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THE Report

POOLING RESOURCES

AQUATIC THERAPY ADDS TO REHAB SERVICES

MESSAGE FROM THE PRESIDENT

Health ministry facing challenge with departure

Cindy Stewart, HSA President

On the day that Gordon Campbell visited Surrey with an announcement of a new "outpatient centre" to augment health care services in that city – widely speculated to be the most bold introduction of private health care into our system – the government's strongest and most effective advocate for thoughtful, managed and successful public health care reform threw in the towel.

Dr. Penny Ballem, B.C.'s deputy minister of health for the past five years, took the job when Campbell assured her that her vision for a strong, healthy public health care system would not be compromised in the job.

Ballem's departure June 22 is a blow to B.C.'s health care system. Where the Liberal politicians pushed for quick and dirty answers to a health care system in chaos, Ballem's insightful leadership was making inroads. The hip replacement initiative at UBC Hospital, which worked to dramatically address wait lists in the public system – instead of surrendering to relentless pressure from profit-driven private clinics – was making a dent in waiting lists.

In the face of a growing crisis in emergency rooms around the province, the Liberals threw money at the problem to try to make it go away. Ballem took the money and ran – with a refreshingly pro-active approach, establishing swat teams of front-line health care professionals tasked with finding the solutions that would work for their particular situations.

Ballem is a sophisticated thinker with a deep understanding of the system. She was committed to finding solutions within a system that, as many have said, is a good system that needs a concerted commitment to modernizing and updating to meet the increasingly complex demands for health care delivery.

In her five years as deputy minister of health, she established lines of communication and accountability that were designed to challenge local stewards of health care reform – the health authorities and individuals working in the system – to work collaboratively to reform the system.

As the leader of a union representing health science professionals who deliver diagnostic, clinical and rehabilitation services to British Columbians, I have always respected Ballem's fundamental understanding that our health care system is a complex one that depends on the whole health care team to address patients' health care needs. It takes that level of understanding to tackle the tremendous task of overhauling delivery to ensure British Columbians have access to fair and effective health care.

On the morning she resigned, Ballem addressed the Victoria Minerva Foundation's Women Speaker Series featuring "remarkable women to inspire you with stories and insights into the decisions and events that shaped their lives."

Dr. Penny Ballem is indeed a remarkable woman.

The challenge for the Liberal government will be to find as remarkable a successor who will stand up as Ballem did to the many forces and interests in health care – politicians included – to steer the province forward to a system that best serves all British Columbians. R

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THE FRONT COVER

Marianne Hansen is an aquatic therapist at Queen's Park Care Centre in New Westminster. She is pictured with resident Hilda Swan. Yukie Kurahashi photo.

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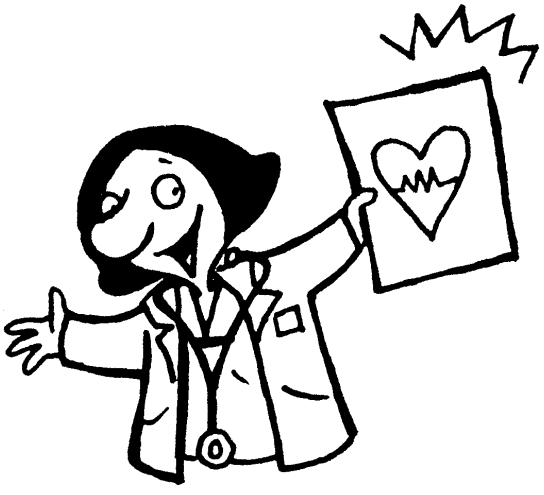
News

Canadian Doctors for Medicare opposes privatization, calls to strengthen public health care

In May, Canadian Doctors for Medicare (CDM) called on their 60,000 physician colleagues to strengthen and protect public access to high-quality health care. The newly-formed physician organization launched its membership drive and website in Ottawa.

"Our fundamental message to our colleagues and to governments is that publicly-funded health care is not only more equitable than a two tier system, it is also more efficient and results in the highest quality of care," said Dr. Danielle Martin, a Toronto family doctor and chair of the board of CDM. "A single-payer system for physician and hospital services is the best way to serve our patients. We support a system based on need, not on the ability to pay."

CDM board members said they are alarmed by the potential repercussions of last summer's Supreme Court's Chaoulli ruling that a citizen of Quebec may use private insurance for some medically necessary physician and hospital care. Over time, this may open the door for two-tier health care to become the acceptable Canadian standard, increasing wait times for most Canadians and leading to higher healthcare costs.



Dr Simon Turcotte, a General Surgery resident in Montreal and Chair of Médecins pour l'accès à la santé added, "As representatives of doctors in Québec supporting our publicly-funded Régime publique, we are pleased to be working with our counterparts across Canada to strengthen medicare for our patients."

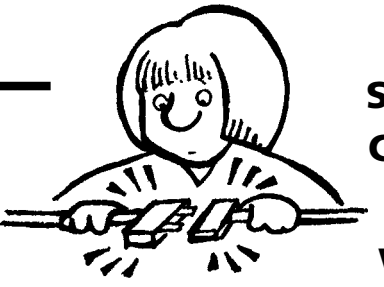
The CDM board is comprised of physicians in diverse areas of medicine, at every stage of their careers and from every region of Canada. Through national leadership and the actions of local members, CDM plans to be active to help ensure that health system reforms remain true to the intent of the Canada Health Act and do not include the option of private insurance for physician and hospital services.

Dr Tom Noseworthy, a critical care physician and CDM board member from Calgary, said, "We recently witnessed a close call with Alberta's Third Way reforms. Our patients need us to stand up for them.

"Many Canadians don't have access to a family doctor. Many more know a friend or family member who has waited too long for a diagnostic test or treatment. The emergence of a parallel private tier would only make these problems worse for most of our patients," he said.

"These problems are best solved within the framework of universally accessible, publicly funded medicare. Medicare has proven to be the highest expression of Canadians caring for one another. It represents sound public policy, is rooted in Canadian values, and is readily sustainable. In physicians' terms, medicare is good for your health."

See www.canadiandoctorsformedicare.ca for more information.



Stay connected! Check out HSA's website at www.hsabc.org

Women tell their MPs: Working families need child care

One out of every six Members of Parliament had a delegation of working women from their home constituency knocking on the door of their Ottawa office in June with a message to deliver.

In Ottawa for the 13th Canadian Labour Congress Women's Conference, 350 delegates from across the country made their way to Parliament Hill to tell their MPs that child care and early learning are essential for women's full participation in the workforce and to ensure children from working families have access to quality care and early learning opportunities. Rural women in particular spoke of their need for access to quality and affordable child care in their communities.

"Working women know what is best for their families, and this government is wrong on child care," says Barbara Byers, executive vice-president of the Canadian Labour Congress.

"Income supports are helpful, but their plan to provide tax credits to corporations to create child care spaces just won't work. It won't create badly-needed spaces in rural communities, and it won't create badly-needed spaces in our cities for working families," she says.

Delegates to the Women's Conference – from every province and territory – gathered in Ottawa for three days of meetings, workshops and political action.

"Women went and spoke to their Members of Parliament, some for the first time. When they get back home, these women are committed to keeping child care on the public agenda. This is an issue that will not go away," declared Byers.

The Canadian Labour Congress, the national voice of the labour movement, represents three million Canadian workers. The CLC brings together Canada's national and international unions, along with the provincial and territorial federations of labour and 135 district labour councils.

Home support makes sense says BC Health Coalition

In early June, the Canadian Centre for Policy Alternatives released a study documenting the dramatic decline in BC home support services over the last four years.

The BC Health Coalition (BCHC) has received countless calls from individuals and families in crisis because of lack of available services.

"We hear from people across the province who are home alone with no support," says Joyce Jones, co-chair of the BC Health Coalition.

"The province must return home support funding to pre-1994 levels and ensure that people receive services that will allow them to remain in their own homes."

"Home support makes economic sense," adds Jones. "It reduces the need for more costly acute care and residential services, and saves the system money."

According the CCPA study, "the number of home support clients dropped by 24 per cent between 2000/2001 and 2004/2005; the number of hours dropped by 15 per cent." R

RUN FOR THE CURE COMMITTEE

Join HSA in the Run for the Cure October 1

HSA has formed a provincial team to participate in the Run for the Cure, to be held Sunday, October 1 across Canada and in ten communities across BC: Abbotford/Fraser Valley, Castlegar, Golden, Kamloops, Kelowna, Nanaimo, Port McNeill, Prince George, Vancouver, and Victoria.

HSA's goal for the 2006 run is to improve on the donations HSA team members raise to support breast cancer research. To date, HSA members have contributed more than $750,000 to support and promote research and prevention of breast cancer.

HSA members, their families, friends, and colleagues are encouraged to join the team, and help raise donations for breast cancer research. The CIBC Run for the Cure is the largest and most important fundraiser for the Canadian Breast Cancer Foundation.

On-line registration is easy.

- Go to **www.cibcrunforthecure.com**
- Click on "join a team"
- On the "Register" page, enter your information
- On the "Register" join a local team page enter:
- Team name: Health Sciences Association
- Team Captain: Cindy Stewart
- For registration fee payment, you have three options:
  - donate $150 to be eligible for fundraising prizes;
  - commit to raising $150 in donations; or
  - pay the $35 registration fee

Please note you can take donations to any CIBC branch if you do not want to donate online with a credit card.

Once you are registered, you can start fundraising!

In addition to incentive prizes offered by the Run for the Cure to successful fundraisers, HSA will provide prizes to HSA team members for fundraising efforts.

Start fundraising when you register on-line. You can very easily create a profile page and invite potential donors to make on-line donations.

You can also click on "run locations" on the www.cibcrunforthecure.com home page, click on the location you are running in, and download the donation sheet.

Registration can also be done in person at any branch of CIBC. For information on how to register, contact Pam Bush at the HSA office (604) 439-0994 or toll free 1-800-663-2017.

While HSA's new provincial team means that team captains are no longer required to coordinate the registration and donation process, HSA members are encouraged to organize fundraising events to raise donations.

Popular fundraisers by HSA's top fundraising teams have included bake sales at work, information tables, and direct donations. R

Questions? Call Pam Bush at the HSA office for more information.

HSA BOARD OF DIRECTORS

Board highlights: spring 2006

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

• The HSA Board of Directors had a busy spring, participating in multiple briefings on the progress of contract negotiations, and eventually voted to recommend ratification of the community social services, community health services and support, nurses', and health science professionals' contracts.

• After deliberations, the board voted not to deduct union dues from signing bonus money received by members covered by all four major contracts.

• The board thanked outgoing board representatives Kelly Finlayson (Region 1), Maureen Ashfield (Region 3), and Ernie Hilland (Region 6). Incoming board representatives Suzanne Bennett (Region 1), Bruce MacDonald (Region 3) and Rachel Tutte (Region 6) were congratulated with a warm welcome.

• Audrey MacMillan, Region 7 director and a registered psychiatric nurse at Chilliwack General Hospital, was elected by the Board of Directors as HSA vice-president. As union vice-president, MacMillan assumes the duties of the president at the president's request, or in the president's absence. She chairs the Resolutions Committee, and is a member of the union's Executive Committee.

• Brian Isberg, Region 2 director and a medical laboratory technologist at Victoria General Hospital, was re-elected by the Board of Directors as HSA's secretary-treasurer. As secretary-treasurer, Isberg is a signing officer of the union, chairs the Finance Committee, and presents the financial report and budget to the Annual Convention.

• The Board amended HSA's financial policy, increasing the mileage reimbursement for union business to 50 cents per kilometre.

• The Board approved a donation to the Single Parent Resource Centre in memory of Madeleine Shields, spouse of retired BCGEU president John Shields. The resource centre is a non-profit agency offering a wide variety of programs and services to single parent families in the Greater Victoria area.

• In May, HSA President Cindy Stewart brought greetings to delegates at HSA Alberta's annual convention in Calgary. Cindy was accompanied by newly elected HSA Vice-President Audrey MacMillan.

• In June, the Board participated in a half-day workshop on board governance hosted by Larry Brown, Secretary-Treasurer of the National Union of Public & General Employees (NUPGE). R

CALM GRAPHIC

HSA Members at Large: back row from left: **Rosalie Fedoryshyn, Kimball Finigan, Nadine Soukoreff (Region 4 alternate), Larry Bryan, Mike Trelenberg, Colya Kaminiarz, Pat Barber.** middle row from left: **Sue Motty, Carmela Vezza, Anna Morton, Irene Goodis, Hilary MacInnis, Ruth Simpson, Charles Wheat.** front row from left: **Marg Beddis, Tanis Blomly, Wendy Reilly, Cheryl Greenhalgh, Ellen Lee, Thalia Vesterback, Marcela Dudas.**

MEMBERS AT LARGE 2006/2007

Your representatives

Members at Large are elected at regional meetings. They participate in HSA's standing and special committees, and are delegates to the annual convention as well as to the BC Federation of Labour Convention.

REGION 1
Marilyn Riddell
Residential Support Worker
Future Focus (Campbell River)

Hilary MacInnis
Occupational Therapist
St. Joseph's Hospital (Comox)

REGION 2
Anna Morton
Social Worker
Queen Alexander Ctr. For Children's Health

Carmela Vezza
Social Worker
VIHA South Island (Saanich Peninsula)

REGION 3
Tanis Blomly
Recreation Therapist
Eagle Ridge Hospital

Cheryl Greenhalgh
Medical Radiation Therapist
Royal Columbian Hospital

Mike Trelenberg
Youth Worker
SHARE Family & Community Services

REGION 4
Ellen Lee
EEG/EMG Technologist (ENP Tech.)
Richmond Hospital

Colya Kaminiarz
Respiratory Therapist
Vancouver Hospital (12th & Oak)

Pat Barber
Social Worker
Vancouver Hospital (12th & Oak)

REGION 5
Larry Bryan
Registered Psychiatric Nurse
Haro Park Centre

Sue Motty
Medical Lab Tehcnologist
Canadian Blood Services

REGION 6
Ryan Babakaiff
Medical Lab Technologist
BCCA - Vancouver Cancer Centre

Kimball Finigan
Radiation Therapist
BCCA - Vancouver Cancer Centre

REGION 7
Marg Beddis
Dietitian
Surrey Memorial Hospital

Brent Jeklin
Medical Radiation Technologist
Langley Memorial Hospital

Rosalie Fedoryshyn
Infant Development Consultant
Fraser Valley CDC

REGION 8
Irene Goodis
Physiotherapist
Penticton Regional Hospital

Wendy Reilly
Recreation Therapist
100 Mile District Hospital

REGION 9
Ruth Simpson
Medical Radiation Technologist
Invermere District Hospital

Thalia Vesterback
Medical Radiation Technologist / Sonographer
Kootenay Lake Hospital

REGION 10
Charles Wheat
Residential Care Worker
South Peace CDC

Marcela Dudas
Medical Lab Technologist
Prince Rupert Regional Hospital

See page 16 for a list of HSA's Committees.

'Presenteeism' is a major workplace problem in Canada

Employers who have long focused on 'absenteeism' should also be paying attention to 'presenteeism' - employees who work every day no matter what is happening in their personal lives, says a report by Desjardins Financial Security.

"Presenteeism, the feeling that you must show up for work even if you are too sick to be there, is a main factor in employee stress and distraction," says Alain Thauvette, a senior vice-president with the well-known financial institution.

The report says nearly two-thirds of Canadian workers feel so pressed by financial concerns that they put work ahead of families, relationships, friends and their own health.

A survey conducted by the company included the following findings:

- Nearly two-thirds of Canadian workers (62 per cent) make work a priority when suffering from mental and physical problems, not devoting the necessary time to recover.
- 59 per cent of respondents made sacrifices at the expense of personal health, family and friends.
- 83 per cent say wireless technology is either maintaining or increasing stress levels.

For employers, the main message from the findings is a negative impact on employee productivity.

Canadian workers are "losing the work-life balance battle due to increased stress, anxiety and depression," the report said. R

Source: NUPGE

Committees

EDUCATION COMMITTEE

HSA congratulates scholarship winners for 2005 / 2006 academic year

HSA's Education Committee deliberates over scholarship applications and disburses awards. The members of the 2005/2006 Education Committee were:

- **Jackie Spain (Chair)**
- **Audrey MacMillan**
- **Hilary MacInnis**
- **Bruce MacDonald**
- **Filippo Berna**
- **Leila Lolua (Staff)**

For information on scholarships and bursaries available through HSA, contact your chief steward, or Leila Lolua at 604/439.0994 or 1.800/663.2017.

Scholarship and bursary application forms are available for download at hsabc.org.

Kathryn Gullason
Child of Celine Brouillette
Psychologist
BC Children's Hospital

Cheryl Walton
Child of Linda Walton
Lab Technologist
Eagle Ridge Hospital

Adam Ward
Child of Linda Ward
Lab Technologist
Kootenay Lake Hospital

Niall McPherson
Child of Alexander (Sandy) McPherson
Community Worker
John Howard Society

Sonja Seher
Child of Sandra Seher
Sonographer
Royal Jubilee Hospital

Evan Rankin
Child of Anne Rankin
Physiotherapist
BC Children's Hospital

Jonathan Wong
Child of Sandra Wong
Physiotherapist
Richmond Hospital

Alia Dharamsi
Child of Azmina Dharamsi
Pharmacist
Children's & Women's Health Centre

Thomas Isenor
Child of Angela Gregory-Isenor
Physiotherapist
Boundary Hospital

Rochelle Gellatly
Pharmacist
Royal Columbian Hospital /
Surrey Memorial Hospital

Morgan Thompson
Child of Gail Thompson
Health Records Administrator
Creston Valley Hospital

Claire Reid
Child of Jillian Reid
Physiotherapist
Kelowna General Hospital

Wesley Chandler
Child of Simon Chandler
Biomed Technologist
Royal Columbian Hospital

Quisha Poh Keng Claire Girard-Lau
Child of Alfred Lau
Biomed Technologist
Vancouver General Hospital

Brooks Nickel
Child of Sue Nickel
Lab Technologist
Penticton Regional Hospital

Ryan Konarski
Behavioural Interventionist
Fraser Valley Child Development Centre

Jamie Willox
Child of Kim Willox
Lab Technologist
Invermere and District Hospital

Kirk Warkotsch
Child of Karla Warkotsh
Recreation Therapist
Kelowna General Hospital

Susan Pyrozyk
Child of Ron Pyrozyk and Nancy Hillis
Registered Psychiatric Nurses
Penticton Regional Hospital & Haven Hill
Retirement Centre

Valerie Hollingdale
Child of Jeff Hollingdale
Lab Technologist (deceased)
Vancouver General Hospital

Kelsey Hall
Medical Radiation Technologist
Kelowna General Hospital

Anoop Hara
Lab Technologist
Royal Inland Hospital

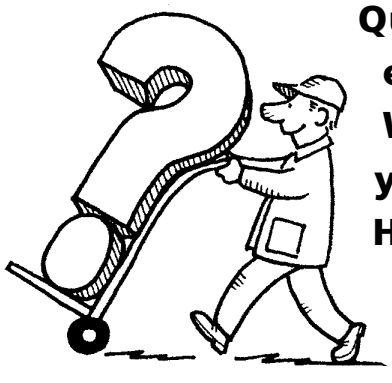
Christina Macaulay
Queen Alexander Centre
for Children's Health

Lisa Chieduch
Lab Technologist
Prince Rupert Regional Hospital

Michelle Gauvin
Direct Support Worker
Langley Child Development Centre
Aboriginal Bursary Awards

Aboriginal bursary awards

Lara DesRoches
Sandra Gray



Questions about HSA's education programs? Want to know if you're eligible for an HSA scholarship? Contact Leila Lolua at the HSA office!

BIOHAZARDS IN HSA WORKPLACES

Collaborative effort results in new safety protocols

Drawing blood, working in the OR, giving injections and inserting IVs, working with specimens in the lab, treating patients who cough or vomit – for HSA members, minimizing blood and body fluids exposure isn't a simple task.

by CAROL RIVIÈRE

Exposure to potentially infectious blood and other body fluids is a serious occupational hazard for many health care workers. HSA and other health care unions have been working with front line workers, employers, BC's Occupational Health and Safety Agency for Health Care (OHSAH) and WorkSafe BC (formerly WCB), to find and implement effective measures to minimize this hazard.

On June 11, 2001, the WorkSafe's Prevention Division imposed three administrative penalties, with fines totaling $34,000, against the Capital Health Region (CHR - now part of the Vancouver Island Health Authority) for failing to take adequate measures to protect its laundry workers from needlestick and puncture injuries. CHR appealed the imposition of these penalties to WorkSafe's Appeal Division, and the three health care unions – HSA, HEU and BCNU – intervened in the appeal as interested stakeholders.

Typically in such appeals, the unions would simply provide submissions supporting WorkSafe's decision to impose fines. In this case, however, HSA obtained agreement from HEU and the BCNU to ask the Appeal Division to appoint a mediator to try to find a settlement that would satisfy all parties, and that would create an opportunity to develop and implement an effective exposure control plan for blood and body fluids (BBF). There was some hesitation on the part of all parties, as mediation had never been used before to deal with an administrative penalty appeal.

After several meetings, agreement was reached to establish a joint union/employer BBF subcom-

mittee of the joint occupational health and safety committee at one of the Victoria-area hospitals.

Representatives from WorkSafe's Prevention Division were invited to sit on the committee in an advisory capacity, and the committee sought assistance from the Occupational Health and Safety Agency for Health Care in BC.

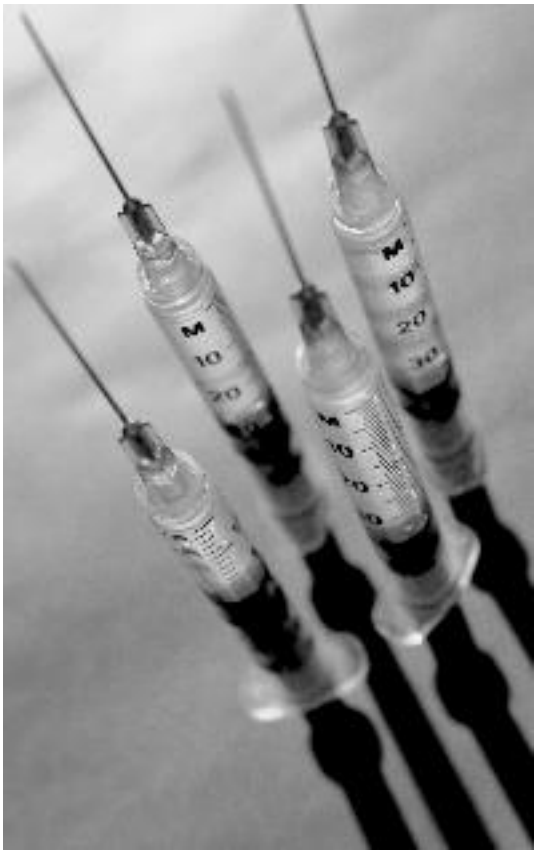
OHSAH was asked to assist in the design, development, implementation and evaluation of an exposure control plan. Most of the money from the administrative penalty ($30,000), was earmarked to help develop the exposure control plan.

"Minimizing blood and body fluids exposure in a hospital isn't a simple task," says Marty Lovick, HSA's Labour Relations Officer for occupational health and safety. "There are so many different tasks, settings and staff with a risk of exposure – from drawing blood, to working in the OR, giving injections and inserting IVs, working with BBF specimens in the lab, or working in housekeeping or the laundry," he says.

"We believed the employer had a sincere desire to address this hazard, and decided there was a better chance of making a real difference by using this opportunity to create a structure that would have a good chance of tackling this complex issue, rather than simply punishing the employer with a fine."

The joint committee put in countless hours to develop an exposure control plan based on best practices, and to follow up on surveying hundreds of front-line workers to determine which tasks and areas carried the greatest risk of BBF exposure in the CHR[1]. HSA medical laboratory technologists represented HSA on the committee.

Despite the massive restructuring that occurred as CHR became part of the new Vancouver Island Health Authority, the joint committee continued its



Sharps aren't the only way HSA members are exposed to blood and bodily fluids.

OHSAH definition of blood and body fluid exposure

Blood and body fluid (BBF) exposure is a term used when blood or other potentially infectious body fluid comes into contact with the skin, subcutaneous tissue (i.e. tissue under the skin), or mucous membranes (i.e. tissue lining the eyes, nose, mouth, vagina, rectum and urethra). Exposure to BBF is a major concern for health care workers because of the potential for acquiring disease and the related psychological stress that can occur.

Continued next page

Improved control measures needed

Continued from previous page

work, conducting worksite safety audits and implementing use of the internationally used EPINet (Exposure Prevention Information Network) for reporting and tracking BBF exposures.

VIHA has now implemented the BBF exposure control plan throughout the health authority. The plan includes improved training in minimizing exposure, the use of safer needle/sharps devices and replacing glass specimen tubes and containers with plastic ones.

Other health authorities are at various stages of implementing a safe needle/sharps program and/or a broader BBF exposure control plan.

Where requested, OHSAH has provided information about best practices and has worked to ensure that all health authorities have a consistent way of tracking exposure incidents. OHSAH hopes to start collecting data soon to evaluate the effectiveness of the exposure control plan that's been implemented in VIHA.

Although significant progress is being made in some health authorities to address this important occupational hazard, more needs to be done. The Service Employees International Union (SEIU) is currently heading a campaign urging provincial governments to enact legislation making the use of safety-engineered needles and medical devices mandatory. Manitoba and Saskatchewan are the only Canadian jurisdictions that have passed such legislation so far. Manitoba's act came into effect January 1 of this year. Saskatchewan's act is scheduled to come into force on July 1. A safe needles bill passed first reading in Nova Scotia in May, 2006, before a provincial election was called, and a private member's bill on safe needles in Ontario passed first reading last November.

Frontline workers must be involved in deciding what types of equipment and devices are the safest and most effective for carrying out their work.

HSA is supporting SEIU's campaign for such legislation in BC. More information about the campaign is available at www.saferneedlesnow.ca/bc.htm.

In BC, WorkSafe has proposed amendments to the Occupational Health and Safety Regulation governing sharps.

These amendments would include provisions making it mandatory for employers to replace regular hollow-bore needles used for vascular access, with safety-engineered needles. The amended regulation would also "encourage" further upgrading, to replace safety-engineered needles with needle-less devices, which reduce the risk of injury and exposure even further.

Although the proposed amendment is an improvement over current regulatory requirements, many labour organizations believe it does not go far enough.

WorkSafe recently invited public feedback on the proposed amendments. HSA's submission stressed that the regulation should be expanded to include all medical sharps, not just vascular needles, and that the workplace OH&S Committees should participate in the selection of appropriate devices.

Jackie Spain, HSA Region 9 Director and Chair of HSA's provincial OH&S Committee, emphasizes

OH&S Regulation

Section 6.34 Exposure control plan

The employer must develop and implement an exposure control plan meeting the requirements of section 5.54, if a worker has or may have occupational exposure to a bloodborne pathogen, or to other biohazardous material as specified by the [Workers' Compensation] Board.

that frontline workers must be involved in deciding what types of equipment and devices are the safest and most effective for carrying out their work. "The people performing each type of task that carries a risk of BBF exposure have the best idea of what sort of needle system or other device will decrease the risk of a puncture or other type of BBF exposure," Spain said. She added that employers also need to listen to these employees to ensure that the new equipment or device doesn't create a different type of hazard.

"Members at some facilities have told me they've been given a 'safety needle' to use that requires them to use their thumb to flip a cover over the needle tip, and that it's so difficult to do this, their thumb is stiff and painful by the end of their shift."

Spain also stressed the need for facilities to look beyond the issue of needlestick injuries, and to implement measures to eliminate all types of BBF exposure.

"HSA members in many different professions face a risk of BBF exposure, from a variety of sources." Exposure can occur not only through punctures caused by needles, cuts from other types of sharps, or broken glass, but also from direct contact with patients who are coughing, sneezing, bleeding, etc.

"Employers need to ensure there are control measures in place for every type of BBF hazard," Spain said. R

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[1] Results from the Vancouver Island Health Authority worker survey, and from a similar survey subsequently conducted at Surrey Memorial Hospital in the Fraser Health Authority, are available on the OHSAH website at www.ohsah.bc.ca/index.php?section_id=25186&

Results from the worker survey conducted at VancouverHospital in the Vancouver Coastal Health Authority should soon be available at this site .

Post-exposure follow-up

Every health care worker should be aware of their facility's procedure for medical treatment and reporting following a blood and body fluid exposure. In most hospitals, this means reporting to the ER as soon as possible. Members who are unsure whether filling in an internal "Incident Report" is sufficient, or whether they should file a workers' compensation claim, should contact the HSA office for assistance.

Report every instance of exposure to blood or body fluids.

COMMITTEES 2006 / 2007

HSA committees support union's work

COMMITTEE FOR EQUALITY AND SOCIAL ACTION
Rachel Tutte (Chair, Region 6 Director)
Agnes Jackman (Region 4 Director)
Mike Trelenberg (Region 3)
Rosalie Fedoryshyn (Region 7)
Marcela Dudas (Region 10)
Pam Bush (Staff)

EDUCATION COMMITTEE
Jackie Spain (Chair, Region 9 Director)
Suzanne Bennett (Region 1 Director)
Carmela Vezza (Region 2)
Wendy Reilly (Region 8)
Ruth Simpson (Region 9)
Leila Lolua (Staff)

ELECTIONS COMMITTEE
Brian Isberg (Chair, Region 2 Director)
Lois Dick (Region 10 Director)
Rebecca Maurer (Staff)

OCCUPATIONAL HEALTH & SAFETY COMMITTEE
Jackie Spain (Chair, Region 9 Director)
Lois Dick (Region 10 Director)
Marilyn Riddell (Region 1)
Pat Barber (Region 4)
Larry Bryan (Region 5
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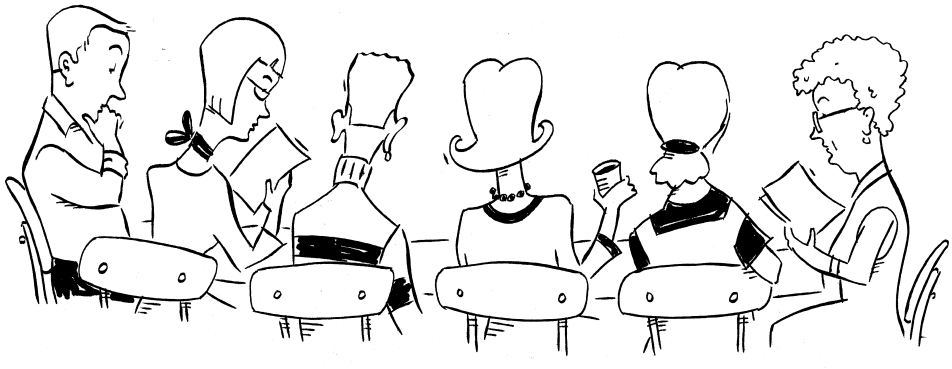
Reid Johnson
Joan Magee

LTD Trust #2
Cindy Stewart
Brian Isberg
Joan Magee
Audrey MacMillan
Reid Johnson



CONTRACT INTERPRETATION

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

A victory for permanently disabled workers

by SARAH O'LEARY

Q: Because of a permanent workplace injury in 1999, I was awarded a partial disability pension from the Workers' Compensation Board in 2001. My condition has since worsened.

I have heard from my occupational health and safety steward that WCB benefits have been severely curtailed under the BC Liberal government. Is this true? Should I apply to have my pension reassessed, or do I risk losing what I already have?

And what happens when I turn 65? I read that previously-injured workers turning 65 will now have our WCB pensions cut off.

A: Although the BC Liberals have drastically cut WCB benefits since 2001, the Supreme Court of British Columbia handed a rare victory to injured workers in May that reverses some of these cuts.

Among the many cuts to Workers Compensation benefits that the Liberals brought in shortly after coming to power, one of the most drastic was to change pensions for permanent disability. They took away pensions for life, ending them at age 65. They also reduced them to 90 per cent of net earnings, rather than 75 per cent of gross wages, which is a significant reduction. To add insult to injury, they also "claw back" 50 per cent of Canada Pension Plan Disability pensions from those who are the most seriously disabled.

Those who had pensions *before* 30 June 2002 were not affected by these cuts. However, many people who have WCB pensions for permanent disability suffer a worsening of their condition as they grow older.

Those with disability pensions have always been allowed to apply to the WCB for re-assessment in order to have their pensions increased to reflect their increased disability.

However, the Liberal government-appointed Board of Directors of the WCB changed the rules. The new rules meant that anyone with a pension from the old system who had suffered a deterioration of their condition after 30 June 2002, and had to be re-assessed, would have that increased amount of their pension fall under the new system, thus taking away all those benefits they previously would have received.

The case that won in the courts in mid-May (*Cowburn v. WCB of BC*, 2006 BCSC 722) concerned a Mr. Cowburn, who is dying of asbestosis which he contracted working in a pulp mill years ago. He had previously been awarded a 28 per cent disability pension by the WCB, but in recent years his disability had worsened.

Mr. Cowburn was re-assessed, and the WCB found he was now 59 per cent disabled. The problem for him was that he was then 65, which meant that under the new rules his benefits would be cut off. So, as Mr. Cowburn's increased pension fell under the new rules, he wasn't going to get one penny more than his original $800 a month.

Mr. Cowburn challenged this. The BC Supreme Court sided with him, saying that denying Mr. Cowburn his increased pension was unfair.

The court said that the WCB could not refuse to cover pensions from the old system just because they wanted to save money. They told the WCB that its policy was "patently unreasonable" and that the policy could not stand.

The Cowburn case shows that we must keep fighting unfair policies and provisions under the Workers Compensation system brought in by the Liberals.

While HSA continues to represent individual members with particular disputes with WCB, part of our work as a union must also be to work to reform an eroded workers' compensation system.

Injured workers deserve protection and compensation, not continual cuts in an adversarial system. R

Sarah O'Leary handles WCB appeals for members whose claims were initially rejected. Contact her through the HSA office, or email sarah@hsabc.org.

This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email yukie@hsabc.org. Don't forget to include a telephone number where you can be reached during the day.

CALM GRAPHIC

MEMBER PROFILE

Warm water, deep healing with aquatic therapy

by LAURA BUSHEIKIN

The water calls to Marianne Hansen – and the aquatic therapist at Queen's Park Care Centre in New Westminster answers it every day.

"This is the thing that I am so passionate about: when you free the body in that way, in semi-weightlessness and warmth, there's this huge letting-go process. I've never seen it in any other kind of therapy. When you free the body and are not looking for clinical results, you get the human result, and the only word I can use for it is joy," she says.

Aquatic therapy is still relatively obscure in Canada, but well established in many other countries, particularly the USA and Germany. Clinical studies from those countries confirm what Hansen sees with her patients – that a combination of passive floating, gentle movement and massage in a warm pool, guided and supported by a practitioner, is a remarkably effective therapy.

"I've never seen it in any other kind of therapy. When you free the body and are not looking for clinical results, you get the human result, and the only word I can use for it is joy."

"With the warm water, we already have some pain management. Also, we have hydrostatic pressure. Patients are in an environment that is putting pressure on them in a way that is uniform and consistent. So it makes things like circulation and respiratory function more effective. These things work when the patient is passive too, but when you add exercises, we get huge results," she says.

Hansen didn't start out intending to be an aquatic therapist, although she grew up in and around pools. She worked as a swimming instructor and lifeguard, swam competitively, and practiced synchronized swimming. In the 1980s she attended the University of Calgary where she completed her Bachelors of Physical Education, specializing in kinesiology. However, at that time, kinesiology was still a fledgling discipline and didn't offer a discernable career path.

"I came out of university and was standing around saying, 'What can I do with this?' There weren't a lot of opportunities." So she went in other directions – designing children's clothing, operating a health food restaurant.

Then, in 1999, she had a near-fatal car accident. After that, she knew she needed to find a career that matched her interests. Aquatics work became available in Kelowna, and she found work at the hospital, and for ICBC.

"When we moved to Vancouver, I specifically went out and looked for a job as an aquatic therapist." Along the way, Hansen pursued the training that had not been readily available back when she graduated from university. She's made repeated trips the United States to earn certification in WATSU (the acronym stands for WATer + ShiatSU) aquatic therapy, Waterdance and WATSU Assistant Teacher Trainer. Add these to her aquatic certifications and her BPE, and she has a long list of credentials.
"It took a lot of hard work to get here," she says. "I didn't even know about WATSU till three years ago! I've really fast-tracked because I knew this is my calling. I am totally committed to it."

The job at Queen's Park came up in 2002. There was a pool already in the facility, mostly unused. "Physiotherapists had been taking people into it, but with staffing allocations the way they are, trying to run a pool program while doing a regular job

wasn't working." Management decided that instead of cementing the pool in – a solution that is, unfortunately, common, says Hansen – they would create a position for a qualified aquatic therapist. Hansen spent about eight months setting up the program before beginning to work with patients. The program has been a huge success.

"It has actually become a very big draw for families placing their loved ones here. There's no shortage of people wanting to have aquatic bodywork and aquatic therapy," she says.

Queen's Park Care Centre is a busy place, with 150 beds for residential extended care and approximately 150 beds for various other programs, mainly for the frail elderly.

"Most of my patients are multiple diagnosis – they may have Parkinson's plus congestive heart failure, or MS plus diabetes. I see everyone from quadriplegics to mobile," says Hansen.

When her patients go to the pool to work with her, they enter a space markedly different from the hustle-and-bustle of the medical facility upstairs. The air is warm and damp, the walls paneled with cedar, relaxing music plays, and Hansen is there to greet and ease them into the warm waters of the circular pool.

Patients in wheelchairs are taken down a ramp until they are deep enough to be floated up into the water. By then the therapeutic experience is already underway.

"One of my clients is a non-responsive brain-injured quadriplegic. What I notice when he gets in the water is the softening of the muscles and the opening of the joints; the body is letting go. I notice his eyes are more alert or aware; there's a softening," she says.

Patients in wheelchairs are taken down a ramp until they are deep enough to be floated up into the water. By then the therapeutic experience is already underway.

The water facilitates healing on multiple levels, and can affect people in surprisingly deep ways.

"There's a freeing of the body that happens, and with the mind and body being so connected, when the body starts to feel that freedom, the mind starts to free itself. It's like opening the doors inward. It's an opportunity to go into themselves and find that inner sanctuary," she says.

"That's the sacredness of water. It doesn't happen the same way on land." R

Marianne Hansen
Aquatic Therapist
Queen's Park Care Centre

Care centre resident Hilda Swan is euphoric upon entering the water with aquatic therapist Marianne Hansen.

YUKIE KURAHASHI PHOTO

Dividing the pension: when a spousal relationship ends

What are the steps to dividing a pension?

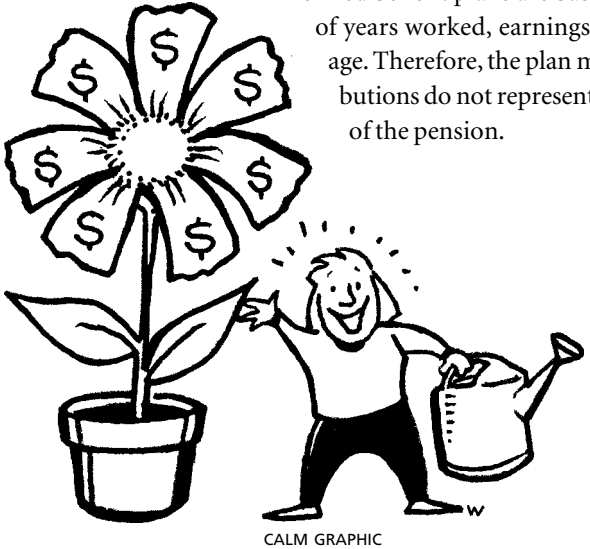
Q: I am currently going through a divorce. We are now discussing the division of marital assets. Is my pension considered such an asset? How would we go about dividing it?

A: A pension is considered by law to be matrimonial property, just like a house, car or other asset. When a marriage ends, the pension belongs to both the former spouse and the plan member, and they may choose to divide the pension. Both parties should consider obtaining legal advice about dividing matrimonial property. The pension plan cannot provide advice about dividing pensions.

The *Family Relations Act* is the provincial law that governs how family assets are divided on marital breakdown.

Determining the value of the pension

Defined benefit plans are based on a formula of years worked, earnings and retirement age. Therefore, the plan member's contributions do not represent the entire value of the pension.



CALM GRAPHIC

It may be necessary to determine the value of the pension in order to divide it fairly. This is called a valuation. If the plan member or former spouse requires a valuation, they should consult an actuary.

A former spouse can get the information necessary for an actuary to calculate the value of the pension by submitting Form 1, *Claim of Spouse to Interest in a Member's Pension*, along with evidence of the spousal relationship, such as a clear copy of the marriage certificate.

After Form 1 is returned, the pension plan will notify the former spouse of any subsequent significant transactions affecting the pension.

Establishing limited membership

The former spouse may then decide to become a limited member of the pension plan. A former spouse can become a limited member by submitting Form 2, *Request for Designation as a Limited Member of a Pension Plan*, along with evidence of entitlement to part of the pension, such as a court order or separation agreement.

Generally, once the former spouse becomes a limited member there are potentially two options:

- The limited member can transfer a lump-sum representing their share of the pension to a locked-in investment vehicle, such as a registered retirement savings plan (RRSP), retirement income

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

A pension is considered by law to be matrimonial property, just like a house, car or other asset.

fund (RIF) or life income fund (LIF), as early as the date the plan member requests a payment of their benefit or reaches earliest retirement age (55 for most plan members) but no later than the plan member's retirement. This payment is called a commuted value, and it represents the present-day value of a future pension benefit. If the plan member terminates employment prior to their earliest retirement age and receives a payment of the commuted value, the limited member can also choose to be paid a commuted value at that time.

- The limited member's share of the pension can be paid as a monthly pension directly from the pension plan. The limited member can then select a pension option and nominate a beneficiary. However, the limited member cannot receive a pension if the plan member is not also receiving a pension. Limited members are not entitled to medical, extended health or dental benefits.

Detailed information about the pension will be sent to the limited member along with Form 4, *Request by a Limited Member for Transfer or Pension*, which must be completed and returned to the pension plan.

Death of either party

The death of the plan member or former spouse may affect how the pension benefit is paid, especially if either party dies before the pension starts. In particular, it may be difficult or not possible to establish limited membership if the former spouse dies before initiating or completing the process. It is therefore important to discuss with your lawyer the steps required to establish limited membership, and the timing of those steps.

If the plan member dies before the former spouse receives a share of the pension, the former spouse is entitled to pre-retirement survivor benefits, payable immediately, provided he or she qualifies as a limited member.

If the limited member dies before receiving a share of the pension benefit, the estate is entitled to a proportionate share of the pension benefit, payable immediately.

Definition of spouse

For pension plans administered by the Pension Corporation, "spouse" means:

- the person you are legally married to and, for the two-year period immediately before the relevant time, were not living separate from; or, if this does not apply,
- the person, of the same or opposite sex, who has lived with you in a marriage-like relationship for the two-year period immediately before the relevant time.

Dividing the Pension

The pension is divided based on the terms of the court order or separation agreement. If the court order does not provide specific dates for dividing the pension, it is divided using the formula set out in the regulations of the *Family Relations Act.* This formula is based in part on how long the plan member and the limited member were married or living together, and how long the plan member contributed to the pension plan while the two people were spouses.

The *Family Relations Act* allows the plan member and the limited member to decide on a different proportionate division than that specified in the legislation. This must be done in accordance with the provisions of the *Family Relations Act.* R

ACTIVIST PROFILE

Preventing cutbacks and expanding care: advocating for physio services

by LAURA BUSHEIKIN

We all know that physiotherapists help heal people's bodies. But for this to happen effectively, the medical decision-making bodies need some rehab as well, says Scott Brolin, Professional Practice Chief of Physiotherapy at Royal Columbian Hospital.

Brolin's focus is on the big picture; on looking at how hospital administrations work, how decisions are made, and how this impacts the patient.

Brolin's very first position involved changing hospital systems. In 2002, he was fresh out of university, having earned a BScPT from Curtin University in Perth, Australia. Soon after returning to Canada, he was hired to lead a new program called PEARS (Prevention, Early Activation, and Return-to-work Safety) at Royal Columbian Hospital. This program was a joint initiative between the employer and various unions in the workplace. As program leader, Brolin worked throughout the hospital to improve prevention and response to workplace injury.

When the position of professional practice chief, responsible for all physiotherapy activities in the hospital, came up two years later, he relished the opportunity to advocate for physiotherapy services throughout the hospital.

"My own personal focus is on human health resource planning," he says. "How does one decide what kind of human resources you need for a particular service? When you look at different physio departments across Canada, most staffing decisions are based on what was done in the past, for instance, one physiotherapist for 30 beds. But our health care system is changing rapidly – it's *very* different than only five years ago." Decision-making around caseloads and other key issues needs to change as well, he says.

Brolin's interests led him to become active in the Physiotherapists' Association of British Columbia (PABC), where he chairs the public practice advisory committee. He is also a member of the legislative committee of the College of Physical Therapists of BC. It was as the result of a PABC survey that Brolin realized physiotherapists wanted the tools and resources to be able to advocate for their services.

"One way to do that is to understand how to make a business case in language that our decision-makers can understand, because most of the decision-makers are not physios." To that end, Brolin taught a course for the PABC entitled "Making a Business Case for Publicly Funded Physiotherapy Services."

A key element in making a case for services is data, says Brolin.

"Data collection among physios in BC is variable at best. Some sites are not collecting any data whatsoever. With no data, it's very hard to make a business case to show you are being effective," he says.

Of course, the data must be the right kind.

"Don't waste time collecting data that isn't doing anything for us," advises Brolin. "Instead, describe things we are not able to do because of the workload. Talk about the percentage of patients that we can't see because there are not enough physios to handle the caseload," says Brolin.

Scott Brolin
Professional Practice Chief, Physiotherapy
Royal Columbian Hospital

Current practices for workload measurement are outmoded, he says. "The Workload Measurement System described by the Canadian Institute of Health Information is actually only work measurement. It just describes what we do with our time. But our patients expect the right service from the right person at the right time. Unless we can measure our ability to meet these expectations we aren't measuring workload."

As an example of an effective way to collect and use data, he describes a pilot work load model from his workplace.

"One of our senior therapists took a select group of patients: total hip and knee replacement patients. She looked not at how many physios they need based on a historical level, but on what outcomes patients need and how to achieve that. She chose a list of outcomes that are specific to physio treatment. Then she tracked the time it took to achieve each of those outcomes and compared it to pathway length and length of stay.

"The results showed that with our current level of staffing we were able to achieve all our rehab goals within similar timelines to the pathway, even though the length of stay was longer than the pathway. This demonstrates that staffing levels seem to be adequate to what we hope to achieve, and that the longer stay is due to other inefficiencies in the system.

"So should the axe start to swing again," he says, "we now have true data to say that with current levels of staffing we are able to achieve these desired outcomes, and with less we run the danger of not being able to do so."

It's this kind of research and solid information that will give physiotherapists a better chance of convincing decision-makers to maintain their programs.

"Physiotherapy has in the past got less attention than, say, doctors and nurses. We're still not on a level playing field, but it is improving. That will depend on how well physios defend their services to the public," says Brolin.

"This is not exclusive to physiotherapy," he adds. "The way forward for all of us as health care professionals is figuring out the value of our services and demonstrating that through patient outcomes. The decision-makers want to see a focus on keeping patients as healthy as possible in a way that will keep costs under control."

With people like Brolin taking leadership on these issues, there is cause to be optimistic. R

"Don't waste time collecting data that isn't doing anything for us. Instead, describe things we are not able to do because of the workload. Talk about the percentage of patients that we can't see because there are not enough physios to handle the caseload."

Scott Brolin has developed tools and resources to help physiotherapists advocate for physio services.

PHOTO COURTESY SCOTT BROLIN

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE KEEP THEM BRIEF AND TO THE POINT — ABOUT 200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

To HSA Education Committee:

I would like to take this opportunity to thank the HSA for sending me to the CLC Harrison Winter School. I took part in the course "Women in Leadership", and had a very positive experience. I not only met wonderful people in this union and others, I feel I have a stronger understanding of unions in general and how they impact not only union members' lives, but set the standard for non-union members as well.

Women's issues have always been a passion of mine. At first I was not sure why a union would offer a course like this as it did not seem directly related to the labour movement. Since taking the course, however, I realized just how relevant this course actually is! Personally, I have always wanted to get more involved, but felt that I did not have the skills to do this. I am very shy, so expressing my views or speaking in front of people left me with severe anxiety. In the course, we practiced public speaking in front of our colleagues, and discussed many issues that relate to women in leadership. We talked about the history of women in the labour movement, what hindrances there may be for women in getting involved, and how to work with our particular skills and abilities to be more effective voices.

This course made me realize that I do have a voice, and I want to be heard. I look forward to using my new skills and newfound confidence in getting more involved. If there are any more courses related to women's rights or human rights in general, I would very much like the opportunity to attend, even at my own expense. I hope this letter conveys a little bit of how much impact this opportunity had on my life, both at work and personally.

With sincere thanks,
Kristi Cole
Health Records Administrator
Assistant Chief Steward
Bulkley Valley District Hospital

Note: For information on HSA education programs and scholarships, contact Education Officer Leila Lolua at the HSA office.

MOVING?

Your employer does not send us address changes. We depend on you to let us know.

RETURN TO:

Health Sciences Association of B.C.
300 - 5118 Joyce Street
Vancouver, BC V5R 4H1

OR EMAIL:

memberlist@hsabc.org

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The story behind the headlines: persistence

by REBECCA MAURER

Rebecca Maurer, Director of Strategic Communications and Member Development

As most members are aware, last year an HSA member working at Richmond Mental Health was killed on the job. Not surprisingly, his death triggered a great deal of media interest in the issue of workplace violence and HSA was asked frequently to comment on how this tragedy could have been averted.

Anyone who reads the newspaper or watches the news on television understands that reporters need to explain an issue – no matter how complicated – in just a few sentences. But when it comes to violence prevention and workplace safety, it's just not that simple and this has presented a significant challenge for the union as we struggle to bring public attention to this important issue.

We know that simplistic answers will get the headlines, but does it move us anywhere closer to our real objective of a safe and healthy workplace for our members? Not really.

That's why HSA has been working hard over the past year to educate the media about the myriad of factors that contribute to workplace safety. While reporters would certainly prefer that we talk about more security guards, panic buttons and self-defense courses, we have focused consistently on the fundamental issues that underlie many of the problems our members face – unenforced regulations, dysfunctional occupational health and safety committees, protocols that are unclear or communicated poorly, and the overall culture of health care facilities where an attitude of "hey, it's just part of the job" still dominates.

We know that simplistic answers will get the headlines, but does it move us anywhere closer to our real objective of a safe and healthy workplace for our members?

The good news is that we are finally starting to make some progress. Recently, HSA president Cindy Stewart and two HSA members who work in mental health were interviewed by the CBC for a national series on occupational health and safety. Shortly after, we were contacted by the National Post, a news radio station in Vancouver and a number of community papers. Not only have we finally turned the media's attention to these issues, but HSA is increasingly viewed as a credible expert on occupational health and safety, which is a tremendous credit to the HSA activists and staff who have worked so hard to give these issues the profile they deserve.

From a communications perspective, it reminds all of us that persistence pays off. It might be tempting to give reporters that headline-grabbing quote that they crave. But if our real goal is to educate and to bring about change in the workplace, we need to avoid sensationalism and stayed focused on the real issues.

In the short term, that approach means that HSA may not be in the media in every story in which our members have an interest. In the long term, though, HSA's communications strategy is proving effective in working to raise awareness among decision-makers about the important and very real issues that affect our members at work. R

Your participation key to a strong union

by BRUCE MacDONALD

Bruce MacDonald, Region 3 Director

As a new member of HSA's board of directors, I am pleased to have an opportunity to introduce myself to HSA members and to reflect on what I believe are important elements that contribute to a healthy union.

I have been a union activist for most of my work life. I have served as union steward in the US, Japan and Canada. In Japan, I participated in some difficult negotiations, helping to hold together a divided workforce as we faced severe challenges. In Seattle, I helped organize social workers at Group Health Cooperative from a weak professional association into affiliation with a strong and effective health care union.

When I moved to Canada six years ago, it was natural for me to become an HSA steward – and later chief steward at Royal Columbian Hospital, where I work as a social worker. Before being elected as Region 3 Regional Director, I served as Member-at-Large for Region 3, and was a member of the union's Education Committee. I was also fortunate to be elected as an alternate for the HSA Health Science Professionals Bargaining Association Bargaining Committee and participate in the latest round of bargaining. I have also served as a general steward, essential services liaison, and job action coordinator.

HSA is the best union experience I have ever had. I have spoken to many of our members from many worksites, and I have been impressed with our membership's maturity and thoughtfulness. As a group I think we are strong at working through the anger and frustration we sometimes feel to come to reasonable and fair conclusions.

As Region 3 Director, I hope to continue and expand upon HSA's thoughtful stance. With the rise of privatized health care, we will need to articulate our positions carefully and creatively, and keep ourselves organized and strong.

Events of the past year have caused me to reflect a bit on what democracy is and how it serves people. We have had an unusual year in that we have had elections at the local, provincial and federal levels. We also had a good election in Region 3, with three strong candidates and a turnout of more than 500 members. The good turnout suggests to me that HSA members want to be involved in their union.

But democracy is more than elections. A democratic organization like HSA has numerous opportunities for members to develop leadership skills and participate in the work of our union. With annual steward elections, local chapter meetings, education sessions, annual convention, and committee work, there is no shortage of opportunity to get involved. Most sites are below, some far below, the potential number of stewards we could have. It is usually not difficult to become a steward, and HSA provides and pays for excellent steward education workshops. Stewards then have an opportunity to represent members at regional meetings and the annual convention. Stewards also serve on local committees, assist with grievances, and work with the employer on health and safety issues.

And next year, HSA members will elect a new president, as our current president, Cindy Stewart, has announced she will not seek re-election. This is an important time for our union, and I encourage you to get involved and help shape the future of HSA.

I look forward to meeting many of you over the coming months. If you have any issues you would like to discuss with me or any board member, we can be reached through the HSA website at www.hsabc.org. You can reach me at region03@hsabc.org. R

Bruce MacDonald represents Region 3 on HSA's Board of Directors.

The occupational health and safety concerns of HSA members generated a nation-wide stir, resulting in a labour media award.

The Report wins national award

The Report, HSA's official publication published six times per year, has been awarded the Ed Finn Award for best feature story by the national 450-member Canadian Association of Labour Media (CALM).

The article "Health care workers face highest risk" by Carol Rivière and Yukie Kurahashi was an in-depth feature on workplace violence in the health care setting. It featured HSA members' experiences with violence and the action taken to address workplace violence in the aftermath of the violent death of HSA member David Bland, a vocational therapist at Richmond Mental Health.

A PDF of the April/May 2005 Report can be dowloaded here: www.hsabc.org/webuploads/files/reports/vol26n2.pdf

The Report has won several awards in past years. The annual CALM awards recognize excellence in union publications and productions. Entries are judged by independent experts in a variety of categories and classes.

For all 2005 award winners, visit the CALM website at www.calm.ca/awards.html R

HEALTH SCIENCES ASSOCIATION OF BC

THE Report MAGAZINE

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

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AWARD-WINNING CANADIAN ASSOCIATION CALM OF LABOUR MEDIA MEMBER PUBLICATION

POLITICAL ACTION

Keeping elected representatives informed

YUKIE KURAHASHI PHOTO

from left: Fiona Kay (occupational therapist and HSA steward at Queen's Park Care Centre in New Westminster), Chuck Puchmayr (New Westminster MLA and Opposition Labour Critic), David Cubberley (Saanich South MLA and Opposition Health Critic), Katrine Conroy (West Kootenay-Boundary MLA and Opposition Critic for Seniors' Health), and Leah Scott (social worker at QPCC).

HSA's constituency liaisons recognize the importance of keeping MLAs up to date on issues in health care and social services.

When our elected representatives meet HSA members and hear first hand about the work we do and our concerns, we help them become better advocates for BC's health and social services.

HSA's constituency liaisons across the province have been helping to set up meetings with Liberal and NDP MLAs, as well as tours of facilities where HSA members work. Watch for feature coverage in the next issue of *The Report.*