

THE Report

EARLY START

WHY PENSIONS MATTER



Pension plans worth thinking and knowing about

by CINDY STEWART

With tax season just around the corner, many of us are thinking about RRSPs and other financial plans we should be making by the end of the fiscal year. Increasingly, as our membership ages, HSA members are focusing more on retirement planning. Those of us fortunate enough to have pension plans are building up the down payment on our future.

But for many Canadians, that down payment can be stripped away. Without proper management of our pension plans, we can be vulnerable.

It is concern for workers' pension plans that drove the federal NDP Labour Critic, Pat Martin, to introduce Bill C-281, the "Workers First Bill" in December.

Each year, too many Canadians have their pensions cut or lose them altogether because when companies pay back creditors after declaring bankruptcy – workers are at the back of the line. Under present laws, a company's taxes, lenders and suppliers are all paid before employees are paid their pensions, benefits, vacation pay, severance pay, or even their wages for work they already completed.

In introducing the proposed legislation, Martin said: "Every week in this country there are roughly 200 commercial bankruptcies, 1,000 bankruptcies a month, and roughly 10,000 bankruptcies per year, many of which leave behind employees who are owed back wages, benefits and pension contributions. The total figures we can only estimate. Over \$1 billion per year is a figure that has been used."

"It is workers who pay the price when workplaces shut down. This is especially true when these shutdowns are triggered by bankruptcy, because not only do the

employees lose their jobs and their source of income, they often lose wages owing, as well as vacation pay, termination pay and severance pay."

Carole Lavallee, the Labour Critic for the Bloc Quebecois supported the Bill when it was introduced and referenced the closing of the Canadian Steel Foundries in Montreal in 2003 as an example of how workers can get left behind. When the foundry closed, the guaranteed creditors were owed \$5 million, which left nothing to pay for the company's unfunded liabilities, including a \$260,000 shortfall in the pension fund. The employees' pension benefits were reduced but the bank was able to recover its \$5 million.

The Federal Liberal government's initial reaction to the bill is not as supportive.

"The solution proposed in Bill C-281 is straightforward, an unlimited super priority for all employment related claims to all of the assets of the bankrupt company. In addition to wages and vacation pay, it would add termination, severance pay and other benefits. It could also add protection for pensions, including unfunded liabilities," David McGuinty said on behalf of the Liberal Party.

The Liberals are concerned that the magnitude of the super priority of the workers entitlements would have serious effects on credit and capital access, particularly for higher risk new businesses. "Particularly high technology companies, over 1,500 of which exist, for example, in my region here in the National Capital Region," he added.

So Mr. McGuinty says he would like to see a "more balanced" approach. For decades the people who earn their living working for companies taking financial



risks have been at the back of the line when the companies couldn't cope with those risks. The banks are paid, other creditors are paid, but the employees are abandoned.

Wages and pensions are the economic underpinning of every local community. Even in the high tech sector Mr. McGuinty is so worried about, companies depend on people receiving a pay cheque to buy their products. And when we retire, we depend on our pension plans to live (and spend) in the communities in which we live.

Your pension plan, and how it is managed today, will make all the difference in your life tomorrow. Starting in this issue of *The Report*, we will be presenting a regular feature on pension issues. This month's feature focuses on the importance of knowing about your pension – even if you're just at the beginning of your work life. And check out Region 8 Director Bonnie Norquay's column as she shares some of her thoughts about pensions from the perspective of someone entering the home stretch of their working career.

Pensions matter – and it doesn't matter how old you are, if you are fortunate enough to be in a pension plan, as most HSA members are, you should understand the details of the plan and how it affects you. **R**

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THE FRONT COVER

Michaela Wooldridge is an infant development program consultant at and steward at Peace Arch Community Services. She is pictured on a home visit with Harpreet Thind. Dan Jackson photo.

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News

New cleaning concerns

An investigation into staff concerns about deteriorating cleaning standards at St. Paul's Hospital has triggered a call by health care unions for an independent audit of the facility's privatized housekeeping services.

"Falling Standards, Rising Risks," a research report produced by the BC Nurses' Union and the Hospital Employees' Union in collaboration with the Health Sciences Association, paints a disturbing picture of dirty conditions and the consequences that come with over-worked, poorly-trained workers who no longer have a direct working relationship with either hospital staff or the Infection Control Department.

Staff observations included:

- old feces on curtains for several days;
- bedsides and bedside tables sticky with juice, again for days;
- no cleaning of monitor cables, no cleaning of IV poles;
- concerns about inadequate cleaning in the TB rooms, and more.

HSA President Cindy Stewart took immediate action, calling on the heads of Vancouver Coastal Health and Providence Health to implement the unions' recommendations to improve housekeeping services.

"Deteriorating housekeeping conditions are having a serious effect on both the work of health science professionals and patient care," she said.

"I have heard directly from members about their growing concerns related to housekeeping services. It has been a topic that has dominated many membership meetings," she added.

"The concerns raised by HSA members mirror many of the concerns

raised in the report, as well as other issues unique to their specific professional responsibilities. It is imperative that this issue is addressed as soon as possible."

Debra MacPherson, BCNU President, agreed. "It's time for government and the health authorities to take these concerns very seriously. We're not talking about dust bunnies here - we're talking about bodily fluids of all descriptions on bed rails and equipment, and empty soap and towel dispensers which makes it difficult to maintain good hand washing."

A survey of Emergency Department staff in May found that 86 percent believed the overall cleanliness of the Department had declined post-privatization, while 64 percent said housekeeping practices did not meet commonly accepted infection control requirements.

"This report shows that unacceptable cleaning practices continued to exist a full six months after St. Paul's housekeeping services were handed over to the US-based multinational Aramark," said HEU Acting Secretary Business Manager Zorica Bosancic.

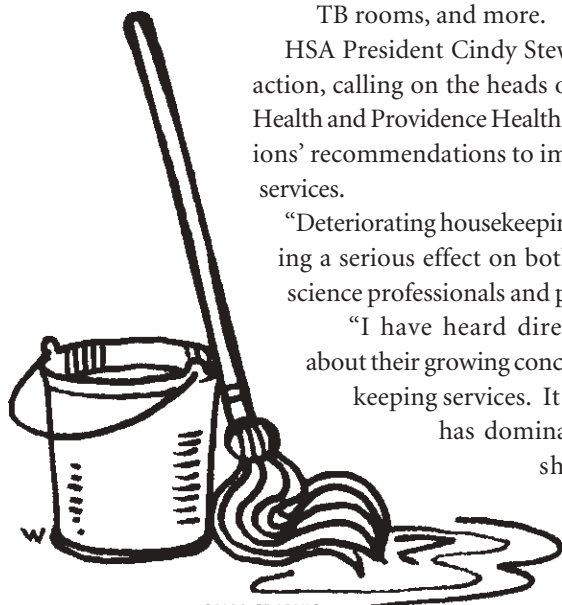
"The research wasn't conducted within a few weeks of the transition to privatized cleaning services - it was undertaken six months later. And we know from frontline staff and members of the public that those same inadequate practices continue today."

Bosancic says the link between infection control and hospital housekeeping services is critical. "The public needs to feel confident that their safety isn't at risk when they enter a hospital. Only a full, independent investigation will ensure that."

P3s lead to poorer care

BC Health Coalition

A new report released this fall entitled *Financing Canada's Hospitals: Public Alternatives to P3s* argues that so-called public-private partnerships are an expensive way to finance public infrastructure. The



CALM GRAPHIC

author, economist Hugh Mackenzie, makes several recommendations in the report, including the creation of a stable capital investment program funded by all levels of government that would amortize the cost of public projects over the life of each asset.

“P3 deals are inherently risky,” says John Irwin, a researcher at the Canadian Centre for Policy Alternatives. “Private partners must pay higher borrowing rates than governments. If and when these companies run into financial trouble, governments end up bailing out projects to the tune of millions of dollars because communities cannot go without hospitals.”

“The BC government is steamrolling ahead with P3 contracts for the Abbotsford Hospital and the VGH Ambulatory Care Facility even though countless studies show that P3s lead to added costs, less transparency, poorer quality of service, and even longer waits for patients,” says Alice Edge, co-chair of the BC Health Coalition. “Not only that, but this government continues to contract out more and more surgeries to private clinics instead of using public facilities that are already built and sitting idle.”

BC Health Coalition Co-ordinator Lesley Moore says senior levels of government are neglecting their responsibilities, turning to P3 financing to take costs of the books. “One way or another we’re still paying for it, the question is whether we want to pay more and get less,” says Moore.

Victory in battle to end drug patent abuse

NUPGE

The National Union of Public and General Employees welcomed the news that Ottawa will finally take action to limit the “evergreening” of drug patents by big pharmaceutical companies and permit cheaper generic drugs to reach the market more quickly.

Union president James Clancy said the announcement by Health Minister Ujjal Dosanjh in Decem-

ber is a victory that NUPGE has been fighting for years to win.

Canada’s patent laws give big drug makers a virtual license to print money. They now enjoy a 20-year patent on new drugs before generic copies are let into the market to compete with them. Before this lucrative advantage was bestowed by the Brian Mulroney Tories in the 1980s, the patent life was 12 years.

But even 20 years has not been enough to satisfy a pharmaceutical industry hooked on huge and easy profits. Rather than let generic companies compete after 20 years, they have resorted to abusive legal strategies, such as routinely filing new patents on minor variations of the same product, to extend their market monopolies.

The resulting expense has been borne by Canada’s health care system, and by consumers who have been forced to pay excessive drug prices for many years beyond the legal 20-year limit. This legal finagling is known as evergreening.

“Evergreening has sucked billions of dollars in excessive drug prices from the wallets of Canadians over many years,” says Clancy. “We can only hope that the government will now live up to its word and bring this abusive practice to an end,” he said.

These strategies have been used to extend exclusive marketing rights on major drugs such as the anti-depressant Paxil, the heartburn drug Losec and Taxol, the leading treatment for breast, ovarian and lung cancer.

According to the Canadian Generic Pharmaceutical Association (CGPA), the practice of evergreening has cost consumers and the health care system well over \$1 billion.

The National Union played a lead role in the fight against evergreening last year when it filed a complaint against the practice with the Competition

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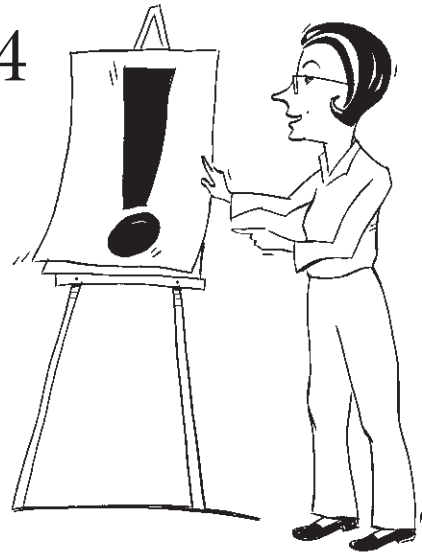
BOARD OF DIRECTORS

Board highlights for fall 2004

The HSA Board of Directors meets regularly to address arising and ongoing issues, and to make policy and governing decisions on behalf of HSA members.

- Region 8 Director Joan Magee represented HSA at the HSA Alberta Annual General Meeting held in Calgary this summer.
- The HSA Board identified a number of issues to be forwarded to the BC Federation of Labour Annual Convention. Resolutions on rural health care, health and safety, women in politics, and shortages of health sciences professionals were prepared and submitted to the BCFL convention which was held in November.
- The Board approved the appointment of an HSA representative to the BCFL's Political Action Committee on a trial basis. Participation on the committee will be reviewed in six months, at which time a decision will be made whether to continue.
- The Board confirmed that the HSA 2005 Annual General Convention will be held at the Hilton Vancouver Metrotown on April 7-9.
- HSA was made aware of the untimely death of member Brenda Hough, and approved \$250 to the Ethan Hough Bond Fund. The fund was established by the Central Okanagan Child Development Association to provide support to Brenda's son, Ethan.
- Recognizing the importance of the upcoming 2005 provincial election in May, the Board is reviewing an HSA election strategy to encourage the maximum participation of HSA members. The Board will evaluate the BCFL election strategic plan to determine HSA's level of involvement.
- HSA established a new Board committee to oversee constitutional and policy-related issues. The committee is comprised of two Regional Directors and the Executive Director of Operations. The committee's mandate is to ensure the HSA policies and constitution are current. **R**

Do you have questions? Contact your regional Board representative through contact information listed on the inside back cover.



BC FEDERATION OF LABOUR CONVENTION

Union members mobilize for election

HSA's 34-member strong delegation to the 48th convention of the BC Federation of Labour November 29 - December 3 was on hand to launch the Federation's campaign to involve union members in the May 17, 2005 provincial election.

BC Federation of Labour President Jim Sinclair outlined the Federation's political action plan in his keynote address to convention delegates:

"We are launching the largest grassroots campaign the labour movement has ever attempted in BC," he said.

"Count Me In, your Federation's political action strategy, will put us to the test. It's not a campaign based on money, it's a campaign based on workers. It means organizing in every community in this province. From Prince Rupert to Fernie, Nanaimo to Fort St. James.

"But if it is only about marking a ballot, then we have failed before we start. This is about changing how we organize, about mobilizing our members to fight for the values and demands of our movement," he added.

"On May 18th, no matter who wins government, we will be in a position to fight better, to fight harder, and to win more – if we do our job between now and then.

"Remember this isn't just a campaign about what happens in May: it's about what happens to our future." **R**

From l-r: **HSA activists Maureen Ashfield (chief steward and long term care case manager, North Shore Health) and Suzanne Bennett (assistant chief steward and youth addictions counsellor, John Howard Society), as well as newly-acclaimed Region 6 Director Ernie Hilland (chief steward and cytotechnologist, BC Cancer Agency) represented HSA at the BCFL convention.**



Canada faced with health professional shortage

In December, a nursing workforce report from the Canadian Institute for Health Information underlined an important part of the human resources crisis facing Canada's health care system.



But the looming shortage of nurses is only part of the story.

Allied health professionals across Canada who deliver essential diagnostic, clinical, rehabilitation, pharmacy and other services also face growing staff

shortages that threaten Canadians' access to timely health care services.

The Canadian Health Professionals Secretariat (CHPS) represents more than 60,000 Allied Health Professionals across the country.

These are the physiotherapists, respiratory therapists, pharmacists, dieticians, lab and x-ray

technologists, as well as more than a hundred other highly specialized professionals who are integral to the delivery of health care services.

Several recent reports have identified shortages of health professionals. Indeed, these reports have noted that the shortages have increased in the past few years and that further increases are likely: For example:

In BC, the Society of Respiratory Therapists found that over four years, BC required 298 respiratory therapists to deal with growing demand, but trained only 135.

- In BC, the Society of Respiratory Therapists found that over four years, BC required 298 respiratory therapists to deal with growing demand, but trained only 135. And 39 of these new grads left the province.

- The Canadian Society for Medical Laboratory Science (CSMLS) has estimated that 44.4 per cent of general medical laboratory technologists in Canada will be eligible to retire by the year 2015. Meanwhile, a recent newspaper article reported that students applying to medical lab technology programs in Saskatchewan have been told they may have to wait 10 years to be admitted even though the province is currently facing a shortage of lab technologists.

- The Canadian Pharmacists Association (CPA) and Health Canada have reported a serious shortage of pharmacists. And on September 8, 2004, Kingston General Hospital announced a recruitment plan in which the hospital will pay employees a cash incentive to recruit pharmacists to the hospital, as part of the hospital's Employees Referral Program. The Chief Human Resource Officer at the hospital said that the new program is a response to the hospital's need to hire seven pharmacists to fill a 30 per cent vacancy rate in the pharmacy department – the highest in the past five years.

- The Canadian Association of Occupational Therapists (CAOT) has reported widespread shortages, along with significant variations in regional distribution and clusters in high-density population areas.
- The Canadian Association of Radiologists has reported shortages in various medical radiation technology professions (this includes x-ray, CT and MRI technologists). And a report issued last

Members of the Canadian Health Professionals Secretariat recently approved plans for an advocacy campaign to highlight shortages of allied health professionals.

fall by the Ontario Association of Radiologists shows that Ontario patients are waiting longer than ever for all kinds of radiology procedures due in large part to shortages of radiation technology professions.

- Both the Romanow Commission and the Kirby Report documented serious current and impending shortages of various health professionals.
- And finally, throughout their recent meeting, First Ministers repeatedly referred to the immediate and long-term need to address serious shortages for health care disciplines other than nurses and doctors.

These reports serve as a stark reminder that health human resource planning across the country has been totally inadequate.

Canadians expect a team of highly skilled health professionals delivering timely and quality services, but those expectations will never be met unless governments address the shortages of allied health professionals.

Addressing the shortage of allied health professionals is essential to improving access and reducing wait times because health professionals are intimately involved in every step of health care delivery including diagnosis, treatment and recovery.

Governments must recognize that they can only make significant progress in reducing wait times and improving access by working with and supporting the dedicated allied health professionals currently working in the system and by investing in the recruitment of future allied health professionals.

Members of the Canadian Health Professionals Secretariat recently approved plans for an advocacy campaign to highlight shortages of allied health professionals and to urge governments to step up their efforts to document and address the growing crisis.

The campaign will involve CHPS members meeting with senior federal and provincial officials in the months ahead. **R**

HSA President Cindy Stewart is a co-chair of the Canadian Health Professionals' Secretariat.



Stress in the workplace: you're not alone

Last June, BC's Auditor General, Wayne Strelioff, released his findings on the health of the province's health care workers. The news, he found, is not good as health care workers struggle to keep pace with a demanding workload, exposure to dangerous situations, and ever-changing structures.

"Management's inadequate attention to work environment issues during a time of restructuring and downsizing has resulted in health care workers – and even their patients and families – feeling the effects of workplace stresses," Strelioff said in his report, *In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers*.

According to the report, a doubling of health-related claims for long-term disability has occurred in the health care industry since 1997. It is a trend reflected nationwide, and may relate to issues over workload, deteriorating interpersonal relations and increasing violence.

Marty Lovick, HSA's occupational health and safety officer, said members working in both health and social services sectors should take note.

"The Auditor General's findings concurs with studies over the past ten to 15

years which show that more than 30 per cent of visits to physicians are exclusively related to elevated stress, and approximately 80 per cent of visits are in part stress related.

"These figures are just for the 'normal' population," he said. "Canadian Mental Health Associa-

tion studies have found that women suffer increased loads of stress due to inequality in the workplace and the dual responsibilities of home and work. Job factors of high demand and low control cause the most stress."

"It is a myth that stress is always the result of 'personal problems.' Stress is a health problem which is often caused by, or aggravated by, conditions at work," Lovick said.

Stress and HSA members' work

The relationship between stress and the workplace has been the subject of considerable research. The following surveys a number of work-related conditions that, in particular, affect people working the health care and social services areas.

Post-traumatic stress disorder

This is a condition normally linked to the workplace due to exposure to a traumatic life-threatening or life-taking experience.

"Unfortunately, HSA members experience examples of post-traumatic stress disorder on a regular basis. Our members can be exposed to situations leading to post-traumatic stress disorder due to attacks, threats, and incidents while responsible for a client, or from witnessing a traumatic incident in the course of duties," Lovick said.

Post-traumatic stress disorder in these circumstances should generally be compensable by the

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Workers' Compensation Board.

"But many members don't initially report an incident; they feel they can 'shrug it off,'" he said.

"This is a natural self-preserving reaction. But it is essential that members seek defusings, debriefings and even counselling. And most important of all, they must fill out WCB forms to ensure they are financially protected in the event they lose time from work as a result of post-traumatic stress disorder suffered as a consequence of work," he added.

Vicarious traumatization

The Report featured a story in January/February 2003 on vicarious traumatization. Constant exposure to a client's traumatic experiences can have a cumulative impact on counsellors and therapists in transition houses and other therapeutic settings.

Michelle Novakowski, an HSA member who works at the Haven Society in Nanaimo recently completed a research paper, *A workplace hazard: Vicarious traumatization and burnout in the victim services sector.* The paper is a comprehensive look at the issue and how it affects workers in the sector.

"She had two key recommendations," Lovick said. "First, develop a comprehensive strategy to educate workers about vicarious traumatization, and, second, continue to lobby the WCB to encourage recognition of vicarious traumatization as a workplace hazard.

HSA has recognized the need for members' education on the issue, and the revised Occupational Health and Safety Stewards' manual will include a section on the topic. HSA will also be lobbying the Occupational Health and Safety Agency for Healthcare (OHSAH) for inclusion of vicarious traumatization in its information modules. In addition,

"Management's inadequate attention to work environment issues during a time of restructuring and downsizing has resulted in health care workers – and even their patients and families – feeling the effects of workplace stresses."

**— BC Auditor General
Wayne Strelioff**



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Stress in the workplace

Continued from previous page

OHSAH is developing a comprehensive program on mental health and organizational culture, with more information to be released in the new year.

“But, we are facing an uphill battle on the second recommendation,” Lovick said. “The WCB, in spite of the evidence, continues to be unresponsive to requests for inclusion of vicarious traumatization as a workplace hazard.”

“We have actually moved backwards in recent years. Until many WCB regulations were changed starting in 2003, the WCB stance regarding ‘stress’ was that psychological injury could be compensable under certain circumstances,” he said. These were:

1. circumstances involving ‘unusual stimuli’
2. circumstances that were reasonably capable of causing psychological injury; and
3. circumstances that were of causative significance with respect to the injury.

The WCB has more recently further restricted acceptance of stress-related claims by now stating they *must*:

- be a consequence of a physical injury or major incident, and
- be accompanied by a diagnosis recognized in the DSM (Diagnostic and Statistical Manual) of the American Psychiatric Association.

“Clearly, the WCB is moving against the flow of the science and medical literature on the subject of stress. We have a job ahead of us to lobby for a change of mindset at the WCB.”

Workload

Staffing shortages and scheduling issues have caused many workers to report increased health-related concerns. Workloads are increasing at the expense of these workers.

“HSA will be surveying members by way of local occupational health and safety stewards in the new year to obtain information upon which to lobby in members’ interests,” Lovick said. The survey will include questions such as:

- Have you had difficulty taking vacation or other time off due to workload?
- What impact do “callbacks” have on your health?
- Do you miss breaks, miss meal breaks, or come in early or late in order to keep on top of workload?

“We welcome the input of all members on this important topic,” Lovick said.

Violence

Acts of violence, threats, intimidation, coercion and bullying are on the increase in health and social service workplaces.

“HSA’s position is that the emotional and psychological stresses arising from work *should* be compensable under WCB,” Lovick said. “However, until the WCB addresses the issue in a more reasoned manner, we urge our members to get the supportive services they need, bring workplace concerns forward to supervisors and managers, and identify and record the issues which they feel contribute to unreasonable stress.”

Working toward solutions

A review of long-term disability statistics for HSA members shows that a large percentage of those receiving LTD benefits are suffering from emotional and/or psychological issues.

“We view all these stress issues as occupational hazards,” Lovick said.

“No one should feel unsafe at work. There are recommended, safer procedures for handling toxic chemicals and biohazardous waste,” he said. “And if the threat of violence is from patients or clients, there are ways to get your work area re-configured – or increase staffing to deal with potential situations.

“Talk to your supervisor, and to your occupational health and safety steward at your workplace,” he said. “And if you still have questions, contact the union for assistance.” **R**

For more information contact HSA’s occupational health and safety officer, Marty Lovick, at marty@hsabc.org.

Health Coalition questions private surgery contracts

The BC Health Coalition wants to know why government plans to contract out surgeries to private facilities, after closing operating rooms at Mt. St. Joseph's and refusing to open idle ORs at BC Children's Hospital.

The BC Health Coalition demands to know why the provincial government closed operating rooms at Mt. St. Joseph's in 2003 but refused to open up even one of the four ORs currently sitting idle at BC Children's Hospital

"I want the premier and health services minister to explain to British Columbians why children are being forced to wait for an operation at a time when there are four ORs sitting idle at Children's Hospital," said BC Health Coalition co-chair Alice Edge.

"Children in BC are suffering needlessly – some in pain, some with hearing and vision problems – because of poor planning by this government," Edge said.

"Staff at Mt. St. Joseph's performed about 100 hours of children's surgeries each month until it closed last year. Instead of easily making up that difference by opening up one or more of the four unused ORs at Children's, this government chose to sit on its hands while children and their parents were forced to wait for care.

"Now the same government is asking private, for-profit clinics to perform children's surgeries because of a backlog of its own creation," Edge added. "What the government should do is make full use of the ORs at Children's and at other facilities around the province instead of rewarding investors whose facilities are designed to foster a private health care system."

The Provincial Health Services Authority recently issued a "Request For Proposal" for the provision of "an approximate total volume of 100 surgical procedures per month" for children between four

"When private clinics recruit experienced OR staff and technologists away from the public system they are increasing the staffing shortage and making wait times in the public system even longer."

and 17 years of age. Those children's surgeries include: hernia repairs, circumcisions, in-grown toenails and a variety of ear, eyes, nose and throat operations.

In recent months, other BC health authority boards have turned to private clinics for various surgical procedures, despite the fact there are ORs around BC sitting idle because of funding shortfalls. For example, Vancouver General Hospital is currently underutilizing their ORs by an astounding 700 hours per week. And Victoria General Hospital has never used three of its 14 ORs.

The BC Health Coalition is also concerned that private clinics will lure staff away from public hospitals. "There is only one pool of health professionals in BC," Edge said. "So when private clinics recruit experienced OR staff and technologists away from the public system they are increasing the staffing shortage and making wait times in the public system even longer.

"Using private, for-profit clinics to perform children's surgeries will ultimately harm the public system, because the public system will lose experienced staff, which will lead to longer and longer wait lists for children and other patients, Edge said." **R**

HSA is a member of the BC Health Coalition.

Alberta gains from BC's short-sighted health care policies

by DAN KEETON

Adrea Rusnak was a dedicated recreational therapist who thought her work at Surrey Memorial was appreciated. Her patients and their families thought her work was vital, but they all found out that in the current push from Victoria to cut spending in health care, her services were considered redundant. She was laid off, leaving the patients and their families with reduced service.

Rusnak was quickly recruited across the Rockies, and landed a position in her home province of Alberta, where she found that her profession is increasingly appreciated as a vital component of successful care.

Recreational therapists have been among the key professions targeted by BC's Liberal government as it downsizes health services or replaces skilled staff with lesser qualified workers. But in Alberta, these same therapists are valued and respected, Rusnak found.

For the past four months Rusnak has worked in communities around Red Deer for the David Thompson Health Region. She travels to places such as Hanna, Coronation and Consort, helping mainly elderly residents become reconnected with life through recreational activities.

"It's a huge difference from here," Rusnak said. "They have a good organizational structure and philosophy concerning recreational therapy and how it affects people's lives." And she was surprised to find that the wages are higher than under the Paramedial Professional Bargaining Association collective agreement in BC.

While at Surrey Memorial the recreational thera-

pists were replaced with aides to reduce costs, the David Thompson region maintains two grades of recreation therapists who are included as part of a health care team.

In her six and a half years at Surrey Memorial, Rusnak seldom met with health care teams, and wasn't made aware of the recreational therapy plan for the region. "In Alberta, I contribute to the plan.

"This ensures we provide adequate input and are accountable for implementing the plan," she said. "One of my goals is to increase contact with other agencies in the region such as schools, heritage centres, and music learning associations, so we can enhance each others' programs and services."

The new job also involved some skills enhancement, from getting a class 4 driver's licence so she can take people on outings, to taking skills upgrading courses. Financial assistance from the health region is provided. Attendance at professional meetings in other cities is also encouraged. "The expectation is that you'll bring the information back and spread it around."

Recreational therapists perform a complex series of tasks that rekindle interest in life for people who might otherwise give up on it. Seniors, some

living with Alzheimer's or Parkinson's, have dormant skills that, once revived, give new meaning to their lives.

"You're working with strengths to get them involved in things they once enjoyed," said Rusnak. "It increases their quality of life and self-esteem. When you reduce their level of activity, the boredom and isolation it creates can be depressing."

At Surrey Memorial, Rusnak was HSA chief steward. "I found the steward duties a good match to my job. I come from a degree background, and found I could utilize those skills as chief steward," she said.

"I got to know my work site and those who work in different fields a lot better. I liked being able to engage in problem solving," she added, "although the last couple of years were a difficult time – there was an excessive amount of conflict."

Rusnak returns to Vancouver occasionally because she is involved in grievances launched after the Surrey Memorial layoffs. As a steward, she took her responsibility to protect members' interests seriously, and now she is involved in her own grievance around the employer's practice around the layoffs which she believes violated her collective agreement rights.

"I'm [fighting this grievance] more for the point of the issue – money isn't all that important. But there's a collective agreement in place, and if governments are going to make agreements, then they have to stick with them."

After her job was eliminated at Surrey Memorial Hospital, recreation therapist Adrea Rusnak was recruited away to Alberta. Rusnak is pictured with resident Ida Kautz at the Hanna Health Centre.

Adrea Rusnak
Recreation Therapist

Recreational therapists perform a complex series of tasks that rekindle interest in life for people who might otherwise give up on it.



PHOTO COURTESY ADREA RUSNAK

Layoffs at care facility worry residents

by DAN KEETON

Two HSA members who will cap several years of service when they work their final day January 31 are among more than 100 unionized employees of the Dufferin Care Centre who have received pink slips in the wake of the centre's purchase by a major for-profit firm.

They are to be replaced by lower-paid, non-union workers the center is in the process of hiring.

The two HSA members psychiatric nurses John Belbeck and Lola Backeland, charge that services have already begun to deteriorate at Dufferin, a provincially accredited facility in Coquitlam. They say that workers and families of the residents have been kept in the dark about major changes to the delivery of care at Dufferin.

They fear for the welfare of their patients who have already faced reduced services through cuts to staffing on shifts and outsourcing of kitchen and cleaning services. They lament the disappearance of a "happy" work environment under Dufferin's new owners, Vancouver-based Retirement Concepts. The company's web site states it began with a 55-bed intermediate care facility in Chilliwack in 1988, and now owns nine facilities across BC.

Ads for replacement staff, mainly licenced practical nurses and care aides, were placed in local newspapers. The ads contain a fax number that matches that of Care Source, a firm contracted by Dufferin's new owners. Care Source offers no information about the jobs. "Everyone has been so tight-lipped," says one registered psychiatric nurse. They even had a hard time finding what the wages would be. At press time, Care Source had hired several care aids from outside the existing Dufferin workforce.

But one thing is clear. "They have told everyone that they don't want a union," the HSA members said. Currently several unions represent Dufferin workers, including HSA, BCNU, the Pulp and Paper Workers of Canada, who represent care aides.



The HSA members fear services will suffer.

The news of the layoffs has upset residents and staff are worried about them. They are not sure what will happen to residents like a relatively young multiple sclerosis sufferer who has trouble making her slow speech understood and has connected positively with some staff.

Both nurses have a long history of union involvement. One was active in his former union, the Alberta Union of Public Employees, and is a health and safety steward with HSA. The other has been a psychiatric nurse for 21 years and has been a council member and treasurer in the Union of Psychiatric Nurses. Both declined to apply for new staff positions at Dufferin.

Instead, they'll both be working at the health units in pre-trial centres in Greater Vancouver. The health units, while privatized, are unionized. As they say, "It's not the best contract, but at least it's a contract."

HSA labour relations officer Suzanne Schiltz sees the Dufferin situation as a sign that health care in BC is falling increasingly under the control of those whose bottom line is profit, not patients.

"There is no humanity in their plans," Schiltz said. "These residents shouldn't have to face a 100 per cent staff turnaround."

HSA has joined with the BC Nurses Union in contesting the dismissals under the provincial Liberal government's controversial Bill 29. The bill, passed last year, tore up collective agreements and eliminated union successorship rights at facilities which change owners. **R**

TAKING ACTION

Constituency liaisons make a difference

The Ministry of Advanced Education announced December 7 that the provincial government is expanding its student loan forgiveness program to include speech language pathologists, audiologists, occupational therapists and physiotherapists.

This program is designed to encourage health professionals to practice in rural and remote areas, by “forgiving” 33 per cent of a new graduate’s BC student loan for each of the first three years they work in an underserved community.

A group of HSA activists, called constituency liaisons, have been meeting with their MLAs over the last year to discuss the issue of shortages among health science professionals.

HSA President Cindy Stewart is enthusiastic about the positive effect of their lobbying efforts. “Our constituency liaisons have been approaching their MLAs to suggest steps that the provincial government could take to address the problem of shortages, among other pressing issues,” she said.

“One of several suggestions they made to their MLAs was to expand the existing student loan forgiveness program,” Stewart added. “This program only applied to pharmacists, physicians, nurses and midwives, and we wanted the government to include all health science professions which are in short supply in rural and remote areas.

“Our constituency liaisons spoke about this issue directly with Shirley Bond, the former Minister

of Advanced Education [currently the Minister of Health Services], as well as Colin Hansen, the former Minister of Health Services,” she said. “And we were encouraged to learn that several other MLAs, who met with HSA constituency liaisons to discuss health science professional shortages, also raised the issue with these ministers.”

As a result, four more HSA professions now have access to the province’s student loan forgiveness program, and the essential services these professions provide may become more available to rural and remote communities.

“HSA and our constituency liaisons will continue to urge the provincial and federal governments to address the overall problem of increasingly serious shortages in many health science professions,” Stewart said, “including an expansion of the student loan forgiveness program to include all professions experiencing shortages. I would like to thank HSA’s constituency liaisons for their ongoing efforts to improve the health services in BC through discussions with our elected representatives.”

Additional information about the government’s student loan forgiveness program, including application information, is available at the Ministry of Advanced Education’s website, accessible by looking under the Ministry of Advanced Education from the BC government’s website at www.gov.bc.ca, and at the student aid section of the government’s website at www.bcsap.bc.ca. **R**

Some of HSA’s constituency liaisons, from left: Deanna Riedstra (Vernon Jubilee Hospital), Susan Richings (VIHA), Carol Thurley (West Coast General Hospital), Rachel Tutte (Holy Family Hospital), Joan Magee (Cariboo Memorial Hospital), Thalia Vesterback (Kootenay Lake District and Castlegar & District Hospitals), Maureen Ashfield (North Shore Health / Community Services), and Amanda Bartlett (Kelowna General Hospital).



HSA supports member participation in provincial election campaigns

The next few months will see a flurry of pre-election activity, as the New Democrats and Liberals wage what is expected to be one of the hardest fought provincial elections in recent history. Polling shows the two parties are virtually tied for overall voter support across the province. The outcome of this election is critical to HSA members and to the future of public health care in BC. HSA members' involvement in this election campaign will be more important than ever before.

And to support members involvement, HSA is providing financial support to assist members to run or work in the provincial election.

Members who are candidates can apply for up to 20 days of wage replacement and/or up to \$200 to cover personal expenses incurred to run for office. Members who are working on election campaigns can apply for up to 20 days of wage replacement, but must demonstrate that they are donating at least 20 hours of their own, unpaid time to work on the campaign.

Members are eligible for this support if both the candidate and political party they are working with support:

- 1) a positive role for the public sector;
- 2) the principles set out in the *Canada Health Act*;
- 3) free collective bargaining for public sector employees; and
- 4) progressive legislation on occupational health and safety.

Members who are applying for support during the election period (that is, from the day the writ is dropped, up to and including election day) must also show that the campaign they are working with is willing to accept the monetary value of the support the member is applying for, as any funding HSA provides to a member during the election period counts against the campaign's spending limit.

For more information, see the bulletin and application form posted on both the HSA bulletin board in your worksite and the HSA website, or phone Carol Rivière at the HSA office. **R**

MOVING ? Your employer does not send us address changes. We depend on you to let us know.	RETURN TO : Health Sciences Association of BC 300 - 5118 Joyce Street Vancouver, BC V5R 4H1	OR EMAIL : memberlist@hsabc.org
Member # (at top left of mailing label)		CHANGE OF ADDRESS
Surname		
Given names		
Facility/worksite(s)		
New home address		
City	Province	Postal code
Home email		
Home tel. ()	Work tel. & local ()	
HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.		

ADM 0 035 CHANGE OF ADDRESS

CONTRACT INTERPRETATION

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

Statutory holidays

by RITU MAHIL

Q: I'm a paramedical employee and have requested both Christmas and New Year's Day off. I know that there is a casual employee willing to work those days for me. However, the employer is refusing to schedule her for either of those days. Is this permissible?

A: No. The employer is required under the collective agreement to make every effort to schedule either Christmas or New Year's Day off for employees so requesting.

Q: I am a paramedical employee and was scheduled to work on Christmas Day. I have just been informed that I will not be working that day and a casual employee will be working in my place. Can the employer do this?

A: No. If this is your normally scheduled shift, this is your work if you want to do it.

Q: What days are considered "super stats"? What is the appropriate rate of pay on a super stat?

A: Under the paramedical collective agreement, three days are designated as "super stats": Christmas Day, Labour Day, and Good Friday. If you are required to work on one of the three super stats you'll be paid at the rate of 2½ times (2.5) for all hours worked. You will also receive another 7.2 hours off with pay as a paid holiday.

Q: I am working a shift commencing 7 pm on Christmas Day and ending 3 am Boxing Day. How am I to be paid for this time?

A: Because a majority of the shift falls on the "super stat," you will be paid the super stat rate (2.5 times your rate of pay) for all hours worked. Note that if the shift had been longer than eight hours, then the super stat pay would apply only to the hours falling on Christmas Day itself (see the extended hours memorandum on p.149 of your contract).

Q: What if I am called back to perform a procedure on Christmas Day?

A: Any work on a super stat which qualifies as overtime (including all call back hours) is paid at 1.5 x 2.5, or 3.75 times the normal hourly rate.

Q: What about overtime work performed on Boxing Day?

A: Boxing Day is not a super stat, so any overtime work performed on that day would be paid at a rate of 1.5 x 2, or three times the normal hourly rate. **R**

Ritu Mahil 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.

ACTIVIST PROFILE

Advocating with pride and professionalism

by LAURA BUSHEIKIN

Anita Bardal never saw herself as an activist. She considered herself more the quiet type, someone who stays out of the spotlight: a helper, rather than a fighter. So she was a bit surprised at herself when she became HSA Chief Steward for St. Paul's Hospital in 2001.

In addition to her work as a full time medical radiation technologist and chief steward at one of BC's largest hospitals, Anita Bardal shares the responsibility of representing Providence Health as radiation safety officer. In this capacity, Bardal is working with Vancouver Coastal Health to address radiation safety education and issues at various facilities.



"I didn't think I was a political activist – I like to do things in a quiet way," says Bardal, a medical radiation technologist. "But at the time the chief steward had stepped down."

She was approached to take the position, but at first rejected the idea out of hand. "I didn't have much time. I had my family," she says. "But no one was stepping forward. No one really wanted the job because of the possible publicity with it. People are willing to help, but don't want to stick out. But I considered that if we did not have a chief steward at St. Paul's, we'd be lacking in terms of the information we got from HSA."

"I stepped forward because there was a need. I felt I was willing to take that responsibility, and would speak up if there was a need. I decided to put myself at service – try it for a year," she explains.

This motivation – to be of service – and her "quiet way" of doing things have provided the basis for a working style that puts member empowerment front and centre while steadfastly avoiding a confrontational approach toward the employer.

"I try to represent our mem-

bers, but I try to be balanced in our approach. I'm not setting out to make enemies out of our employer. We're not looking to deliberately agitate, but we recognize that people aren't always well informed about what their rights are. If a member has a question, we check it. We sit down and talk to them and tell them what their rights and options are, but we don't push them to take action. I'll say try to work out with your department first; if that doesn't work, we'll talk to you again and if necessary, and I'll advocate for you at meetings."

Bardal says her ideal is when a grievance can be won without leaving the bitter aftertaste that comes after an ugly battle: "The high points of this work are when you see a grievance and you're able to follow it through to the end, and the resolution becomes one that's created by both parties and acceptable to both parties. You look for a win-win situation."

A great deal can be accomplished by knowing and presenting the right information, says Bardal.

"As an example, I worked with the orthoptics department, helping with an issue they needed addressed, and as an aside to that I asked about workplace injuries. They said that due to their equipment they have lots of shoulder and neck injuries," says Bardal. She knew that the ultrasound department dealt with similar injuries, and had begun providing massage for staff on the grounds that the costs of staff injury

were higher than the cost of the massage. So she put the orthoptics department in touch with the ultrasound department.

“The members in orthoptics had to show the number of WCB claims, and how much they cost the department, and find out the costs of the massage therapy,” says Bardal. “A while later I talked to the orthoptics members and they had gotten this approved.”

This example illustrates another hallmark of Bardal’s working style: her focus is not on taking care of members, but rather empowering them, whenever possible, to take care of themselves.

“This wasn’t a fight that I had to have,” she says. “I didn’t have to go to the union with it, didn’t have to go to human resources and say this is what you have to do. I was able to provide the information members needed so they could find their own solution. You don’t always have to have the steward take things on for you. We need members to be committed to what they want to have corrected in the workplace.”

Success in this kind of negotiation gives members “a sense the employer is listening to them. It makes them feel more valued,” says Bardal.

However, Bardal harbours no illusions that all – or even most – workplace concerns are so easily solvable in today’s political climate.

“I don’t want to blame everything on the Liberal government but under their leadership, there’s been constant change at our workplaces. The government wants to be leaner and meaner. They’re operating health care like a business, but it’s not. It’s about caring for patients,” she says.

“The employers say it’s not personal, but for the people in health care it is personal. They put their heart and soul into it. Yet they’re being told not to

“Health workers are being told not to care so much. That’s a hard thing to do in health care.”

care so much. That’s a hard thing to do in health care,” says Bardal. Unmanageable workloads and constant change are two of the biggest stressors in her workplace, she adds.

“There’s so much restructuring. It puts a lot of stress on staff – they don’t know where their jobs will be from day to day. It’s the same everywhere in health care in BC. The big thing is ‘What’s going to change this week?’

“I have a nine-year-old and a 14-year-old. I like my job and have a passion for what I do, but right now, I’d have to think twice about recommending it to my kids. It’s not a matter of the wages – it’s the recognition, the respect, the conditions,” she says.

While her frustrations are considerable, and shared by many others in this province, she is careful not to let them overwhelm her.

“I wouldn’t say I’m laid-back, but I don’t fret about what I can’t do,” she says. And Bardal takes satisfaction from the gains she *has* been able to achieve.

“One thing I’m proud of is that I was able to work it out with the employer to get negotiated set steward time each week to deal with union issues,” she says. Such an arrangement had never existed at St. Paul’s. “Another good thing is that we now have an HSA office assigned to us on-site. Now, if people need to, they can come and talk in private. All the stewards have a key, there’s a computer set up, a printer, fax machine and voice mail,” says Bardal.

These practical advances – just a few of Bardal’s achievements during her three-year tenure (so far) as chief steward – make HSA’s problem-solving approach that much more accessible to members at St. Paul’s. Bardal is clearly succeeding at her original goal: to be of service. **R**

Anita Bardal
Chief Steward, OH&S Steward
Medical Radiation Technologist
St. Paul’s Hospital

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There are some restrictions on resale and redemption as well as commissions and fees and performance is not guaranteed, so it's important to read the prospectus before investing. To learn more about the Working Opportunity Fund, talk to your Investment Advisor, visit WOF's website at www.wofund.com, or contact the fund at 1.800/563.3863.

HSA President Cindy Stewart chairs the Board of Directors of the Working Opportunity Fund.

Maximizing transferable tuition and education credits

by STEVE WATSON

Of all the investments we make during our lives, one of the most important, and the one with the highest rate of return on investment, is education. There is no doubt about it. Unfortunately, one of the big obstacles in obtaining a post-secondary education is the cost.

There are some tax strategies you should consider in an effort to maximize the tax savings available to both students and a supporting spouse or parent. You can effectively reduce the cost of obtaining an education by using these tax strategies. It requires some planning between the supporting parent or spouse and the student, but is well worth it.

There are some tax strategies you should consider in an effort to maximize the tax savings available to students.

First, the student must file an income tax return and request the GST credit. Students must report all sources of income and reduce that income by using all tax deductions available to them before using any *current-year* tuition and education tax credits to reduce taxes payable.

Deductions available to students include moving expenses, unused tuition and education amounts from *previous-years*, RRSP credits and, up to \$3,000 in exemptions for

income from scholarships, fellowships and bursaries. It is important to minimize the use of *current-year* tuition and education credits by the student so that you can maximize the amount transferable to a supporting parent.

Once the student has completed their tax return and reduced their taxable income to zero, they can then transfer any unused *current-year* tuition and education amounts. The annual maximum transferable from a student to a supporting parent or spouse is \$5,000.

The student must authorize the transfer by completing and signing the back of their Tuition and Education Certificate T2202A. This is very important, as the credits cannot be transferred after the fact – although a student can carry forward tuition and education credits to future years, they can only be transferred in the year they are acquired.

As such, it is important that the student and supporting parent or spouse understand the need to file concurrently to ensure the proper amounts are transferred.

The end result is that the student gets a full refund of any taxes paid during the year plus the GST credit, and the supporting parent or spouse obtains an additional \$1,100 tax refund (on average) from a \$5,000 tuition and education credit transfer.

Working Enterprises Tax Services Ltd. provides personal income tax preparation and independent financial services for members. Steve Watson can be reached at 604/408.1153 or 1.800/845.1181, or by email at tax@wegroup.ca.

Tax preparation and financial planning services for union members

Working Enterprises Tax Services is union- owned, and provides personal income tax preparation and independent financial planning services for union members and their families in all regions of British Columbia.

Rates for income tax preparation are set at 40 to 70 per cent below competitors' rates. Most members pay a flat fee of only \$45 to prepare and electronically file their return. This rate applies to those who have seven or fewer information slips to process.

Individuals who have more than seven slips, or more complicated returns, pay a little more but still benefit from great savings.

Working Enterprises also provides Independent financial planning services for individuals on a *fee only* basis. They do not collect commissions or sell financial products.

You will obtain financial advice tailor-made for your financial goals and objectives. Financial planning service fees are based on an hourly rate or a set rate for complete financial plans.

Contact:

Steven Watson MA, CFP, FMA
Working Enterprises Tax Services
1200 - 1166 Alberni Street
Vancouver BC V6E 3Z3
tel: 604/408.1153
toll free: 1.800/845.1181
email: tax@wegroup.ca
web: www.wegroup.ca

An early start on pensions can mean a more comfortable retirement

Q: I'm in my early 30s. Why should I care about pensions?

A: This is a good question, and a common one. We all look forward to the day we can stop working. When that day comes, a pension will provide the money you need to live on.

The Municipal Pension Plan (MPP) is a defined benefit pension plan. If you are a member of the MPP, your pension will be based on years of pensionable service multiplied by your five-year highest average salary multiplied by your "accrual rate" (1.3 per cent up to the Years Maximum Pensionable Earnings – about \$40,000 in 2005 – and 2.0 per cent above that level).

Let's say your highest average salary at retirement is \$40,000. Your pension will be \$40,000 times 1.3 per cent, or \$520 for each year of pensionable service. If you are in the pension plan for the full-time equivalent of 10 years, your pension would be \$5,200. If you were in the pension plan for the full-time equivalent of 35 years (the maximum permitted) your pension would be \$18,200. You can

see that it pays to start early, so that you have more retirement income to enjoy your retirement with.

The normal retirement age for the MPP is 60, but you can retire earlier with no penalty if your age and years of contributory service equal 90. So, if you enrolled

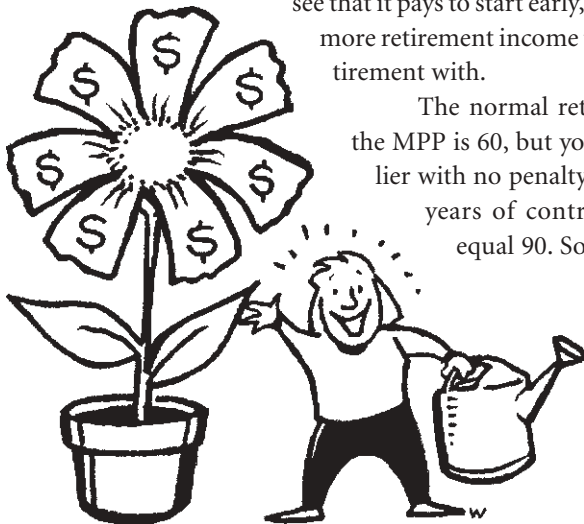
in the pension plan at 20, you would earn the maximum pension (35 years) by age 55 *and* be able to retire with no reduction for early retirement.

When you enroll in and contribute to the pension plan, your employer contributes as well. Once you're vested (generally after being in the plan for two years) you are entitled to the value of your employer's contributions as well as your own contributions, plus interest. If you terminate before the earliest retirement age (55) you may choose to leave this money in the plan for a pension when you are ready to retire, or transfer the money to a locked-in retirement savings vehicle. If you terminate after the earliest retirement age, you will have the option of taking an immediate pension or starting your pension at a later date.

The Municipal Pension Plan has been able to index pensions each year to offset the effects of inflation. While this is not guaranteed, part of your contribution goes to a special fund that is invested and used to pay for indexing.

This is better than trying to save for your retirement on your own with just RRSPs, which have no employer contributions and investments that are growing slowly – even shrinking. A defined benefit plan, like the MPP, provides a known income, which allows for more certainty when planning for retirement.

And it's much better than not saving for your retirement at all! **R**



In this new regular feature, the Municipal Pension Plan answers frequently-asked questions. See pensionsbc.ca for more information about the Municipal Pension Plan.

Clear directions for continuing stewardship

by SUSAN HAGLUND

At its fall meeting, the HSA board of directors struck a Constitutional and Organizational Policy Committee to oversee the union's constitution and policies as they affect the work and operations of the union. This committee has already been hard at work reviewing existing policies and constitutional provisions.

If you look at any organization's policies and budget, that gives you 90 per cent of what you need to know about that organization. HSA is no different.

The union's constitution and policies are driven by members through annual conventions and by the board of directors. The budget is reviewed and voted on by members at the annual convention. The combination of the two sets clear directions for the board to oversee the stewardship of the union.

Why should members be interested in the work of this committee?

The constitution and policies are the framework for everything the union does, and without ongoing review and updating of that framework, the organization can suffer.

The last thorough policy and constitution review was done about five years ago, and while the board has continued, through its committees, to update policies, a decision was taken that a committee with a broad view of the organization would be better positioned to oversee the constitution and policies as they affect the whole organization.

The union has approximately 100 current policies that drive everything from how purchasing decisions are made for office supplies to how we

conduct contract negotiations with your employers. It is at the policy level that the union develops its practices around such services as the anti-harassment policy and the ombudsperson appointed at every union function – from workshops to conventions.

I am working with board members Ernie Hilland, who chairs the committee, and Kelly Finlayson to review the operational policies the union uses as its guide to all the work that we do – from purchasing decisions to political action policies. Our review, in which we will also involved the union's standing committees, includes looking at existing policies, draft policies and the constitution to ensure synchronicity between the policies and constitutional commitments.

At annual conventions, members debate resolutions about the union's position on a wide range of activities. For example, at the 2004 convention, delegates voted to increase the proportion of union dues dedicated to political action in order to fund increased participation by HSA members in the political process.

This resolution was passed after considerable debate at the committee and board level, and finally at the convention. From that resolution, the union's Political



Susan Haglund
Executive Director of Operations

Action Committee developed detailed policies dictating how the union may disburse the funds approved by the membership at convention. The role of the constitution and policy committee is to ensure that those policies reflect the intent of the members in the resolution.

HSA has approximately 100 policies that drive the work that we do. We also have a constitution that oversees that work. From time to time, the constitution requires amendments to ensure that it reflects the changing policies and practices of the union as directed by convention. It is with that in mind that this committee is working in overdrive to ensure that any amendments required to the constitution in order to reflect policies and practices as set by the members at convention are ready for your review at the April convention.

Combined with the work that the operations department at HSA has been doing in the past year streamlining office systems and getting into compliance with the Personal Information Protection Act, the department has been very busy working to ensure efficiency in service to the membership. **R**

Susan Haglund is HSA's Executive Director of Operations.

Setting goals for a secure retirement future

by BONNIE NORQUAY

I am approaching a time in my life where retirement – what was once a far off possibility that I couldn't ever imagine getting to, is now reality. The choices I made before getting to retirement will be the ones on which I base all my options in my post-working years.

The average age of HSA members is 44. If you haven't already started planning for your retirement years, now's the time. With the cost of living steadily increasing, as each year passes we will all need a higher monthly income to support us in our retirement years. We have to plan for major life changes, and feel confident that we have a base we can work with to survive the anticipated and unanticipated events in our lives.

As I've started to plan for my retirement, I've done my own research and developed a strategy that I am comfortable will give me a good foundation for my post-retirement years.

First of all, it is important to create retirement goals. What do you want to be doing when you retire? Are you a traveler? Have you always wanted to be a potter? Have you identified the lifestyle you want to lead after all your working years? Everyone should have unique dreams to fulfill when they retire.

Based on the goals you develop, you need to create a retirement plan. What is the monthly income you will need to support your retirement goals? Financial planning is a skill that so many of us ignore. The following is a list of suggestions you might want to think about as you plan for retirement:

- Attend courses on pensions and pension management. Get to know your pension plan, and understand what benefits you're contributing to and how you can anticipate using those benefits.
- Consider courses in financial planning, investment



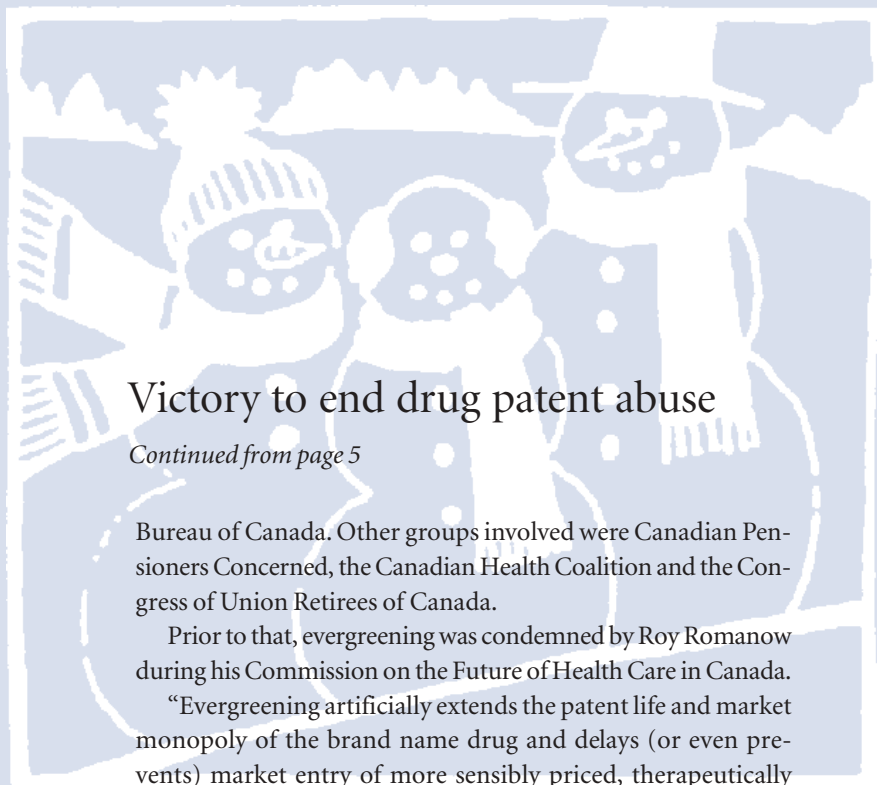
Bonnie Norquay, Region 5 Director

strategies, small business management, and estate management. These courses will give you the knowledge base you need to make decisions about your retirement planning that work for you.

- Attend seminars to help you focus on retirement planning – and start attending those seminars well before your retirement date.
- Consider engaging the services of a financial planner who will help guide you through your planning, and focus your energy and efforts to create a diverse retirement income portfolio.
- Create a plan to reduce debt load for retirement.
- Create an additional income source for retirement, for example, rental income or small home-based business income.

And finally, do what you can to educate your children and younger colleagues to begin retirement planning at the beginning of their working lives. The rest of us need to keep informed about all the options and to create an action plan. I am taking steps today so my retirement can be exciting and enjoyable. I encourage you to do the same. **R**

Bonnie Norquay represents Region 5 on HSA's Board of Directors.



Victory to end drug patent abuse

Continued from page 5

Bureau of Canada. Other groups involved were Canadian Pensioners Concerned, the Canadian Health Coalition and the Congress of Union Retirees of Canada.

Prior to that, evergreening was condemned by Roy Romanow during his Commission on the Future of Health Care in Canada.

"Evergreening artificially extends the patent life and market monopoly of the brand name drug and delays (or even prevents) market entry of more sensibly priced, therapeutically equivalent generic products," Clancy said when the NUPGE complaint was filed with the Competition Bureau.

"The obvious effect is a substantial prevention or lessening of competition in the pharmaceutical market. Of particular concern to myself and the National Union of Public and General Employees is the fact that there is no remedy whatsoever to compensate consumers when entry of a generic drug is unnecessarily delayed."

The Competition Bureau sat on NUPGE's complaint for eight months, then threw the issue back to the government to resolve. Many observers feared that might end any immediate hope of reform, given the cozy historic relationship between the Liberal party (like the Conservative party) and major brand-name pharmaceutical companies.

However, the issue was taken up by Dosanjh, a former BC NDP premier, after he was appointed health minister following the federal election in June 2004.

Details published recently in the *Canada Gazette* indicate that evergreening will be effectively eliminated by minimizing the types of patents that drug companies are allowed to file for a given product and by restricting the number of times they can go to court to block generic competitors.

"We hope this is a sign that the government is prepared to live up to its promise of curbing runaway drug costs by prohibiting direct-to-consumer drug advertising and implementing a national pharmaceutical strategy," Clancy said. **R**

HSA is an affiliate of the National Union of Public and General Employees.

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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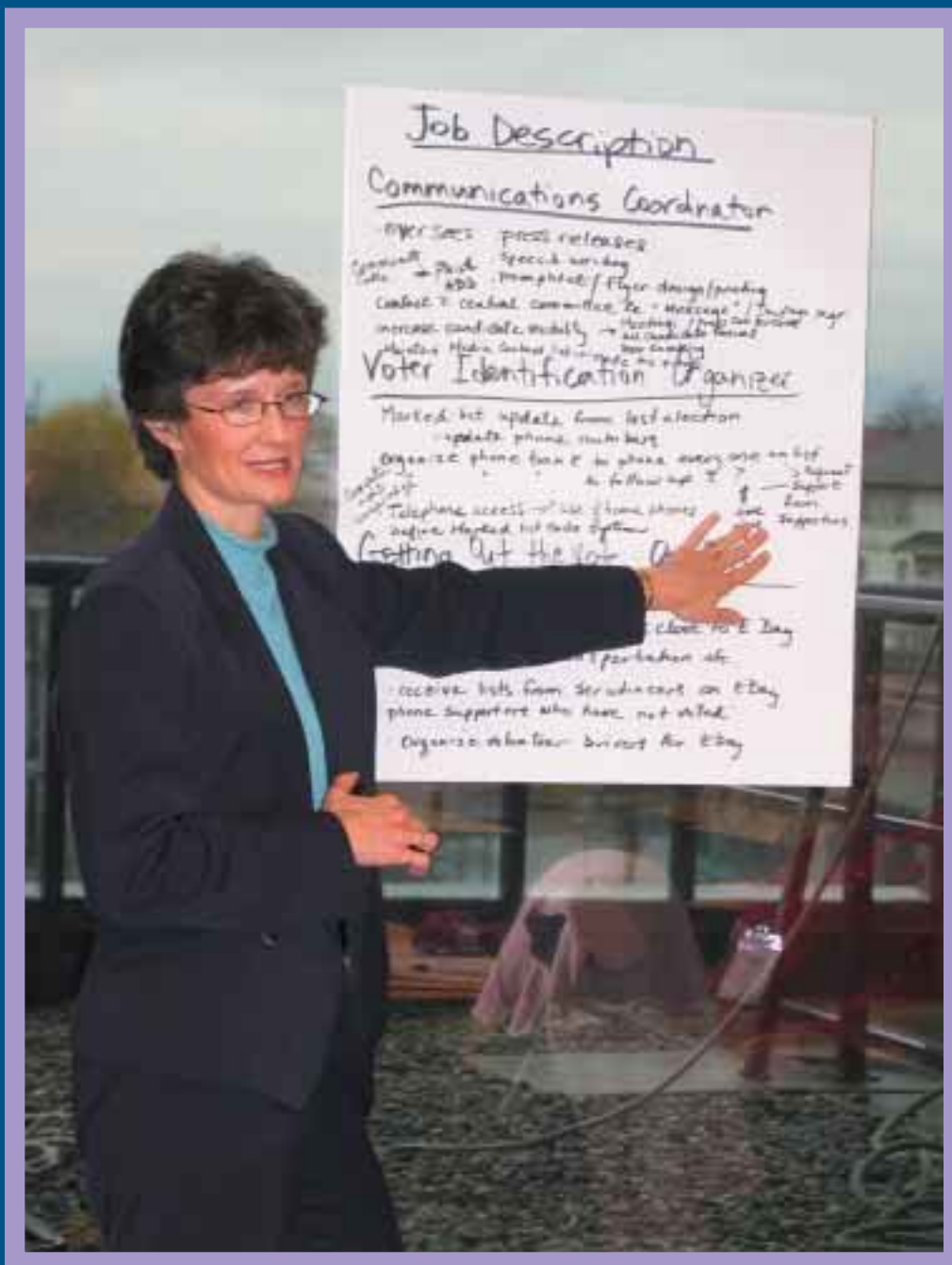
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MAKING A DIFFERENCE: dietitian Eileen Carolan (Vancouver Island Health) took part in HSA's first-ever campaign school, designed to help members who want to become more involved in the electoral process. Another session is planned for January. (See next issue of *The Report* for more coverage)

