

# THE Report



**YOUR VOTE MATTERS** PROTECTING PUBLIC SERVICES ON JANUARY 23

## MESSAGE FROM THE PRESIDENT

# HSA activists paving the way for bargaining season

by CINDY STEWART

**W**hen Carole Taylor, BC's Minister of Finance, announced in November that there is money on the table for the upcoming round of negotiations with public sector unions, including 99 per cent of HSA members, she signaled the real start of the public sector bargaining season.

HSA has been preparing for this season on many fronts, working to ensure the issues important to HSA members are heard and understood by government and other players in contract negotiations.

Through the work of HSA's constituency liaisons, who work to educate government representatives about the work that our members do, to the members who have written letters to the editor and their MLAs explaining the work that you do, and the continued dialogue and discussion with health authority and government representatives, HSA has an increasing profile in the community and with decision-makers. That profile-building is an important key to making sure that decision-makers understand the importance of your work.

The union's bargaining process is also in full swing. Bargaining proposal meetings for members covered by the Community Social Services and Community Health agreements were held in November, and a survey and focus group for members covered by the Nurses

agreement has fine-tuned HSA members' priorities for bargaining at that table.

January 24 to 26, the Paramedical Professional Bargaining Association bargaining proposal conference will consider the bargaining proposals made by HSA members in chapter meetings held in the past several weeks. In addition to the priorities forwarded by members at chapter meetings, HSA is conducting an independent poll of a representative sample of members to hear from you about the issues that are important to you in this round of negotiations.

With that information, delegates to the Bargaining Proposal Conference will deliberate the proposals, set priorities for bargaining, and elect bargaining committee members to represent you at the negotiating table.

Negotiating committee members have already been elected as HSA representatives to the other tables where HSA members will be in contract negotiations.

In Community Social Services, Pat Jacklin, a member at Comox Valley Transition Society will join HSA Senior Labour Relations Officer Josef Rieder in



**Cindy Stewart, HSA President**

representing HSA members' interests. Region 7 Director and RPN Audrey MacMillan and Member Services Coordinator Kathy McLennan will represent HSA at the Nurses' Bargaining Association Table. Charles Wheat, a member at South Peace Child Development Centre, and Senior Labour Relations Officer Lori Horvat are the HSA representatives at the Community Health table.

As we head into what could be very intense negotiations, I want to thank our negotiating committee members for the commitment they have made on your behalf to achieve the best possible agreements for HSA members.

I also want to thank all members who have contributed feedback and input which will help inform our bargaining teams. **R**

*Cindy Stewart is HSA President.*

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# News

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## **Genuine solutions to health care wait-time problem lie in the public sector**

A study released in December by the Canadian Centre for Policy Alternatives shows that there are public sector solutions to Canada's wait list problems. While often touted, private for-profit clinics actually tend to make things worse.

Author Dr. Michael Rachlis asserts that, instead of going down this road, Canadians should choose public sector solutions. The paper highlights two innovative approaches:

1. establish more specialized public short-stay surgical centres; and
2. adopt modern methods of queue management from other sectors.

Rachlis points to Toronto's Queensway Surgicentre and Winnipeg's Pan-Am Clinic as examples of how the public clinics achieve the benefits of specialization and innovation, normally ascribed to the private sector. And, these public clinics reduce administrative costs and provide broader societal benefits. "The public system should shift as many minor procedures and low-risk elective surgeries as possible to short-stay, public, specialized clinics," says Rachlis.

Rachlis also demonstrates how queue management techniques applications can be used to redesign services, smooth patient flow, and reduce delays. "Canadians tend to assume that if there is a wait for health care, there isn't enough of it," Rachlis says. "However, most delays are due to poorly designed services. We need to look at delays through the 'lens of flow'."

The Saskatoon Community Clinic has virtually eliminated their previous 4 week delays to see family doctors. Saskatchewan plans same day service for the entire province within five years.

Finally, despite claims that private clinics will deliver faster care at a better price, peer-reviewed lit-

erature demonstrates that for-profit care tends to cost more while, if anything, providing inferior quality services.

"There is no shortage of public sector solutions if the political will is present," says Rachlis. "But the pursuit of many of these public sector solutions is incompatible with the further proliferation of private, for-profit clinics. Increased reliance on these clinics merely diverts public dollars to shareholders and insurance companies. And, for-profit clinics aggravate personnel shortages."

"Let's not add private problems to our health care system," Rachlis concludes. "We already have the public solutions at hand. Let's put them into practice."

The text of the entire report *Public Solutions to Health Care Waitlists* is available on the CCPA web site at: [www.policyalternatives.ca](http://www.policyalternatives.ca)

## **NUPGE asks parties to sign People's Contract for Medicare**

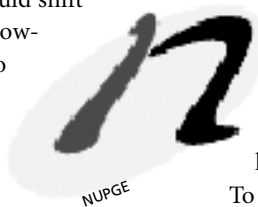
The 340,000-member National Union of Public and General Employees is asking the parties and candidates running in the January 23 federal election to sign a *People's Contract* guaranteeing the future of public Medicare.

To date, the election campaign has included a certain amount of rhetoric from all parties on health care issues but in most cases the pronouncements lack detail and fail to set out a clear commitment to much of anything.

"We have drafted a document called *Protecting and Building Canada's Medicare: A People's Contract* explicitly outlining what we think the next steps to improving our health care system are," said James Clancy, NUPGE's national president.

Each of the leaders of the political parties has been approached and asked to endorse this contract.

We are also asking our members and all con-





**Health care and social service workers know the value of public, universally-accessible medicare.**

cerned citizens to approach local candidates and ask for their endorsements. We will publish the names of all of those who agree to do this on our national union web site.”

*The People’s Contract for Medicare* identifies three important objectives where legislative and public policy initiatives can bring about further positive change within the public health care system:

- ending the expansion of private, for profit, health care;
- attaching national priority to improving and expanding senior care services; and
- promoting the establishment of a national pharmacare program.

“The federal and provincial governments have established some positive measures for putting Canada’s health care system on a stable and sustainable footing,” Clancy added.

“The National Union believes that now is the time to take the next steps necessary to strengthen and

expand the system for all Canadians.”

For more information: [www.nupge.ca](http://www.nupge.ca)

**Vote, and vote smart, on January 23, NUPGE urges members**

NUPGE is urging its 340,000 members to vote and vote smart when the country goes to the polls on January 23.

James Clancy, the union’s national president, says it is vitally important for all eligible voters to take the time to cast ballots and arrest a worrisome trend of declining voter participation in federal elections.

“This trend is dangerous and must be reversed. Because the more we give up on politics and elections, the closer we edge to giving up on our communities and democracy itself,” he said.

“I’m not about to do that. And I hope you aren’t either.”

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# News

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Clancy is urging all NUPGE members to consider the policies and platforms of all parties and vote for candidates who will make a difference to them and their families.

“All political parties are not alike. The differences are profound. Elections do matter,” he said.

“Many of the problems we face in our workplaces and communities are the direct result of deliberate policy choices made by our governments.

“In order to make real change, we need to take two essential steps. First, we need to vote. Second, we need to vote smart. I urge you to get out and vote on Election Day and to bring a friend who wasn’t intending to vote along with you to vote as well,” Clancy added.

“And I urge you to support a candidate and political party that are clearly committed to representing the interests of working families, respecting the hard work of public employees and defending quality public services in our communities.

“If each of us takes these two steps, I believe it would make an important difference in defeating the drift toward democratic despair in Canada and building a brighter future for ourselves, our families, our communities and our country.”

## **HSA Alberta welcomes move to put Calgary labs back in public system**

The Health Sciences Association of Alberta (HSAA/NUPGE) welcomes the announcement from the Calgary Health Region that it is acquiring full ownership of Calgary Laboratory Services (CLS).

“While we have maintained our support for publicly provided health care, we acknowledge and commend the generally positive labour relations practices at CLS,” says HSAA president Elisabeth Ballermann.

“Since CLS was formed in the mid-1990s, we’ve



GETTY IMAGES

bargained five contracts and solved most disputes without resorting to confrontation. We hope this positive labour relations climate will continue now that the health region has taken full control of CLS,” she says.

“We also applaud this move since it has been shown time and time again that it’s more efficient for health care to be provided in the public system than in the private for-profit sector.”

HSAA is a union that represents more than 13,000 professional, technical, support and ambulance workers in Alberta’s health care system including more than 1,100 lab employees at CLS. **R**

# Committees

COMMITTEE FOR EQUALITY AND SOCIAL JUSTICE

## We can make poverty history

*Larry Bryan, Kimball Finigan and Ernie Hilland are members of the Committee for Equality and Social Action. They attended the Make Poverty History Conference organized by CoDevelopment Canada as part of its 20<sup>th</sup> anniversary celebration.*

**The members of the 2005/2006 Committee for Equality and Social Action are:**

- Maureen Ashfield (Chair)
- Ernie Hilland
- Larry Bryan
- Kimball Finigan
- Thalia Vesterback
- Pam Bush (Staff)

**For information on this committee, contact Pam Bush at 604/439.0994 or 1.800/663.2017.**

- More and better aid
- Fair trade
- Debt relief
- End child poverty

### More and better aid

What do we mean by “More and better aid”? The United Nations called on countries to adopt its Millennium Development Goals, and Canada agreed.

The target for foreign aid is 0.7 per cent of Gross Domestic Product. Canada is currently at 0.34 per cent: that is down from a high of about 0.5 per cent two decades ago. That explains “more” aid. So, what is “better” aid?

In many cases aid is “tied” to a specific project or to specific conditions being met.

Say for example the project is to build a hydroelectric dam. Canada will contribute the required money for the dam contingent upon a Canadian company getting the contract to build the dam.

The Canadian company makes huge profits, the developing country gets electric power and the unskilled work force in the developing country gets some work. Better aid would train the unskilled workforce to do the project enabling the developing country to develop their own skilled workforce, keep the aid money in the country, and improve the lives of their citizens.

### Fair trade

Everyone has heard of the softwood lumber dispute between Canada and the US.

What do you know about the price of cotton? The US subsidizes its cotton farmers to such an extent that they sell cotton on the world market at less than it costs to produce in developing countries.

Those are two examples of unfair trade. The

**M**ake poverty history: a simple statement that raises complex issues. What makes poverty? Where is poverty? What can we do about poverty?

If we are going to make poverty history we must understand the causes of poverty. Poverty is most prevalent in the south or developing countries.

Developing countries are often rich in resources, but the majority of the population live in poverty or extreme poverty.

It started with colonization, which was a way to extract wealth from the colonized countries at their expense. Then as colonies gained their independence it was perpetuated with trade agreements.

Following WWII, developed countries started to “help” developing countries with aid and loans. The way in which the aid was given only served to deepen the poverty.

The Make Poverty History conference topics were:



from left: Larry Bryan, Kimball Finigan, Ernie Hilland



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US seeks to extend “free trade” agreements to all of the Americas. The European Union uses subsidies and trade agreements in a similar way to ensure developed countries stay rich and developing countries stay poor.

### **Debt relief**

In the 80s when inflation drove interest rates up extremely high, the debt carried by developing countries spiraled out of control.

The response from the lending countries was to impose structural adjustment policies on developing countries.

Those conditions reduced government spending, so that developed countries could take more of the developing countries GDP to service the debt. And it was at the expense of the poor and further eroded living standards.

The original debt of developing countries has been repaid in interest many times over – often 10-20 times. In many cases, the cost of servicing the debt is greater than foreign aid received. Lending countries can certainly afford to forgive the debt.

### **End child poverty**

Child poverty in Canada has actually increased over the last decade. Changes to EI and welfare, lack of affordable housing, minimum wages not keeping up to inflation and high tuition fees have all contributed to child poverty.

### **Ending poverty**

Poverty is created domestically and world wide by government policies. If we are to end poverty we need to change government policy.

The way to ending poverty is clear: more effective aid, truly fair trade, rational debt relief, and legislative and social action to eliminate child poverty.

Developed countries have the means to end poverty. Do we have the will? **R**

See [makepovertyhistory.ca](http://makepovertyhistory.ca) for more information.

## Decision of the Labour Relations Board

**December 8, 2005**

In accordance with an order of the Labour Relations Board, HSA publishes the following statement:

At the HSA convention in April 2004, Derrick Hoyt was involved in an altercation. In response to that involvement the convention Ombudspersons conducted an investigation and recommended sanctions against Mr. Hoyt. The Board of Directors of the Union considered the Ombudspersons' Report and ordered:

*Hoyt was barred from attending the Union's conventions for five years.*

*He was banned for not less than three years from any Union education course, regional meeting, or from representing the Union at any labour council, B.C. Federation of Labour or Canadian Labour Congress sponsored events, not including contract ratification meetings.*

*Before being allowed to return, Hoyt was required to sign a personal undertaking as to his conduct at future Union events.*

*Such an undertaking was to include probationary requirements, the consequences of any breach and restrictions with respect to the consumption of alcohol, personal guests and participation in social functions involving other delegates.*

Hoyt appealed to the 2005 convention of the HSA and his appeal was defeated.

Hoyt complained to the B.C. Labour Relations Board claiming that his rights under Section 10 of the *Labour Relations Code* had been denied.

The Board has upheld Hoyt's complaint and quashed the discipline against him.

The basis for the Board's order is that Hoyt was denied procedural fairness. He was not given a meaningful opportunity to confront his accusers nor to tender evidence in his own defence. The appeal to convention did not cure these defects. Accordingly, the punishment cannot stand and must be quashed.

The Board has ordered that the Union publish this statement.

*Complete reasons for the Board's decision can be found at [www.lrb.bc.ca](http://www.lrb.bc.ca) (BCLRB No. B322/2005)*

ACTIVISTS MAKING A DIFFERENCE

# HSA members take seats on council, school board

## Debora Munoz takes her seat on Prince George Municipal Council

**D**ebora Munoz was still glowing a bit the morning after she was inaugurated as a new member of the Prince George city council. Having finally recovered from the sleep deprivation that accompanied the last weeks of her campaign, she had enjoyed every minute of the ceremony.

"It was exciting. I got to sit in my council seat for the first time. It felt great," says Munoz, a diagnostic neurophysiology technician at Prince George Regional Hospital.

Munoz has good reason to be pleased. As one of 25 candidates for eight seats, she succeeded against stiff odds. She chalks up her achievement to hard work and a well-planned, well-executed campaign.

"It's been noted over and over again in the local media that I ran a well-organized campaign and had an incredible campaign team. My newspaper advertising was incredible. I had signs out early. And I had good contact with the constituents. I approached 3000 constituents door-to-door. For three weeks I was standing at street corners from early morning to evening, shaking hands and talking to people," she said.

Campaign planning began a full year before the



**Debora Munoz,  
Diagnostic Neuro-  
physiology Tech,  
Prince George  
Regional Hospital**

election. "I booked all my front-page ads a year in advance. Starting earlier made a huge difference," says Munoz. "Also, I was one of the only candidates with a web-site. That was a critical piece given the large number of candidates."

Munoz credits HSA with providing crucial assistance. "I had incredible support from HSA beginning with the campaign schools where I learned a huge amount. I also had HSA members step forward to be on my campaign team.

"I want to say thank you to all of the HSA membership and executive for the tremendous support and encouragement throughout my campaign and in preparing me to run for public office. All that hard work really paid off," she said.

Munoz is looking forward to the opportunity to promote labour interests on council. "It is my hope that I will continue to build on the good relationship I have with labour organizations in the community. For example, when I look at growing our economy it is my hope that we do so in such a way that benefits people locally, so that we keep the prosperity growing in our community and not have all the profits go elsewhere"

Munoz is also committed to promoting gender equality. Part of what motivated her to run was her frustration at seeing only one of eight council seats occupied by a woman. The current council has three women, which is an improvement, says Munoz – but no reason for complacency. Rather, Munoz has already begun organizing women to strengthen their political influence.

"Last night at the gathering after the inauguration I was discussing the desire I've heard to form a women's caucus in our community. The interest is

## BC municipal election results

## **The Report followed up with HSA activists who ran for office during the municipal election on November 19.**

there and I would be happy to spearhead it," she said. Clearly, Munoz has lost no time in getting right to work.

"I'm ready to go," she said. "I was ready a year ago when I made the commitment to run. I'm excited to have this opportunity."

### **"It's About Trust": Bob Phillips returns as Sooke School District Trustee**

**B**ob Phillips has a clear vision for the mandate of a school trustee: "My idea of a good Trustee comes from the word itself – it's about trust. How do we create trust? How do we help our students and their families, as well as considering the voices of all the other stakeholder groups? Consultation is key."



**Bob Phillips, Social Worker, Victoria General Hospital**

Phillips' vision obviously resonates with the teachers and CUPE members in Sooke, who phoned last October asking him to run for the School Board of School District #62. Phillips had sat on the School Board twice already and did not have much trouble agreeing to their request. He also had little trouble getting elected.

"I filed the papers and ended up being, um, 'handled' by my wife and a great group of friends. They did tons of phone calls and brochures. There's a science to winning local elections. Nothing works

quite like local people in the community making phone calls," Phillips said.

Phillips, a medical social worker at Victoria General Hospital, is passionate about education. Much of this passion comes from his own life.

"Our public education system blessed me. I think I'm the only college graduate in my family of origin with a Masters in Social Work and a BA in History. Education was the path to the jobs I have loved and that I believe I'm good at."

His education also provided him with one of his formative life experiences: four years teaching history in Africa. "Going to teach in Africa was amazing. Close friendships remain from those days. "There are very few people I've met whose education is not important to their life and work. So why wouldn't you want to get involved in making the public education system work?"

Another important part of Phillips' life experience has been trade union activism. He has been an HSA activist for 20 years, including several terms as Chief Steward, one as HSA Vice-President and four stints on HSA bargaining committees. This is a huge influence on how he approaches his School Board work.

"One reason I wanted to run again is that people were saying that when you're a trade union activist you understand how to treat employees. People said that when I was not on the board there wasn't the same level of consultation with staff. HSA has provided valuable training both in skills and attitudes," he said.

"My experience as a steward and activist has taught me a lot about labour relations. It has taught me about constructive ways of dealing with conflict

*Continued  
next page*

**HSA activists make a difference in BC communities**

Continued from previous page

## Getting involved: every voice counts

and disagreements,” Phillips said.

His years with HSA have become woven into the very fabric of his identity, Phillips said. “I’m a trade unionist at heart. My mindset comes from the volunteers I worked with in Africa and my trade union colleagues. I’ve always felt comfortable with HSA comrades. It’s like a tribal consciousness, knowing there’s so many that share a similar mindset in the world.”

### Ongoing community involvement from campaign momentum

**“W**ould I do it again? Absolutely. I would be raring to go,” Brigid Kemp said. Fresh on the heels of a campaign to win a seat on Penticton’s municipal council, she’s already thinking three years ahead to the next election.

Although Kemp did not win a seat, the campaign has left her motivated and inspired.

“It’s been a great experience. It’s given me an opportunity to look at those bits and pieces of the fabric that make a city, make a city council, and make it all work. It adds a whole layer to being involved in the community,” says Kemp, who has been a community activist on many fronts, for many years. Also, her work, as Older Women’s Liaison at the South Okanagan Women in Need Association,



**Brigid Kemp, Older Women’s Liaison, South Okanagan Women in Need Association**

brings her face-to-face with social issues on a daily basis.

Looking back on her campaign, Kemp can clearly identify what she’d do differently next time.

“I’ve had a taste of what to do and what not to do. I would start earlier. I would get more involved in the early days. I would do more fundraising to afford more signs and brochures. I would simplify my brochure – people don’t want to read tons of information,” she said.

She is equally articulate in identifying what worked.

“It was helpful to have an understanding of what the issues are, to listen to what the people were saying, and to have a network of friends and people who are experienced, have been there before, and can give you some guidance as a mentor,” she said. “It was very important to have the support of HSA,” she continues. Kemp cites HSA-sponsored campaign schools and the opportunity to attend the Canadian Women Voters’ Congress Women’s Campaign School as essential learning and networking resources. However, the help from HSA didn’t end there.

“Different people in the union offered me support and ideas. The financial support of having time off work was important,” she said.

Kemp is channeling her post-campaign momentum into ongoing involvement. “I attended a meeting last night of the new council. I spoke to the mayor saying I’d like to join an advisory committee – in particular, the social development committee, which will incorporate affordable housing issues.”

Kemp would like to see city council take on issues that are not always thought of as in its jurisdiction. She has done her research and knows that municipi-

## BC municipal election results

## Her experience in this campaign has made Morrison more effective than ever as a politically engaged citizen.

policies in fact can contribute to better health care or fair wages. “I was at a BC Federation of Labour convention last week where the Mayor of Burnaby talked about a fair wage policy, so that any business the city has a contract with would have to pay fair wages to the people they hire. That is something I’m going to follow up on,” she said.

“There’s a lot of work to be done whether I am or am not on the council,” Kemp concludes.

### Election campaign re-energizes community activist

Janice Morrison thinks *everyone* should run for an election at some point in their lives.

“If everyone threw their name in just once – what a better world it would be!” she said. “It’s kind of like voting – it’s your democratic right and it’s important to exercise it. There’s so much to be learned; you gain a much better understanding of what goes on in your municipality and province. You see how the whole system works.”

Morrison, a physiotherapist at Kootenay Lake Hospital in Nelson, spent much of the fall campaigning for a seat on Nelson’s city council. Although she lost this election, she did not lose her passion for political engagement.

And while losing was not her desired outcome, it

hasn’t slowed her down.

“It was a bittersweet moment,” she said. “I wasn’t all that upset. We had 15 people running for council and six seats. Nine people had to lose. The next day people are phoning you and offering condolences... and life goes on. There’s still stuff to do. On Monday I had my Chamber of Commerce meeting. Tuesday was the Museum and Art Gallery meeting. It doesn’t stop. I don’t stop,” she said.

Morrison says her experience in this campaign – it was her fourth so far, and she’s definitely not ruling out a fifth – has made her more effective than ever as a politically engaged citizen.

“It’s always wonderful to be out meeting people and hearing what their issues are. With this campaign we had a much bigger door-to-door campaign than usual, so it really gave us a chance to hear what people have to say,” she said.

As well, she says, campaigning is fun.

“One of the best times is voting day. I was out walking through the mall with one of our campaign team members and everyone was saying to me oh, I voted for you, you’re going to win, it’s going to be a great council. It goes on all day and it’s wonderful – hearing that people are so positive and supportive,” she said.

The support of others – voters, campaign team members, friends, and family, to name a few – is a huge part of what makes a campaign possible. Morrison acknowledges the Health Sciences Association as a particularly important member of this support network.

“I really want to thank the union. It was great to have time off and concentrate on the campaign. This really is a wonderful opportunity that I look forward to taking again,” she said. **R**



**Janice Morrison,  
Physiotherapist,  
Kootenay Lake  
Hospital**

**HSA activists make a difference in BC communities**

**J O B P O S T I N G**

**Vancouver Island Health Authority**



As one of the largest employers on Vancouver Island with over 16,000 staff employed at acute care hos-

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**Salary & Benefits:** As per HSA contract

**Please contact:**

Employment Services  
 Vancouver Island Health Authority  
 1952 Bay Street,  
 Victoria, BC, V8R 1J8  
 Fax: 250.370.8570  
 Email: jobs@viha.ca  
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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/worksite(s)					
New home address					
City		Province		Postal code	
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Home tel. (   )			Work tel. & local (   )		
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## CONTRACT INTERPRETATION

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

### Mediation and arbitration of grievances

by BRUCE WILKINS

**Q:** What is the difference between mediation and arbitration? What role does mediation play in arbitration?

**A:** Labour relations can often be an adversarial process, but parties are encouraged by the Labour Relations Code to try to resolve their differences in a more conciliatory manner.

Unlike other forms of litigation where the parties to a dispute may be strangers, in labour relations, disputes are usually between people who often have a long history together and can anticipate working together long after a disagreement.

The Labour Relations Code, which empowers arbitrators to hear and decide arbitration cases, clearly and strongly encourages all parties and persons involved in arbitration to use mediation as an alternative to fighting the case in arbitration.

Mediation is a process by which parties to arbitration try to settle an issue without having to proceed with an arbitration. In mediation the arbitrator will assist the parties to try to settle the issues involved rather than hear a case, decide on a winner and a loser, and write an award. The result is usually a written agreement containing terms and conditions upon which the matter is to be settled.

Section 2 of the Labour Relations Code encourages mediation as an alterna-

tive to arbitration:

2. The board and other persons who exercise powers and perform duties under this Code must exercise the powers and perform the duties in a manner that . . .  
(h) encourages the use of mediation as a dispute resolution mechanism.

The duties under the Code also state that arbitrators must encourage "cooperative participation" in resolving workplace issues.

According to section 89(h) of the Code, which sets out the powers of arbitrators, an arbitrator is given the power to "encourage settlement of the dispute and, with the agreement of the parties, the arbitration board may use mediation, conciliation, or other procedures at any time during the arbitral proceedings to encourage settlement."

It is not an uncommon occurrence in labour arbitration for an arbitration to begin as a full arbitration and then turn into mediation at some point in the process.

An example of this is a hybrid called a "Med/Arb," where the parties embark upon a mediation process which results in a writ-

ten arbitration award at the end.

But why is mediation encouraged by the Labour Relations Code?

The parties have to live with one another after the arbitration. If arbitration is bitter and contentious, this may negatively affect the ongoing relationship between the parties which can preclude reaching agreement in other matters.

A settlement agreement reached through mediation allows all parties to "save face" and walk away from the process with dignity and respect. An arbitration award often results in winners and losers which can lead to further bitterness and conflict between the parties.

Though arbitrators are highly trained and experienced in labour disputes, they are often strangers to the collective agreement and the history of the parties and can occasionally come up with anomalous or unexpected results which can be an unpleasant surprise to the grievor and the union. Accordingly, a further benefit to a settlement achieved through mediation is that the parties know what they are getting in a settlement as opposed to gambling on what the result might be in an arbitration award. **R**

*Bruce Wilkins is HSA legal counsel.*



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](mailto:yukie@hsabc.org). Don't forget to include a telephone number where you can be reached during the day.

CALM GRAPHIC

# HSA stewards identify need for more action on violence prevention

**I**t has been almost a year since the tragic and violent death of David Bland, an HSA member who worked at Richmond Mental Health Service. He was assaulted as he left work.

When he was killed January 19, 2005, HSA stepped up the pressure it had been applying on employers to address the risks associated with working in health care. For several years, we had seen a marked increase in the number of violent incidents involving health care workers in general, and HSA members in particular.

In the weeks prior to Bland's death, the Workers' Compensation Board prevention department had

initiated discussions with stakeholders to address the issue. And the situation was alarming. A review of the statistics on accepted WCB claims showed health care workers, who represent just under 10 per cent of the workforce, account for 40 per cent of the violence-related claims that are accepted by the WCB. Health care workers are at least four times more likely than any other worker in the province, including police officers and fire fighters, to suffer a workplace injury as a result of a violent incident.

Bland's violent death was the consequence about which HSA and other health care unions had been sounding the warning bells.

And while Vancouver Coastal Health Authority, the employer at Richmond Mental Health, was swift to react to the incident by reviewing the local workplace anti-violence plan in place and making changes to address risks, a more co-ordinated re-



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**David Bland** was a valued member of Richmond's Mental Health Team for 27 years. He was dedicated to assisting individuals with mental health concerns re-integrate into the community through employment and volunteering.

The David Bland Vocational Rehabilitation Scholarship Fund was created in Dave's memory by his friends, colleagues, and the community of Richmond. It will support his life's work and the clients he supported, encouraged, and mentored in their training to gain active employment and a role in society.

Last year, HSA's Board of Directors approved \$2500 towards this scholarship fund. HSA encourages members to add their contributions. Please contact the Richmond Hospital Foundation and specify that you would like to contribute to the David Bland Vocational Rehabilitation Scholarship Fund.

**The Richmond Hospital Foundation**

7000 Westminster Highway, Richmond, BC V6X 1A2

Telephone: 604/244.5252 Fax: 604/244.5547

info@richmondhospitalfoundation.com

**occupational health and safety**

sponse province-wide has been slow to develop.

A recent province-wide survey of HSA's Occupational Health and Safety stewards shows that joint occupational health and safety committees operate and meet regularly throughout the province, as required by the Workers' Compensation Board regulations. However, stewards report that they believe the committees should be more effective. While 75 per cent said that management representatives on the committees have the authority to implement the committee's recommendations, when it comes to violence prevention, almost 50 per cent say there are logistical barriers (including budgetary restrictions) to implementing recommendations.

In light of employers having had almost a full year to reduce risk for health care workers since the tragic events of last January, HSA will step up its work to improve compliance with legal requirements that employers have to provide a safe workplace for their employees. The union will pressure the WCB to rigorously pursue employers who have not demonstrated compliance in developing risk assessments, policies and protocols, training workers, supervisors and managers, and the promotion of a culture where reporting violence or risk of violence is encouraged.

The union has been proactive in addressing violence in the workplace. HSA and other health care unions, the WCB, the Occupational Health and Safety Agency for Healthcare, and the Health Authorities have been participating on a provincial task force on violence prevention. This group has brought together the best practices existing in health care in order to provide training modules for safety committees and employers. OHSAH will start delivering that training in January 2006.

HSA has also delivered two well-attended workshops on violence prevention and response, with more sessions to be offered in the new year at various locations in the province. **R**

## What is violence?

**T**he initiatives which have followed since last January included a review of the definition of violence and increased education for HSA members.

The Occupational Health and Safety regulation defines violence as:

“The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker.”

This includes “any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.”

Violence can be attributed to work whether at the worksite or not, if it arises as a result of the worker's employment.

There are recognized definitions of violence:

**Threats:** Generally involve any communication of intent to injure, including threats against a family member. Examples include, but aren't limited to:

- threats via letter, phone or e-mail
- intimidating gestures such as shaking fists, pounding a desk or counter, punching a wall, and screaming
- throwing or striking objects
- stalking

**Assault:** Includes actions creating risks of physical or psychological injury as well as verbal hostility and abuse.

**Aggression:** Reflects the broader scope of hostile, unpleasant / unacceptable behaviour which may range from offensive gestures to expressions of physical violence

HSA is lobbying health care employers and the WCB to ensure compliance with WCB regulations related to violence.

The union continues to promote the understanding that violence is a continuum which includes threats, bullying, coercion, intimidation and harassment, and HSA's Occupational Health and Safety Committee is lobbying for a more inclusive definition of violence to ensure workers who suffer the consequences of working in hostile environments are entitled to compensation and benefits through the WCB. **R**

*For more information, contact the Occupational Health & Safety Steward at your facility, or Marty Lovick at the HSA office.*

# How can I vote to protect health care and social services?

**O**n January 23, HSA members will once again head to the polls to elect a new federal government. The Members of Parliament we elect can have a huge impact on the health care and community social services that HSA members provide.

HSA urges members to examine the positions of the parties on these issues, and to vote for candidates who will support public health care and community social services.

A good way to find out where the candidates in your area stand on the issues is to attend local all-candidate meetings and ask your candidates where they stand on the issues. A few questions on health care and community social services are given below, as examples only. There are many other issues that you may wish to raise with candidates.

## Tips for asking questions

- Where relevant, start by stating your profession or the kind of work you do, the type of patients or clients you work with, and that you're a member of the Health Sciences Association.
- Preface your question with a short statement that provides relevant background to your question. This helps the candidate and your audience appreciate the significance of your issue.
- Ask your questions in your own words. Avoid specialized terminology or acronyms that your audience may not understand.
- Take your time. Speak clearly and loudly enough so that everyone in the audience can hear both your preamble, and question. Try to use short sentences.
- Give your questions a personal slant where possible (i.e., give examples from your professional or personal experience). Do not, however, say anything that could compromise patients'/clients' privacy rights or that criticizes your employer.
- If you'd like help framing a question, or advice on how far you can go in giving your issue a personal slant, please phone the HSA office and ask to speak to Carol, Miriam or Rebecca (604.439.0994 or 1.800.663.2017).

**federal election january 23, 2006**



Which federal election candidate will stand up for health care and social services? Ask them!

## GETTING ANSWERS

# Questions for federal candidates

**These are sample questions; personalize your question and incorporate your own personal experiences to get clear answers from your candidates.**

**1** Upon completing his extensive “Romanow Commission on the Future of Health Care in Canada”, Mr. Romanow concluded that advocates for greater privatization of health care and a parallel private system had provided no evidence that these approaches would improve and strengthen Canada’s health care system.

Given that the most recent, in-depth study of Canada’s health care system concluded that a publicly funded, publicly delivered system delivers the best health care for Canadians, what do you think the

Canadian government should do to strengthen such a system?

**2** Evidence from other jurisdictions, like the UK, shows that privatizing public health care facilities and services results in increased costs and decreased quality of patient care.

What will your government do to stop the expansion of private, for-profit health care in Canada?

*Continued next page*

**voting to protect health care and social services**

## Getting answers from your federal election candidates

*Continued from previous page*

**3** Private, for-profit surgical clinics drain health professionals from the public system, contributing to the closure of public operating rooms and increased wait times for surgery in the public system.

What will your government do to limit the expansion of private, for-profit surgical clinics?

**4** Most Canadians support access to medical services based on need, not ability to pay. Privatization creates a two-tier system where the rich can pay to jump the queue, while everyone else has to wait.

What will your government do to ensure that all residents of Canada have equal access to medical services?



**Examining key issues up close: with knowledge and experience, HSA members have the best tools to determine which federal candidate will protect health and social services**

**BC's health care team: not just doctors and nurses**



### **Voting eligibility**

Canadian citizens who are 18 years or older on election day are eligible to vote.

### **When and where to vote**

Election day is January 23. Polling stations are open from 7:00 am to 7:00 pm. The Canada Elections Act states that employees are entitled to 3 consecutive hours to vote, without loss of pay. To find out where to vote, check the voting card you receive in the mail, or phone your local Elections Canada office or a local campaign office.

Advance voting will be held on January 13, 14 and 16. Polling stations for advance voting will be open from 12:00 noon to 8:00 pm. For locations, check your voting card, or phone your local Elections Canada office or a local campaign office.

Information about additional voting opportunities (e.g., voting by mail or at your local Elections Canada office) is available on the Elections Canada website.

**federal election january 23, 2006**



**5** Canadians are increasingly being required to pay out of their own pocket for diagnostic tests. These include some types of laboratory tests and medical imaging (e.g., MRI and CT scans), that are being provided in private, for-profit facilities.

What will your government do to ensure that these services are both publicly funded and publicly provided, so that all residents of Canada will have equal access to these essential diagnostic tests?

**6** The current provincial government in BC is promoting the use of public-private partnerships to finance and operate some of the largest new health care facilities in the province, including the Abbotsford Hospital, St. Paul's Hospital and the Vancouver Hospital Ambulatory Care Centre. Evidence from other jurisdictions that have experimented with such "P3" health facilities shows they provide less service to patients, at a higher cost to the public.

Will your government reinstitute public infrastructure funds for new facilities, so that health care facilities can be financed and operated by the public sector?

**7** The United States has a much greater degree of private, for-profit health care than Canada. The US pays far more per person for health care than Canada, yet millions of US citizens have no health care coverage. Private, for-profit health care drives costs up so high that many people can't afford to buy medical insurance.

What will you and your party do to ensure that Canada does not end up with the sort of dysfunctional health care system that exists in the US?

**8** Recently, the Copeman Clinic opened in Vancouver. Patients must pay a membership fee of \$2300 per year to access medical services at the clinic.

What will you and your party do to ensure that medical clinics do not charge extra fees for medical care? Will you ensure that the *Canada Health Act* is rigorously enforced, and that clinics that charge extra fees are shut down?

## **"If elected, will your party increase funding for women's shelters, transition houses and rape crisis centres?"**

*Continued next page*

### **HSA's Political Action Fund**

Due to changes to federal election financing rules, HSA is not able to provide political action fund support for HSA members who are running for office or working on election campaigns during the federal election.

HSA encourages members to volunteer their time to support the candidate and party of their choice. Members who want assistance in connecting with a particular campaign can contact Carol Riviere at the HSA office.

### **For more information**

BC Health Coalition:	<a href="http://www.bchealthcoalition.ca">www.bchealthcoalition.ca</a>
Canadian Labour Congress:	<a href="http://www.betterchoice.ca">www.betterchoice.ca</a>
Elections Canada:	<a href="http://www.elections.ca/home.asp?textonly=false">www.elections.ca/home.asp?textonly=false</a>
National Union of Public and General Employees	<a href="http://www.nupge.ca">www.nupge.ca</a>
BC Federation of Labour Count-Me-In campaign	<a href="http://www.count-me-in.net">www.count-me-in.net</a>

### **Political party sites**

Conservative Party of Canada:	<a href="http://www.conservative.ca">www.conservative.ca</a>
Green Party of Canada:	<a href="http://www.greenparty.ca">www.greenparty.ca</a>
Liberal Party of Canada:	<a href="http://www.liberal.ca">www.liberal.ca</a>
New Democratic Party:	<a href="http://www.ndp.ca">www.ndp.ca</a>

## Getting answers from your federal election candidates

*Continued from previous page*

**9** There is a world-wide shortage of many of the health science professionals who provide critical diagnostic, rehabilitation and clinical health services. These include Medical Laboratory Technologists, Medical Imaging Technologists, Respiratory Therapists and Pharmacists, to name a few.

What steps will your government take to ensure there are sufficient numbers of these highly trained health science professionals, to continue providing essential health services to Canadians?

**10** Violence against women continues to be a serious problem in Canada. On average, 200 women each year in Canada are murdered by their husbands, partners or somebody they know. Thousands more are battered and abused. Many women continue to live in dangerous situations because there's no help and no place to go. If elected, will your party:

- i) Increase funding for women's shelters, transition houses, rape crisis centres and other important public services and community-based programs that support women trying to escape violence?
- ii) Strengthen and enforce anti-violence laws?

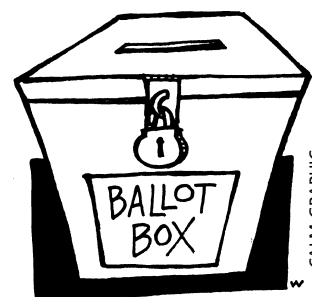
### **"What will your party do to address poverty, and in particular, what will your party do to address the causes of poverty specific to women?"**

**11** Research from the National Council on Poverty indicates that a disproportionate number of single people, single-parent families, the elderly, Canadians with disabilities and low-wage earners live in poverty. Women predominate in all of these groups.

What will your party do to address the poverty that plagues these groups, and in particular, what will your party do to address the causes of poverty that are specific to women? **R**

The members of HSA's 2005/2006 Political Action Committee are:

- Kelly Finlayson (Chair & Region 1 Director)
- Joan Magee (Region 8 Director)
- Cheryl Greenhalgh (Region 3)
- Ben Birovchak (Region 4)
- Rachel Tutte (Region 6)
- Carol Rivière (Staff)



**federal election january 23, 2006**

## FOCUS ON PENSIONS

# Pension arrears: making up for missed contributions

### Paying for arrears can increase your pension benefit

**Q:** What are “arrears”? I have periods in my work history when my employer was not paying pension contributions. What can I do about it?

**A:** There may be a time in your working history where you were entitled to contribute to the pension plan and earn benefits but for some reason, you and your employer did not make these contributions.

When pension contributions are missed, they are “arrears.” You may have arrears and not know it.

There are only a few reasons why an arrears period can happen.

- An arrears period can occur because your employer didn’t enrol you in the plan and did not start paying contributions on your behalf at the right time. For more information on this see the History of Enrolment Rules in the Municipal Pension Plan *PensionFact*.

- It can happen when an employer doesn’t restart contributions when required after they were stopped, for example, after a return from a leave of absence.

- Arrears also occur because an employer mistakenly stops sending contribution payments to the plan.

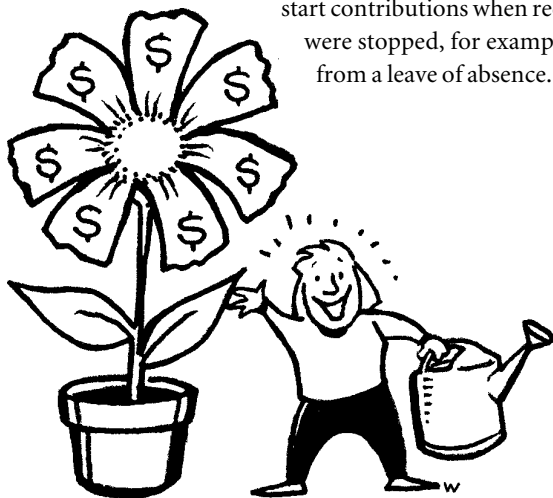
Correcting these situations improves your pension benefits and grows your pensionable service.

Paying for an arrears period can be an economical way to increase your service and improve your pension benefit. Since your employer pays the employer contributions for the arrears period your contributions represent only part of the cost.

There are deadlines for paying for an arrears period. If the plan confirmed before April 1, 2002, that you have arrears then you must apply to pay before April 1, 2007, or before you terminate your current employment, whichever is first.

If it confirms on or after April 1, 2002 that you have an arrears period you have five years from the date the confirmation is sent, or before you terminate your current employment, whichever is first.

For information on arrears go to [pensionsbc.ca](http://pensionsbc.ca) or phone one of the numbers below and request the Purchasing Arrears Pension *Fact*. In Victoria 250.953.3000; in Vancouver 604.660.5366. Toll-free in BC 1.800.668.6355. **R**



CALM GRAPHIC

In this regular feature, the Municipal Pension Plan answers frequently-asked questions. See [pensionsbc.ca](http://pensionsbc.ca) for more information about the Municipal Pension Plan.

## STAYING CONNECTED

# HSA to launch new website



In the new year, HSA members who visit [www.hsabc.org](http://www.hsabc.org) will be able to tailor the union's web site to cater to their particular interests, and register to receive information from the union about issues that interest them simply by registering on the web site.

In the member registration process, you will be able to indicate you are interested in receiving information about bargaining news about your collective agreement, or to receive information about some of the activities that HSA's committees are involved in.

The registration process is straightforward.

When you log into [www.hsabc.org](http://www.hsabc.org), you will be asked to sign in by entering your first name, last name and HSA member number. This number is available on the mailing label on the back cover of this and every issue of *The Report*.

**Your membership number is your temporary password** for registration. As you go through the registration process, you will be prompted to first enter the temporary password and then register a permanent password of 6 – 12 characters.

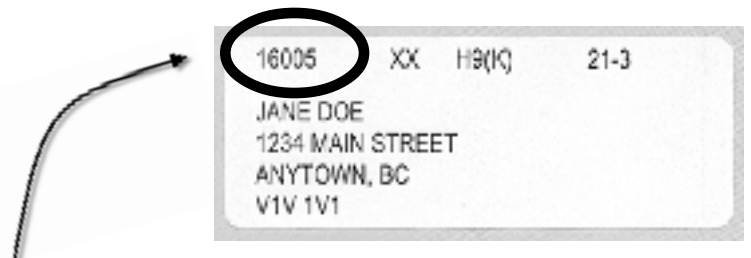
The personalized password ensures that when you login to [www.hsabc.org](http://www.hsabc.org) you will see the information you have identified as most important to you.

Look for improvements to the web site at the end of January.



SCREENSHOT COURTESY INSIGHT COMMUNICATIONS

Check out HSA's new website at [www.hsabc.org](http://www.hsabc.org)!



Your membership number is printed on the mailing label of this and every issue of *The Report*. This number is your temporary password to log into HSA's new website at [www.hsabc.org](http://www.hsabc.org).

# New HSA website for information and interaction

by REBECCA MAURER

**A** growing number of HSA activists and members are turning to the HSA web site as their primary source for union information.

With this in mind, HSA is launching a brand new web site in February 2006 that will provide members with timely and relevant information about union affairs.

The most unique feature of the new web site is the ability to create individual profiles that define a member's areas of interest.

For example, a member's profile might include information such as his profession – e.g. health science professional, RPN or community social

**We look forward to hearing what  
you think about the new web site  
and any ideas for how we can make  
it better.**

services worker; areas of interest e.g. occupational health and safety, political action or international solidarity; and geographic region.

That means, every time a member logs on to the new web site, her profile is activated automatically and she is able to view the information of most interest and relevance to her. From there, she is able to navigate the rest of the web site.

There will also be a secured area of the web site, accessible to HSA stewards only.

Another feature of the new web site will be



**Rebecca Maurer, Director of Strategic  
Communications and Member Development**

electronic news bulletins. Many HSA stewards already received bulletins in an electronic format. When the new web site is launched, all HSA members will have the option of receiving news bulletins via e-mail. For those who do not have internet access, HSA will continue to send bulletins to stewards, for posting on the union notice board.

The new web site is an exciting development at HSA. Even the most inexperienced internet user will find it easy to register his profile and navigate the web site. It's as easy as electronic banking or making a purchase via the internet. *For complete instructions on how to use the new web site, see previous page.*

Most importantly, it gives HSA an interactive tool that allows the union to communicate quickly with HSA members and to receive feedback about union news and activities. This will be especially valuable this spring as HSA's major collective agreements expire and bargaining gets underway.

To ensure the web site is meeting the needs of members there will be a direct link for providing feedback on the design and content. We look forward to hearing what you think about the new web site and any ideas for how we can make it better. **R**

# Voting to improve our working conditions

by LOIS DICK

**A** new year is here and where are we, the health science professionals of Health Science Association of BC?

Listening to the members from across the province, it seems that we are all still struggling with the problems of increased workloads and declining morale. The combination of these factors along with our personal lives can lead to an incredible amount of unwanted stress. When workers are stressed they tend to have more workplace related injuries and this is particularly true for our very dedicated members. Our members tend to work to the detriment of their health in pursuit of the excellence that is the basis of their occupational pride.

Stress is defined as “worry, pressure, anxiety, trouble and trauma.” As workers, we must remember that stress is an acknowledged condition that can lead to such diseases as clinical depression, heart problems, kidney failure, and addictions to food, alcohol or drugs. In other words, “STRESS KILLS” and our members need to recognize this condition and know how to alleviate the problem.

Some suggestions include counseling, embarking on a physical exercise program, and making certain that you take the time to engage in what you feel is enjoyable. Remember, when you have little control over what and how much work you do, stress is apt to follow.

We must be proactive about our working conditions. If workload is a problem for you, then fill in the “workload investigation tool” found at [www.hsabc.org](http://www.hsabc.org).

If you get injured at work then report the injury to your employer. Hold the

employer responsible and through them the Worker’s Compensation Board (WCB). If you do not report these incidents, the problems only get worse. You must document all injuries so there is the famous “paper trail” to follow, if your injury has longer term consequences. Workers’ injuries should be compensated for by the WCB and not through your sick time or our Long Term Disability Plan.

In the world of Occupational Health and Safety there are great successes with work-related compensation claims. The firefighters won a notable victory when in 2005, their claims for work related cancers were accepted by the WCB, and miners had their lung-related illnesses such as asbestosis and silicosis made eligible for compensation. On other fronts, heart-related problems of workers are before the courts. In our union, the repetitive strain injuries suffered by the ultrasound technologist have started to be recognized by the WCB and more claims are being accepted for these injured members. All these improvements took tenacity and meticulous documentation to finally succeed, and they all began with workers taking the time to make a claim.

The other way to make a difference to your working life is to get out and vote. All our facilities and occupations are subject to the laws and regulations of our government. When I started my activism with the union I was politically uninvolved (or so I thought). As time



**Lois Dick, Region 10 Director**

went by, I realized that all we do in our lives is politically influenced, whether we like or not. I am very proud to say “I am politically involved”; because it does influence my working and personal worlds.

One vote can make a difference. In the upcoming federal election, why not make that one vote yours?

As we enter into bargaining in 2006, I believe that we can be more optimistic than in any recent contract negotiations.

We as HSA members can help in getting our message across by ensuring that not only the MLAs know, but also the public knows, that it is time for all members of the health care team to be recognized for their contribution to the health care system. The government needs to hear our concerns and they need to hear it from you – not just your union. Write a letter; send a fax; make a telephone call; or work for a person running in an election.

This is a way to take back some control over your working and personal life because you will be taking action to ultimately improve your world. If you do nothing then nothing changes! **R**  
*Lois Dick represents Region 10 on HSA’s Board of Directors.*



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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Facsimile: 604/439.0976 or 1.800/663.6119

## BOARD OF DIRECTORS

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

### President [webpres@hsabc.org]

Cindy Stewart  
Physiotherapist, Vernon Jubilee

### Region 1 [REGION01@hsabc.org]

Kelly Finlayson (Vice-President)  
Radiological Technologist, St. Joseph's Hospital

### Region 2 [REGION02@hsabc.org]

Brian Isberg (Secretary-Treasurer)  
Medical Laboratory Technologist, Victoria General

### Region 3 [REGION03@hsabc.org]

Maureen Ashfield, Long Term Care Case Manager  
North Shore Health / Community Health Services

### Region 4 [REGION04@hsabc.org]

Agnes Jackman, Physiotherapist  
George Pearson Rehabilitation Centre

### Region 5 [REGION05@hsabc.org]

Reid Johnson, Social Worker  
Centre for Ability

### Region 6 [REGION06@hsabc.org]

Ernie Hilland, Cytotechnologist  
BC Cancer Agency / Vancouver Cancer Centre

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Audrey MacMillan, Psychiatric Nurse  
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### Region 8 [REGION08@hsabc.org]

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Golden & District General Hospital

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Ron Ohmart, Labour Relations

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Miriam Sobrino

## EDITOR

Yukie Kurahashi

[www.hsabc.org](http://www.hsabc.org)



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

# News

## Nominations open for Regional Director positions in Region 2, 4, 6, 8, and 10

This year Regional Director elections will take place in Regions 2, 4, 6, 8 and 10. All HSA members in these regions are encouraged to put their name forward for these important positions.

Directors meet, on average, every six weeks and take an active leadership role in representing the union. They are reimbursed for the time they spend in official meetings at their own regular rate of pay. Part-time and casual members are reimbursed as if they were at work during the meetings they attend.

To be eligible, members must be employed in a chapter and have been a member in good standing for one year. Candidates must be nominated in writing by two members.

Nominations for elections in Regions 2, 4, 6, 8 and 10 must be received by the HSA office no later than Friday, January 27, 2006.

This is an excellent opportunity for members to contribute to the future direction of the union and to represent the interests of other HSA members.

For more information about the role and responsibilities of Regional Directors, and to obtain nomination forms, please contact your chief steward.

## 2006 HSA Convention to be held April 6, 7, and 8, 2006 in Burnaby

The 2006 HSA Convention is just around the corner. Once again, delegates will have an opportunity to debate issues and help to determine the future direction of our union.

All HSA members are welcome to at-

tend and speak at the convention, which will be held this year at the Hilton Vancouver Metrotown in Burnaby. However, only delegates have the right to vote.

Your chief steward will post the date and time of your delegate selection meeting on the union notice board.

## ...Therefore be it resolved

Conventions are where chapters from around the province determine the future direction of the union. Policies, actions, constitutional amendments, structural changes are all discussed and debated at convention.

Members who have specific issues that they want to raise at convention are encouraged to attend their local chapter meeting. Resolutions must be endorsed by the chapter before they are sent to the HSA office for inclusion in the Annual Report. The Annual Report is published in March and mailed to all members before the Convention.

The deadline for receipt of resolutions in the office is 5 pm on Tuesday, January 31, 2006. To ensure your resolutions are forwarded to Convention, please submit resolutions before the final deadline, as late resolutions are not considered.

*Please note that proposed changes to the collective agreement are dealt with at the Bargaining Proposal Conferences, held before the expiry of HSA collective agreements. Such proposals will not be accepted as convention resolutions.*

Convention forms the basis of the union's decision-making process. Each individual member has an important role to play in determining HSA's objectives and goals for the next year. Please attend your chapter meeting and participate in this vital part of the union's democratic process. **R**

DECEMBER 6, 2005

# Marking the Day of Action Against Violence Against Women



**Members at Victoria Transition House renew their commitment to take action against violence against women at a candle-lighting ceremony on December 6 attended by government representatives.** Top, from left: Joan Feyrer, Shirley Johnson (Chief Steward), and Dianne deChamplain. Right, from left: Sandy McLellan, Parm Kroad, Wendy Walsh, and Tracy Lubick. For information on preventing violence at work, see pages 14-15.



Right: Ida Chong, Minister of Community Services and Minister Responsible for Seniors' and Women's Issues, with Linda Reid, Minister of State for Childcare



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