

# THE Report



# Bargaining marks 35th anniversary

by CINDY STEWART

**T**his year at our annual convention we will be marking HSA's 35<sup>th</sup> year as a union.

In 1971, a handful of health professionals formed an association and gained bargaining rights for health science professionals in hospitals.

Now, 35 years later, 14,000 HSA members are concluding a complex set of contract negotiations.

At press time, 12,000 members in the newly renamed Health Science Professionals Bargaining Association were voting on a tentative agreement for a four-year contract expiring in 2010. In addition, the bargaining committees for 600 Community Health Services and Support members; 800 Community Social Service members; and 750 Registered Psychiatric Nurses had just reached tentative agreements.

HSA members were not alone at the bargaining. Last fall, the Minister of Finance announced \$1 billion would be available for public sector unions who had tentative agreements by March 31, 2006. This deadline served to focus employers and unions in their work at the negotiating table.

The \$1 billion was touted as "bonus" money and negotiators were originally encouraged to be creative in how they used the available funding and apply it in ways that addressed issues relevant to the respective bargaining units.

The reality was that government was counting on the attractiveness of a one-time signing bonus and was reluctant to agree to anything other than individual cheques for each employee. For health science professionals where HSA is the lead union, the bargaining committee had different intentions. HSA members

had sent the bargaining team to the table with a clear mandate that included addressing the long term disability plan. In the end, they were successful in making progress on all the key objectives identified by the members – including the LTD. While complex, our bargaining committee was able to achieve a tentative agreement that the committee, and your board of directors, believes was the best possible deal with the best long-term outcomes for HSA's health science professionals.

In the past month, tentative agreements have been signed in a number of public sector settings, including the master BCGEU public service contract and the HEU-led facilities sector. The agreements have all been four years in length, and all of them reflect the national trend in public sector bargaining that have mechanisms to target wage compensation to occupations and professions that are facing competitive pressures.

Collective bargaining is a fine balancing act, and effective collective bargaining is a by-product of constructive relationships and healthy labour relations – a rare commodity in British Columbia in recent years.

Bargaining in 2006 provided an opportunity for something different. There was money on the table to address neglected issues. We would like to think that the Liberal government has learned that British Columbians value their public services and the health of their communities; but, many saw this round of negotiations as a transparent



**Cindy Stewart, HSA President**

bid to buy labour peace through the next election and past the 2010 Olympics. Fortunately, for the most part, especially where an employer association was capable of negotiating, the government's framework resulted in agreements and provided the parties an opportunity to achieve collective agreements through real collective bargaining.

For HSA, the exception is the social service sector. At every other table, we are pleased with the progress made on issues that we were sent to the table to address. For our community social services, the signing bonus eases the disappointment, but the tentative agreement comes up short of the objectives that were identified by members – especially relative to the other settlements reached in the public sector. A dysfunctional and incompetent employers association stymied any hope of constructive negotiations and creative problem solving. And the government is culpable as they have done nothing to address this long standing and well-known problem that continues to undermine any hope of constructive

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# News

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## **HSA welcomes new Executive Director of Legal Services**

The HSA Board of Directors is pleased to announce the appointment of Maureen Headley as Executive Director of Legal Services.

Headley will oversee services to members, including Labour Relations Board and arbitration matters, Workers' Compensation Board claims, Occupational Health and Safety issues, Long Term Disability claims and Classifications matters.

Headley has been a union-side labour lawyer in private practice for the past 13 years. She is also a recognized harassment investigator.

Before her career in law, she was Executive Assistant to the President of the National Union of Provincial and General Employees (NUPGE). Headley is also a former Director of Collective Bargaining and Arbitration for the BC Government and Service Employees' Union (BCGEU).



**Maureen Headley**

"Maureen is an excellent addition to HSA's team. HSA members will benefit from her experience as a labour lawyer combined with her strong background in British Columbia and

Canada's labour movement advocating on behalf of union members," said HSA President Cindy Stewart. Stewart and the HSA Board of Directors extend their congratulations to Headley.

## **LRB rules Biomedical Engineering Technologists to remain HSA members**

Biomedical Engineering Technologists who maintain specialized hospital equipment at acute care hospitals across the province will continue to be represented by HSA, according to a review panel of the Labour Relations Board.

The Biomedical Engineering Technologists were designated as paramedical professionals last year, and moved into the Paramedical Professional Bargaining Association collective agreement (now renamed the Health Science Professionals collective agreement).

At that time, the Labour Relations Board ruled HSA should represent the technologists. However, that ruling was appealed by the Hospital Employees' Union. In a decision issued in January, a review panel of the Labour Relations Board upheld the original decision.

## **HSA to represent 226 Cardiology Technologists**

The BC Labour Relations Board has ruled that Cardiology Technologists, including Electrodiagnostic Technologists, are appropriately represented by HSA. The Board found that HSA, HEU and HEABC did not oppose that Cardiology Technologists should be transferred from the facilities sub-sector bargaining unit to the health science professional bargaining unit.

On the issue of representation, the LRB based its decision on a previous ruling that declared HSA as the appropriate bargaining agent for Biomedical Engineering Technologists. HEU has applied for a judicial review of the BMET decision and sought to have a decision on the Cardiology Technologists deferred until after their application for a judicial review is complete. The LRB denied their request.

There are 226 Cardiology Technologists and Electrodiagnostic Technologists working in BC hospitals. HSA holds the health science professional certification at all sites where cardiology technologists work.

Cardiology Technologists operate electrocardiogram and other electronic equipment to record cardiac activity of patients to aid in the diagnosis and treatment of heart disease.

### Regular part-time staff are entitled to sick leave when working additional shifts

Labour arbitrator Donald Munroe has ruled that regular part-time employees covered by the Health Science Professionals collective agreement in the Interior Health Authority (IHA) are entitled to sick leave for shifts scheduled outside their regular part-time schedule.

HSA filed a grievance in February 2005 after the IHA issued a directive saying regular part time employees who missed shifts outside their regular schedule were not entitled to sick leave benefits for those additional shifts.

Ron Ohmart, HSA Executive Director of Labour Relations, explained why the union pursued the grievance: "The health care system depends on the people who provide the care. Because of the continued challenges of recruitment and retention of health science professionals, part-time employees are often asked to add on to their regular schedule with additional shifts. Under the IHA directive, regular employees who accepted those shifts to support the services and then were unable to report to work because of illness were denied the collective agreement rights negotiated on their behalf," Ohmart said.

In a hearing December 2, 2005, HSA lawyer Bruce Wilkins argued "a regular part-time employee does not leave her benefits at the door when she agrees to do an additional shift."

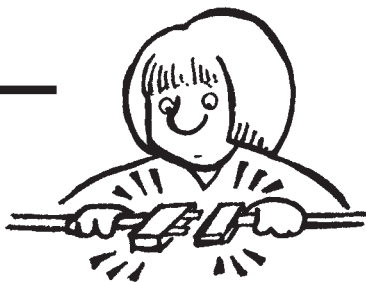
Arbitrator Munroe agreed, finding that IHA's directive "comprises a breach of the collective agreement; that regular part-time employees are entitled under the collective agreement of the sick leave benefit for the so-called additional shifts that they have been offered and accepted, in like manner as with their regular schedule."

### Wait times are main barrier to diagnostic services: Statscan

*Source: NUPGE*

Canadians who had trouble gaining access to diagnostic and specialized health services report that wait times were the principal obstacle, according to a report released by Statistics Canada in February.

The report, Access to Health Care Services in Canada,



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website at  
[www.hsabc.org](http://www.hsabc.org)**

2005 documents patients' experience with the health care system. It concludes that the proportion of patients who felt their waits were excessive was highest among those who waited for specialist visits, at 29 per cent, and those awaiting diagnostic tests, at 24 per cent.

"This survey underlines what the Canadian Health Professionals Secretariat has been saying all along: solving human resource shortages in the health care system is essential to reducing wait times" said Cindy Stewart, Secretariat co-chair. "Canadians rely upon a team of health professionals to deliver the broad spectrum of services necessary for quality patient care."

The Secretariat represents more than 60,000 health science professionals in more than 100 different disciplines who provide the diagnostic, clinical and rehabilitative services essential to the health care team.

"While some progress has been made in addressing physician and nurse shortages, the equally pressing problem of shortages amongst health science professionals has commanded relatively little attention," added Stewart.

"In a typical hospital, there are as many as five or six highly trained health science professionals for every physician. As physician supply gradually increases, the demand for health science professionals will grow exponentially," said Shelley Wilson, CHPS co-chair and NUPGE national representative.

Fifteen per cent of Canadians who received diagnostic testing such as magnetic resonance imaging (MRI) or computed tomogram (CT) scans reported difficulties accessing the needed service. 58 per cent of those said they waited too long to get an appointment.

"This reflects what our members confront in the workplace every day," said Stewart.

Canada needs a comprehensive, co-ordinated, pan-Canadian strategy to make sure the right number and the right mix of health professionals are available to make the system work. **R**

# Promoting responsible pension fund investment

**D**oes the pension contribution deducted from your paycheque seem like a lot?

Although your personal pension contribution may be substantial, that money only represents a sliver of your future pension. Most of your pension cheque will actually come from the money earned by investing your contributions, not from your contributions themselves. So how your pension is invested is key to your retirement security.

That's why Working Enterprises, in partnership with BC's labour movement, formed the Shareholders' Association for Research and Education (SHARE), which plays a unique and pivotal role in promoting responsible pension investment in Canada.

**S**o what is 'responsible pension investment'? "Firstly, responsible pension investment provides an adequate pension income for plan members and beneficiaries," says SHARE Executive Director Peter Chapman. "The term is also coming to mean investment which supports a healthy economy, society and environment while providing proper pension income."

"Both kinds of responsible investment are very important to HSA members, but many worry that investment which supports a healthy economy, society and environment is incompatible with adequate returns. SHARE helps investors successfully meld both," said HSA President and SHARE board member Cindy Stewart.

Responsible pension investment begins with pension trustees. Trustees oversee actuaries, investment managers, and other professionals responsible for billions of dollars of investment. Ultimately, they are responsible for the retirement security of all their colleagues. It's a daunting role, which is why SHARE offers pension trustee training through courses and conferences.

Dennis Blatchford is the HSA appointee on the jointly-trusted BC Municipal Pension Plan. "Last year we worked with SHARE and the BC Fed to hold a major conference on pensions for the BC labour movement. SHARE's expertise helps keep

**Responsible pension investment provides an adequate pension income for plan members and beneficiaries, while supporting a healthy economy, society and environment.**

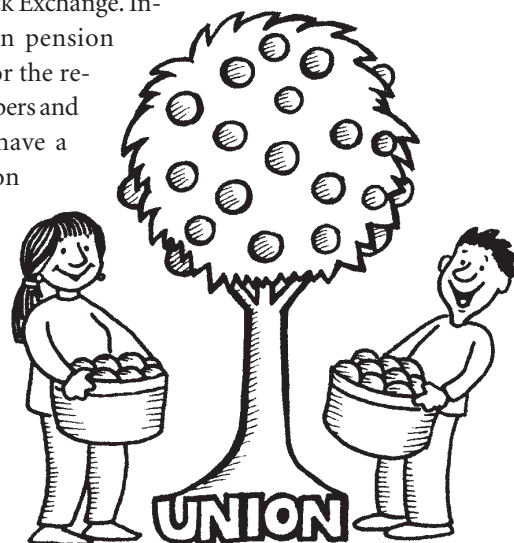
trustees on top of the issues, and raises the entire level of debate."

**S**HARE's courses for trustees, pension advisory committee members and related roles are designed to develop confident and effective pension oversight.

But well-trained trustees can go even farther. They can become "active investors," engaging directly with companies to protect investments and foster responsible corporate practices. Excessive executive compensation, which cuts into investor returns, is one issue being tackled this way. Active investors are also asking companies how they are responding to global warming, sweatshops in their supply chains, and similar ethical and social issues. Like unions, pension funds are more powerful when they act together.

"Canadian pension funds hold approximately 20 per cent of the Toronto Stock Exchange. Invested responsibly, Canadian pension funds can not only provide for the retirement security of their members and beneficiaries, they can also have a powerful positive influence on our economy, society and environment – providing retirement security in more than one sense of the word. That's SHARE's vision," Chapman said. **R**

*More information on SHARE is available at [www.share.ca](http://www.share.ca).*



## BOARD OF DIRECTORS

# Board highlights for winter 2005/2006

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

- The HSA board received a valuable presentation from representatives of the BC Securities Commission regarding investment fraud. The Commission has prepared an investor protection kit which outlines some common investment frauds and tips on how to prevent being a victim of investment fraud. The kit is available by contacting the BC Securities Commission toll free at 1.800.373.6393.
- The HSA board was given an overview of the activities of the Canadian Breast Cancer Foundation by Chair Moira Stillwell, and Jan Engemoen, Executive Director of the Foundation. The presenters thanked HSA for their on-going commitment to the Foundation's activities, in particular the Run for the Cure, and more recently, the Telus Tour for the Cure.
- A presentation by Sharon Saunders, Vice-Chair of the Municipal Pension Plan Board of Trustees, outlined the funding challenges for the pension trustees in providing sustainable post-retirement benefits into the future. The pension trustees are consulting with stakeholders on the benefits issue in anticipation that a revised benefit plan can be designed and implemented later in the year.
- The HSA board approved a donation of \$2,000 to the Council of Senior Citizens' Organizations of BC for their Medicare campaign. COSCO is one of the leading senior organizations fighting for the preservation of Medicare. HSA's donation assisted COSCO in their radio ad campaign that ran during the federal election.
- The board approved a proposal from the Strategic Communications and Member Development department to work with media consultants Insight Group to overhaul and re-vamp the HSA website. The new website will allow members to personalize their interaction with the HSA website and provides secured access for HSA members. To register log on to [www.hsabc.org](http://www.hsabc.org).
- The HSA board approved a number of resolutions for the HSA convention including support for the upcoming World Peace Forum which Vancouver will host in June. For a complete list of resolutions please refer to the 2006 Annual Report.
- Region 6 Director Ernie Hilland and Region 8 Director Joan Magee were confirmed as the Board representatives on the Health Science Professionals Bargaining Association bargaining committee. Ernie Hilland was appointed to the position of chair. Three other bargaining representatives were subsequently elected at the HSA bargaining proposal conference held January 25/26 in Vancouver: Val Avery, Allen Peters and Charlene Chen. The committee also includes chief spokesperson Ron Ohmart and HSA staff member Dawn Adamson. **R**



*For a full listing of the Board of Directors, see page 35.*

# Committees

## COMMITTEE FOR EQUALITY AND SOCIAL JUSTICE

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.

## HSA members encouraged to attend World Peace Forum

by THALIA VESTERBACK  
with RACHEL TUTTE

**H**SA's Committee for Equality and Social Action encourages all members to attend the World Peace Forum 2006, being held from June 23 to 28 in Vancouver.

This forum will be a major international gathering on the linked issues of peace and sustainability. It is planned to be broad in scope, providing an umbrella under which movements and organizations working on peace and sustainability issues – including city representatives, indigenous people, women, youth, labour, seniors and concerned citizens – can come together, network and demonstrate to the world a growing international commitment for peace, justice and sustainability.

### Preparations

In November 2004, a preparatory conference for the World Peace Forum 2006 was held.

More than 200 people from around the world suggested a number of themes and engaged in lively discussions ranging from sustainability and peace to the current situations in Asia, Middle East, Africa and Latin America.

A unifying theme throughout the preparatory conference was the importance of strengthening peace education, including understanding and the enforcement of international law, the impact of war on the environment, the importance of north/south dialogue, human rights violations, social injustice and violence against women.

### Cities and communities for peace

The theme of the Forum is “Cities and Communities: Working together to End War and Build a Peaceful, Just and Sustainable World.”

This theme is intended to draw together civil society, social movements, and civic politicians to plan our common future. Peace is not simply the absence of war. Peace includes the concepts of social and economic justice within an ecologically sustainable future for future generations and us today.

Increasingly, cities are where the people of the earth live, and therefore are the most effective building blocks of political movements. The groundswell of opposition to the US-led war on Iraq saw major demonstrations in more than 600 cities around the world in 2003. It was organized city by city, by hundreds of thousands of activists, linked through the internet.

Acting with community support, cities and local authorities can effectively contest global militarism and curtail ballooning military budgets that starve local and regional governments of the resources necessary to provide quality housing, health, education, and community services.

Every dollar consumed by militarism is a dollar not available to ensure balanced nutrition, decent health care or build a school or community centre. Peace is not solely a national government responsibility. Social movements and civic politicians have the right and responsibility to speak out against war and in favour of peace. The challenge is to co-ordinate the networks of civic and



Thalia Vesterback



Rachel Tutte





social movements to work towards a peaceful, just and sustainable world, city by city, expanding to nations and internationally.

### International Input Critical

The World Peace Forum 2006 will build on existing regional networks for peace, justice and sustainability. Special attention will be focused on addressing issues affecting the global south.

As much as possible, the program content of the World Peace Forum 2006 will be established by those organizations that participate in the Forum. The organizers of the Forum want the program to reflect the concerns of the peace and sustainability communities worldwide.

HSA's Committee for Equality and Social Action will distribute this sticker in early summer to encourage members to participate in the World Peace Forum (June 23-28)

### Labour Peace Forum

The Vancouver and District Labour Council will be convening a Labour Peace Forum as one of the main themes of the World Peace Forum.

The theme of the Labour Peace Forum will be "Economics of War versus the Economics of Peace - Benefits to Workers of a Peaceful and Sustainable Economy." The international labour movement is invited, and it will be an exciting opportunity to build on an international network within the labour movement to work on peace and sustainability at the community level.

The Labour Peace Forum will be held Sunday, June 24 and Monday, June 25, 2006. The Labour Forum has been divided into three sessions:

The first session is a plenary dealing with the economics of peace and how it benefits workers.

The second session will focus on organizing experience at the local level.

The third session will be an action-planning component. There will be a Labour Round Table with trade union leaders discussing the role of the labour movement in developing a culture of peace and creating an international communication network to build towards World Peace Forum 2008. There will also be an evening cultural event. **R**

*For more information, including the complete schedule of events, contact the World Peace Forum Society at [www.worldpeaceforum.ca](http://www.worldpeaceforum.ca) or 604/687.3223.*

# Contract addresses longstanding issues

**L**ast month, a tentative agreement was reached between health science professionals and the Health Employers' Association of BC. At *The Report's* press time, ratification votes were underway across the province, and results of the vote by all member unions in the Health Science Professionals Bargaining Association (formerly the Paramedical Professional Bargaining Association) were to be made public in early April.

HSA's chief negotiator Ron Ohmart said the HSA bargaining committee, which recommended support for the tentative agreement, is satisfied that the best possible deal was achieved for health science professionals. The Health Science Professionals Bargaining Association, includes representation from HSA, CUPE, PEA, HEU, and BCGEU. HSA represents 12,000 of the 14,000 union members who work under the terms of the collective agreement.

"This was an exciting round of bargaining because, for the first time in a long time, there was

money on the table and enough money to allow HSA to address some longstanding issues in this collective agreement."

Those issues were identified by HSA members at last January's Bargaining Proposal Conference. At that conference, members identified a number of priorities and set a mandate for their bargaining committee. The priorities were to achieve a fair wage increase for all members, address the 8.2-per-cent-wage-split imposed by government in 2001, and return the long term disability plan to the employer. Members also wanted benefits protected.

From the first day of bargaining, Ohmart and the committee knew they had their work cut out for them.

"The employer was very motivated to address benefit costs," he said. "And we were very motivated to provide some relief to members who pay LTD

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**update on contract negotiations**

**“Because of the government’s mandate to conclude collective agreements, we were at the right place at the right time to negotiate a valuable agreement that will stand the test of time.”**

**FROM DIAGNOSIS TO RECOVERY:** During February and March, HSA ran newspaper and transit ads highlighting the importance of HSA members.

From far left on the opposite page, the members pictured in the ads are:

- Ernie Hilland, cytotechnologist
- Colya Kaminiarz, respiratory therapist
- Susan Hearsey, physiotherapist
- Julie Kim, radiation therapist
- Manjit Kaura, health records administrator
- Rae Johnson, pharmacist

This page, from left:

- Cathy Fix, ultrasound technologist
- Karen Parinas, dietitian
- Camela Vezza, social worker
- Tami Nishi, speech language pathologist
- Kelly Finlayson, mammographer
- William Chan, occupational therapist

#### **New name for bargaining association**

**H**SA’s main bargaining unit, which covers 12,000 members who work across the province in over 100 different professions, has a new name.

The Labour Relations Board has granted the application put forward by the bargaining association to change the name of the association to the Health Science Professionals Bargaining Association. HSA President Cindy Stewart said the name better reflects the membership covered by the agreement, formerly called the Paramedical Professional agreement. **R**



**health science professionals**

# Wage increase for all members

*Continued from page 10*

premiums, as well as to address the unfunded liability in our long term disability plan.

"We were dead-locked on these issues, but because of the government's mandate to conclude collective agreements, we were at the right place at the right time to negotiate a valuable agreement that I believe will stand the test of time on many levels for HSA members," Ohmart said.

HSA President Cindy Stewart agrees.

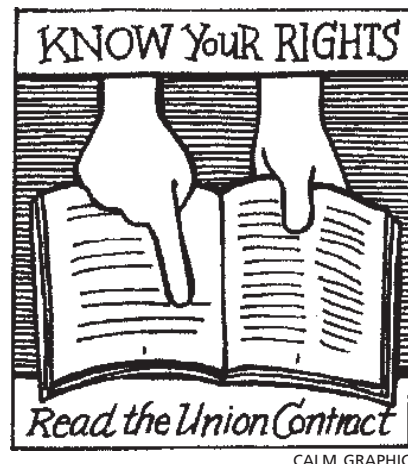
"The deal to eliminate the LTD plan's unfunded liability and provide the equivalent of approximately a four per cent wage increase on top of the negoti-

**"The conditions were perfect for such a finessed agreement, and I commend the bargaining team for its success in achieving this long-term improvement for members."**

ated wage increases was a one-time deal. The conditions were perfect for such a finessed agreement, and I commend the bargaining team for its success in achieving this long-term improvement for members," Stewart said.

Ernie Hilland, chair of the bargaining committee, said the constructive relationship developed with HEABC and Ministry of Health over the past number of years laid the groundwork for constructive talks when it came to negotiating a new collective agreement.

"The employer in this round was motivated to get an agreement. That helped us. The committee we faced across the table was actually willing to listen to what our issues were. So we had some really good dialogue," Hilland said.



CALM GRAPHIC

Highlights of the four-year agreement include:

- Wage increases ranging from 6.9 to 13.1 per cent (compounded) with an average increase of 10.3 per cent over four years;
- A new, cost-shared Long Term Disability Plan for HSA members which will reduce employee-paid premiums by 70 per cent;
- A signing bonus of \$2,382 for HSA members (pro-rated for part-time and casuals);
- Improved compensation and language for on-call.

While the union gave up the BlueNet card, a direct-pay extended health care benefits system, and agreed to a \$75 per year increase in extended health care benefits deductible, the bargaining association was able to maintain a level of benefits superior to similar collective agreements across the country. **R** For more information about the collective agreement, see the HSA website at [www.hsabc.org](http://www.hsabc.org), where you can sign up to receive information about your collective agreement.

**update on contract negotiations**



## HSA's health science professional bargaining committee 2006

Front row, from right

- **Cindy Stewart**, HSA President
- **Dawn Adamson**, HSA Senior Labour Relations Officer
- **Charlene Chen**, Dietitian, Vancouver General Hospital
- **Bruce MacDonald** (alternate), Social Worker, Royal Columbian Hospital

Middle row, from right

- **Ernie Hilland**, Bargaining Committee Chair, HSA Region 5 Director, Cytotechnologist, BC Cancer Agency
- **Joan Magee**, HSA Region 8 Director, Lab Technologist, Cariboo Memorial Hospital
- **Mandi Ayers** (alternate), Lab Technologist, Bulkley Valley District Hospital
- **Mark Zarembo** (alternate), Respiratory Therapist, BC Children's Hospital

Back row, from right

- **Allen Peters**, Medical Radiation Technologist, Nicola Valley General Hospital
- **Val Avery**, Physiotherapist, Victoria General and Royal Jubilee Hospitals
- **Ron Ohmart**, Paramedical Professional Bargaining Association Chief Negotiator, HSA Executive Director of Labour Relations



## COMMUNITY HEALTH SERVICES

# Tentative agreement reached in community health services and support sector

**H**SA members covered by the Health Services and Support - Community contract will soon be voting on a tentative agreement reached in the early hours of Saturday, March 25. The proposed agreement includes improvements in priority areas such as wage increases, protection of benefits (including superior benefits), stronger employment security and contracting out protection, mileage increases and a signing bonus.



**BARGAINING FOCUS GROUP PARTICIPANTS:** Deborah-Ann Bogan, left, is a behaviour assistant in the autism program at the Okanagan Similkameen Neurological Society. Charlie Wheat is a residential care worker at South Peace Child Development Centre.

HSA chapters with members covered by this agreement met in the fall of 2005 to develop bargaining proposals, which were evaluated and prioritized by a focus group made up of the following HSA members who work in this sector:

- Pamela Black – Administrative Assistant, THEO BC (Port Coquitlam site)
- Deborah Bogan – Behaviour Assistant (Autism Program), Okanagan Similkameen Neurological Society, Penticton
- Emily Mayne – Front Line Advocate, Kettle Friendship Society, Vancouver
- Maureen Norton – Neighbourhood Support Clerk, North Shore Health/ Community Health Services, North Vancouver
- Charlie Wheat – Residential Care Worker, South Peace Child Development Centre, Dawson Creek.

Focus group members also selected Charles Wheat, to serve on HSA's bargaining team with Senior Labour Relations Officer, Lori Horvat, and selected Emily Mayne as the alternate bargaining team member.

**update on contract negotiations**

The Community Bargaining Association (CBA), made up of the unions representing workers covered by this agreement, first met with the employer's representative, Health Employers Association of BC (HEABC), on January 25.

HEABC's initial concession demands included rollbacks in health and welfare benefit levels, the elimination of all superior benefits, movement to a 37.5 hour work week, negative changes to bumping and posting provisions agreed upon in 2004, and unacceptably low wage offers of only 1.5 per cent in each year over a 4 year term.

Two months of intense bargaining followed, with the parties working many evenings and weekends to reach an acceptable agreement in order for members to qualify for their share of the government's \$1 billion incentive to reach agreements by a March 31 deadline.

"It took a lot of persistence, hard work and creativity to move employers off their initial, unacceptable positions in order to achieve this tentative agreement," said Horvat.

"This is a solid framework for settlement that goes a long way to recognize and repair a lot of the damage imposed by government in the last round of bargaining. The agreement in principle provides compensation and improvements in the priority areas identified by HSA members working throughout this sector."

Ratification votes will be scheduled in April. Further information about the ratification process is available on the HSA website.

Approximately 15,000 workers are covered by the health services and support community bargaining association (CBA), providing services at child development centres, mental health centres, community service agencies, home support agen-

cies and health authorities throughout BC. HSA represents about 600 members in this sector. Other unions in the CBA are the BC Government and Service Employees' Union (BCGEU), United Food and Commercial Workers' International Union (UFCW 1518), Hospital Employees' Union (HEU), Canadian Union of Public Employees (CUPE), and the Professional Employees' Association (PEA). **R**

*Continued next page*



**BARGAINING FOCUS GROUP PARTICIPANTS:** Maureen Norton, right, is a neighbourhood support clerk at North Shore Health / Community Services. She discusses a contract provision with Maureen Ashfield, Region 3 Director and chief steward for the same facility.

COMMUNITY HEALTH SERVICES

Highlights of the tentative agreement

Term of agreement

April 1, 2006 to March 31, 2010

Wages

General wage increase of 11.4 per cent, compounded, over four years, as follows:

- April 1, 2006 - a general wage increase of 1.5 per cent plus a 3.5 per cent special adjustment to make up for the wage rollback implemented by government in 2004 (a total of five per cent in the first year)
- two per cent in each of the following three years, effective April 1 of each year.

Additional targeted wage adjustments for certain classifications, including Audiometric Technicians, Schedulers and LPNs.

Improved wage and mobility opportunities for wage protected employees.

One-time signing bonus

\$3,700 early signing bonus plus \$500 for past skills enhancement.

All regular full-time, regular part-time and casual workers covered by the contract and employed on March 31, 2006 are eligible for the bonus payments. Details on how the bonus will be calculated are available on the HSA website.

Benefits

No changes to service or health and welfare benefit levels. Existing employees will continue to be covered by local superior benefit provisions at agencies where those exist.

Pension

As of April 1, 2006, eligible employees can enroll in the Municipal Pension Plan.

Mileage

Increases from current 39 cents/km, as follows:

- April 1, 2006 - 46 cents/km
- April 1, 2007 - 48 cents/km
- April 1, 2008 - 50 cents/km

Improved employment security

- The number of positions that can be lost through contracting out or contract re-tendering is capped at 700 FTE's
- Severance is available where members lose their jobs through contracting out or contract re-tendering
- Enhanced severance payments were negotiated as disincentives to further contracting out; and
- New regional posting provisions and other enhanced employment opportunities are available for employees (including from affiliates) affected by contracting out or displacement.

Improvements for casual employees

Casual employees working in long-term temporary assignments (six months or more) will now accrue sick leave, and have the choice of accepting payment in lieu of vacation, or establishing a vacation accrual bank for future use.

Occupational health and safety improvements

The tentative agreement includes provisions that address occupational health and safety concerns, including the promotion of sufficient staffing. **R**

Further information about the tentative agreement is available on the HSA website, and will be provided at ratification meetings.



# Tentative agreement reached

**A**s *The Report* went to press, the parties signed off on a tentative agreement for community social services workers.

HSA members who work in community social services are covered by either the General Services or Community Living collective agreements.

These members held a bargaining proposal focus group in December 2005 to discuss priorities for the upcoming negotiations.

Members at the conference elected Pat Jacklin, an HSA member at Comox Valley Transition Society, to join Senior Labour Relations Officer Josef Rieder as HSA's representatives on the Community Social Services Bargaining Association of Unions (Union Bargaining Association – UBA). Members also elected the following members to the HSA bargaining advisory committee:

- Sharon Geoghegan (alternate representative to the bargaining table), John Howard Society
- Jagdeep Rakhara, Peace Arch Community Services
- Suzanne Lauzon, Central Okanagan Child Development Association
- Mike Trelenberg (alternate), SHARE Family and Community Services.

The UBA and the Community Social Services Employers Association (CSSEA) have been bargaining almost continuously since the end of January.

Details about the tentative agreement and ratification procedure will be posted on the HSA website at [www.hsabc.org](http://www.hsabc.org).

**Watch for breaking news and developments on the community social services tentative agreement – see HSA's website at [www.hsabc.org](http://www.hsabc.org)**



**BARGAINING FOCUS GROUP PARTICIPANTS:** from left, Josef Rieder (HSA Senior Labour Relations Officer), Suzanne Bennett (youth addictions counsellor, John Howard Society), Cindy Stewart (HSA President), and Kelly Finlayson (Region 1 Director).

*Continued next page*

## COMMUNITY SOCIAL SERVICES



**Top:** Bargaining focus group participants elected Pat Jacklin (Comox Valley Transition Society) to represent HSA at the bargaining table.

**Above:** Michael Trelenberg and Jerry Young (both from SHARE Family and Community Services) examine contract provisions.

**Right:** Sharon Geoghegan (left) and Suzanne Bennett (both from John Howard Society) discuss contract provisions that need improvement.

### **Bargaining association members**

The 13 partner unions of the community social services Union Bargaining Association collectively represent more than 15,000 community-based social services workers in BC.

Every day, these workers strengthen communities and build social solidarity by supporting people with developmental and physical disabilities, children, youth and families, Aboriginal people, immigrants and refugees, women, the homeless and mentally ill, victims of crime and people in conflict with the law.

They work in group homes, shelters and supported housing, sexual assault centres and victims' services, transition houses, child care centres and programmes that provide counselling, rehabilitation, employment training, outreach, advocacy and referral services.

In addition to HSA, the UBA includes the BC Government and Service Employees' Union (BCGEU), Canadian Union of Public Employees (CUPE), Hospital Employees' Union (HEU), United Steelworkers of America (USWA), Professional Employees' Association (PEA), United Food and Commercial Workers' International Union (UFCW), International Union of Operating Engineers (IUOE), Canadian Translators and Interpreters' Guild, Construction and Specialized Workers' Union, Christian Labour Association of Canada (CLAC), BC Nurses' Union (BCNU), and the National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-Canada). **R**



## NURSES' BARGAINING ASSOCIATION

# Tentative agreement for HSA RPNs



Registered psychiatric nurse Susan Harvey (shown here with a resident at New Vista Society) is one of more than 700 HSA RPNs.

**H**ours before the expiry of the government's March 31 deadline, the Nurses' Bargaining Association (NBA) and the Health Employers Association of BC (HEABC) achieved a tentative agreement.

Details of the tentative deal were not available at press time. For detailed information, visit [www.hsabc.org](http://www.hsabc.org).

HSA represents more than 700 Registered Psychiatric Nurses in the Nurses Bargaining Association. The BC Nurses' Union (BCNU) and Union of Psychiatric Nurses (UPN) are also members of the NBA.

HSA began preparing for this round of bargaining at the 2005 convention, where RPNs elected HSA's RPN Bargaining Focus Group.

Members of the Focus Group include Larry Bryan, Haro Park Centre; Dave DeBruin, MSA General Hospital; Gwen DeRosa, Kiro Manor, and

Margaret Westaway, Eagle Park.

In the fall, HSA sent RPNs a questionnaire designed to identify members' bargaining priorities. HSA's RPN Bargaining Focus Group subsequently met to summarize and prioritize the feedback from members, and to develop bargaining proposals for consideration by the Nurses' Bargaining Association.

Several weeks of policy discussions between the NBA, employers and government laid the groundwork for bargaining. These discussions focused on retention, recruitment and occupational health and safety. HSA was represented at the Nurses' Bargaining Association by Audrey MacMillan, Regional Director for Region 7 and RPN at Chilliwack General Hospital, HSA Membership Services Coordinator Kathy McLennan, and HSA legal counsel Bruce Wilkins.

Bargaining commenced March 6, following BCNU's bargaining conference. **R**

*Check HSA's website at [www.hsabc.org](http://www.hsabc.org) for updates.*

**registered psychiatric nurses**

# Working toward economic security for women in BC

by CAROLE PEARSON

**//** **Imagining Public Policy to Meet Women's Economic Security Needs** is a long name for a conference but it was also long on substance due to the quality of the presentations. HSA members Patricia Hiscocks, Kathy Dawson, and Sharon Geoghegan attended this three-day conference last October and say it was a valuable source of information and motivation.

Hiscocks, a mental health housing support worker with the Kettle Friendship Society in Vancouver, says, "It's distressing to find out that women's economic security has not particularly advanced from the 1970s. In some respects, it's going backwards. And, as HSA is largely made up of women and represents women workers, I think it's extremely important to know these kinds of things so we can act on them."

Held at Simon Fraser University's Harbour Centre in Vancouver, the conference was sponsored by the Economic Security Project, an initiative between the SFU Women's Studies Department and the BC office of the Canadian Centre of Policy Alternatives. It was a rare opportunity to hear such a broad spectrum of academics, policy analysts, and community-based advocates from across Canada, the US, and Europe on women's economic security issues.

Geoghegan, a program worker with the John Howard Society in Campbell River, liked the way the format allowed for the exchange of opinions among the presenters at the conference. "These discussions often proved to be very enlightening and occasionally, adversarial when the research information did not match the experiences of the community-based workers."

The objective was not simply to critique existing policies but discuss ways of advancing a more progressive public policy agenda to meet the economic security needs of women in BC. During a mixed program of plenaries, panel discussions and roundtable presentations, the conference encompassed a wide range of topics but within the framework of three key areas: employment standards and barriers to labour force participation, social assistance and social policy, and community-based health care.

"I feel these issues are pertinent to all our members," says Geoghegan. "We are all acutely aware of how policies directly affect us. Many of our members are women. Many of our members work in these fields or serve as caregivers to aging parents. We are all affected, directly and indirectly, by cuts to social services and recent changes to the health care system."

Public policy on health care issues was an important part of the conference. The opening keynote speaker was former federal Minister of Health Monique Begin, who introduced the Canada Health Act in 1984. She spoke about "Imaginative Public Policy and Government" with a speech titled, "Have We Forgotten the Women?"



Other related topics were “Meeting Women’s Needs as Health Care Clients and Providers,” and “Community-based Health Care Models for the Economic Security of Women.” This latter presentation was chaired by Jan Taylor of the BC Co-op Association and brought together people from health care co-operatives (including the Fraser Valley’s Care Connection) and other community-based projects to speak about their successes.

“The session on health co-operatives was extremely good,” says Hiscocks. “The success of these co-operatives in recent years and the focus on using them as a way of supporting independence, interdependence, and economic security for women is something that is a strong, positive avenue for the future.”

Kathy Dawson, a community support worker with Bridges day program for developmentally challenged adults in Courtenay, was also impressed with the conference but admits, “Some of it was like preaching to the converted, but a lot was very informative and it was heart wrenching to hear from women that work in areas I am familiar with.”

A panel discussion of Working with Disabilities included a presentation by Kathleen Shiels from the Western Society for Children with Brain Disorders. “She could have put on a whole conference herself and it would have been incredible,” Dawson says. The mother of a child with brain damage, Shiels spoke on the difficulties finding appropriate therapy programs - and to pay for them while on welfare. “If she had given up her child to a foster family, that family would receive a lot of dollars (from the government) in helping him. But because you keep your child with you, you don’t receive that kind of support. That’s just horrible.”

Dawson adds, “I came away pumped to get out there and do a little bit more than we already do in

our day-to-day. I think we need to be lobbying the government more and more.”

Because women are most vulnerable to changes in public policy initiatives, conferences like “Imagining Public Policy to Meet Women’s Economic Security Needs” provide an important forum to hear about new ideas and learn about successful programs elsewhere. Says Hiscocks, “I think the conference was valid and valuable because information is power.” With knowledge it is possible to create realistic public policies that will benefit everyone.

Geoghegan says, “I encourage HSA members to follow the Economic Project and its outcomes. Most important of all, keep doing what HSA members do best. We provide valuable care for our clients and patients. We are activists and what we do makes a difference.” **R**



**HSA participants in the Economic Security Conference examined policies affecting women’s economic security in BC. From left: Kathy Dawson (Future Focus Bridges program), Patricia Hiscocks (Kettle Friendship Society), and Sharon Geoghegan (John Howard Society).**

# Tax preparation and tax planning

by STEVE WATSON

**M**ost of us don't like to think about income taxes. But the reality is, tax planning is a year round activity - one that can have great benefits if you spend a little time to put things in order for yourself. Too often, it's April before we start to think of what we need to do and by then, as we all know, it's too late.

In order to minimize the taxes you pay, you must do two things: (1) structure your tax and financial matters so that you can benefit from the tax rules and (2) make certain that you correctly file your income tax return, not only claiming all deductions and credits available to you, but doing so in a tax efficient manner.

Outlined below are a few common strategies that will reduce the income taxes you pay and increase your income tax refund.

## **Invest in an RRSP**

You get an immediate tax deduction, which pays back the tax on the money you contribute. More importantly, the income generated within the RRSP continues to grow without attracting taxes. This tax free compounding will make a huge difference in the value of your RRSP over time.

## **Consider investments that provide significant tax benefits**

One popular investment vehicle is Labour Sponsored Venture Capital Corporations. The LSVCC provides investors with a 15 per cent federal tax credit and an additional 15 per cent provincial tax credit. LSVCCs also have the benefit of being an eligible investment for RRSP purposes. As a result, a \$5,000 LSVCC investment, put into

your RRSP, can cost you as little as \$2,000 after all the tax credits and deductions are factored in. They also boost the foreign content limit of your RRSP.

You can also take advantage of the LSVCC tax credits by purchasing LSVCCs from within your RRSP. You would not get a new credit for the RRSP (as it is already in the RRSP) but, you still get the combined 30 per cent federal and provincial tax credits. With this strategy, by transferring \$5,000 of existing RRSPs into an LSVCC you get \$1,500 of tax credits, without spending any money. Remember to transfer within the RRSP and not withdraw from your RRSP.

## **Combine family donations on one tax return**

If you and your spouse donate separately, combine your receipts and claim all donations on one return to maximize the benefit, generally on the return of the higher-income spouse. It's a two-tier credit. Your first \$200 of charitable donations qualifies for approximately 22 per cent in tax credits. After \$200, you get combined benefits of about 44 per cent.

*Steve Watson represents Working Enterprises Tax Services Ltd. HSA has a representative on the Working Enterprises Board of Directors.*

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## CONTRACT INTERPRETATION

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

### Duty to accommodate and "undue hardship"

by RITU MAHIL

**Q:** I am in a Grade I position under the Health Science Professionals Collective Agreement, and have been off work for the last nine months due to a disability. I am now ready to return to work, but will require some accommodation due to the ongoing nature of my disability. I understand that my employer has posted a Grade IV position in my discipline.

That position primarily involves desk work, and would be perfect for me given some of my physical restrictions. I know that a few of my colleagues who are senior to me have applied for the posted position. Can I be placed directly into that Grade IV as an accommodation without having to go through the posting procedure?

**A:** This will depend on whether your employer can accommodate your physical restrictions in your own position. Where modified duties or alternative work is already available for a disabled employee in his/her own position, further accommodation which interferes with the provisions of a collective agreement and the rights of other employees may not be reasonable. The situation is, of course, different where appropriate alternative work or modified duties is not readily available.

In an accommodation situation, the employer's duty is first to canvass thoroughly all available options before implementing an accommodation that requires going outside of the terms of a collective agreement.

In searching for an accommodation in a return to work situation, there is a duty placed on all parties – the employer, the union, and the disabled employee – to be reasonable. It is not considered reasonable for an employer to implement the easiest accommodation possible, particularly if alternatives to the accommodation are available and the chosen accommodation affects the rights of other employees.

Accommodation is therefore only reasonable to the extent that it does not cause the employer, the union, or the disabled employee "undue hardship." While

undue hardship is measured by primarily economic factors for the employer, it is measured in terms of impact on the rights of other employees for the union.

A number of recent awards have suggested that disruption of the normal workings of a collective agreement should only come as a last resort to facilitate a duty to accommodate. Recent awards also indicate that it is not reasonable for an employer to simply override the provisions of a collective agreement, such as seniority and posting procedures, without first considering other alternatives that respect the provisions of the collective agreement.

Thus, your employer, at least initially, has an obligation to consider options other than the Grade IV position given the impact that putting you directly into that job would have on the seniority rights of other members.

Put another way, the employer is required to consider whether the accommodation you require can be achieved without disturbing these rights. The employer cannot prematurely cease its efforts to look for other viable options simply because the Grade IV position is vacant.

It is thus not reasonable for the employer to sim-



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



ply implement the easiest accommodation possible, particularly if the accommodation impacts on the rights of other employees. Instead, your employer is *obligated* to canvass viable options through which it might accommodate a disabled employee. The employer must consider options that do not create undue impairment of the rights of others.

## **The duty to accommodate should not be used to override seniority rights in job promotion cases.**

Where disabled employees are already adequately accommodated, they are precluded from using the duty to accommodate as a springboard to job promotion and advancement or automatic entitlement to a job vacancy.

The duty to accommodate should not be used to override seniority rights in job promotion cases. The seniority rights of the other members of the bargaining unit are extremely important. If you are placed directly into the Grade IV job, this will preclude the other members from exercising those rights.

If it is possible for the employer to accommodate you in your own position but instead places you into the Grade IV position without completing the selection process under the collective agreement, this suggests that there would be “undue hardship” to the other members of the bargaining unit.

A minor inconvenience to the other members may not constitute undue hardship, but the rights of other employees must be considered when any form accommodation is contemplated. Accordingly, employers are required to seek accommodations for returning employees that interfere as little as possible with the rights of the other members of the bargaining unit. **R**

*Ritu Mahil is HSA legal counsel.*

## **Workplace injuries: document, document, document!**

Injured at work? Here are some tips:

### **Returning to work after injury or illness**

You were injured on the job, and had to take time off on WCB.

When you start feeling better, and you’re thinking of trying to return to work, make sure that you let the employer, the WCB and your doctor know that you are *just attempting* to return to work.

See your doctor regularly and document your symptoms and limitations. If you are hurting, let the occupational health nurse or first aid attendant know.

If you do not – and you end up having to take more time off – you might be denied coverage by the WCB on the basis that you were once “better” and your complaints now are unrelated.

### **Employer top-up of WCB**

While WCB only pays 90 per cent of your regular net income, for most HSA members, your employer is supposed to be topping it up to 100 per cent. Not sure? Contact your steward.

### **Extended health costs during WCB appeal period**

Your WCB claim has been denied, but the union is appealing the decision on your behalf.

In the meantime, you need drugs and therapy for injuries claimed as WCB in this ongoing appeal process.

Pacific Blue Cross now has an arrangement where a member can sign a form agreeing to pay back Pacific Blue Cross for any expenses which may eventually be recovered from WCB. In this way, the member can identify the claim as arising from a work-related injury that is under appeal and can collect back their expenditures without having to wait. **R**

## MEMBER PROFILE

# Understanding the union advantage

by LAURA BUSHEIKIN

**C**oreen Schiele knows she has the right job. “This is actually what I wanted to do all along,” she explained. “I feel like I’m fulfilling my purpose in life.” By “all along,” Schiele means since the very beginning: early in her childhood it was clear that she was gifted with a rare degree of empathy.

“Back in elementary school I spent my lunch hours with the kids who needed extra help on their lunch breaks,” she said. She didn’t care if that made her look ‘uncool’ in the eyes of other children. “If my friends had something to say about me spending time with these kids I’d say, ‘Would you want to be friendless and have people ignore you just because you had a dysfunction somewhere in your body?’” Today, Schiele’s compassion for those who need extra help is what fuels her working life. As a Residential Support Worker with Future Focus Program Services in Campbell River, she provides care for developmentally challenged adults.

“I deal specifically with two clients,” Schiele said. “I’ve been working with them for almost two years. I go to their home to provide one-on-one care; I do many things for these individuals that is client-centered to ensure essential needs are met. An important part of this job is implementing opportunities for inclusion in all aspects at home and while out in the community,”

One of the biggest challenges of her job is communication with her clients, neither of whom express themselves verbally. “You have to be able to read non-verbal communication. Intuition definitely comes into play,” she said. So does training, knowledge, and the support of colleagues.

“As care givers, we must become very knowledgeable of our clients’ challenges so we can understand how to help them,” she said. “We are dealing with challenges like autism, Down’s syndrome, Rhett’s and other disorders. We hold regular meetings for aware-

ness of the clients. We, as frontline workers, are always learning as a team about them.”

Schiele’s colleagues at Future Focus include an occupational therapist, a nurse, physiotherapist and several doctors, all of whom are involved in clients’ care.

Schiele appreciates being part of an ongoing shift in the way developmentally challenged adults are treated. “I love working for Future Focus because it’s a great service for people in our community. A lot of adults with the sorts of syndromes we deal with used to be institutionalized, and Future Focus helps them become a part of our community,” she said.

“Future Focus has residential group homes as well as residential day program settings. Clients are guided towards opportunities to be included in activities, jobs, personal choice and independence on a daily basis. There is flexibility as well as structure and clients benefit from regular routines.” But what she finds most rewarding is the rapport she has developed with her clients.

“The trust they put into you – it’s wonderful. To know you have made a difference in their lives, to know you can go in there and bring a smile to their face – I absolutely love it. My patients can take me wherever I need to go in this field,” she said.

Schiele didn’t start her career as a residential support worker. She trained originally as a nurses’ aide at North Island College in Campbell River, and then worked as a private care provider. In the meantime she took the Residential Care Attendants’ Program, also at North Island College. A former colleague recommended she apply to Future Focus, and after a rigorous application and screening procedure, she got the job, which she combines with part-time

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**Coreen Schiele**  
Residential Support Worker  
Future Focus, Campbell River

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**“ To know you have made a difference in their lives, to know you can go in there and bring a smile to their face – I absolutely love it.”**

work as a nurses' aide with a different employer.

She loved the job right from the beginning. “I guess with my natural care-giving personality, I am on the path I chose as a young child just wanting to show I care.”

Working for Future Focus brought Schiele into a union for the first time in her life. At first she didn't take much notice.

“I didn't really pay much attention to HSA at the beginning,” she said. “I didn't really understand what the union was or did.” That began to change when she attended her first HSA meeting.

“It so happened that our previous steward wanted to step down, and it was decided to vote for someone new at that meeting. There were 10 people there, and I was voted in. I was very grateful that all these people had that much faith in me, but I was also thinking, ‘What am I getting myself into? I have no idea what I'm doing.’ The woman stepping down said don't worry, I'll help you, you'll love it. And she was right!”

She credits her first stewards training workshop with opening her eyes to the real role of the union.

“I had always known that it was good to be in a union because there were some perks. That was about the extent of what I knew. When I started my job I was handed my collective agreement and also handed a stack full of policies from our employer. I wasn't entirely sure which was which; it was confus-

ing. Now I've learned the collective agreement is over and above any policy and we as health care professionals have rights; we have back-up!”

She was also happy to realize that unions aren't just about filing grievances and dealing with employer/employee conflicts.

“It's about our collective agreement rights, and about all the things unions do for us. The bargaining campaign, the fact that we can pay more attention to what is going on out there in the union and in the health care field so we can take more action on issues,” she says.

She says the workshop was a wonderful experience. “I got totally fired up and excited about becoming a steward and knowing I can become a good one because I am able to remain neutral, I am a good listener, a supportive person, and a non-judgmental person,” she said.

“One of the high points of getting involved with the union is that there is a lot to learn. For instance, I'll develop transferable skills which will not only help me deal with issues in the workplace, but also can apply to my life,” she says. Add those new skills to her natural empathy, and Schiele will be an unbeatable force for justice, care and compassion. **R**

**Coreen Schiele learned valuable skills at a recent workshop for new HSA stewards.**



## FOCUS ON PENSIONS

# Pension trustees face difficult funding decisions

A message from Kenneth Bayne, Chair  
Municipal Pension Board of Trustees

**A**long with the basic pension benefit, the Municipal Pension Plan provides pension indexing and post retirement group benefits (extended health and dental).

Unlike the basic benefit, these benefits are not guaranteed; they are provided only if adequate funding is available. They may be adjusted at any time.

A recent Supreme Court of British Columbia judgement confirmed that non-pension benefits such as subsidies for health premiums depend on available funding and are subject to change by the Pension Board.

### Upcoming challenge

Over the next few years, the challenge for the plan will be to continue to provide group benefits and indexing despite funding constraints and increasing costs. The following funding overview will help you understand the issues.

Your basic pension is pre-funded, which means that it is managed to ensure there is enough money to pay for current and future pensions.

The trustees have the authority and obligation to increase the contribution rate for basic pensions when an actuarial valuation identifies a funding short-

fall, as was the case in July 1, 2005.

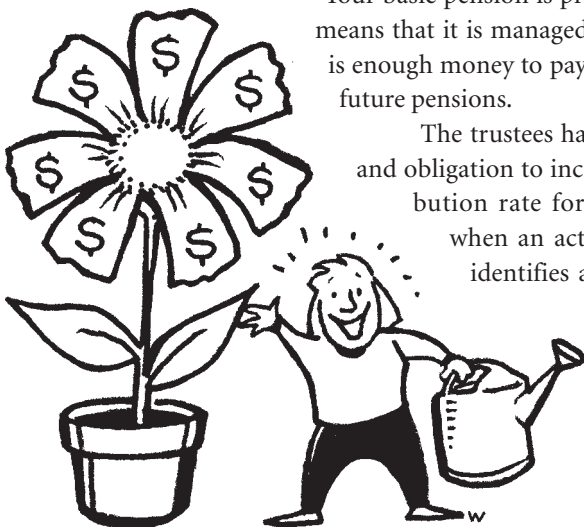
Because of this funding arrangement, the plan can ensure that your basic pension will be paid for as long as you live and, depending on the option you choose when you retire, may continue to be fully or partially paid to your surviving spouse. If you did not have a spouse at retirement or your spouse waived his or her entitlement, the plan may pay a death benefit to your designated beneficiary.

Group benefits are not pre-funded, but are paid on a “current cash” basis from premiums paid by retirees and from employer contributions otherwise meant to fund indexing. As costs for these benefits rise, the plan cannot guarantee that there will be enough money to pay future group benefits. While the trustees can adjust the amount of the subsidy provided for group benefits, or can adjust the level of coverage, they do not have the authority to increase the amount of money the plan can pay toward these benefits.

Members and employers each provide one per cent of pensionable salaries to partially pre-fund indexing for the basic pension benefit. As long as these contributions and the investment income they earn are sufficient, the Board can provide inflation protection to your basic pension.

Projections indicate that inflation protection may not be available over the long term, meaning that many of today’s active members may not receive full indexing when they retire.

The funding issue for inflation protection is complicated because part of the employer’s inflation



CALM GRAPHIC



contribution is currently used to pay for group benefits for retirees and, as a result, is not invested to protect future indexing. With lower rates of investment return, increased numbers of retirees, and increased life expectancies for those retirees, the cost of full indexing is forecast to exceed available funding by 2030.

Only the Government of BC, the Union of British Columbia Municipalities, and the Municipal Employees Pension Committee have the authority to increase contributions to the account that pays indexing, but have indicated that they do not support increasing contribution rates.

## Indexing

Indexing provides a significant benefit to all members of the Municipal Plan because it directly increases the pension payment to keep pace with the cost of living, subject to available funding. The increases provided through indexing each year may seem small but, over time, these increases can have a significant impact on your monthly pension.

For example, the pension payment received today by a member who retired 20 years ago has increased approximately 70 per cent because of indexing. Ensuring that indexing can continue to be provided in the future is a high priority for the Board.

Group benefits provide retired plan members with comprehensive and relatively inexpensive health benefits coverage. The purchasing power of the large group results in coverage that would be difficult or impossible for an individual to obtain,

at a cost that would not be available to an individual – even without the subsidy provided by the plan.

Recognizing that retirees also value group benefits and that active members want access to these benefits when they retire, the Municipal Pension Board of Trustees wants to ensure that a sustainable plan can be offered in the future.

## Your feedback please

The Board is exploring a number of options to meet the funding challenges described above. After an extensive review of the options, and after consulting with active and retired members and employers, the trustees will make a decision later this year, with changes likely made in 2007.

Because any changes will have a significant impact on retiree benefits, the trustees will consider member opinions before proceeding. You can provide your feedback by calling 1.866/388.8238 and leaving a message, or by sending an e-mail to [mppbenefits@pensionsbc.ca](mailto:mppbenefits@pensionsbc.ca).

We cannot answer individual calls or e-mails, but we do value your input. **R**

*Our regular pension Q&A will resume in the next issue of The Report. See [pensionsbc.ca](http://pensionsbc.ca) for more information about the Municipal Pension Plan.*

# 25 years of speaking up for members' rights

by LAURA BUSHEIKIN

**A**lthough Ernie Hilland says he has learned an immense amount during 25 years of involvement with HSA, back before he joined he already had one thing figured out: he knew how to speak up for his rights. In fact, it was this ability that opened the way for him to become chief steward back in 1981.

"I had just finished my training and was working in the cytology lab," said Hilland, a cytotechnologist at the BC Cancer Agency. "In the first few weeks on the job, I had a couple of days sick and did not get paid sick time. I questioned it. So I became known to the then-steward as someone who would stand up for his rights," he said.

"When that steward was ready to step down, he asked me if I would consider doing it. I didn't hesitate at all."

Since then, Hilland has been involved in multiple capacities – board member, vice president, trailblazer in international solidarity work, constituency liaison, representative to the Vancouver District Labour Council, and other positions.

Recently, he took on a new HSA function as the chair of the Health Science Professionals bargaining committee, which took part in negotiating a new collective agreement this March.

"It had always been in the back of my mind that I wanted to do this. It's one of the few things in HSA I haven't done," he said.

Hilland's first step as part of the bargaining committee was attending the HSA Bargaining Proposal Conference, where representatives of all the various HSA workplaces get together to agree on what they will bargain for. The result is a mandate for HSA's representatives to the Health Science Professional Bargaining Association. Then the various members of the bargaining association need to agree on a position to take forward.

"There's quite a bit of bargaining amongst our-

selves before we go to bargain with the employer," Hilland explained. "We have a two-day bargaining proposal conference of HSA members, then one day with the other unions in the bargaining association."

He adds that when specific issues arise during bargaining, the unions work together. "When we meet with the employer, we have a united front. But it may have taken an hour or two to get there."

The next step involves spending a month holed up in a hotel with representatives of the Health Employers' Association of British Columbia. This round, the provincial government imposed a deadline of March 31 for contracts wanting a portion of a one-time \$1 billion bonus.

"We booked four weeks and worked Monday to Friday straight. The closer to deadline the more intense it became, with 12 to 16-hour days, although we never went through the night in this round. We did go up to midnight once, and we worked through the last weekend," Hilland said cheerfully. In spite of the long hours and intensity, he would gladly do it again.

"The group we had on our side of the table was a good group to work with. We had some fun. We worked together well. We got to know each other better. That was a nice thing to get out of it," he said. "Also, I know the collective agreement a whole lot better now," Hilland added.

"Bargaining is a bit of an emotional roller-coaster depending on the response from the other side," he continued. The mood at the negotiating table ranged from constructive to tense, but never got downright ugly.

"The employer in this round was motivated to get an agreement. That helped us. The committee we faced across the table was actually willing to listen to what our issues were. So we had some really good dialogue," he said. "There were moments when we could have some joking back and forth and lighten the mood a bit. And other moments that were serious and down to the crunch. It wasn't a real us-against-them all the time, but more of a let's work

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**Ernie Hilland**  
Region 6 Director  
Cytotechnologist  
BC Cancer Agency

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together to get something that works for both of us.”

At press time, the agreement he had helped forge was awaiting ratification from HSA members around the province. He was confident it would go through. “It’s a good deal,” he said.

Now that the bargaining marathon is over for health science professionals, Hilland can resume other HSA work. He is stepping down from the HSA Board of Directors in order to become, again, chief steward at his site. He has no other specific union-related plans – but he knows he won’t step back from activism: the need is too great and the rewards too high.

“Most of the time we struggle against injustice and don’t make much progress, but once in a while we get a good win, and the members really appreciate it, and that makes it really worthwhile,” Hilland said.

One of the highlights of Hilland’s many years with HSA has been his involvement with the Committee for Equality and Social Action (formerly the Solidarity Committee). He was the first chair of this committee when it was formed in 1989.

“After we formed the committee we ended up realizing that by doing international solidarity we

were gaining as well. We are in a globalized world right now and the pressures that affect us are the same ones that affect people in the South, particularly right now with free trade agreements and related matters. There are pressures that you can’t fight just within your own borders; you have to fight in a global way,” Hilland said.

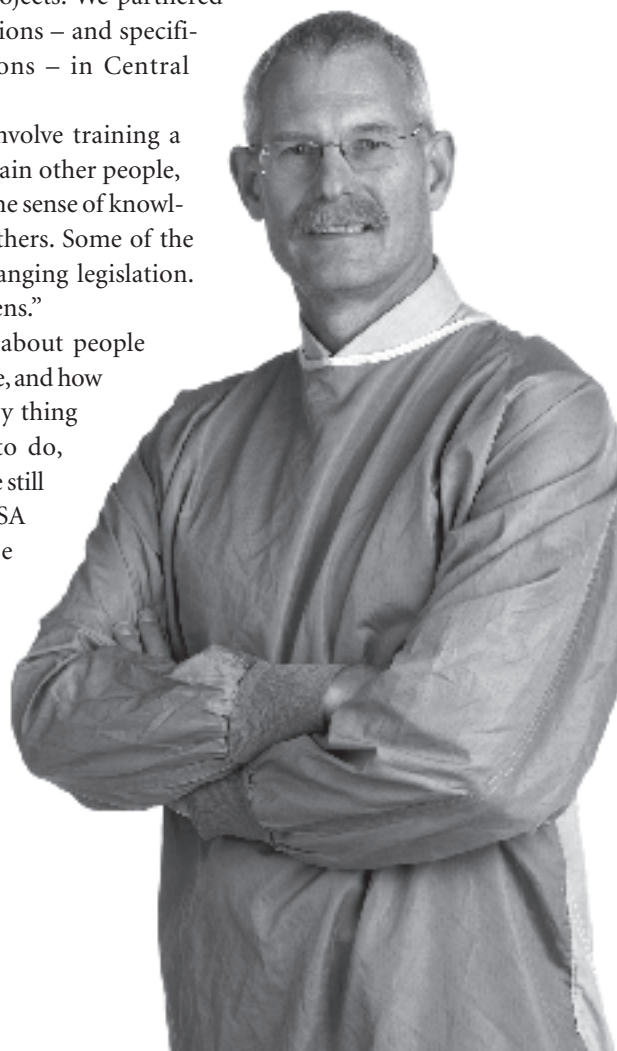
“We set up the Solidarity Fund because we were always getting donation requests and spending time deciding which charity got what. We thought it would be better to have larger donations and actually be able to see the results. Out of that came the idea of funding specific projects. We partnered with community organizations – and specifically women’s organizations – in Central America,” he said.

“Most of the projects involve training a group of people who can train other people, so we’ve built a capacity in the sense of knowledge and ability to teach others. Some of the projects are working at changing legislation. It’s about being active citizens.”

Ultimately, he says, it’s about people knowing what their rights are, and how to fight for them – the very thing Hilland has known how to do, right from the beginning. He still values every opportunity HSA gives him to defend those rights, and to empower others to do the same. **R**

**Ernie Hilland chaired the health science professionals’ bargaining team in the latest round of negotiations.**

**“Most of the time we struggle against injustice and don’t make much progress. But once in a while we get a good win, and the members really appreciate it, and that makes it really worthwhile.”**



**April 28, 2006** marks the Day of Mourning, a day dedicated to those workers in BC who have become disabled or been killed due to unsafe work environments.

In BC, an average of 180 workers die each year as a result of accidents at the workplace.

On April 28, a number of ceremonies will be held throughout the province. HSA is proud to support the labour movement in organizing and participating in these events.

We are particularly mindful of the risk of injury and death at this point in time, due to the major cutbacks proposed and instituted in the workers' compensation system by the Liberal government.

Workers' Compensation Board inspection reports in the past 10 years have dropped by 50 per cent, orders written on employers have been reduced by 44 per cent, and employer penalties decreased by 71 per cent. All this while the rate of injuries and fatalities remains constant.



The provincial Liberal government instructed the WCB to deregulate and streamline its services, both in the area of workplace safety and compensation for injured workers. The result: a gutting of regulations designed to protect workers and reduction in services and levels of benefit to the injured.

We mourn the loss of lives and the ongoing dismantling of the system.

HSA members are urged to participate in functions in their community. For information or events in your area please check the BC Federation of Labour's website at [www.bcfed.com](http://www.bcfed.com). **R**

**Fight for the living. Mourn for the dead.**

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# Supreme Court watch continues

by MAUREEN HEADLEY

**O**n February 8, 2006 the Supreme Court of Canada heard arguments on whether Bill 29, otherwise known as *The Health and Social Services Delivery Improvement Act*, enacted in 2002, violates the constitutionally protected Charter rights of health care and community social services workers.

This is a complex case that has been winding its way through the courts since March 2002. The constitutional challenge was launched after Bill 29 was passed in January 2002. That legislation voided many long-standing provisions of health care and community social services collective agreements – including protections against

**As a union, we serve our membership on many levels – through the negotiation of collective agreement language, the fair administration of that language, and participation in a broader labour movement serving to educate the public and influence public policy.**

contracting out, seniority, rights and labour adjustment programs. This, in effect, opened the door to unprecedented privatization and the firing of thousands of health care workers.

The charter challenge was led by the Hospital Employees' Union, the BC Government and Service Employees' Union and the BC Nurses' Union.

HSA continues to support the challenge, and is



**Maureen Headley**  
**Executive Director of Legal Services**

watching the developments of this case closely as it has potential to make significant changes in how the courts view union members' rights to free collective bargaining.

In September 2003, the Supreme Court of BC dismissed the original case. The BC Court of Appeal heard the appeal, and dismissed it in July 2004.

Almost a year later, in April, 2005, the Supreme Court of Canada, signaling an interest in a legal discussion on the merits of the case brought by the unions, decided to hear it, granting leave to appeal the lower courts' earlier decisions. In seeking leave to appeal, the unions argued that the Charter Challenge raised issues of national and public importance. One such issue is whether certain aspects of collective bargaining are protected by the freedom of association provisions contained in Section 2(d) of the Charter.

Another issue raised by the unions is whether legislation that targets collective agreements in the most female-dominated sectors of the economy – such as health care and community social services – violates the equality provisions contained in Section 15, when the legislation is aimed at rolling back wages which have been subject to pay equity processes.

*Continued page 35*

# Cancer care highlights value of caring HSA family

by KELLY FINLAYSON

**F**or my column I wanted to write about all the members in the region who are undergoing bargaining, but all I could think about is my families.

One of those families includes me, my husband and our three wonderful children and our son-in-law of eight months. The other one of those families includes all of you – HSA members.

I am an HSA member. I work as a radiological technologist at St. Joseph's Hospital in the Comox Valley. My daughter has been an HSA member as a residential care worker for Future Focus. She currently works as a teaching assistant with special needs children.

She has cancer.

For my immediate family, the diagnosis was overwhelming. And while our immediate family was adjusting to the news, our HSA family got to work.

Holly has had her HSA family with her – like our ads say – every step of the way – from diagnosis, treatment, and on her way to recovery.

Countless HSA health science professionals have been involved with her – from the radiation protection officer for Vancouver Island, to the lab technologists who handled her blood work, needle biopsy and surgical pathology done at St. Joseph's and BCCA. Ultrasound technologists worked on diagnosis.

Her therapy has included interaction with nuclear medicine technologists and dietitians who are managing her diet to handle the radioactive iodine treatment. The pharmacists provide medication and drug interactive counseling.

I have always known that health science professionals are an integral part of our health care team. That's not true of people who don't know the system. And it's not surprising. When patients and their families find themselves in this situation, they want



**Kelly Finlayson, Region 1 Director**

to know that everyone – no matter who they are or what they do – is doing everything they can to make it better.

That's what my family wants to know.

And we know that our HSA family is delivering. Every day we are interacting with health science professionals. Your quiet professionalism speaks volumes. My daughter feels safe and blessed. Her school-based family presented her with a quilt they had made to keep her wrapped in hugs as she progressed through care.

Her family feels reassured – and there's no question that we feel supported.

And I know that my daughter is getting the best possible care. I know that because my HSA family is with her – and me – when we need them most. Thank you from all of us, and thanks to all of you providing the same kind of care across the province.

This week, Holly will undergo a total body nuclear medicine scan to search for metastases. If she's clear, then she will limit her reunions with our HSA family to once a year check-ups.

For my other family, though, it's another story: we're all traveling to Korea this month to celebrate my son's wedding and welcome a new member of our family. **R**

*Kelly Finlayson represents Region 1 on HSA's Board of Directors.*

# Bargaining marks 35th anniversary

*Continued from page 2*

labour relations in the community social service sector. However, a tentative agreement was reached prior to the government set dead-line of March 31 as risking the signing bonus was too big a price for workers who are already the lowest paid in the sector. As with all tentative agreements, the members will ultimately decide.

Every set of negotiations has its own challenges, and I want to thank, on behalf of the Board of Directors and all members of HSA, our hardworking bargaining committee members for their efforts in this, HSA's 35<sup>th</sup> year.

Health Science Professionals Bargaining Association: Ron Ohmart, Ernie Hilland, Dawn Adamson, Val

Avery, Charlene Chen, Joan Magee, Allen Peters, and alternates Mandi Ayers, Bruce MacDonald and Mark Zarembo.

Community Bargaining Association (Community Health Services and Support): Lori Horvat and Charles Wheat.

Union Bargaining Association (Community Social Services): Josef Rieder and Pat Jacklin.

Nurses' Bargaining Association: Kathy McLennan, Audrey MacMillan and Bruce Wilkins. **R**

*Cindy Stewart is HSA President.*

# Supreme court watch continues

*Continued from page 33*

The granting of leave to appeal might suggest that the Supreme Court of Canada is prepared to reconsider the question of whether there is a constitutional right to collective bargaining, something which it had ruled against in the late 1980s.

Several parties were granted intervenor-status, including the Canadian Labour Congress, Confédération des Syndicats Nationaux, United Food and Commercial Workers and the BC Teachers Federation. In addition, the governments of the provinces of Alberta, New Brunswick and Ontario were also granted standing, indicating that this case has drawn national attention.

We do not expect a decision to be handed down until the fall of 2006 at the earliest.

The development of legal precedence is a complex and challenging aspect of the evolution of labour law. Every case taken forward has the potential to improve the standards and practice we have fought for in our labour movement through grassroots action, political action, and legal action. But just as we stand to gain, at such a high level in the court system, we also stand to lose.

The case built by the unions in this matter is a strong one, but ultimately it will be the decision of the Supreme Court of Canada that stands. The outcome could result in significant positive, or negative, change – or the courts could decide that the status quo strikes a fair balance.

As a union, we serve our membership on many levels – through the negotiation of collective agreement language, the fair and equitable administration of that language, and participation in a broader labour movement that serves to educate the public and influence public policy. By working on all those fronts, we make an important difference in the lives of our membership and our communities. **R**

*Maureen Headley is HSA's Executive Director of Legal Services.*

HEALTH SCIENCES ASSOCIATION OF BC

## THE Report MAGAZINE

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

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

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Jackie Spain, Medical Laboratory Technologist  
Golden & District General Hospital

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