

# THE Report



## MAKING CONNECTIONS

MLAS SEE  
MEMBERS  
IN ACTION

## MESSAGE FROM THE PRESIDENT

# Proud of our past, ready for the future

by CINDY STEWART

**I**n this issue of *The Report*, you will be introduced to Kit Farrar, a founding member of the union and an instrumental player in establishing the Health Sciences Association. Kit was a dietitian working at Lions Gate Hospital and nearing retirement when she got together with other health science professionals to talk about forming their own union. She ended up being the union's first president and executive director.



Cindy Stewart, HSA President

The early '70s were a time of change in the public sector, including health care. There was intense organizing activity as the public sector had secured the right to collective bargaining. Organizing campaigns in the health sector forced health science professionals to think about where they stood and what their vision for workplace representation looked like to them. The original group of professions that formed HSA included dietitians, social workers, medical record librarians, pharmacists, physiotherapists, occupational therapists, social workers and X-ray and laboratory technologists. Delegated by their professional associations to attend the organizing meetings, they worked to find – and eventually create – a union that best represented their community of interest.

In the 35 years since Kit Farrar and others formed HSA, change has remained a constant characteristic – of the workplace, of labour relations, and of the union.

Next spring, HSA activists will have another occasion to consider their union's future. As I announced at the April 2006 annual convention, I will be leaving the post of president after 14 years. Since 1993, the union and the position of president has continued to evolve at an extraordinary pace. When I started as president, my major role was that of chair of the board of directors.

We rented office space at Hastings and Boundary, the operating budget was \$3.1 million, and our staff had not topped 30. HSA had just begun organizing in the community sector. Today, the president is the chair of the board, as well as the chief executive officer, the operating budget is over \$10 million, we own our own building (mortgage-free) and employ more than 50 staff working on behalf of 14,000 members covered by four major public sector collective agreements and a number of individual collective agreements with private organizations.

With nominations for president set to open in December, now is the time to be thinking about what the future of HSA looks like for you. The upcoming regional meetings are an ideal venue for members to start talking about the important decision that delegates will make at the 2007 convention. As a member, you need to consider the issues that are important to you and how you believe those issues should be represented in the public's eyes, in the provincial and national labour arenas, and within our union.

It's an exciting time for our union, we have a wealth of talent within the membership and we are well positioned for the next stage. I think Kit would be very proud of the union she founded, and particularly proud of the members and staff that work to make HSA what it is today. **R**

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### THE FRONT COVER

Carmela Vezza is a social worker at Spaanich Peninsula Hospital. Sandy Carter photo.

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# News

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## **Suzanne Bennett to represent Region 1 on HSA Board of Directors**

HSA members in Region 1 acclaimed Suzanne Bennett as their representative to HSA's Board of Directors. She was acclaimed after the May 18, 2006 deadline passed with no further nominations.

Bennett is the first HSA member from the community social services sector to serve on the board.

Bennett is a youth addictions counsellor at the John Howard Society in Courtenay. She has been a member of HSA since 1998 and served as chief steward for five years. She is currently assistant chief steward at her facility.

Bennett was elected as a Member-at-Large in 2003 and served on the union's Resolutions Committee. She is currently one of HSA's representatives to the Campbell River and Courtenay Labour Council.

Nominations for Region 1 Director were called following the resignation of Kelly Finlayson in April. Bennett assumes the position of Regional Director for the remainder of the two-year term which ends at the conclusion of HSA's 2007 annual convention.

## **BC Supreme Court dismisses petition; BMETs and CTs to remain HSA members**

The BC Supreme Court dismissed a petition August 31 by the Hospital Employees' Union to overturn a decision of the Labour Relations Board to assign union membership of Biomedical Engineering Technologists from HEU to HSA.

Biomedical Engineering Technologists maintain specialized hospital equipment at acute care hospitals across the province.

The Biomedical Engineering Technologists were designated as health science professionals last year, and moved into the Health Science Professionals Bargaining



**Suzanne Bennett, new Region 1 Director**

Association (previously the Paramedical Professional Bargaining Association) 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. The decision upholds the original Labour Relations Board decision, as well as a subsequent Board review.

The decision also applies to Cardiology Technologists, who the Labour Relations Board determined early this year are properly in the Health Science Professional bargaining unit and represented by HSA.

"With the issue of union representation now resolved, HSA is looking forward to continuing to represent these technologists, who are valued members of the health science professionals team," said Ron Ohmart, HSA's Executive Director of Labour Relations.

## **Employers start paying 70 per cent share of LTD plan premiums ahead of schedule**

The transfer of responsibility for funding the Long Term Disability plan for members of the Health Science Professionals Bargaining Association (HSPBA) came into effect a week ahead of schedule this summer.

Negotiated in the recent round of bargaining, members saw a 70 per cent reduction in their contribution to the premiums. Since 1986, the LTD plan had been wholly supported by HSA members. Under the new collective agreement, employers are responsible for paying 70 per cent of the premium, while employees pay 30 per cent. The change was effective the pay period beginning July 28, 2006.

"The shift in the LTD plan fund was the cornerstone of the Health Science Professionals collective agreement negotiated in the spring," said Ron Ohmart, HSA's Executive Director of Labour Relations.

"Members have started to realize the benefit of the shift in LTD funding with the resulting increase in their net take-home pay," he said.

The change from a self-supported plan to a shared plan will result in significant savings for HSA members in the HSPBA. For example, for an HSA member with regular earnings of \$50,000 per year, the change in the



plan means a net savings of \$1,100 every year.

Members are asked to check their pay stubs to ensure the change has been made. If there is no change, please contact your steward.

### **Agreement reached for transferred Cardiology Technologists**

The Health Science Professional Bargaining Association (HSPBA) has reached agreement with the Health Employers Association of British Columbia concerning the terms of transfer for Cardiology Technologists.

The agreement is effective February 22, 2006 – the date the Labour Relations Board determined that Cardiology Technologists, including Electrodiagnostic Technologists, are in the Health Science Professional bargaining unit and are represented by HSA.

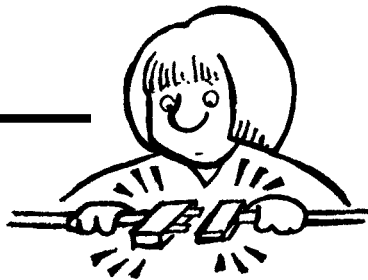
The transfer agreement confirms that HEABC has directed its member employers to apply all provisions of the HSPBA collective agreement to the affected employees, effective February 22, 2006, or as soon as administratively possible after that date. It states that the affected employees will have their positions classified in accordance with a Memorandum of Understanding regarding Cardiology Technologist Classifications. Affected employees are covered by a grandparenting agreement. Wage protection applies if an employee's pay rate is higher than that established by the classification for the position.

HSA's Membership Services Coordinator, Kathy

#### **Union leaves**

Have you taken an HSA workshop lately? Have you taken approved union time off or been on an HSA-paid leave?

This is a reminder to all members and activists using union time to submit a *Record of Union Leave form* at the end of each month. This form is to record any union business activity, and is available for download at < [www.hsabc.org](http://www.hsabc.org) >.



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

McLennan, negotiated the agreement on behalf of the HSPBA and was joined on the negotiating committee by Cardiology Technologists Sharon Martin and Jennifer Travers.

"The HSPBA knew it was important to establish classifications using standard principles, which included evaluating education qualifications and respecting intra- and interdisciplinary grid level relationships," McLennan says.

"We also knew it was important to recognize that a member's knowledge, skills and abilities may have been acquired through qualification, training and/or experience outside of a diploma program recognized by the Canadian Society of Cardiology Technologists. The parties came to an agreement that is fair and reasonable, both in the context of current work assignments for Cardiology Technologists and in respecting classification principles."

Sharon Martin, a Cardiology Technologist with the Vancouver Island Health Authority says that she is pleased with the agreement. "I was one of the people involved in seeking LRB recognition of health science professional status for Cardiology Technologists," says Martin. "As a new HSA steward, it was interesting to see the negotiating process through to completion. Our committee and HEABC's committee took a problem-solving approach to negotiations and I believe we have reached a good agreement that will satisfy my colleagues."

Jennifer Travers, a Cardiology Technologist at Lions Gate Hospital, who serves on the board of the Cardiology Technologists Association of BC and is also a new HSA steward, adds "The CTABC has been lobbying to establish a diploma qualification as the entry-to-practice credential for Cardiology Technologists. I am happy that this agreement identifies and respects the qualifications held by current Cardiology Technologists and provides a classification incentive for future employees to attain their diploma qualification." **R**



#### ACTIVIST PROFILE

## Founding member leaves legacy of passion and dedication

by MIRIAM SOBRINO

**K**it Farrar, a dietitian who helped start the Health Sciences Association in the early 1970s, died August 14, 2006 aged 91. She served as HSA's first president and executive director.

Farrar was born October 16, 1915 in Sutherland, a small town northwest of Saskatoon. Her parents, who emigrated from Scotland, wanted their two children to have a better life than they had had, and education was a priority for the family. They were steeped in a life that valued education, compassion and hard work.

But hard work didn't always yield the desired results. An excellent student, Kit graduated from the

University of Saskatchewan with her brother Nat at just 20 years old. Nat was able to continue on into medical school, but Kit was too young to be accepted into the school.

While disappointed she couldn't pursue her dream of becoming a doctor, she couldn't wait for her age to catch up to the requirements of the time, and moved onto the University of Manitoba, where she earned a degree in dietetics.

left: **Kit Farrar is congratulated by Maureen Whelan (then HSA executive director of operations) at HSA's 25th Annual Convention in 1996.**  
File photo

## **Kit Farrar was a driven, compassionate and caring woman whose conviction helped form a union that today, 35 years later, represents 14,000 members working in health care and social services throughout British Columbia.**

Both Kit and her brother Nat did their parents proud. Nat became a doctor and worked as the head of the ENT Department at Shaughnessy Hospital from 1976 to 1988, and was president of the BC Medical Association in 1968. In 1977 he received The Queen Elizabeth Jubilee Medal for his contributions to the medical profession.

Following her university graduation, Kit worked as a dietitian for several years until she married Phil Farrar in 1945. Daughter Lesley and son Blair followed.

While the times would dictate that Kit should stay home to raise her family, Phil suffered from tuberculosis, and Kit's career was needed to support the family. She worked as a dietitian at hospitals throughout the Lower Mainland while raising her children and caring for Phil.

Farrar became involved with HSA in the early 1970s, when she was working as a dietitian at Lions Gate Hospital. The Hospital Employees' Union had started an organizing drive to get health science professionals to join that union.

At the time, the health science professionals were concerned about joining a union that didn't seem to them to reflect the interests and concerns of professionals like dietitians, social workers, medical record librarians, pharmacists, physiotherapists, occupational therapists, social workers and X-ray and laboratory technologists. So they began to organize.

Farrar was at the front of the line, and became a representative from the dietitians' professional association to the Health Sciences Association, and was soon president of the Health Sciences Association, when it was certified in 1971 as the bargaining

agent for health science professionals in hospitals. It was her persistence in the formative months of the association that resulted in the creation of local chapters.

Diane Allan was a young dietitian at Lions Gate Hospital in 1970. She recalls Farrar's determination to form a union of professionals. Farrar, who was nearing retirement age, brought a spark to the professionals' organizing efforts, and was persuaded to hold off retirement to, first act as president and later – from 1971 to 1975 – to take on the job of HSA's Executive Director.

"She had energy to spare," recalls Allan, who continues to work at Lions Gate.

"She didn't take anything from anybody and yet she was able to get along with everybody... I remember very vividly her energy and her absolute determination."

Those characteristics served Farrar and HSA well. The early days of forming HSA and fighting off an aggressive campaign by HEU to organize the health professionals into HEU forced those professionals to make some decisions about how they wanted to be represented in the workplace.

On January 14, 1972 her persistence paid off when the Association gave formal notice to the B.C. Hospitals Association to commence collective bargaining. By that time, HSA was certified to represent health science professionals in 28 facilities around the province.

By April of that year, negotiations had begun, and while HSA's first lawyer and chief negotiator John Baigent worked at the bargaining table to achieve an agreement, Farrar was focused on building the budding union's capacity.

In an April 10, 1972 newsletter, reporting in her capacity as president of the Executive Council, Farrar was blunt about the financial situation in communicating to members the decision to assess

*Continued next page*

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### **Kit Farrar (1915-2006)**

Dietitian, Lions Gate Hospital  
HSA's first president & executive director

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# Kit Farrar, 1915-2006

*Continued from previous page*



**At HSA's 25th Annual Convention in 1996, three former dietitians gathered to congratulate a fourth: former president and executive director Kit Farrar (front left). Pictured clockwise from back left are: Maureen Whelan (then executive director of operations), Leila Lolua (then labour relations officer, now education officer), and Sue Carr (then executive assistant, now classifications officer).**

File photo

union dues at \$5 per month, and \$10 per month in hospitals where HSA was not certified. "The Association is, frankly, concerned about its financial situation. The proposed budget for 1972 involves expenditures totaling \$45,760.00. Our present bank balance is \$7,246.34."

Maureen Whelan, hired as HSA's first field officer in October 1971, recalled in a September 1981 interview with *The Report* the commitment it took to start the new union with Farrar: "... we were totally devoted to it, it was our whole lives for those couple of years."

By May 1972, HSA's first collective agreement was negotiated. The union also had a constitution in place, which included a 'no-strike' clause.

At a service for Farrar held at Sharon United Church in Langley August 18, Sylvia Mountain, a former chief technologist at Eagle Ridge Hospital, recalled her role in HSA's first collective agreement. Farrar, she said, was driven by her determination that patient care was paramount. She also recognized the importance that members attached to the no-strike clause, even while she recognized that in the long run that clause would serve to handcuff future ne-

gotiators.

While the no-strike clause was eradicated at the 1975 annual general meeting, "Kit's patient care determination remains the ethos of HSA," Mountain said.

At her service, daughter Lesley Baker recalled her mother had faced adversity throughout her life, and rose to the challenge time after time.

"She lived a long life. Not an easy life."

One of those times of adversity came during her leadership of HSA. In 1974, husband Phil was very ill in the hospital, and was in a coma. At the height of that bout of illness, son Blair, who was due to graduate from UBC in a matter of days, died suddenly of meningitis.

Despite the personal tragedy, Farrar saw the union through to the end of 1975, when Jack Campbell, who had acted as assistant executive director, took over.

As the introduction to the interview with Farrar in the October 1981 issue of *The Report* says, "some people question if there would be an HSA today, if there had been no Kit Farrar."

While the intense HSA chapter of her life closed, Farrar's work was not done. That same year, her first grandchild was born

and she moved into the active role of full-time grandmother. Her devotion to her family is evident in the love and admiration expressed by her daughter and son-in-law Lesley and Ken Baker, and grandchildren Jeremy, Travis and Katie at her August service.

"Of all the things she had done in her life, (her grandchildren) was what most satisfied her," said Ken Baker.

But as her grandchildren grew older and needed her time less, Farrar kept her famous energy going.

At the age of 86, already an active long-time member of the Sharon United Church parish in Langley, she joined the building committee and chaired the building finance committee to help see the 116-year old church through a major renovation and addition to better serve the community.

Kit Farrar was a driven, compassionate and caring woman whose conviction helped make a difference to so many – from her own family to the health science professionals who struggled with the idea of organizing a union in the early 1970s – a union that today, 35 years later, represents 14,000 members working in health care and social services throughout British Columbia. **R**



# Time to pull the plug on costly P3s

by STUART MURRAY

**W**histler's municipal council voted this summer to cancel plans for a "P3" sewage plant upgrade. The decision came on the heels of public concern over environmental risks, potential cost overruns and privatization of water infrastructure.

This wasn't the first P3 (public-private partnership) to cause a stir. As we know from the Coquihalla Highway, RAV and the Abbotsford Hospital, P3s are nothing if not controversial. Advocates say that they save money and shift risk away from government (and taxpayers) into the hands of a private partner. Sounds great. Unfortunately, however, the old saying stands: if it sounds too good to be true, it probably is.

P3s are very different from traditional procurement, where a government hires a private company to design and build a facility such as a bridge or a hospital. The government finances the project, and after the facility is built, operates it.

With a typical P3, most elements – design, building, financing and operations – are bundled into one contract covering a period of several decades. The contractor usually consists of four or more large firms that come together to create a stand-alone company whose sole business is to bid on a project.

Supporters say that P3s save money, but they can actually cost the public millions more than traditional procurement:

- When a private company borrows money to finance a project, it must pay interest rates that are much higher than the government would normally pay.
- Because private investors require a profit, the profit becomes an added cost.
- P3s have a more lengthy and complicated bidding process, which increases the total cost of implementing a project.

Supporters also say that P3s "transfer risk" from government to the private sector. However, companies don't take on risk just as a goodwill gesture: they do it at a cost, and that cost gets built into P3 contracts. It's also doubtful, based on experience to date in BC and internationally, how much of the "risk transfer" is real. After all, if a project goes bad, the contractor can simply declare bankruptcy (this happened with two P3 hospitals

**The Abbotsford Hospital was much delayed and cost more than it should have in part because it was structured as a P3.**

in Australia). And once the construction phase is complete, the multi-decade operating agreement provides the contractor with a guaranteed client who will never default on payments – hardly risky business.

In BC, the main advocate for P3s is a government agency called Partnerships BC. It has two roles: the first is to provide objective advice on whether P3s are a good idea; the second is to advance P3 projects. This contradictory role puts Partnerships BC in a conflict-of-interest that should disqualify it from providing advice to the public.

When faced with criticism of P3s, Partnerships BC typically argues that they deliver much-needed infrastructure – and who would be against new hospitals or other such facilities? But this clouds the issue – the question of whether a project is needed is separate from how it should be delivered. Take the case of the new Abbotsford Hospital. It is clearly needed. But that doesn't mean we needed a P3 to make it happen. In fact, the Abbotsford Hospital was much delayed and cost more than it should have in part because it was structured as a P3.

Partnerships BC says P3s will "only" be used for 10-20 per cent of capital projects. But wasted spending in an area covering 10-20 per cent of the government's capital budget is still a lot of money down the toilet.

Maybe it's time for the provincial government to take Whistler's lead and flush its obsession with P3s. **R**

*Stuart Murray is a researcher with the Canadian Centre for Policy Alternatives.*

# Committees

COMMITTEE FOR EQUALITY AND SOCIAL ACTION

## Working for peace, raising awareness

**The members of the 2006/2007 Committee for Equality and Social Action are:**

- Rachel Tutte (Chair)
- Agnes Jackman
- Mike Trelenberg
- Rosalie Fedoryshyn
- Marcela Dudas
- Pam Bush (Staff)

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



**Committee for Equality and Social Action Chair Rachel Tutte reports on the World Peace Forum held in Vancouver this summer.**

**O**ur goal is simple: to end war and build a peaceful, just and sustainable world.

And so began five days dedicated to turning that dream into a dynamic movement and organized spirit that can overcome the forces of global militarism.

At the World Peace Forum held in Vancouver June 23-28, nearly 5000 people from all over the world participated in talks, panels, a popular peace mass, and arts and cultural events.

There were presentations and discussions about the human, social, and environmental impacts of war, the role of the UN, the "Peace by Piece" youth project, fair trade as a tool for social transformation, and the European experience of peace and the labour movement. In addition, participants discussed using the arts to change the world, the First Nations Transformative Change Accord, creating peace by constructing community, Women in Black, the economics of war versus the economics of peace, and many other important and exciting topics.

HSA supported 14 members to attend the two days of the conference which included the Labour Peace Forum, entitled "The Economics of War versus the Economics of Peace."

We learned how war destroys lives, communities, infrastructure, the world's resources, and our environment.

Hospital, roads, water supplies, houses, schools, farmland, grocery stores, power grids... And on top of this destruction, precious resources are drained from meeting human needs both abroad and right here at home.

Globally, greater than \$1 trillion was spent

### Online resources

[www.worldpeaceforum.ca](http://www.worldpeaceforum.ca)  
[www.uslaboragainstawar.org](http://www.uslaboragainstawar.org)  
[www.meetingfacetoface.org](http://www.meetingfacetoface.org)  
[www.stopwar.ca](http://www.stopwar.ca)  
[www.ceasefire.ca](http://www.ceasefire.ca)  
[www.acp-cpa.ca](http://www.acp-cpa.ca)  
(Canadian Peace Alliance)  
[www.canadianlabour.ca](http://www.canadianlabour.ca)  
(Canadian Labour Congress)  
[www.nupge.ca/Globalization](http://www.nupge.ca/Globalization)  
(National Union of Public and General Employees)  
[www.codepinkalert.org](http://www.codepinkalert.org)

on war last year, 50 per cent of this by the US.

We learned that the US has spent \$204 billion on the war in Iraq so far. This could have paid for:

- 1.6 million affordable houses
- health care for 100 million children
- headstart programs for 24 million pre-schoolers
- immunization for all children worldwide for 96 years
- AIDS programs worldwide for 29 years

Our own Canadian government has recently announced an increase in military spending to the tune of \$17 billion. This means Canada's total military spending will be \$21.5 billion by 2010-2011. This ranks Canada the 7th highest in NATO (out of 26) and 15th highest in the world for military spending. It's disheartening to think that one



far left: **Region 4 Director Agnes Jackman carries an HSA flag during the World Peace Forum peace march;** right: **Region 6 Director Rachel Tutte with a friend.**  
Pam Bush photos.

military helicopter equals 1000 Canadian homes.

But let us dream of how that money could be used differently to build a world of peace, justice and sustainability; a world without hunger and without hate. We the workers and our unions can play a significant role in putting peace front and center on the agenda.

The incredibly inspiring presentation by US Labor Against the War showed us the energy and commitment American working people are bringing to the movement for peace, social justice, and a humane foreign policy.

Their amazing movie, "Meeting Face to Face," shows Iraqi labour leaders meeting with American people during a tour of 25 US cities. The Iraqis explain why the primary condition for a peaceful reso-

**"Every gun that is made, every warship launched, every rocket fired, signifies in the final sense a theft from those who hunger and are not fed, those who are cold and are not clothed."**

— D. Eisenhower, 1953

*Continued next page*

### **Canadian peacekeeping**

- Canada was once in the top 10 of nations contributing UN peacekeeping troops. We are now 50th.
- There are only 59 Canadians wearing the blue UN peacekeeping helmets out of 60,000 peacekeepers worldwide.
- Of 2300 Canadian soldiers in Afghanistan, only 250 are devoted to reconstruction.

# World Peace Forum

*Continued from previous page*



HSA participants in the World Peace Forum, back row from left: **Christine Nast, Ann Sorensen, Agnes Jackman, Lynda Kimola, Anna Morton, Suzanne Young, and David Adam**; front row from left: **Brigid Kemp, Kimball Finigan, Brendan Shields and Pam Bush**. Missing: **Rachel Tutte, Joan Magee, and Marcela Navarro**.

lution in Iraq is ending the US occupation, and why an independent labour movement is crucial in creating a democratic society. “Meeting Face to Face” received a standing ovation from the crowd. The energy in the room was truly inspiring.

Now it is up to all of us to educate ourselves, our co-workers, our families, friends

and neighbours – to learn about the economics of peace and to act right here at home to stop war and build a peaceful, just and sustainable world. **R**

*See also letter from Susanne Young, another HSA-supported participant of the World Peace Forum, next page.*

**“It is up to all of us to educate ourselves, our co-workers, our families, friends and neighbours – to learn about the economics of peace and to act right here at home to stop war and build a peaceful, just and sustainable world.”**

## **Call for action: October 28 End Canada’s occupation of Afghanistan**

**T**he Collectif Échec à la guerre, Canadian Peace Alliance, the Canadian Labour Congress, and the Canadian Islamic Congress are jointly calling for a pan-Canadian day of protest this October 28 to bring Canadian troops home from Afghanistan.

On that day, people all across the country will unite to tell Stephen Harper that we are opposed to his wholehearted support for Canadian and US militarism.

**In Vancouver: gather at noon at Waterfront Station / Canada Place; march (1pm) through downtown to a rally at the Vancouver Art Gallery (2pm).**

**Check stopwar.ca for events being held in your community.**

## World Peace Forum Participant thanks HSA

At the World Peace Forum, I was disturbed to learn that all secondary high schools in the United States are compelled by law to release names and contact information of senior students to army recruiters. Although there is a provision for parents to have their child's name excluded from this list by request, most parents are unaware of this exemption.

The discussion about the situation in Iraq was interesting and informative. Many people question the motives of the US, and believe that their stated objective of stability and security in Iraq will never result from foreign-led democratic reforms and occupation. The only path to peace is withdrawal of US troops. Although withdrawal will lead to civil war, after a time, a resolution will emerge that will be supported by the Iraqi people. By its very nature, democracy cannot be born out of a foreign occupation.

The support for the war is at an all time low around the world. The initial reaction to 9-11 was fear – and this was used to justify the Iraqi invasion. The high death toll, lack of progress, high cost and negative impact on social programs: all these have caused domestic support in the US to plummet.

Michael Zwieg said it best – simply that “global domination is not a good thing.” Zwieg formed a group called US Labor Against the War, and one of the most moving moments of the forum was their documentary film called “Working for Peace in the US Labor Movement.”

## L E T T E R S

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

It is about three Iraqi labour leaders who visited the US and were buoyed by labour support for rapid withdrawal of US troops. They admitted that although their country was jubilant after the overthrow of Saddam Hussein, they are growing weary of the continued US presence and lack of any tangible progress.

One of the first moves of the US government was to issue 100 radical new laws at the time of the invasion. In particular, one order dealt with competition for contracts to reconstruct infrastructure. Not surprisingly, no contracts have been awarded to Iraqi companies. Instead almost all have gone to American companies; therefore, unemployment in Iraq is high. Three years later, there is still a lack of water, power and no meaningful progress towards a stable government. In addition, there are no safe roads outside of Baghdad. Life there is akin to years of camping in a war zone.

I believe it is important to

connect the concept of why the labour movement must become involved in peace issues. The labour movement can fortify the peace movement towards mutual benefits of peace in the interests of the working class around the world.

Military actions harm the environment; military spending depletes limited resources which could be better used to advance the principles of social democracy. Programs such as education, health care and famine relief suffer as massive amounts of money are squandered.

In the US, half a trillion dollars is spent annually on the war.

That is \$7 million per hour.

Yet 45 million Americans have no health care. Author Antonia Juhasz made a strong case for the connection between the continued presence of the American troops in Iraq, globalization and trade issues. In recent developments, the US government – under the pressure of large oil companies –

has taken a brazen new stand of disregarding and defying international trade rules such as NAFTA and WTO in regard to Iraq's oil.

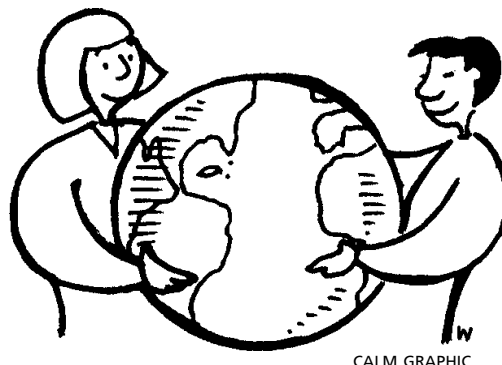
I wonder how many HSA members are aware that the Canadian military has shifted from a peacekeeping role to active military aggression. Peacekeeping now comprises only about 10 per cent of their activity.

Polls suggest the Canadian public would not be supportive of this shift. At the Labour Peace Forum, unanimous consensus was that Canadian troops should be withdrawn from Afghanistan and threats of US trade ramifications not dictate our foreign policy. One suggestion that received enthusiastic support was formation of a Canadian government Department of Peace to coordinate peace efforts, train peace workers and provide leadership to the world in this area. This is the role Canadians want on the world stage.

A reoccurring theme of the Labour Peace Forum was “What we wish for ourselves, we wish for all.” One of the most emotional moments of the Peace Forum was meeting a Labour activist from Columbia, arguably the bravest women in the room. Many activists in that country simply disappear without a trace to be tortured and executed for their beliefs.

I would like to take this opportunity to thank HSA for enabling me to participate in this enlightening international event.

*Susanne Young  
Laboratory Technologist  
Kelowna General Hospital*





# MLAs see first-hand the value of health science professionals

by CAROL RIVIÈRE and YUKIE KURAHASHI

**H**elping provincial Members of the Legislative Assembly understand the critical role of HSA members was the key objective of HSA's participation in several recent tours by MLAs at health care facilities around the province.

HSA President Cindy Stewart explained the impact of the tours. "No one's a better spokesperson for health science professional services than the HSA members who deliver those services on the front line every day," she said.

**"We need to hear the stories.  
We need to hear what's  
happening, need to hear what's  
not working. We need to hear  
the concerns about the inability  
to fill positions right now – the  
lack of professionals available  
to fill vacancies."**

**— Katrine Conroy, MLA,  
Critic for Seniors' Health**

"And HSA members make a lasting impression on their MLAs," Stewart recalls a recent BC Federation of Labour meeting where then-Minister of Labour Mike de Jong was a guest.

"Minister de Jong – and his colleague, Minister of State for Intergovernmental Relations John van

Dongen – had been on a tour of Matsqui-Sumas-Abbotsford Hospital organized by an HSA member.

"The labour minister singled out HSA, thanking us for facilitating the tour and outlining how valuable an experience it had been for him," Stewart said. "And he extended his thanks to HSA Constituency Liaison Jane King, an occupational therapist, for having done the legwork to organize the tour."

Other HSA Constituency Liaisons visited their MLAs in the months leading up to the conclusion of collective bargaining, emphasizing the vital roles of health science professionals, and the need to improve compensation and working conditions in order to recruit and retain enough health science professionals.

## **Highlighting the importance of our work as health science professionals**

As part of the union's efforts to educate MLAs about the services provided by HSA professions, several Constituency Liaisons arranged for MLAs to tour health care facilities located within or near their MLA's constituency area.

HSA Constituency Liaison Tami Nishi arranged a tour highlighting the work of HSA members at the Centre for Ability, a child development centre in Vancouver. Nishi's MLA, Jenny Kwan, attended the tour with MLA Adrian Dix, then-critic for Children and Family Development.



from left: **MLAs Chuck Puchmayr (Opposition Labour Critic), Katrine Conroy (Critic for Seniors' Health), and David Cubberley (then-Health Critic), with Queen's Park Care Centre outpatient Marion Woituik.**

Constituency Liaison Rachel Tutte worked with Cheryl Greenhalgh and other HSA members at Royal Columbian Hospital to arrange a tour for local MLA and labour critic Chuck Puchmayr and then-health critic David Cubberley. HSA members at RCH who met and spoke with these MLAs were able to emphasize how cuts to in-patient and out-patient rehabilitation can result in patients – especially the frail elderly – falling at home and requiring admission to long term care or the emergency ward as a result.

### **Making an impact: MLAs take members' concerns to heart**

Tutte also worked with HSA members Fiona Kay and Leah Scott to arrange a tour of New Westminster's Queen's Park Care Centre this summer, attended by Puchmayr, Cubberley, and MLA Katrine Conroy, critic for Seniors' Health.

Cubberley had a strong response to what he saw and heard from front-line health science professionals.

"I really like the interdisciplinary approach to care and therapy, the fact that the skill sets are impressive, that there are many innovative aspects to the programs offered at this facility. I just haven't seen

that anywhere before," he added, referring to tours of other facilities he has undertaken around the province.

Cubberley enumerated common concerns such as recent cuts to residential care and home care as hurdles to keeping frail patients out of acute care settings. He also expressed concerns about adequate funding for assessment and therapy services that are currently being offered.

"I think HSA members need to make the public and politicians more aware of what they're doing," he said. "HSA members need to bring their work out from behind the scenes and say there isn't enough of it being done."

"I think the advocacy needs to be around specific issues, so that there are examples," he said. "For example, I'm thinking of the fact that there isn't enough physiotherapy available within the hospital sector, which means that some patients don't get the physio they need, which in turn means some stay in acute beds longer than they should."

"And the fact that there isn't physio and other forms of therapy in the community, which means

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# MLAs tour HSA workplaces

*Continued from previous page*

they can't be discharged as readily as they should be, and sometimes when they *are* discharged because they don't get those resources, they wind up back in the ER being admitted again: the revolving door," he added.

Armed with information direct from health care workers on the ward floor, opposition MLAs are able to push the government for much-needed health care improvements, and fight short-sighted cuts to health care services. HSA members have clearly made a strong impression over the past several months.

"I'm disturbed when I realize when someone gets a joint replacement operation in BC, they may only get two 15-minute physiotherapy sessions to teach them to use crutches, and a sheet illustrating exercises that they're supposed to go home and do in order to try and bring that limb back to full use," Cubberley said.

"And I'm disturbed that the physiotherapy that's actually required to get them to full independence – patients have to purchase that if they have the resources," he said.

**Enthusiastic greetings: Outpatient Albert Park (left) vigorously shakes hands with MLA David Cubberley.**

"I'm using physio as the example, but I think that HSA has to continue bringing these issues forward, and make the public aware of what's happening so that they get the pressure on the politicians to fund these things properly."

## **Members appreciate opportunities to engage**

Fiona Kay, chief steward at Queen's Park Care Centre, was happy to meet with the MLAs.

"I was the point person; I quickly called a meeting and got HSA members to sign up to make the presentations in their areas," said Kay. "Mostly I made sure everyone was here and where they were supposed to be, and I supported the members in what they wanted to say to the MLAs during the tour," she added.

Kay, an occupational therapist, was pleased with the outcome. "I think it went really well," she said.

"The MLAs were very attentive. They were asking really good questions, they seemed very interested with the information that we were providing, and it was nice to have an ear to some of our con-



**Armed with information direct from health care workers on the ward floor, opposition MLAs are able to push the government for much-needed health care improvements, and fight short-sighted cuts to health care services.**



cerns – and to have somebody to tell how important we are in the health care team, because we often feel ignored,” she said.

“A lot of the newspapers are always talking nurses’ shortages and doctors’ shortages, and we’ve got a really important role, too. And we also face challenges in delivering the care that’s so important to our residents and clients,” she said.

“So it was a really wonderful opportunity for us to feel included in promoting the various services at Queen’s Park as well as expressing our concerns.

“This is a really special place to work. It’s a really special place that’s unique in terms of the range of services provided by HSA members that not a lot of places have,” she said. “So having the opportunity to explain the importance of our work – very satisfying.”

Cheryl Au-Yeung, senior clinical dietitian, also appreciated the time the MLAs took to familiarize themselves with her work, as well as the expertise and experience she brings to her job every day.

“I’ve been here for over 25 years, primarily in

**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).**

### Other tours

In addition to facility tours arranged by HSA’s Constituency Liaisons, the Opposition organized their own tours of several facilities around the province. HSA members participated in most of these tours, and in several cases, also met with the MLAs to discuss health care issues while the MLAs were in their communities.

As part of these tours, Opposition Leader Carole James and then-Health Critic David Cubberley met with HSA members at Vancouver Hospital, Campbell River Hospital and Kelowna General Hospital.

They were joined by local MLAs Harry Bains and Sue Hammell at a meeting with HSA members at Surrey Memorial Hospital, and local MLA Raj Chouhan for a meeting with HSA members at Burnaby Hospital. MLA Cubberley also met with HSA members at Vernon Jubilee Hospital and Penticton Regional Hospital. **R**

*Continued next page*

# MLAs tour HSA workplaces

*Continued from previous page*

residential care,” she said.

Over the years, she has seen a trend towards admitted residents becoming increasingly frail and medically fragile. “The acuity of the residents here over the years has changed,” she said, and she sees a lack of corresponding resources as an emerging problem – despite her staff’s continued attempts to provide more with available resources.

“The patient acuity has increased a lot, and there hasn’t been any kind of increased funding to reflect this change,” she said. “This means our workload has increased. You find that residents are coming here weaker, more frail – and it’s a challenge.”

Au-Yeung said she was happy for the opportunity to meet with elected representatives who were committed to holding the government to account.

“I think it was important. I tried to communicate the information to them the best I could, and hopefully it has made an impact here at Queen’s Park.”

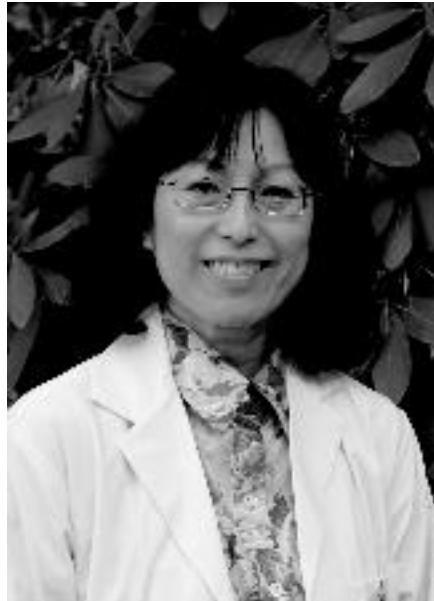
## Conducting the tour

When Fiona Kay was organizing the tour, she asked social worker Leah Scott to introduce each group of health science professionals in their program areas.

Scott, the facility’s chief social worker, was equally happy with the result.

“I think [the tour] went really well,” she said. “I think that the MLAs were very interested in what’s happening here; they were very interested in the changes to the programs at Queen’s Park. Our goal to become a centre of excellence in geriatric care really came across, with the diversity of the programs that we have here that they weren’t aware of before,” she added.

Scott was eager to address the MLAs’ questions about the effect that the closure of St. Mary’s Hospital had had on seniors’ care in New Westminster.



**Cheryl Au-Yeung (senior clinical dietitian) was proud to explain to visiting MLAs the crucial role she plays in the care of patients and residents.**

“I know that the down-sizing was a huge – especially with Chuck Puckmayr; this was one of his key issues,” she said. “I was able to explain what the changes look like, and what that means in terms of the impact on [nearby] Royal Columbian Hospital, and the number of acute care beds that are no longer being used for those patients. So we really wanted to highlight that part of it,” she said.

“There’s definitely a domino effect of the closure of St. Mary’s, then affecting RCH, and then that pressure then affecting us. So down the line it’s definitely affected us.”

Scott enjoyed participating in leading the tour.

“The MLAs commented at the end that it was really good, that they had learned a lot of things that they didn’t know beforehand,” she said. “I think just watching their reactions was interesting, that there were

things that they just didn’t know about. There were probably occupations that they might not have known existed before, and this tour highlighted the range of services we provide, and what good work we do.”

## MLAs need to hear our stories

Katrine Conroy, Critic for Seniors’ Health, expressed the need for HSA members to continue to bring issues to their elected representatives.

“We need to hear the stories,” she said.

“We need to hear what’s happening, need to hear what’s not working. We need to hear the concerns about the inability to fill positions right now – the lack of professionals available to fill vacancies,” she said.

“All we tend to hear is about the shortages of nurses and doctors, but my concern is for the crunch that’s coming, and the shortages of the people that work in HSA professions: all those different positions that are struggling to be filled.

“It’s a concern. And we need to work together on that. But we also need to hear what’s really happening,” she said.

She was especially moved by what members told her during the tour of Queen’s Park. “This was one of the most open tours I’ve ever been on,” she said. “Staff felt very comfortable about speaking out about their concerns and that was refreshing.

“I was impressed with the tour. I was also very impressed with the number and range of therapists who are here; the full component of care that the facility has taken into consideration, all the different needs of the people that are utilizing the facility,” she said.

“The commitment of the therapists – the physiotherapists, the occupational therapists, the social workers, everyone – you can see and really feel their passion for their jobs. I was just really impressed.” **R**



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

### LTD and grave illness in the family

by ALISON HIETANEN

**Q:** My child has received a life threatening diagnosis and I really feel the need to be at home caring for her. I don't have enough hours in my sick bank to get through the five-month waiting period should I apply for long term disability. On top of all that, I can't concentrate on my job; I feel stressed and overwhelmed with my workload at my place of employment. Some of my co-workers have suggested I should apply for long term disability. Would I qualify for LTD benefits?

**A:** It is a very difficult situation when your child or partner has been diagnosed with a serious illness which may go on for many months or even years. You feel a strong responsibility to provide them with the care and nurturing they require. However, you cannot afford to be without the income from your employment. It is not unusual, therefore, for members to look to the long term disability plan as a possible solution to this dilemma.

However, it is important to understand the purpose of long term disability insurance. LTD is not designed as a form of employment insurance for the purpose of replacing income for individuals who choose not to be at work, no matter how altruistic their reasons. LTD is intended to provide an income source to individuals who, as a result of a serious medical disability, are unable to perform the full scope of the duties and responsibilities of their own occupation for the first 29 months of disability, and any gainful occupation thereafter.

You must see your treating physicians regularly – throughout the qualification period and the term of your LTD claim – and undertake appropriate treatment.

An LTD claim is about how *you* are disabled, not how your child or partner is disabled. Therefore, if you find yourself in a situation such as that set out above, and are contemplating submitting an application for LTD benefits, in order to ensure the greatest likelihood of success you must provide supporting documentation which clearly sets out a diagnosis of a disabling medical condition which prevents you from undertaking the duties and responsibilities of your job. Furthermore, you must clearly set out specifically *how* the symptoms and effects of your disability negatively impact your ability to perform the core tasks of your occupation. For instance, if your short-term memory and ability to

concentrate are impaired, in what way does this affect your capacity to chart appropriately or develop patient treatment plans?

Be aware that simply stating that you are "stressed" is unlikely to result in an approved claim. Stress in and of itself is insufficient to prove disability for the purposes of long term disability. Similarly, workload concerns or workplace friction with co-workers or supervisors are issues which are properly dealt with through the grievance process under the collective agreement, and are not generally appropriate for LTD claims.

Before you can begin receiving long term disability benefits, you must provide the insurer – Great-West Life – with proof that you have submitted an application for Canada Pension Plan disability benefits. This proof can consist of providing a copy of the statement you will receive from Canada Pension Plan acknowledging receipt of your application. Information about the CPP disability benefit, and the application forms, can be downloaded from the internet at < [www.sdc.gc.ca](http://www.sdc.gc.ca) > or obtained from your local government office.

In the event that you decide to pursue an LTD claim, but are concerned that you do not have enough banked sick and vacation time to carry you through the entire qualification period, you may be eligible for Employment Insurance medical leave benefits. Inquire with your local federal government office to see if you qualify, and to obtain the appropriate paperwork to initiate the process.

Finally, if you file an LTD claim on the basis of your own disability and your claim is denied despite providing supportive medical documentation from your physicians, immediately contact the HSA office for assistance in filing an appeal. **R**

*Alison Hietanen is HSA's member benefits specialist. Contact her through the HSA office, or email [alison@hsabc.org](mailto:alison@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](mailto:yukie@hsabc.org). Don't forget to include a telephone number where you can be reached during the day.

## FOCUS ON PENSIONS

# Various pension options available to retiring members

**Q:** I am nearing retirement and want to consider how my pension will be structured, including pension benefits for my spouse. Could you please explain my options?

**A:** The basic pension under each option will be paid to you for as long as you live. Before you retire you must decide if you want your pension to continue to be paid to someone after your death, either temporarily or permanently. This decision will affect the amount of your pension payment.

### Single life pension

A single life pension is paid to you for as long as you live and may continue to be paid to your beneficiary after your death.

The standard pension available to all plan members is a single life, no guarantee. This is a monthly pension that is payable for as long as you live.

It gives you the highest possible monthly pension payments, but your beneficiary receives nothing after you die. Payments stop at the end of the month in which you die.

### Guarantees on a single life pension

You can choose a guarantee period of five, 10 or 15 years on a single life pension. Under this pension, the guarantee period begins the date your pension starts and continues for five, 10 or 15 years. The pension is payable for as long as you live, and continues to be paid to your beneficiary if you die before the guarantee period expires.

In this case, payments to your beneficiary continue for the amount of time left in the guarantee period.

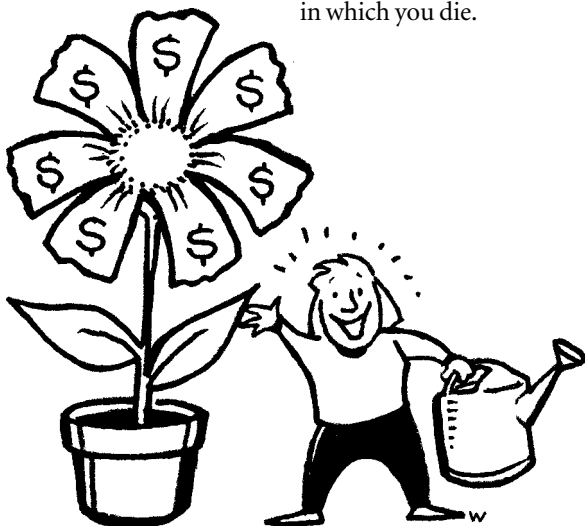
If you die and your estate is your beneficiary, the plan will pay the remaining payments to your estate in a lump sum.

If your beneficiary dies before you do, and before the guarantee period ends, you may name another beneficiary. If you don't name another beneficiary before you die, the plan will pay the remaining payments to your estate in a lump sum.

No payments are made to your beneficiary or to your estate if you die after the guarantee period ends.

### Joint life pension

A joint life pension is paid for the joint life of you and your spouse.



CALM GRAPHIC

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

**You must decide if you want your pension to continue to be paid to someone after your death, either temporarily or permanently. This decision will affect the amount of your pension payment.**

#### **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.

In other words, if your spouse lives longer than you do, he or she continues to get a pension, based on the percentage of joint life pension you select at retirement.

For example, if you select a 100 per cent joint life pension, after your death your spouse will receive 100 per cent of your pension payment for the rest of their life. If you select a 60 per cent joint life pension, the payment is 100 per cent as long as you live, then after your death your spouse will receive 60 per cent of your basic lifetime pension payment for the rest of his or her life.

Compared with a single life pension, a joint life pension will generally provide a lower pension payment. This is because the joint life pension:

- covers two lives,
- may continue after your death, and
- generally is paid out for more years.

#### **Guarantees on a joint life pension**

You can also select a guarantee period of five, 10 or 15 years on the 60 per cent joint life pension. If you die before the guarantee period ends, the pension payment continues at 100 per cent to your spouse for the time remaining on the guarantee. After the guarantee period ends, the pension payment reverts to the 60 per cent joint life pension for the lifetime of your spouse. If you and your spouse die and there is still time remaining on the guarantee, the plan will pay the remaining payments to your estate in a lump sum.

#### **Temporary annuity**

A temporary annuity temporarily supplements your pension and is payable until you reach age 65 or die, whichever comes first. This option may help you meet the initial expenses of retirement; however, it permanently reduces your lifetime pension. When the temporary annuity ends, you receive smaller pension payments than you would have if you had left your basic pension intact. **R**

#### **Annual General Meeting: October 14, 2006**

The Municipal Pension Plan’s Annual General Meeting will be held October 14 from 9:30am to 1pm (PDT).

Attend in person:

Michael J. Fox Theatre  
7373 MacPherson Avenue, Burnaby BC

From home:

log on to < [mpp.pensionsbc.ca](http://mpp.pensionsbc.ca) >  
for a live and interactive webcast.

## MEMBER PROFILES

# A GEM of a Program: Rehabilitation saves lives at Queen's Park Care Centre

by LAURA BUSHEIKIN

**"It's a short term residential rehab program for frail elderly medically complex clients,"** is how social worker Cindy Stefani defines the GEM Program. But that rather dry collection of words does not begin to describe what GEM really does.

For most patients, The GEM program means the difference between heading into residential care or assisted living, or being able to return to their own home within the community. "It's make it or break it for most of them," says Stefani, succinctly, describing GEM as their last chance to improve their mobility and function as the same services cannot be met within the acute or community setting.

These are elderly patients with multiple health challenges – often at a point where they would typically have to move to a residential care facility. In the GEM program, a diverse team of specialists, working closely together, aims to provide everything needed to get them mobile, functional, and back home after what is on average a two to six week stay. Not only is this good for the patient, it's good for the health-care system, relieving pressure on acute care, emergency and community health services.

GEM stands for Geriatric Evaluation and Management program. There are several elements that make the program, which is situated at Queen's Park Care Facility in New Westminster, unique, says Stefani.

"One thing is that all patients have a consultation with a geriatrician," says Stefani. "This is important. A geriatrician has a greater knowledge base with the frail elderly and their complex medical needs." The geriatrician can often pull all the pieces of the puzzle together.

Another advantage is the way the program addresses all aspects of a client's medical situation.

"They are seen by a physio, an occupational therapist, a social worker, a dietitian, a pharmacist and the nurse or licensed practical nurse. In other programs such as medical or rehab sub-acute they are only seen by one or two specialists and it is usually on a referral basis.

"Another thing I really like is planned discharges. In acute care an elderly partner may get a call saying the patient is being discharged home tomorrow. In GEM, the discharges are planned ahead of time and often we have family meetings to help with the transition and ensure the client will be able to manage safely at home," says Stefani. This means that discharges tend to go smoothly, and the patient is far less likely to end up back in acute care or in the emergency room.

The individualized care ensures nothing slips through the cracks: all the patient's needs get noticed and dealt with, whether they be physical, psychological or social.

"We have a lady right now with a terrible ulcer,

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### **Shein Poonja**

Occupational Therapist, Geriatric  
Evaluation and Management Program  
Queen's Park Care Centre

### **Cindy Stefani**

Social Worker, Geriatric  
Evaluation and Management Program  
Queen's Park Care Centre

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and on top of that something wasn't going right. She ended up having a C-1 to C-2 subluxation in her neck which was picked up on in our program," says Stefani. The GEM Program has the flexibility to provide the medical care this patient needed and to extend her stay as necessary in order to provide the rehab as her wound and tolerance improved. As a social worker, Stefani shares information that can make a vast improvement in patients' lives.

"I had one lady – I'll never forget her – she'll be forever with me. For ten years she had been entitled to a Guaranteed Income Supplement [a top up on Old Age Security when you have limited income] but hadn't known about it, even though she had paid a reputable company to complete her income tax return annually.

"This particular client took out a reverse mortgage to pay bills and lived in poverty for ten years – and no one picked up on it!" Stefani was able to help her apply for the supplement but figures she lost thousands of dollars over the ten years. Stefani is not about to let anyone else not take advantage of something they are entitled to.

Stefani's colleague, Occupational Therapist Shein Poonja, also enjoys sharing information that can make a huge difference for a client.

"I work on functional abilities, like being able to shower, feed, dress, get up safely, make a cup of tea, go to the bathroom...those are the basics. And then we work on being able to grocery shop, do laundry, managing in the kitchen.

"We had one patient who had been having trouble with his socks for the longest time. He comes in and we show him the sock aid and he immediately

**"[An external audit of the GEM program] showed 72 per cent of our patients returned home. This is an amazing return rate for patients who otherwise would most likely have been placed in care facilities."**

wanted to know: 'Where can I get this thing?' He had his socks on in no time," she says. This client had never, in all his various experiences with health care, run into anyone with the knowledge or time to introduce him to this adaptive aid.

Both Poonja and Stefani have no end of exam-

*Continued next page*



**Shein Poonja (left) and Cindy Stefani are part of an innovative program working with frail elderly patients.**



# GEM program: an innovative success story

*Continued from previous page*

ples and anecdotes to illustrate the GEM program's effectiveness. And Poonja, who has been with GEM a bit longer, can quote statistics to back all this up. However, the program has recently faced major cut-backs to staffing, and both women fear that its future is precarious.

"How do you provide rehab services if you don't have the staff?" asks Stefani, rhetorically.

"We keep hearing they are basically going to cut the staff because it doesn't fit with the current trend of sub-acute models," says Poonja

Will that save money? Not according to Poonja. "You're getting a big bang for your buck [with GEM]," says Poonja. "Because otherwise these patients are going to sit in acute care waiting for placement. Instead, you can send them here and in four to six weeks they will go home and be out of the system," she says.

In terms of health care spending, the GEM program adds up to a big savings for the system. But the program isn't just about money it saves.

"In a patient satisfaction survey from 2003, we asked former patients how they thought the GEM

program had made a difference. Every single person said it had been a great thing. The overwhelming response was people saying the program had saved their lives," she says.

This survey was part of an audit carried out by an independent company and commissioned by the Fraser Valley Health Authority.

"It was a glowing report, says Poonja. "For instance, it showed 72 per cent of our patients returned home. This is an amazing return rate for patients who otherwise would most likely have been placed in care facilities."

"It was really good, but apparently not good enough," she says. "It's so sad because this program is unique. It really doesn't have another program to compare with in the Fraser Health Authority."

Although Poonja and Stefani, like all the staff at the GEM Program, are concerned about the recent cuts and worried about the future, they refuse to believe that the program could be shut down.

"I hope we stay around for a long time," says Stefani. "We offer such a unique program. I hope the word gets out more that we're here, and hopefully here to stay." **R**

## 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

Member # (at top left of mailing label)

## CHANGE OF ADDRESS

Surname

Given names

Facility/worksite(s)

New home address

City

Province

Postal code

Home tel. ( )

Work tel. & local ( )

# Advanced technology: blessing, curse, or magic?

by SUSAN HAGLUND

**T**echnology is both a blessing and a curse as we can all attest. While it is easy to claim the good old days were better because technology did not have such a huge impact on our lives, the current reality is that we must simply make smart choices about when and where to use technology – and we must use it wisely, spending resources on those tools that make the job easier.



**Susan Haglund, Executive  
Director of Operations**

Having the wrong technology or one that does not work properly is worse than no technology at all.

HSA has grown to the point where technology is critical to enable members to get the best service and support possible. The HSA Board of Directors has been instrumental in providing strong leadership and strategic direction in acquisition of leading edge technology for the union. In the early '90s, the board approved a strategy to implement a province-wide, fax-based communications network for all HSA stewards. That was such a forward-thinking strategy! HSA was hailed as a labour leader in providing activists with a powerful way to stay in touch in a timely fashion.

Fast forward to 2006: the HSA board once again shows its commitment to keeping HSA on the leading edge of union communication and technology strategies... here are a few of the most recent initiatives the board has approved:

- We are now piloting the use of laptop computers for Labour Relations Officers. While these have been in common use within other organizations, HSA elected to delay this pilot until security issues could be sufficiently robust to protect member data and until we could design a longer term, integrated technology strategy for HSA. A small group of "laptop test pilots" is now trying out various configura-

tions and components to identify the best solutions for the staff who travel to service members – and to do so using only those solutions needed, not just because they may have a high "cool factor."

- The Finance Committee approved the use of text messaging as an added feature for HSA cell phones. While this is an apparently minor issue, it does cost money to use so there needed to be a valid reason why these costs could be incurred. Labour relations staff now use texting in situations where they need an immediate response but it is inappropriate to use voice. For example, during a hearing, an advocate can now text to get access to critical information immediately.
- We continue to expand the electronic records and archives using iScribe, as part of HSA's continuing strategy to reduce reliance on and costs of off-site paper records storage. Digitized records are also more accessible as part of the overall disaster recovery plan and form part of the integrated records management and privacy compliance initiatives taken over the past three years – and all components of systems integration across HSA.

*Continued page 27*

## ACROSS THE PROVINCE

# HSA runs for the cure: join the team today!

by AGNES JACKMAN



**Agnes Jackman, Region 4 Director**

**H**SA members and their families, friends and co-workers can now “Run for the Cure” as one united provincial team on Sunday, October 1, 2006.

When I look at the top right-hand corner of HSA’s website home page, I read that HSA represents more than 13,000 health care and social services professionals. When I think of all the family, friends and co-workers that these members must have and the potential numbers of people that could join the HSA Run Team, I get quite giddy with excitement.

At the time of publishing, I looked at the HSA team summary page that the Canadian Breast Cancer Foundation provides on their Run website and discovered that our HSA team had just over 50 members. I know that some of you, or possibly most of you, might be thinking that it would be premature for me to panic at this point. I would like to point out, though, that the Run, as I write this, is only a few weeks away. As you read this, October 1 is even nearer still. Another date that will be upon us before we know it is September 29, which is the Team Award Donation deadline.

There are many advantages to the one organization/one team approach to the Run. Many organizations, such as CIBC and Ford, have gone this route before us with successful results. We need to remember, though, that the success of these teams still depended on the efforts of their individual members.

The HSA team’s fund raising can and should be done at all levels: from the individual, to the

work site, to the chapters, right up to the union as a whole. The more involvement that we have at each of these levels, the bigger the return we’ll generate in the way of donations to the Run.

I would also like to emphasize that having one large team doesn’t mean that those of you who want to combine your efforts in a smaller, more intimate group can’t do so in an informal way. You might even want to wear something that will identify yourselves on Run day as being a subgroup of the bigger team. You might want to get together for a post-Run celebratory brunch. If so, go for it! Part of the success of this run is due to the amount of fun and joy that its participants bring to it, in addition to the important and sometimes sad remembering.

If you haven’t already, I encourage you to get on board with HSA’s Run Team.

The first step is to register yourself at < [www.cibcrunforthecure.com](http://www.cibcrunforthecure.com) > or in person at any branch of CIBC, then encourage others to join too. This is a great opportunity to educate people about the Run and its goals, which are such a good match with HSA’s interests and the work of our members. Then fund raise – and finally, get out there on Run day with all gusto and pizzazz that you can muster. **R**

*Agnes Jackman is chair of HSA’s Run for the Cure Committee, and represents Region 4 on HSA’s Board of Directors.*

# Putting money where the mouse is

*Continued from page 25*



- The revamped HSA website is a prime example of how technology can be so useful when properly designed and executed! The website already allows for notices and bulletins to be sent directly to chief stewards automatically while all members can pick and choose categories of information they wish to receive via e-mail automatically. Feedback on its features is overwhelmingly positive and new functionality can be added as other needs are defined. Internally, the Database and Web Department launched “The Hub”, an intranet site which is now the primary tool for staff to find and use information on anything and everything for operating HSA.

- At the end of July, the board approved another major milestone: a replacement phone system for the head office, with features to enable secure, encrypted remote access to the HSA phone network even while staff are on the road. The old system (a dignified old dowager awaiting retirement for some time!) will soon be replaced by an advanced Voice Over Internet system (VOIP, for short) as the new technical backbone for HSA. Delegates to the 2005 Annual Convention directed staff to explore the feasibility of advanced telecommunication technology and this is the very first step towards that goal within the context of a 10-year technology framework!

tion Boot Camp” to brush up on their computer skills. Seven directors earned their XP badges, with the help of in-house trainer and desktop support technician Lucia. HSA directors put their money where their mouse is to learn about the challenges staff face with adopting new technologies and to enable themselves to make more informed decisions.

HSA members are daily users of advanced technology so it is particularly gratifying to be able to parallel that commitment within HSA as well, with the full commitment and support of the Directors.

Older technologies past their functional “best by” date are gradually being phased out. Where possible, tools with adequate functionality are upgraded or repurposed. If they no longer meet HSA’s needs, they are either resold or recycled. However, there is also a conscious commitment that technology for the sake of newness is not appropriate. Rather, there must be prudent use of members’ dues for their overall benefit and that HSA needs reliable, secure, robust, scalable – and good value for money – technology.

A huge challenge for any organization is not to adopt a tool just because it is there and has a high wow factor. Instead, it must fulfill a real need and it should be implemented only when you can support and use its advanced functions. Otherwise, to quote Arthur C. Clarke: “Any sufficiently advanced technology is indistinguishable from magic.” **R**

*Susan Haglund is HSA’s Executive Director of Operations.*

A number of Regional Directors participated in “XP and System Naviga-

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

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

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GETTING TOGETHER

# Prince George stewards keep it fun



PHOTO COURTESY HEATHER SAPERGIA

clockwise from back left: **Sarah Moreau (steward), Roselyne Lambert (steward), Heather Sapergia (chief steward), Elaine Nelmes (Occupational Health & Safety Steward and chair of the Prince George Regional Hospital OH&S Committee), Andrea, Julie, and Mia (young stewards in training).**

## **The Prince George Regional chapter held a stewards' summer party this summer.**

Chief Steward Heather Sapergia said the potluck barbecue was held at fellow-steward Sarah Moreau's. "We had a wonderful time," she said. "We had an informal potluck, and also had a draw with two items

donated by HSA. There was also water fun, including swimming and canoeing. The weather was fabulous and none of us wanted to leave!"

The potluck was organized by Sarah Moreau.

*Got a union event you'd like to share?  
Contact The Report!*



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