R**

For more information please see the website: www.getyourvoteon.ca, call 604/685.6631, or email info@getyourvoteon.ca.

Tentative contract for psychiatric nurses

The Nurses' Bargaining Association (NBA) has reached a tentative agreement with HEABC on a short list of changes to the Provincial Collective Agreement, following a series of bargaining sessions that concluded at the end of July.

HSA registered psychiatric nurses will vote in September on changes to their contract. HSA's Board of Directors urge members to vote in favour of this tentative agreement.

The contract changes were negotiated under the Framework Agreement reached with HEABC in May. The Framework Agreement ensured there would be no rollbacks in wage rates, benefits, or time off provisions for RPNs and RNs, and no increase in total compensation.

In addition, the Framework Agreement provided for high level nursing policy discussions which took place in June and early July. The policy discussions, which occurred away from the bargaining table, involved union representatives, senior health authority officials and senior nursing managers, and were chaired by Assistant Deputy Minister Anne Sutherland Boal.

Results of Policy Discussions (June 4 - July 7)

The policy discussions resulted in agreements in the following areas:

- Phased retirement and new grads
- Specialty training
- Hours of work



Results of Bargaining (July 14-July 29)

Negotiations resulted in agreements in the following areas:

- Occupational Health and Safety Agency for Health Care
- Mileage allowance and electronic pay stubs and electronic posting
- New bumping language

Additional information on the proposed agreement has been mailed to every HSA member covered by the nurses' agreement, and also posted on the HSA website.

The Nurses' Bargaining Association represents registered psychiatric nurses and registered nurses who are members of the Health Sciences Association, BC Nurses' Union, and the Union of Psychiatric Nurses. **R**

Committees

DEFENDING PUBLIC SERVICES

Colombians urge greater Canadian involvement to resist privatization



**HSA's Committee for
Equality and Social Action:
Jackie Spain (chair)
Agnes Jackman
Maureen Ashfield
Kimball Finigan
Amanda Bartlett
Sheila Vataiki (staff)**

Colombian trade union leaders called on Canadians to defend public services from privatization during a national tour in May.

Across the country, their message was clear – privatization of public services has been a disaster for the vast majority of people in Colombia. They urged Canadians to become more active in the fight against privatization in order to preserve what still exists in Canada.

Maria Eva Villate travelled to several communities in BC to meet with union members, leaders, and community activists. Villate works at the Colombian Human Rights Ombuds office where she helped to form a union in 1997 to defend their rights as public service workers, and to guarantee respect for their mandate to protect the human rights of citizens and communities.

Being a human rights defender and a trade unionist is double jeopardy in Colombia: Colombia is the most dangerous place to be a trade unionist, and human rights defenders are routinely killed or forced into exile. More than 4,000 trade unionists have been killed in Colombia since 1986. No one has ever been brought to trial and found guilty of these murders, leaving a climate of absolute impunity.

Colombian union leader Maria Eva Villate urged Canadians to defend public services, such as health care

Villate spoke forcefully of the need for solidarity to protect trade unionists in Colombia: “We need to stop the government from killing trade union leaders, we need to stop them from putting them in jail.”

During her time in BC, Villate recognized the policies used here to pave the way for privatization – regressive legislation and anti-union tactics.

“It’s like a script for a play. They start with the weakest members in the system, support workers and staff.” Similar policies are used in Colombia, however, there they apply repression to help speed up the process. In Colombia the government has stripped the once public health care system, leaving it open for privatization.

The government turns the public against the workers by blaming them for the cuts and the deterioration in services. Health care unions have been vocal in their opposition to privatization and have paid the price. The health care sector is one of the hardest hit by repression in the country after teachers.

Despite this violent context, more and more people are participating in public efforts to resist further privatization plans. The trade union movement is on the forefront of this struggle. Villate strongly urged Canadians to get more involved here before more of our public services are lost.

CoDevelopment Canada organised the Western Canadian portion of the tour with activists in unions and communities in BC, Alberta and Saskatchewan. **R**

For more information, contact CoDev at codev@codev.org. HSA supports CoDev’s work in Colombia through the union’s Committee for Equality and Social Action.

NUPGE condemns continued assassinations of Colombian union leaders

At least 30 trade union officials murdered so far in 2004, says James Clancy

In August, National Union president James Clancy wrote to Colombian President Alvaro Uribe Velez demanding intervention to end the escalating assassination of trade union leaders in his South American country.

At least 30 union officials have been murdered to date in 2004, including 13 in the last three months, says a report by the International Confederation of Free Trade Unions (ICFTU). During the last week of August alone, three additional union leaders were killed by the Colombian army.

Two of the murdered leaders were Héctor Alirio Martínez and Jorge Eduardo Prieto Chamusero, both Arauca regional presidents. One represented a farm workers' union (ADUC) and the other a hospital workers' union (ANTHOC). The third was Leonel Goyeneche, treasurer of the regional branch of CUT, Colombia's largest trade union confederation.

The ICFTU report also cited seven other cases of arbitrary or illegal detention, 11 cases of physical attack or threats (including death threats), 17 cases of severe physical injury and two disappearances. The occurrences have been reported to the International Labor Organization's Committee on Freedom of Association.

'Too many examples'

Clancy, in a letter on behalf of the union's 337,000 members across the country, condemned the attacks and criticized the Colombian government for not following through on earlier promises to deal with the problem.

"The official explanation for killings carried out by the army is unconvincing and no one can have trust that the deaths will be adequately investigated,"

Clancy said.

"I am greatly concerned. We have seen all too many examples in Colombia, and especially in Arauca, of military authorities manipulating evidence to hide their responsibility and place blame upon the victims," Clancy said in his letter.

"These attacks on trade union leaders are part of a broad pattern of violence directed against the leaders of many social movements in Colombia. These

"These attacks on trade union leaders are part of a broad pattern of violence directed against the leaders of many social movements in Colombia."

thugs and criminals, some in military uniform, are being allowed to act with near total impunity - despite promises made by the president to stop the violence," he added.

Clancy commended the ICFTU for keeping the international spotlight focused on Colombia.

"We applaud the efforts of the ICFTU," he said. "The National Union continues to support the struggles of the Colombian people for a just and lasting peace."

The ICFTU represents 148 million workers through its 234 affiliated national trade union centres in 152 countries and territories. **R**

The Health Sciences Association is an affiliate of the National Union of Public and General Employees.

ACTIVIST PROFILE

Speaking out about workplace safety

by LAURA BUSHEIKIN

Lab technologist and union activist Gottfrid Janzé could be used as living proof of the old saying ‘the apple never falls far from the tree’ – or, just as easily, as an example of how wrong it is. It just depends on what aspect of his working life you look at.

“There’s been a health care theme in my family for quite a number of generations,” he says. Many relatives are nurses – including his mother – and for many years, his father was chair of the Kitimat-Stikine Regional District Hospital board. “I also have a brother who is a prosthetist, and a former HSA steward at Shaughnessy Hospital.” Janzé wanted to stay in the “family business” but was leery of spending so many years in medical school. After some deliberation he chose to study at the BC Institute of Technology to become a lab technologist. He graduated in 1987, sufficiently

anyone want a union?” But by the time he was a teenager, Janzé was beginning to think differently.

“I spoke out in my family; there were some spirited discussions at that time,” says Janzé, with a smile. “But what really turned me into a unionist was another strong anti-unionist, who fired me from a job when I was young. I was convinced it was not fair, but there was nothing I could do.”

His first three lab tech jobs were at non-union facilities. Then, in 1989, he started working at GR Baker Memorial Hospital in Quesnel. It didn’t take him long to get involved in the Health Sciences Association.

“It was a typical scenario: I was a union newbie, full of enthusiasm, and when people said, hey, why don’t you run for

union steward, I said sure,” he explains with a chuckle. It’s clear he has no regrets about that decision, impromptu as it may have been.

He spent three years as steward, and then took a break from union work, channeling his political energy (enhanced with skills he’d learned as union steward) into other community activism. But he couldn’t keep away from union work, and

found himself voted in as steward again in the early 2000s. At a certain point – specifically, when there began to be layoffs in his department – he realized that his time as steward was over.

“It became too painful for me when the discussion began to be not about if or when but about who was going to be laid off. It was an important discussion, of course, but I couldn’t do it,” he says. But his union activism is far from over. After stepping down as steward, he served as Member-at-Large on the Resolutions Committee, and is currently HSA’s delegate to the Quesnel and District Labour Council.

Recently, he has found a new focus working on the Occupational Health and Safety / Workers’ Compensation Fightback campaign. This initiative of HSA and the BC Federation of Labour works to increase awareness of the provincial Liberals’ cuts to workers’ compensation benefits and services, as well as the WCB’s cuts to BC’s workplace safety system, in response to government pressure. The fightback campaign is working to bring back a fair compensation system with adequate rehabilitation services for workers injured on the job, as well as to reverse the cuts that have been made to the prevention system.

Janzé’s passion for this cause is evident as he explains how he began his involvement with it.

“I was at a workshop where we watched

“We’re lucky to have a union that’s willing to put resources towards a workplace safety and WCB fightback campaign.”

satisfying his parents’ desire that he become a doctor – and bringing him into a profession that he is passionately dedicated to.

He’s also ardently dedicated to union activism, and it is here that he has strayed from family tradition: “I grew up in an anti-union household; my uncle was a vice president of the Social Credit Party, and my dad’s belief was that if you work hard and diligently, you’ll do well, so why would



Gottfrid Janzé says cuts to WCB and workplace safety regulations are short-sighted.

a film called *Workplace Injuries: Lost Youth*. There were four real teenagers in their own voices describing things that had happened to them. It turned something on inside my brain and my heart.

"I have a 15-year-old son and I'd been telling him, 'Go out and get a job,' without realizing the ramifications of this, given recent changes to Workers' Compensation. The number of people dying workplace deaths has gone up significantly in recent years," he says, "and the 15- to 24-year-olds have a 70 per cent higher injury rate than others."

The Liberal government has kept its promise to slash red tape, he says, which has made the Workers' Compensation Board less responsive to real needs. Janzé believes employers are wrong to think that getting a lower rate for WCB payments is

good for them.

"We need to look past monthly payroll costs to the greater costs to the community. The fees are relatively small compared to the real costs of what happens when people get injured," he says. "It's easy to look at the bottom line, but there are people attached to that. Why should we be willing to take chances with people's lives and livelihoods for that extra buck?"

"This is more than just a union issue, it's a community issue. There are social implications when people are injured," he says.

Janzé praises HSA for taking a leadership role in Workers' Compensation Board campaign. "We're lucky to have a union that's willing to put resources towards this. I think one reason we've taken this on is that we have such a wide range of professions. From acute care to rehab, we see people from the beginning to the end of workplace injuries," he says.

He says he finds his participation in the union deeply rewarding, and foresees con-

tinued involvement in the future.

"My role is to be someone who's willing to keep saying, 'Hey, folks, we need to deal with this.' I'm the one who'll keep being that broken record.

"I feel good about my work as steward. I won some grievance cases; in fact, I never lost one! The training was wonderful – I learned to speak in public and organize my thoughts. HSA is a good group of people to work with. When we've had difficulties in the past, we've resolved them," he says.

"My wife and four children are extremely supportive of my work," he adds. "I couldn't do it without their support. In fact, as a result of my participation, my children are becoming very socially aware, and also aware of their ability to make a difference in their community."

The most rewarding aspect of his union involvement has been experiencing the power his own activism can have. "I realized that one person can make a difference, and I thought, what a wonderful opportunity this is to do that," he says. **R**

Gottfrid Janzé

Medical Laboratory Technologist
GR Baker Memorial Hospital



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Saturday, October 2, 2004

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Municipal Pension Plan

CONTRACT INTERPRETATION

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

Reporting injuries

by SARAH O'LEARY

Q: I am a lab technologist at a hospital. Two years ago I had problems with my right arm. It was diagnosed as a strain originally, and then my doctor told me it was tendonitis. I mentioned it to a co-worker, but I never reported it to my employer or to the WCB because I'm so busy at work.

It resolved fairly quickly and I had lots of sick time in my bank. I didn't think it was worth bothering about. But this year I am having problems again. I applied to the WCB but they turned me down as they say I have a "pre-existing condition" in my right arm.

I realize now that I should have filled in the WCB forms two years ago. Is there anything I can do about it now?

Q: I am an imaging technologist. Last November I was trying to assist a patient onto the table when she started to fall. I caught her and felt a slight twinge in my back, but never thought anything more about it.

The next day my back was very sore, but I had a pre-arranged two week vacation starting and I thought the rest would be enough to allow me to get better. Unfortunately, the pain got worse and worse, and by the time I got back to Vancouver from vacation, I went straight to my doctor and was diagnosed with a severe back strain and a possible herniated disc.

I informed my employer and applied to the WCB. I just got a letter from the WCB telling me that my claim is denied because I did not report to my employer immediately, and did not go to see my doctor right away. They say that they don't dispute that I have an injured back, but there is no proof that it comes from the incident with the falling patient. I would like to appeal.

Q: I am a child care worker at a child development centre. Last year I hurt my back when I was trying to restrain a difficult child. I applied to the WCB, but I was turned down. I only lost three days of work and so it didn't seem like a big deal. I know I should have appealed, but I didn't. But my back never recovered 100 per cent and now I occasionally get flare-ups where the pain is quite intense. Is there any way I can appeal now?

A: Do any of these situations sound familiar? They are all too common with HSA members, whose natural tendency to put patients and clients first is compounded by extremely heavy workloads.

Go to see the doctor: documenting your injury is extremely important, no matter how minor it may seem at the time. Remember that a small injury now may come back to haunt you in later years. And if you don't file a report with the WCB at the time of the injury, your chances for compensation are very slim.

With recent cuts to WCB, it takes *very little* to be shut out of the system. Late applications and failure to appeal is likely to mean the end of the road if you have a lingering injury. Don't let this happen to you. It is always worthwhile to appeal, and HSA provides legal counsel to represent you at appeal. You have one year to report to the WCB – but you must report your injury to the employer as soon as practicable.

Don't get shut out in the cold when you have a work-related injury. Report those injuries – don't wait. **R**

Sarah O'Leary 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.

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ADM 0 035 CHANGE OF ADDRESS

Bumping language a key improvement

by RON OHMART

As members covered by the Paramedical Professional Bargaining Association collective agreement vote this month on the tentative agreement, I want to offer my perspective on your bargaining committee's major achievement in this round of bargaining.

With no new money to negotiate, a great deal of effort was spent by the bargaining committee on process issues. The agreement on bumping language was a significant improvement to the contract language.

Bumping is often greatly misunderstood and I've heard some members say that it doesn't belong in a professional agreement. The truth is, bumping is the cornerstone of employment security and the prime method for ensuring that one's seniority affords protection from lay off.

An arbitrator first ruled in 1993 that the PPBA agreement contained bumping rights. The decision came from a dispute arising from a reorganization of the medical imaging department in the former Greater Victoria Hospital Society. The decision was confirmed in subsequent hearings by two more arbitrators. Nevertheless, up until this year, HEABC had refused to negotiate language into the collective agreement that would establish procedures for meaningful bumping rights. Despite HEABC's reluctance, HSA has been successful pursuing the issues despite the lack of formal rules. As a result, displaced members enjoyed expanded bumping rights.

We have now seen with the introduc-

tion of Bill 29 what happens when bumping rights are severely and arbitrarily curtailed.

Twenty-five years of service offered no protection from layoff if there was no other employee with less than five years seniority at the worksite. People were unwilling to post into senior or specialized positions knowing that these were often the positions the employer deleted to manage the financial crisis the government created for them. There was nothing fair about Bill 29.

But the bumping language of Bill 29 expires December 31, 2005, and your bargaining committee made it a priority to ensure that January 1, 2006, there would be a bumping process in place and spelled out in the collective agreement.

For the first time in over a decade, HEABC was willing to negotiate reasonable rules and procedures.

Creating appropriate bumping language was an act of balancing the competing interests of the three main parties involved in a reorganization or



Ron Ohmart
Executive Director of Labour Relations

downsizing of a department or service delivery:

1. The displaced employee who, through no fault of her own, is in the wrong position at the wrong time with respect to

Bumping is the cornerstone of employment security, and the prime method for ensuring that one's seniority affords protection from lay off.

management's overall plans and budgetary concerns. The displaced employee expects and should receive a reasonable set of bumping options to secure another position commensurate with her ability and years of service.

Continued page 23

Your commitment to patients should act as your compass

by BRIAN ISBERG

After more than three years of a Liberal government that has reached its hand into our workplaces and made dramatic changes, it's easy to look around and see the harm that has done to morale at work.

There are the obvious changes. In some hospitals in BC, food services have been cut back so severely and there has been so much contracting out of food services staff that remaining staff working in hospitals don't have access to a cafeteria. In the past several weeks, we've heard horror stories about the deteriorating quality of housekeeping in hospitals around the province. At Royal Columbian Hospital In New Westminster, a patient was put onto a bed still covered in soiled linens from at least one previous patient.

People I've talked to have alarming stories to tell about cursory cleanings of areas of hospitals that have been exposed to infectious bacteria. In most cases, people report what they believe are unsafe practices, but nobody really knows if our concerns are listened to, let alone acted upon.

A prime example of the poor level of hospital staff morale is the recent announcement by the Fraser Health Authority that it would treat every staff person in the health authority and their families to a day at Playland. The reaction across the province? People see it as inappropriate. Instead of improving

services or addressing workloads or shortages, they waste the money on a day at Playland. That's not going to improve morale among staff who have spent the past several years seeing contracts ripped up, workloads increase and their co-workers laid off.

What I see happening in my workplace – and what I hear from around the province, is that many people working in the health care system are struggling to remember why they got into caring professions in the first place. We've seen so much change and so much strain on the system, and we've read about increasing waiting lists and decreasing satisfaction with the health care system that we wonder where the system is headed.

With so much negative pressure on morale at work, it should come as no surprise that individual members of our health care team are increasingly concerned about the impact of change on them personally. We have to resist the urge to keep our heads down.

Most people get into the caring professions because we see it as an opportunity to provide care and support to others. Even in the most

turbulent times, we need to remember what it is that brought us to health care. And use that as the compass that helps us navigate through changing times.

I, for one, know that working with my colleagues we can continue to deliver superior services in the Vancouver Island Health Authority. In spite of all the changes and cuts we've seen, the clients and patients we work for still need our services.

Every one of us working in the system has stories to tell about the impact of budget cuts. And we also have stories to tell about the services we deliver. We are the ones who can talk about the importance of a strong health care delivery system, and what that means for the health outcomes of British Columbians.

As this issue of *The Report* was going to press, the premiers and prime ministers had just announced a “deal for a decade” for health care. There's no time like the present to look beyond our immediate circumstances, speak out and act as the best advocates for our patients and our services. **R**

Brian Isberg represents Region 2 on HSA's Board of Directors.



Brian Isberg, Region 2 Director

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Bumping language a key improvement

Continued from page 21

2. The other employees at the worksite who feel they are innocent bystanders and may resent being bumped if they do not see the process as being fair.
3. The employer whose goal is the speedy resolution of the displacements and lay offs and minimizing the cost and disruptions.

Everyone has strong opinions when it comes to the perception of fairness and achieving language that addresses those perceptions was not an easy task. There were many questions to be considered from all points of view, including:

- What is a reasonable time frame?
- Should a person be allowed to bump into a higher graded position?
- What rights should a displaced part-time employee have to a full-time position?
- When does red-circling apply or not apply?

In the end the paramedical bargaining committee unanimously approved a proposal that was accepted by the employers' committee. While there aren't wage increases or many other benefits arising from negotiations this year, I believe this is a significant achievement. Take the time to study the new language. I think you will agree. **R**
Ron Ohmart is HSA's Executive Director of Labour Relations.

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.

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psychiatric nurses vote on contract



Mari Clark, a psychiatric nurse at the New Vista Society in Burnaby, will cast her ballot as part of a province-wide ratification vote for the Nurses' Bargaining Association. See coverage page 13.



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