

# THE Report



**GOING THE  
DISTANCE,  
TOGETHER**

**FIGHTING BREAST CANCER –  
WITH HELP FROM HER COLLEAGUES**

# HSA members going the distance



**Cindy Stewart (centre) and Laura Conzatti (right), mammographer and chief steward, join local dignitaries at the opening of the Tour for the Cure in Vernon.**

by CINDY STEWART

**A**fter seven years as a sponsor of the Canadian Breast Cancer Foundation's most important fundraising event – the CIBC Run for the Cure – HSA members have contributed more than \$650,000 to the fight against breast cancer.

This contribution represents HSA's annual \$25,000 silver-level sponsorship of the Run, the fundraising of individual HSA teams – over 20 this year – in communities around the province, and the province-wide advertising and public relations activities coordinated with breast cancer awareness month and the Run for the Cure events.

In this issue of *The Report*, you'll meet Katie Fulop, an HSA member and lab technologist at Mission Memorial Hospital who has been an enthusiastic team captain and is a breast cancer survivor.

Physiotherapist Jenny Robertson and her team from GF Strong were HSA's models for this year's banners and advertising. Also a survivor, Jenny's commitment to fighting breast cancer gave many people the strength and inspiration to join her in the fight. It is

for Katie Fulop and Jenny Robertson and the many other women in our lives that we participate in the Run for the Cure. And it is for people like Katie and Jenny that so many HSA members do the work that you do. Whether it's diagnostic, clinical or rehabilitation services, HSA members are important companions in a woman's journey with breast cancer.

Every year, I am moved by the women I meet and the stories I hear at the Run. This year I ran with the HSA Kelowna team, and with more than 25 team members, we were quite a crowd! Congratulations to fellow team member Joanne Takahashi for raising a whopping \$1040 in donations! See page 15 for a complete list of HSA members who won prizes for their fundraising efforts.

This year, our commitment to the importance of education and awareness about preventing breast cancer has been

shown through our sponsorship of the TELUS Tour for the Cure.

The tour is the largest community outreach program ever undertaken by the BC/Yukon chapter of the Canadian Breast Cancer Foundation. Featuring interactive displays, breast cancer screening and information on prevention and early detection, the TELUS Tour for the Cure will stop in 26 communities outside the Lower Mainland between September 2004 and May 2005.

According to the Canadian Breast Cancer Foundation, less than 50 per cent of eligible women in BC participate in the province's free mammogram program. The survival rate for breast cancer patients increases significantly with early detection and treatment of the disease. And that is why HSA is so committed to supporting the Foundation's efforts.

HSA is sponsoring the mammography panel, which encourages women to go for regular screening mammograms. A direct line to the screening mammography program is placed in the centre of the panel, giving women the opportunity to make their appointment for a screening mammogram right then and there.

Last month, Laura Conzatti, mammographer and HSA member at Vernon Jubilee Hospital, and I participated in the official launch in Vernon. HSA members have been taking part in many of the official openings, which are usually covered by the local media. Not only is HSA joining in the fight against breast cancer, we are also raising the profile of health science professionals and the important contribution you make to the health and welfare of British Columbians.

Because of your on-going commitment, enthusiasm and participation, HSA continues to benefit greatly from our partnership with the BC Branch of the Canadian Breast Cancer Foundation.

Thank you! **R**

*Cindy Stewart is president of HSA.*

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Emerging into  
the light of the  
Sherbrooke Day Program

### Sherbrooke Day Program



- 14** RUNNING FOR THE CURE  
HSA members across BC  
helped raise funds for breast  
cancer research and education

#### THE FRONT COVER

Katie Fulop is a lab tech and chief steward at Mission Memorial Hospital, as well as captain of HSA's local Run for the Cure team. She is joined by team members (from right) Karen Main, Monica Gosal, and Anne-Marie MacFarlane, all lab techs. Dan Jackson photo.

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# News

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## **Region 6 members welcome new representative on Board of Directors**

Ernie Hilland, a cytotechnologist at the BC Cancer Agency in Vancouver, has been acclaimed as the Region 6 representative on the union's Board of Directors.

Hilland replaces Rae Johnson who resigned this fall due to work and personal commitments. Ernie will represent Region 6 until the end of the term in spring, 2006.

Hilland is chief steward at the BC Cancer Agency in Vancouver. He is a long-time HSA activist who



**Ernie Hilland**

served previously on the HSA Board of Directors, including as vice-president. In addition to serving on numerous HSA committees, Hilland served on the Executive Board of the Vancouver & District Labour Council.

The HSA Board of Directors welcomes Ernie Hilland, and offers

its sincerest gratitude to Rae Johnson for her years of service to the union.

## **Paramedical professionals ratify contract**

This fall, paramedical professionals voted 92 per cent in favour of the tentative contract reached this summer between the Paramedical Professional Bargaining Association (PPBA) and the Health Employers' Association of BC (HEABC).

"Clearly, paramedical professionals recognized that this was the best contract possible given the current political climate," said Ron Ohmart, chief negotiator for the PPBA and Executive Director of Labour Relations for HSA.

"Unfortunately, the government refused to address a number of critical issues during this round

of negotiations – including professional shortages, workload and low staff morale – and our members expect to see real progress on these issues when we go back to the bargaining table in 2006."

Ohmart noted that voter turnout was extremely low compared to previous years, reflecting a general disillusionment with the Liberal government's approach to health care bargaining.

The PPBA represents approximately 13,000 paramedical professionals represented by the Health Sciences Association of BC (HSA), BC Government and Service Employees' Union (BCGEU), Canadian Union of Public Employees (CUPE), Professional Employees' Association (PEA), and the Hospital Employees' Union (HEU).

## **Nurses vote to accept new contract**

Nurses voted 87.5 per cent in favour of the terms of settlement for a new two-year agreement which covers the majority of registered nurses and registered psychiatric nurses working in BC's health care system.

The agreement was negotiated as part of a Framework Agreement reached this summer between the Nurses' Bargaining Association and the Health Employers Association of BC, which stated there would be no rollback in nurses' hourly rates, benefits or time off provisions and that there would be no increase in total compensation.

In June, a series of high-level nursing policy discussions took place in order to address key professional practice concerns of registered nurses and registered psychiatric nurses about ways to improve patient care and nurses' working conditions. Issues included increasing the number of full-time nursing positions, improving the shift scheduling system, phased retirement, and finding regular positions for new graduate nurses.

After the policy discussions, bargaining took place to address a short list of issues including renewal of the Occupational Health and Safety Agency for Healthcare and an increase in mileage payments



for nurses having to use their personal vehicles for work.

The Nurses' Bargaining Association includes the BC Nurses' Union, the Health Sciences Association of BC and the Union of Psychiatric Nurses. **R**



**Congratulations! HSA celebrates with Burnaby Hospital therapy members upon the publication of an important new textbook co-written by physiotherapist Frank Chung. From assessments methods and management strategies to cases of typical presentations of pulmonary and cardiovascular conditions, *Clinical Management Notes and Case Histories in Cardiopulmonary Physical Therapy* is a vital learning tool for both students and clinicians.**

Back row l-r: **Sally Toft (physiotherapist), Jeffrey Chan (occupational therapist), Subha Suresh (pt), Judi Cameron (pt), Frank Chung (pt and author), Chris Szeto (pt), Barb Andersen (pt), Yenna Jung-Mansfield (chief occupational therapist), Aine Kirk (pt), Susan Robbins (chief speech language pathologist)** Front row l-r: **Navi Shergill (administrative assistant), Liz Klose (pt), Tessa Limowski (rehab assistant), Susan Hearsey (chief physiotherapist), Lucinda Ma (pt), Irene Cornelius (pt)**

# Public hospitals much more economical than P3s

Report by independent economist says  
Brampton P3 hospital will cost \$175 million  
more than if it were built with public funds

Canada's hospitals are threatened with unnecessary and expensive privatization, says a report by independent economist Hugh Mackenzie.

Entitled *Financing Canada's Hospitals: Public Alternatives to P3s*, the report outlines the genesis of the current backlog in hospital construction and the history of hospital finance in Canada.

Mackenzie offers 17 recommendations to federal and provincial governments to assist in rebuilding Canadian hospitals, and to keep them public.

In an addendum to the general report, Mackenzie estimates that the controversial private P3 hospital planned for Brampton, Ontario, will cost at least \$175 million more than if the hospital were built publicly.

## Costs have almost doubled at a planned P3 hospital in Abbotsford.



**Taxpayers pay the mortgage. The corporation keeps the building. P3s make no sense for future provision of quality health care.**



P3s are so-called public-private partnerships between government and private corporations.

### Even Alberta junked P3

The report comes on the heels of two other major blows to profit-driven hospital privateers in Canada.

In August, the Calgary Regional Health Authority – normally a strong booster of privatization – cancelled the city's planned P3 hospital and replaced it with plans to build the hospital publicly.

Meanwhile, in British Columbia, an accountant's report has found that costs have almost doubled at a planned P3 hospital in Abbotsford.

### Governments ignoring evidence

Despite the growing body of evidence emerging across Canada, the Quebec government of Premier Jean Charest has announced that it will open P3 hospitals in Montreal, and the Ontario government is planning a P3 hospital in Ottawa, as well as the one in Brampton.

The Brampton board has announced that construction will start this month on what will be Canada's first P3 hospital. The project is a year behind schedule.

Ontario Public Infrastructure Minister David Caplan has said he intends to release a full plan for the redevelopment of the province's infrastructure, including hospitals, this fall.

The Mackenzie report says P3 hospitals are "extremely expensive, costing much more than public hospitals."

Beyond this are significant additional 'costs' related to lost public control and accountability.

## CHPS

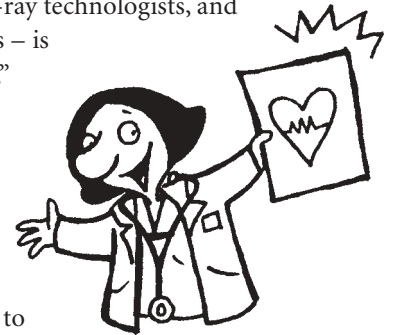
# Health professionals optimistic about federal health deal

**T**he Canadian Health Professionals' Secretariat is optimistic that the new First Ministers' deal on health care will mean an increase in the number of health professionals and improvements in patient access to critical medical diagnosis and treatment services.

"All of the First Ministers have committed to increasing the supply of health professionals across the country and this is a significant positive step toward protecting and improving the health of Canadians," said HSA President Cindy Stewart, who is Co-Chair of CHPS, an organization representing 60,000 diagnostic, clinical, rehabilitation, and other health professionals.

"The fact that they have acknowledged serious shortages of not just doctors and nurses but also other essential health professionals – such as pharmacists, lab and x-ray technologists, and respiratory therapists among others – is a big win for the members of CHPS," Stewart added.

CHPS helped set the table for a discussion on health human resources by holding a news conference at the start of the three-day health care summit urging the First Ministers to recognize that in order to improve patient access and reduce wait times they would have to develop a comprehensive and national plan to tackle the growing shortage of health professionals.



### Prepared to work closely with governments

"We're very encouraged that the First Ministers have listened and now recognize that an adequate and stable supply of health professionals is key to ensuring Canadians have timely access to the quality care they require," said Carol Meyer, Co-Chair of CHPS.

"We're also pleased that the First Ministers have committed to continue listening to health professionals and involving us in their work on health human resources action plans," she said.

"We look forward to the opportunity of working closely with the federal and provincial governments to facilitate the detailed national and long-term planning that is necessary to increase the supply of needed health professionals and overcome other human resources challenges facing our health care system," added Meyer.

CHPS is a national organization representing more than 60,000 health science professionals who deliver essential diagnostic, clinical, rehabilitation, pharmacy and other services to Canadians. **R**

Source: NUPGE

"There is no magic to dealing with our infrastructure gap," says Mackenzie. "We need more investment. And we can deliver that investment through direct public programs at a substantially lower cost than through the P3 schemes that are being touted as the only option."

### Public funding works

Mackenzie discredits claims by P3 proponents that governments can no longer afford to publicly build the kind of projects undertaken in the past by governments with fewer resources - but greater vision.

Paul Martin Sr. – father of Canada's current prime minister – established the National Health Grants program. It was used to build a large number of existing public hospitals, which are the foundation for Canada's Medicare system.

The Ontario Health Coalition says the report contributes to the "irrefutable evidence" of the higher cost of P3 hospitals while also offering "a practical template" for publicly financing new hospitals.

"There is no excuse to continue with the privatization of our hospitals in defiance of election promises and the public interest," says coalition coordinator Natalie Mehra.

"The Ontario government's upcoming infrastructure development plan must contain a clear plan for a stable, consistent, public hospital capital financing."

The report was commissioned by the National Union of Public and General Employees, along with various other partners in public health. **R**

Source: NUPGE

## Health professionals share ideas, discuss key challenges

In early November, health professionals from across Canada gathered in Ottawa for a meeting of the Canadian Health Professionals Secretariat (CHPS) to share information and discuss the key opportunities and challenges facing health professionals.

Some of the main issues discussed included:

- Large and growing shortages of health professionals and the current status of various government initiatives to address these shortages.
- Employment conditions and collective bargaining trends.
- Specific health reform initiatives, such as regionalization and enhancing interdisciplinary collaboration in primary health care.
- New and ongoing public policy advocacy campaigns.
- Opportunities to meet and make contacts with like-minded organizations.

James Clancy, president of the National Union of Public and General Employees, spoke to participants about the potential impact on health professionals of the new 10-year plan to strengthen health care, an agreement recently signed by the federal/provincial/territorial governments.

As well, Michael Decter, the Chair of the Health Council of Canada, addressed the gathering. Created in December 2003 as a result of the 2003 First Ministers' Health Accord, the Health Council of Canada is mandated to monitor and report on the progress of health care renewal in Canada, including the crucial issue of health human resources.

HSA President Cindy Stewart co-chairs the Secretariat. "Health professionals across Canada are benefitting greatly from sharing our experiences through CHPS," she said. "This national forum allows us to build strength and pool our resources and knowledge better to represent the interests of our respective members." **R**

### Fetal alcohol spectrum disorder 2005 national conference

**Dates:** February 24-26, 2005

**Location:** Victoria Conference Centre

There is a growing awareness of the failure to accommodate within society the needs and rights of individuals with FASD. This results in diminished access to health, education, social services, and justice. This conference will bring together experts in law, ethics, policy and research to explore ways to ensure access for people with FASD. This national conference will also provide a forum for learning about up-to-date information in key areas related to FASD, including the national diagnostic guidelines. As in past years, a continuing focus will be on hearing the voices of affected children and youth.

This conference will be of interest to persons with FASD, program developers, family members, family support workers, alcohol and drug counsellors, infant development consultants, social workers, psychologists, mental health workers, educators, vocational and rehab service providers, nurses, physicians, policymakers, and employment counsellors.

### Diabetes educator course

**Dates:** March 14-17, 2005

**Location:** Coast Plaza, Vancouver

This limited-enrollment four-day intensive course is specifically designed to prepare health professionals with a solid foundation in diabetes education and management. This course will be of interest to dietitians, nutritionists, pharmacists, nurses, and other health professionals currently involved with or interested in diabetes education and management.

### Preschool children with developmental disabilities

**Dates:** March 17, 2005

**Location:** Coast Plaza, Vancouver

This workshop will contain a discussion of the nature, meaning, and developmental significance of peer-related social competence for young children. This will be followed by a discussion of the unusual problems experienced by young children with developmental disabilities. The possible causes of this unusual problem will be considered and a variety of techniques and strategies to improve children's peer-related social competence will be presented.

This workshop should be of value to a multi-disciplinary audience including early childhood educators, infant development consultants, nurses, and psychologists.

### Other upcoming events:

- Women's mid-life years – heart / breast / bone: putting it all together (April 2005)
- Dual diagnosis program (May-June 2005)
- Health care communication: where's the patient's voice in health professional education? (November 2005; call for abstracts at conference website)
- The early years biennial conference (February 2006)
- International seating symposium (March 2006; call for abstracts at conference website)
- Cancer rehabilitation conference – Survivorship: moving forward after treatment (March - April 2006; call for abstracts at conference website)

### More information:

phone 604/822.6156 or  
1.877/328.7744 toll free  
[www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)



## CONTRACT INTERPRETATION

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

### Ensuring a safe workplace

**Q:** What obligation is there on my employer to maintain a safe workplace?

**A:** All workers have a right to a safe work environment. The *Workers' Compensation Act* of BC requires employers to provide safe working environments for their employees. In addition, HSA has negotiated collective agreement language that defines the obligations of employers to maintain a safe workplace.

HSA also takes a leadership role in the promotion of workplace safety. HSA does this by various means including: working with employers to encourage the addressing of workplace safety issues, including participating in committees respecting occupational health and safety; offering health and safety education initiatives for our membership; and by providing members with support or representation before the Workers' Compensation Board should a workplace injury occur.

**Q:** What can I do if I feel there may be an unsafe situation in my workplace?

**A:** If the safety issue is not immediate, make notes of your concerns and discuss, as soon as you are able, the details with your supervisor. In addition, you may wish to speak to your steward. Your steward can then advise you if any further steps with the employer need to be taken.

**Q:** What can I do if there is a sudden unsafe situation that arises at work? Can I refuse to work if I think the situation is dangerous?

**A:** First, discuss your concerns as soon as possible with your immediate supervisor. In this way, if the supervisor agrees, the matter may be resolved immediately. If time allows, you may also wish to discuss the details with your steward. Your steward should be made aware of your concerns as soon as is practicable in order that they may assist you in whatever manner possible.

Workers have a right to refuse work when working would be unsafe. This is an exception to the general rule "work now, grieve later." However, this refusal must be exercised by a worker prudently since refusing to work can be regarded by an employer as insubordination.

If a worker refused to work due to a safety concern and was disciplined, at an arbitration the onus would be on that worker to show either some or all of the following depending on the circumstances of the case:

1. That the worker had an honestly held belief at the time of the refusal that their health or well-being was endangered;
2. That this concern was communicated to their supervisor in a reasonable manner and in a timely way;
3. That the worker's concern respecting safety was objectively reasonable in the circumstances; and,
4. That the danger was sufficiently serious to justify refusing to work.

Since each case of refusal to work is based upon unique circumstances, it is strongly encouraged to discuss the matter with your steward in advance of taking any action. **R**



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.

# Catharsis: emerging into the light of the Sherbrooke Day Program

by GREGORY J. ROBB

**U**ntil this Labour Day, the Sherbrooke Day Program at Royal Columbian Hospital had been threatened with closure. But recently, it was learned that the Fraser Health Authority had reversed a previous decision to close the mental health program.

Social workers Yasmin Jetha and Nancy Hanna, along with RN colleague Audrey Dumaresq, have diversified the program over the years. Now, clients have access to skills-based evening groups, while Day Program graduates can attend weekly follow-up support sessions.

The Day Program, a 144-hour interpersonal exploration, runs every morning from Monday to Thursday over 12 weeks. Clients enter and graduate on a revolving basis; new clients have the opportu-

healing insights. After 90 minutes, discussion is closed. Any residual issues are brought forward to a subsequent interpersonal group.

Depression is the most common mental illness treated in the Sherbrooke Day Program.

According to Hanna, clients with depression tend to withdraw. “They sort of feel that they’re the only person that suffers from that illness. When they come into a group like this, they find that other people are often going through the same issues that they’re going through.”

“Open groups allow you to have senior group members who can be role models,” said Jetha, the program coordinator. “When new people come in to the group, it’s nice to see someone who is doing well. Group members get quite connected to one another.”

Commonality is critical to healing. Whether coping with grief or loss, abuse or depression – those often being psychologically linked – group members examine how they see the same issues differently. Dynamics are so fluid that it is common for tears to fall in the wake of a laugh, as a surface issue morphs to an open truth. Throughout, staff and clients try to accept what works and leave what does not.

“If it’s working well,” said Dumaresq, “then the therapists’ involvement isn’t nearly as big as if it wasn’t working well. And usually, it does work well.”

The Sherbrooke Day Program is a quintessential team effort. Clients volunteer for program tasks,

**“I will never forget the young child who came up to me to say, ‘Thanks for giving my dad back to me.’”**

nity to interact with those who may be completing their last week. The two perspectives are often universes apart, yet one so often becomes the other within three months.

The program’s interpersonal discussions can be most intense. Therapists and clients sit in a circle when the clock strikes nine and any topic goes when addressed under strict guidelines. The word “I” is essential as one person responds to another person’s ideas, emotions and experiences. All members accept responsibility for their contributions to the collective dialogue. What is said in the room stays in the room, because confidentiality is the impetus for

like putting on the coffee each morning, or watering the plants at the end of the week. A seemingly simple task like watering the plants can be an achievement for a hopelessly depressed person. When the onslaught of fatigue hits a new group member, other clients offer encouragement.

Attendance often becomes the goal of the first two weeks in the Day Program. Clients also learn an array of life skills that facilitate healthy communication. Personal empowerment fuels subsequent successes. Therapists coach the healing, but the clients do the work. The only requirement is that members participate.

Catharsis can become confrontational, between group members, or between the warring factions within the individual. Imagine staring down your greatest fear and surviving.


Clients feel greatly relieved by letting go of burdens that have, in some cases, been shouldered for a lifetime. Break-throughs emerge with the practice of expression and dialogue.

“Many people have not had a place where they could actually feel that they were safe enough to speak,” Jetha said.

“Graduation days” are joyous group rituals that celebrate each member’s completion of the program. Therapists send alumni back to the world with a simple message: don’t look back.

“One of the rewards I will never forget,” Jetha offers, “was having a young child come up to me and say, ‘Thanks for giving my dad back to me.’ It’s amazing what depression can do to a family.”

Physicians and mental health workers refer clients to the Sherbrooke Day Program. Prospective members are assessed to ensure that they are ready to tackle the journey.

Those who are find powers that they thought had died. The life that follows defines the penultimate return on human investment. 

*Gregory J. Robb is a Vancouver-based writer, broadcast-journalist, and high-school teacher. He is a successful graduate of the Sherbrooke Day Program at Royal Columbian Hospital.*

## Sherbrooke Day Program

From right: **HSA social workers Yasmin Jetha, Nancy Hanna, and their colleague Audrey Dumaresq guide mental health clients on the road to healing.**

Gregory J. Robb photo.



## Reviewing stat holiday pay



**A**re you getting paid properly for working a statutory holiday? If not, your employer may be violating the collective agreement.

If you are a casual employee and only being paid straight time instead of time and one half for hours worked on statutory holidays, we believe your employer is violating the collective agreement.

The same applies if you are a regular employee scheduled to work a stat holiday but your shift has been cancelled and you've been replaced by a casual employee at a cheaper rate.

If this is happening to you, keep a record.

**Some employers are cancelling shifts of regular staff scheduled to work on a stat, and replacing them with casual staff at a lower rate of pay. This is wrong.**

The Union Bargaining Association (UBA) for community social services workers has learned that some employers are cancelling shifts of regular staff scheduled to work on a stat, and replacing them with casual staff at a lower rate of pay.

The UBA did not agree in bargaining that our members who are regular employees would be booked off on statutory holidays which would normally be a work day for them.

Further, it was never agreed that casual employees would be paid at straight time rather than time and one-half for any hours worked on a statutory holiday.

The UBA considers these practices to be violations of Article 30 where the parties have agreed to limit the use of casuals to backfill for sick leave, vacation, special leave or to augment during peak periods. The collective agreement prohibits employers from laying off a regular employee for the purpose of calling in a casual employee at a lesser rate of pay.

The UBA has advised the Community Social Services Employers' Association (CSSEA) of the violation and its intention to arbitrate this matter as a policy grievance. A hearing date will be scheduled as soon as possible.

In the meantime, casual employees who are paid at straight time instead of time and one half for working on a statutory holiday should keep a record of shifts for which they have not received the correct pay.

In addition, regular employees whose regular work shifts on statutory holidays are cancelled should also keep a record of affected shifts.

Once the arbitration is completed, the unions will advise members of the outcome. **R**

*HSA is a member of the Union Bargaining Association for community social services workers across BC.*



# HSA and Vancouver Coastal Health agree on adjustment plan for lab redesign

In a joint bulletin, HSA and Vancouver Coastal Health announced in November that an agreement has been reached for a number of measures designed to mitigate the impact of laboratory restructuring. Restructuring will occur in the laboratories at Lions Gate Hospital, Richmond Hospital, Vancouver Hospital's 12<sup>th</sup> and Oak Pavilions, and Vancouver Hospital's UBC Pavilions.

The VCH is reorganizing to a regional laboratory structure in the context of preparing its bid for out-patient laboratory work.

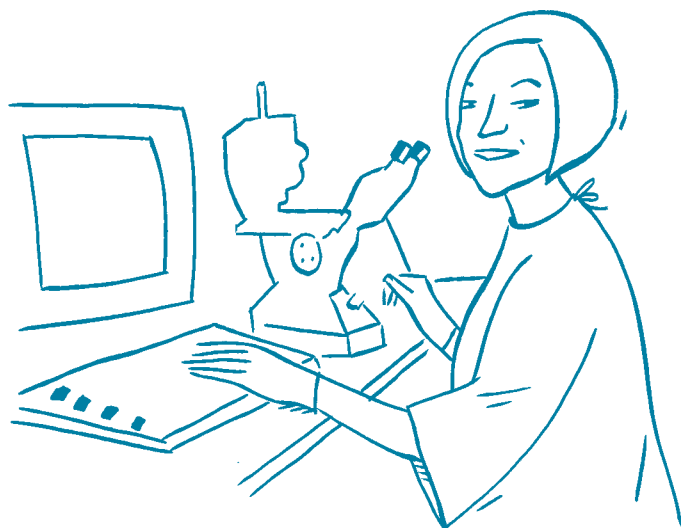
Upon receiving the VCH's section 54 notice, HSA struck a committee with laboratory representation from each of the four hospitals. Joanne Graham, Gerry Evans, Connie Brooks, Adelina Lim and Elly Fontein joined HSA staff Kathy McLennan and Dawn Adamson to negotiate an adjustment plan with VCH representatives.

The parties held joint meetings with the affected membership to distribute the adjustment plan, and to explain its provisions.

The VCH's objective is to meet its workforce reduction target through attrition, to the greatest extent possible. Accordingly, the plan includes a "Voluntary Canvass/Expression of Interest."

The purpose of the canvass is to identify opportunities to create vacancies to be used to avoid displacements. Voluntary options include a labour adjustment incentive (ranging from a benefit of 8 to 20 weeks salary), a phased retirement initiative (of up to 1 year), job-sharing, transfer and others. If an application is approved by VCH, an offer is made for the employee's consideration.

A process has also been developed for filling the reorganized positions. Some positions will be assigned, some are limited to competition between incumbents, and some will be posted. In some cases, first consideration will be given to affected em-



MARILYN KOOP GRAPHIC

ployees in positions Grade 3 or higher.

The VCH will then identify those employees whose positions remain to be deleted, and will issue displacement notices to those employees. The VCH will not issue layoff notices to laboratory employees prior to January 2005.

The parties adopted a bumping process for the purposes of implementing the changes at the four sites undergoing restructuring.

Training opportunities are subject to operational requirements and will be offered on a priority basis where it serves to avoid the layoff of an employee who has seniority over another employee.

Wage protection is provided, subject to certain requirements concerning bumping, as described in the adjustment plan.

The salary structures for certain positions have also been established.

The seniority lists of all technologists in the four laboratories will be merged into one list.

As *The Report* was going to print, HSA was holding membership meetings at the affected laboratories to answer members' questions concerning the adjustment plan. **R**

For more information, contact Dawn Adamson or Kathy McLennan at the HSA office at 604/439.0994 or 1.800/663.2017.



Region 4 Director Agnes Jackman (right) with a friend from GR Pearkes / BC Rehab



Sonia Ralston helps distribute ribbon tattoos

## RUN FOR THE CURE 2004 HSA members raise

In October, members across the province went the distance to raise funds for the Breast Cancer Foundation. HSA is a proud sponsor of the Run for the Cure.



Members of HSA's Kelowna team



## Congratulations to fund-raising prize winners!

- Top team: **GF Strong and Healthy** (\$3401). Boston Pizza Party for 10
- Top individual: **Mary Hatlevik**, HSA Trail Busters, (\$1,338). Two nights at any Coast Hotel.
- 2nd: **Suzanne Takahashi**, HSA Kelowna (\$1,040). Travel voucher for \$250, courtesy WE Travel.
- 3rd: **Jennifer Whytock**, GF Strong and Healthy (\$550). Saturday night stay for two at the Vancouver Hilton Metrotown.
- 4th: **Jenny Robertson**, GF Strong and Healthy (\$510) CBCF gift package.
- 5th: **Dianna Mah-Jones**, GF Strong and Healthy (\$500) CBCF gift package.
- 6th: **Christine Lynch**, HSA Treasured Chests (\$400) CBCF gift package.
- 7th: **Connie Kostiuk**, GF Strong and Healthy (\$389) HSA gift package.
- 8th: **Ellen Vallie**, HSA Trail Busters (\$345) HSA gift package.
- 9th: **Diane Griffin**, Abbotsford (\$330) HSA gift package.
- 10th: **Dannika Bakker**, HSA Kelowna (\$325) HSA gift package.



HSA members all across BC participated in the Run for the Cure



over \$23,000





HSA President Cindy Stewart shares a laugh with (left to right) social worker Chris Whyte, psychiatric nurse Bill Moore, and Region 6 Director-elect Ernie Hilland, a cytotechnologist



Occupational therapist Jane King (MSA Hospital) made a presentation as a featured "member profile"

## REGION MEETINGS FALL 2004

# Sharing knowledge, exploring strategies

**From member profiles to the canvass of emerging issues during the open forum, each regional meeting is a dynamic way for members to share their thoughts, strategies, and concerns.**

**B**argaining. Lab reform. These are just two of the topics members discussed this fall when they gathered at regional meetings.

HSA President Cindy Stewart said she is invigorated by talking with members all across BC. "I am constantly struck by HSA members' passion and dedication to ensuring the best possible care for their patients and clients," she said. "From member profiles to the canvass of emerging issues during the open forum, each regional meeting is a dynamic way for members to share their thoughts, strategies, and concerns."

She said that this year's meeting evaluations were overwhelmingly positive. "We're thrilled to see that members continue to find these meetings extremely informative and vital, whether they're new activists or long-time stewards," she said. "This year's topics were particularly popular: we presented an update of recent developments in the labour movement, as well as a wrap-up of bargaining in various health sectors. Members were especially interested in hearing about lab reform initiatives and political action, as well as the report on HSA's continuing sponsorship of the Run for the Cure," she added.

In addition, members also discussed the upcoming provincial election in May 2005, as well as a pre-bargaining campaign to prepare for the next round



## **“We heard from many dietitians and physiotherapists about how concerned they are about the privatization of support services.”**

of bargaining.

In a continuing effort to ensure optimal support for stewards, members at regional meetings took part in focus groups to discuss various arising issues. “We were able to gather very important feedback,” Stewart said. “We were pleased to hear positive feedback on the level of support provided through the union office – even though we are always looking for ways to make improvements,” she said. Also, in odd-numbered regions, meeting delegates elected members-at-large.

Stewart said she especially wants to thank Regional Directors for hosting the meetings, as well as the members who agreed to be featured at the meetings as “member profile” highlights.

“Our members work in more than 100 different disciplines,” Stewart said, “and it’s always fascinating to hear about the working lives of our members. These profiles continue to be extremely popular,” she said. “This year, we were able to highlight residential care workers, a dental hygienist at a long term care facility, a front line advocate for a community mental health resource, a radiation therapist, an occupational therapist, as well as many others in equally interesting and essential jobs,” she said.

Stewart said that while these regional meetings are very popular, members often have difficulty getting time off to attend union functions because of workload and staffing shortages in many professions. “We’ve been highlighting the issue of shortages on various fronts, including in the national arena through the Canadian Health Professionals’ Secretariat,” Stewart said, “but shortages remain a problem. It’s unfortunate that some of our key activists aren’t able to attend union meetings,” she said. “But it’s heartbreaking that so many patients are having to endure undue waits for treatment, diagnosis, and therapy.”


Stewart said she was especially struck by the information members brought forward to this year’s regional meetings. “Our members, obviously, are always our best source of information with which to gauge the health of the system,” she said. “But this year, we noticed that the mood was different

from the outset. And the stories were increasingly distressing: our members are worried,” she said.

“We heard from many dietitians and physiotherapists about how concerned they are about the privatization of support services. They are worried about the low quality and responsiveness of nutrition services, and the terrible cleaning standards because of under-trained and underpaid house-keeping staff.

“We also heard from transition house workers that they are seeing women on their doorsteps now who are homeless, or who are seniors in need, or who are needing detox – women they’re not accustomed to seeing in transition house settings,” she said.

“Something is wrong in BC health care and social services.

“And members are recognizing that one of the most effective ways to ensure positive change in the social and health sectors is through political action,” she added. 

*For more information about topics discussed at this year’s regional meetings see your Chief Steward at your facility.*



**Region 6 activists bid a fond farewell to outgoing Region 6 Director Rae Johnson, a pharmacist at Providence Health Care.**

# Caring for a living, with a big heart

by LAURA BUSHEIKIN

**T**he phrase “the school of life” has an apt illustration in Charlie Wheat. In fact, unlike most residential care workers, Wheat did not need formal training at all to learn how to do his job, which entails providing care, on a myriad of levels, for mentally and physically disabled adults living in a community home.

“I had training all my life,” Wheat says. “I was raised in a family that adopted children and had foster children, many of them physically or mentally challenged. On average we had about eight kids in my home at one time. Over the years there were about 20-25 of us.

“My parents are fabulous – they have very big hearts,” he adds, by way of explanation.

While he will allow that his job is a challenging one, he says it is second nature to him.

“It’s been a way of life since I was a kid,” he says. It was this way of life, rather than any kind of active job search or career decision, that brought him to his position at the South Peace Child Development Centre in Dawson Creek.

“We lived in Africa for a while, and my school required volunteer time, so I worked in the pool with children. One orphan there had only one leg and only spoke Swahili. I

didn’t speak any Swahili so I was teaching her to swim using only gestures. When I came back to Canada the CDC opened up their community house, and I volunteered in the pool. When a job became available they asked me to apply,” Wheat says. He has been there over 12 years, with the same two clients.

The house provides a home for up to three adults with a range of needs.

“At times some need total assistance with everything from eating to moving. One of our guys is non-verbal; he doesn’t speak or do sign-language or nod or shake his head or anything – he can only communicate through his eyes. It has become an art to understand what he’s thinking and feeling,” says Wheat.

Wheat provides not only basic physical care, but also emotional care. “I can help them figure out what’s going on in their environ-

ment by breaking it down to a level they can understand. You do a lot of explaining,” he says.

Wheat’s job also involves ensuring that his clients have sufficient stimulation, recreation and social time.

“We have trips to the pool twice a week, and exercises every morning. One guy goes out into the community every day. He visits family and goes to the library. He loves music and going for drives; in fact, driving around for an hour listening to a tape is wonderful for him. He loves to socialize, loves shopping, singing, going out and being in the community.

“For lots of these people, the house can become almost like a prison because they physically can’t always go out and do things. Our other guy likes walks and loves spending time with his family.

Clearly, the job demands a great deal of patience and generosity of spirit, but Wheat says these qualities come with the territory.

“Some people hear what I do and say, ‘Oh my God, I couldn’t do that for even a day.’ But I always think about what I would want if I were in these guys’ situation, in their bodies. A lot of my empathy comes from having had siblings that were similar to them. I saw what happened when they grew up – how people treated them. Ignorance is such a big part of their life. People don’t know how to treat people with disabilities

“These guys didn’t choose to have this happen to them. We can make their life as

**Charlie Wheat participates in the Occupational Health and Safety Fightback Campaign. Wheat, a member-at-large, serves on HSA’s OH&S Committee.**



**“ Basically, I hate inequality. HSA is a provider of equality in the workplace. You can’t get much better than that.”**

bearable as possible,” he says.

Discussion of what Wheat gives in his job moves smoothly, and for Wheat, naturally, into talk of what he receives.

“It’s definitely humbling when you think of someone whose life consists of having a seizure every three or four days, not being able to communicate verbally or physically, and this guy wakes up every morning and smiles the best he can, and again the next day, and the next. It makes my problems look pretty small. The relationships that I’ve developed [with clients], knowing that their relationships are really limited, mean so much. You walk in and they’ve had such a lousy day and they see you and have such a big smile on their faces – it makes it so worthwhile,” says Wheat.

Wheat also appreciates that his job gives him the opportunity to educate the public, challenging the fear and prejudice many people have towards people with disabilities.

“Every day I get the chance to educate people – when I’m asked what my job is, I like to bring home the fact that these guys are individuals with their own personalities and people miss out on knowing them. If I was in their bodies I’d want to be treated with respect. This is a learning experience that benefits all of society. It’s all about dignity and respect,” he says.

Unfortunately, provincial funding agencies don’t always seem to see it that way. The cutbacks of the Campbell government have clearly hurt his facility.

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**Charlie Wheat**  
Assistant Chief Steward, OH&S  
Steward, Member at Large  
Residential Care Worker  
South Peace CDC

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“Just this year we had a wage reduction and benefit loss to maintain the contract. Cutbacks reduce clients’ opportunities; if there’s a reduction in staff levels, there’s no one free to take a client out. With only one staff on you can only give attention to one at a time, you have to do prep work and can’t always watch as diligently as you’d like. There’s always a threat that the whole program could be closed down or CDC could be forced to give up its contract. Privatization is a huge threat rippling through this whole sector,” he says.

Despite the uncertainty, Wheat continues to love the job his whole life has trained him for. “This is one of those jobs that just kind of fell into my lap, and it has brought opportunities with it, such as working in the union,” he says. Wheat has served as Assistant Steward and Occupational Health and Safety Steward at his facility for eight years. He says he finds union involvement immensely satisfying.

“Basically, I hate inequality. HSA is a provider of equality in the workplace. You can’t get much better than that,” says Wheat.

“What I like about HSA is the power that it gives the smaller person,” Wheat continues. “In so many workplaces everything is about the employer. If you speak out about any problem they treat you like you’re unreasonable, and you can start to think they’re right. You lose your voice. But when you take it back as part of a union it’s so empowering.”

As a Steward, Wheat participates regularly in training and meetings in Vancouver, an opportunity he greatly appreciates, he says. “The training is great. It provides escape, helps me avoid burnout, keeps me enthusiastic, and it gives me a chance to refocus.

Basically, I become empowered with so much knowledge and then go back to the workplace and make the changes,” he says

Many of those changes have revolved around occupational health and safety. “That was one area where off the bat we had a lot of work to do. There was no functioning safety committee, no one was following the regulations – in fact, no one even knew the regulations. The approach had been to make things safe for clients but no one had thought much about employees.

“There has been a big change, but we had a big battle to get it,” he says. “It’s been really satisfying seeing this process through all the fighting and bickering to a point of consensus, and then developing and implementing it.”

Wheat says he foresees continuing in his two union positions as long as he is needed. “I love the roles I’m in. But I’d also love to see someone step up and show interest in these roles. Everyone should understand how the contracts work. I’d be very willing to pass on what I’ve learned – although I’m also very willing to keep on doing what I’ve been doing,” he says.

Looking towards the future, Wheat says his hope is that HSA will be able to recoup what has been lost under the Liberal government.

“I hope that HSA will be able to rally its forces together and to have the support of the community behind them so that we can regain a lot of what the Liberals have taken away. For instance, if you look at the regulations for occupational health and safety that we lost, I’d like to go back and beyond where we were before!” he says. **R**

## MEMBER PROFILE

# Fighting breast cancer with help from skilled colleagues

by LAURA BUSHEIKIN

“Everything has been great – I’ve been lucky,” says laboratory technologist Katie Fulop. It may come as a surprise to know that with these upbeat words she is describing her experience with breast cancer.

“I’ve kept a positive attitude, which is key,” explains Fulop. “I made a decision from day one that I could handle it, that it wasn’t the end of my life, and that I could cope and survive.”

While Fulop doesn’t pretend that finding a lump in her breast in early 2003 was anything other than scary and upsetting, she allows herself a chuckle when describing the diagnostic process.

After having a mammogram, and later an ultrasound at her workplace in Mission, she was waiting for further testing. An opening came up when she

was on shift and the technologist across the hall asked if she could come over for a core sample.

“I was the only one on the shift,” she says, and that’s when she lets the chuckle out. “So I went over on my coffee break, believe

it or not, and had the sample done. Then I went back to work, with a little bit of gauze under my bra.”

The bad news came four days later. “It was quite an aggressive form of cancer and quite large – big enough to put me into stage II,” she says. Ten days

later she had a lumpectomy and removal of 16 lymph nodes.

“The time from the first doctor’s visit to surgery was one month, which was quite phenomenal,” says Fulop.

After surgery came six months of chemotherapy and then five weeks of radiation. The bulk of her treatment was at the Fraser Valley Cancer Centre in Surrey.

She has only glowing words to say about the treatment she received, and the people – many of them HSA members – who provided it.

“I can’t say enough good things about the people I dealt with. The way they treated me at Surrey gave me a warm, fuzzy, welcome feeling. They were wonderful,” she says.

Perhaps because she is someone who recognizes the importance of a positive mind-set, Fulop supplemented her medical treatment with other “treatments” aimed at nourishing her attitude: availing herself of counseling when she needed it, as well as supplementary programs that improved her ability to cope with the whole cancer-treatment process.

“I did a program called *Look Good, Feel Good*, with a hairdresser and a cosmetician. It focused on how to deal with the alopecia, how to use fake eye-lashes and draw in eyebrows; we looked at head gear, and we got kits with cosmetics. It was wonderful.

“I also took a meditation course at the Fraser

**She has only glowing words to say about the treatment she received, and the people – many of them HSA members – who provided it.**



Valley Cancer Clinic. It was only for cancer patients, and it was actually kind of great,” she says, sounding a bit surprised.

“It wasn’t a religious experience; anyone can use the tools the teacher gave us to get in touch with the feelings they’re going through and to de-stress.”

She also participated in a physiotherapy program to help her get fit enough to return to work.

“It takes three to six months after treatment to get your energy back. I felt very tired,” she says. “The physiotherapy program motivated me to get back into fitness, which is now a priority for me.

“I’m not going to take my health for granted,” she says. “I’m eating well and exercising well. This is a lifelong commitment I’ve made to myself.”

Fulop was an enthusiastic Run for the Cure participant before her cancer diagnosis, serving as a team captain in 2002. She is, understandably, even more enthusiastic now, and again has signed up for team captain. At interview time she was training for a 60k walk (over two days) to end breast cancer.

Her commitment to self-care is only part of a deeper restructuring of her priorities, motivated by her experience with cancer.

“It has made me prioritize what’s important. I don’t get as upset about the little things. It puts everything into perspective. It really brings forward the point that we’re not here forever. You know how you procrastinate, saying ‘one day, one day’ – well, you realize that one day may not come, so you decide what you want to do and you do it,” she says.

Fulop returned to work six months after her treatment ended, beginning part time and gradually moving up to full-time work at Mission Memorial. But while Fulop is putting cancer behind her, her employer is taking a detailed look at it. Fulop is one of 10 staff from the Mission Memorial lab to have had cancer recently.

“Six of us had breast cancer and four had various other cancers, including two ovarian cancers, lymphoma, and thyroid,” says Fulop. “They are investigating it right now, and have taken the first step, which is to identify that yes, there is a cluster of unknown origin. Now they have to investigate to see if it’s workplace-related.

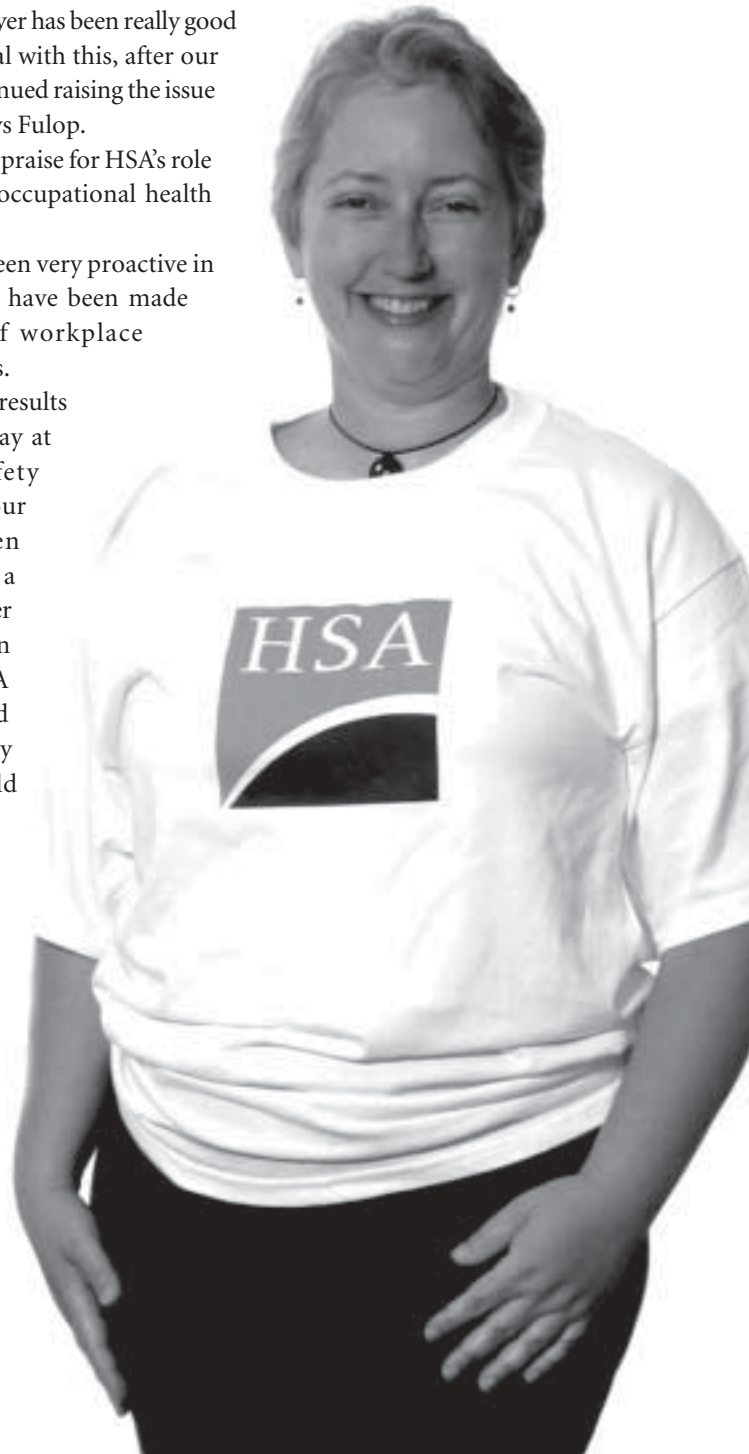
“The employer has been really good in trying to deal with this, after our members continued raising the issue with them,” says Fulop.

She also has praise for HSA’s role in promoting occupational health and safety.

“HSA has been very proactive in this. Members have been made very aware of workplace safety,” she says.

She sees the results of this every day at work. “Safety standards in our lab have been high. We have a lab safety officer who has been through HSA safety steward training. Every hospital should have one.” **R**

**Katie Fulop helped raised funds for breast cancer research this year by participating in the Run for the Cure with her colleagues.**



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**Katie Fulop**

Medical Laboratory Technologist

Chief Steward

Mission Memorial Hospital

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# Committees



**The members of your Committee for Equality and Social Action are:**

- Jackie Spain (Chair)
- Agnes Jackman
- Maureen Ashfield
- Kimball Finigan
- Amanda Bartlett
- Sheila Vataiki (Staff)

## EQUALITY AND SOCIAL ACTION

### Why we donate a portion of HSA dues for solidarity action

BY MAUREEN ASHFIELD

In mid-September, the Committee for Equality and Social Action (CESA) met to review requests for donations from HSA to a variety of worthy projects. This meeting is a yearly event (my first), and is the result of the decision by HSA members to designate 0.45 per cent of our dues for donations to organizations meeting a particular list of criteria. The criteria and this year's recipients will be the focus of a future article from CESA.

While the committee was determining why we might donate to particular organizations, I asked myself a broader question: Why does HSA donate to other organizations at all? This article is the result of discussions with other CESA members, a small survey of some of the people requesting donations, as well as discussions with friends involved in their own union activities.

There seem to be two general categories of reasons why unions donate to other organizations. The first has to do with our understanding of what a union is, the values inherent in the trade union movement, and the ideals we believe we are living out when we enter into partnerships with other like-minded organizations. The second category might be described as a more pragmatic set of reasons: providing financial support to other groups benefits us. If we do not provide support, we are likely to see the erosion of what has been achieved because of unions.

I had a long and rich discussion with Bud and Ann Godderis of the Ecumenical Task Force for Justice in the Americas. Bud, a retired social worker, was an HSA member during the mid-80s

when HSA members first formed the Solidarity Committee (that committee, along with another, evolved into CESA).

Rosita Escobar of Guatemala and Santiago Diaz of El Salvador, both active in the fight for workers' rights in their countries, spoke that year at HSA's annual convention. They described how HSA could support projects in Central America to be in solidarity with oppressed and exploited workers. HSA members responded with their support, and that mandate continues in the year 2004 as CESA continues our vision to be in solidarity with workers struggling to win rights that we have gained (and are at risk of losing under the current regime).

Ann suggested that union members know when we organize and act collectively, everyone benefits. At the same time, the union movement is about more than seeking pay increases and benefits for certain people (i.e., us). The trade union movement evolved in the context of other social movements dedicated to pushing society to a place where all are treated with respect and dignity.

The values of the union movement are under

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mined when we attempt to limit who should be included and who should be supported in their own endeavours to organize.

As Bud told me, “Every person is important, not just us. Every person needs to be treated with dignity and respect. If we don’t stand for that in all places, we won’t be able to stand for it for ourselves.

“If I am worth looking after, then so is every other person. If I see myself as valuable, then every other person is valuable.”

We stand in solidarity with others fighting for human rights and workers’ rights, because it is basic to the values of the union movement. We give financially because that is one of the ways we are able to be supportive and to act concretely in solidarity with others.

To take a slightly different perspective, Ann suggested donating money is a way of giving back, of recognizing and expressing gratitude for the benefits we receive because we are unionized. My friend Julia McRae, active in the BC Teachers’ Federation, was quite blunt on this point. We have benefited because we are members of unions. It is simply wrong, if we then ignore or decline to support groups seeking similar benefits. In my own thinking, there is a serious disease that permeates individuals and organizations that always take and assume entitlement, but never give back and don’t seem to realize the impact of greed on all their relationships.

We benefit in other ways when we support and become partners with community organizations through our donations. For example, our donation to End Legislated Poverty (ELP) assists their work to uncover the systemic causes of poverty. That in turn informs our understanding of the structural causes of poverty. This analysis is essential if unions and organizations like ELP are effectively to challenge

the lie that individuals just need to work harder in order to succeed and be financially secure.

Likewise, it is to our benefit to support the work of organizations like Check Your Head. CYH grew out of young people organizing a response to the Multilateral Accord on Investments (MAI), while supporting labour solidarity among young adults. A more recent focus has been to ‘engender a culture of activity’ by assisting youth to engage in the democratic process with skill building and opportunities to be involved in political activity.

CHY challenges the belief among young people that they have little to offer and no impact in their communities or the political system. Our financial support of this grass roots activism benefits all our communities, particularly since CYH shares our values of the need for collective and cohesive action to improve our world. Some of the young people involved in CYH are bound to be future labour activists and union leaders!

One last thought on the nature and importance of partnerships with union activists in Central America: it is an easy trap to think that because we are the ones donating the money, it is a lopsided partnership.

Our society values those who give money and has difficulty recognizing non-monetary contributions. Carol Wood of Codevelopment Canada, reminded us that unions and workers’ collectives in Latin America are currently fighting the same process of privatization of health services that we experience here.

In fact, they are fighting the same HMOs

and multinationals that we see creeping into our health care system. If we are fully to understand what is going on, we must build relationships with trade unions in other countries.

The same applies to occupational health and safety initiatives occurring in Latin American countries. Unions in North America benefit from their experiences and insights. We will continue to benefit if we continue with our financial support of their fight against the impact of globalization on health care and workers in their countries. How it goes for them, it will surely go for us.

Multinational companies are well aware of globalization and its benefits to them; they do not isolate themselves, or ignore what is happening elsewhere. They act based

## **We stand in solidarity with others fighting for human rights and workers’ rights, because it is basic to the values of the union movement.**

on the premise that it benefits them to be connected throughout the world; they grow by supporting and maintaining partnerships with those who agree with their values. Why would we in unions think it could be any different for us?

Our partnerships and financial support are essential if union values of human rights/workers’ rights are to be realized everywhere, if we want to ensure that we do not lose what we have gained through collective action, and if we want to protect health care as a universal right for all people. **R**

Latex is used to produce numerous products that are used in health care including gloves, syringe plungers, vial stoppers and adhesives.

Latex allergy is an immune response to either the natural proteins in latex or the chemicals used in the production of latex. Latex poses an occupational hazard which should be minimized or eliminated and a number of resources further detail the potential health effects of latex exposure and how to control this workplace hazard.

The following resources are available through the Occupational Health and Safety Agency for Healthcare (OHSAH) in BC – a joint union-employer effort.



**Latex in Health care: A Guide to Latex Sensitivities**

Developed by experts at OHSAH, this 20-page booklet addresses concerns specific to health care workers. What is a latex allergy? Who is susceptible? How can health care workers minimize their exposure? This booklet aims to educate health care workers regarding latex allergies. It also provides instructions on how to use the OHSAH online latex database.

**Latex Online Database**

OHSAH and BC's health authorities worked in partnership to develop an online database to ensure that health care workers can find, at a glance, which products or supply items contain latex and which ones are latex free. Research is also underway to identify latex-free alternatives. The database, searchable by all health care workers,

currently contains 12,000 products and is constantly updated.

**Dealing with Latex Allergies at Work**

Developed by the Workers' Compensation Board of BC, this 26-page booklet describes what latex is, what a latex allergy is and how to workers can minimize their exposure to latex in the workplace.

This is a useful resource for all workers to establish an understanding of the hazard associated with latex. These resources are available from OHSAH's website at [ohsah.bc.ca](http://ohsah.bc.ca). The booklets are also available through OHSAH's offices at 604/775.4034 or 1.800/359.6612. **R**

*HSA is a partner in OHSAH. Have health and safety concerns at your worksite? Contact your Occupational Health & Safety steward, or Marty Lovick at the HSA office.*

<b>M O V I N G ?</b>			<b>R E T U R N   T O :</b>			<b>O R   E M A I L :</b>		
Your employer does not send us address changes. We depend on you to let us know.			 Health Sciences Association of BC 300 - 5118 Joyce Street Vancouver, BC V5R 4H1			memberlist@hsabc.org		
Member # (at top left of mailing label)						<b>C H A N G E   O F   A D D R E S S</b>		
<b>Surname</b>								
<b>Given names</b>								
Facility/worksites)								
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.								
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# Successful year in labour relations

by JEANNE MEYERS

**A**s we come to the end of a very active year in the legal department, I will take this opportunity to review the work of the department. This year we have taken numerous files through to a successful conclusion for HSA members.

There have been two policy issues resulting in significant monetary returns – the red-circling and MSP/extended health benefit grievances. However, there have also been many individual grievances resolved through arbitration/mediation, as well as a very strong record in the areas of WCB and LTD appeals.

In the early fall, we achieved a significant settlement to a dispute over the payment of 80 per cent of the full costs of certain eligible services which were delisted under MSP by the Liberal government. These services are physiotherapy, chiropractic treatments, massage therapy and podiatry. Future claims, as well as claims retroactive to May 3, the date of the grievance, are to be reimbursed to members who submitted their receipts retroactively by November 15, 2004. A conservative estimate is that this will result in about \$250,000 recovered by HSA members who were originally denied the benefit.

I have reported earlier in the year on the red-circling arbitration. I am advised by the labour relations staff that the wage adjustments, in most areas at least, have been completed and that for many members the retroactive adjustment was sizeable.

We have been holding the paramedical Charter case in abeyance and will

continue to do so. The Facilities Association was unsuccessful at the BC Supreme Court and took the case forward to the BC Court of Appeal. The case was not successful before the Court of Appeal and has been appealed to the Supreme Court of Canada. We will continue to monitor the Facilities Association case, and maintain the pending status of our Charter action. On a related note, we intervened earlier this year in another matter involving the 1991 roll-back of pay equity provisions of a collective agreement by the Newfoundland provincial government. While the end result was disappointing, as the Court ruled that the government's inability to pay was enough reason to deny pay equity payments, we are encouraged by the scope the Court affords to the protection provisions under the Section 15 equality rights provisions of the Charter.

The legal action against HEABC in respect of the events leading to Bill 29's heavy-handed amendment of the collective agreement is still pending. The HEABC raised a preliminary objection and successfully persuaded the British Columbia Supreme Court that this matter fell outside the court's jurisdiction. HSA appealed and this matter will be heard by the BC Court of



**Jeanne Meyers**  
Executive Director of Legal Services

Appeal in January, 2005. We are cautiously optimistic that the BC Court of Appeal will reverse the decision of the lower court which held that it did not have jurisdiction to hear the matter and that the issues between the parties were properly within the jurisdiction of the BC Labour Relations Board. If we are successful, however, the matter will still need to be heard by the Supreme Court of British Columbia on the merits.

While these more general issues affect many members, a great part of the department's work is dedicated to pursuing individual concerns. Often, the precedents set in cases involving one member can contribute to improvements in the collective agreement for all members down the road. This year has been an exceptional one for successes, as significant settlements have been achieved for members whose collective agreement rights were violated.

A rapidly growing area of our work is in workers' compensation and long term

*Continued page 27*

# May 2005 election: how will you make a difference?

by CHERYL GREENHALGH

**T**he provincial government's actions over the last three years have repeatedly left HSA members devastated. Starting their mandate with the imposition of a two-tiered contract, the government left our members with a strong taste of what the following years would bring.

Hospital closures, cuts to long term care beds and lab reorganizations have given rural BC fewer health care options. Contracting out health support services, and a vindictive legislated contract, left HSA members mourning the loss of coworkers and fearful of when they would become a target. The present government has sent clear messages that they do not respect union members.

It's not surprising, therefore, that HSA members are taking bold steps to become more politically active, and are getting the training they need to make a difference in the upcoming provincial election.

Campaign schools help prepare participants to work on election campaigns or run for elected office. HSA's first-ever campaign school was held in November, and was a great success. Several of the members who attended plan to be highly involved in the May 2005 provincial election. Due to the high level of interest in this campaign school, HSA plans to hold a second school in January.

Other organizations will be holding campaign schools in the new year. For example, every political party will be offering campaign schools to their members. In addition, the Canadian Labor Congress will be holding weekend campaign schools around the province, plus a week-long "Campaign Organizing" course at their Harrison Winter School (see the CLC-Pacific Region website at

[pacific.clc-ctc.ca](http://pacific.clc-ctc.ca)). HSA members can apply for partial funding to attend this course through HSA's Madden Memorial Fund.

The Canadian Women Voters Congress is holding its annual non-partisan "Women's Campaign School" in Vancouver in February (see their website at [canadianwomensvoterscongress.org](http://canadianwomensvoterscongress.org)). This campaign school focuses on preparing women to run for elected office, or take on key positions in election campaigns. HSA members can apply for funding to attend this school through HSA's political action fund. Application information is posted on HSA's website and the HSA bulletin board in your workplace.

As we know that the provincial election will be held May 17, 2005, it is not too early to book off work so that you can help your party or candidate on election day. Local constituencies need many volunteers leading up to, and especially during, "E-day."

One need not have attended a campaign school or be an active constituency member to lend a hand during an election. Meaningful help can be as simple as providing rides to voters on E-day. Members can apply to the HSA political action fund for wage replacement to run as a candidate in, or to work on, an election campaign. HSA will provide information in January on how to apply.

Whether or not you have the time to



**Cheryl Greenhalgh, Region 3 Director**

work on a campaign, you can still support the candidate or political party of your choice by making a financial donation. Generous tax credits are available for these donations (75 per cent of the first \$100, and 50 per cent of the next \$450). If you donate near the end of the year, you only wait a few months to get a significant portion of your donation back with your tax return.

Most importantly, each of us must make sure that we take the time to vote in the provincial election. Do not assume that your vote won't make a difference. There are no sure things in an election. Many ridings have been won or lost by a handful of votes. You can find out if you're registered to vote, and how to register if necessary, through Elections BC at [elections.bc.ca/reg/voter.reg.htm](http://elections.bc.ca/reg/voter.reg.htm).

There are many reasons for us to get politically active and there are a variety of ways for us to do this. The challenge will be for each of us to identify what we are able to do and to follow through with it. **R** Cheryl Greenhalgh represents Region 3 on HSA's Board of Directors. Members can obtain further information about campaign schools and HSA's Madden Memorial Fund from the HSA website, or by contacting Carol Rivière at the HSA office.

Imagine a  
future without  
breast cancer

Until we reach that goal, CBCF is doing everything we can to support women living with breast cancer, their families, and those whose lives have been touched by breast cancer. This means funding research and treatment in collaboration with the medical community, as well as funding community programs that emphasize on issues from early detection to palliative care.



NIOMI HAMMETT PHOTO

## Tour for the Cure: HSA sponsors mammography display panel

Janice Cross, a mammographer at West Coast General Hospital in Port Alberni, attended the unveiling of the display in her community this fall. The breast cancer information panels will be touring BC through early summer. See HSA's website at [hsabc.org](http://hsabc.org) to find out when the displays will be in your town. Also see HSA President Cindy Stewart's column on page 2 of this issue.

## Successful year in labour relations

*Continued from page 25*

disability. As the professionals delivering care continue to age, and the conditions at workplaces continue to put strains on those delivering services, the risk for injury continues to grow.

We know that workload in many of the professions are a contributing factor to the challenges HSA members are facing in the workplace.

To better track the problem of shortages and other factors often attributed to workload issues, HSA has developed a workload investigation tool. This tool will be an important one to help track areas where workload is affecting HSA members. I encourage you to use this tool to help gather information that will support the union at the grievance table, as well as at the bargaining table

We heard from many members at the fall regional meetings that workload continues to be an issue of real concern to HSA members. The workload investigation tool developed by the labour relations and communications staff should be valuable in the application and enforcement of the collective agreement.

With restructuring and budget pressures still a very stark reality in British Columbia's health care system, we can anticipate continued challenges in the way you deliver your services. The role of the union is to ensure the collective agreement rights negotiated over the course of decades are protected and upheld. I thank the legal and labour relations teams, as well as the stewards who provide valuable support to members and staff, for their dedication to that task. **R**

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

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

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AWARD-WINNING  
CANADIAN ASSOCIATION  
**CALM**  
OF LABOUR MEDIA  
MEMBER PUBLICATION

# Holiday best wishes

**I**n past years, the Health Sciences Association has marked the holiday season with cards of thanks and greetings to activists, colleagues, supporters and suppliers. It's our way of thanking you for the work you do with us throughout the year.



This year – as we have done in recent years – the HSA instead made a financial contribution to the BC Branch of the Canadian Association of Food Banks. The association works towards province-wide distribution of goods, helping support families throughout the province year-round. You can find out more about the Canadian Association of Food Banks at [www.cafb-acba.ca](http://www.cafb-acba.ca)

Thank you for your support, and please accept my best wishes for the holiday season on behalf of the HSA Board of Directors and staff.

*Cindy Stewart*

Cindy Stewart, President



**Health Sciences Association**  
The union of caring professionals

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