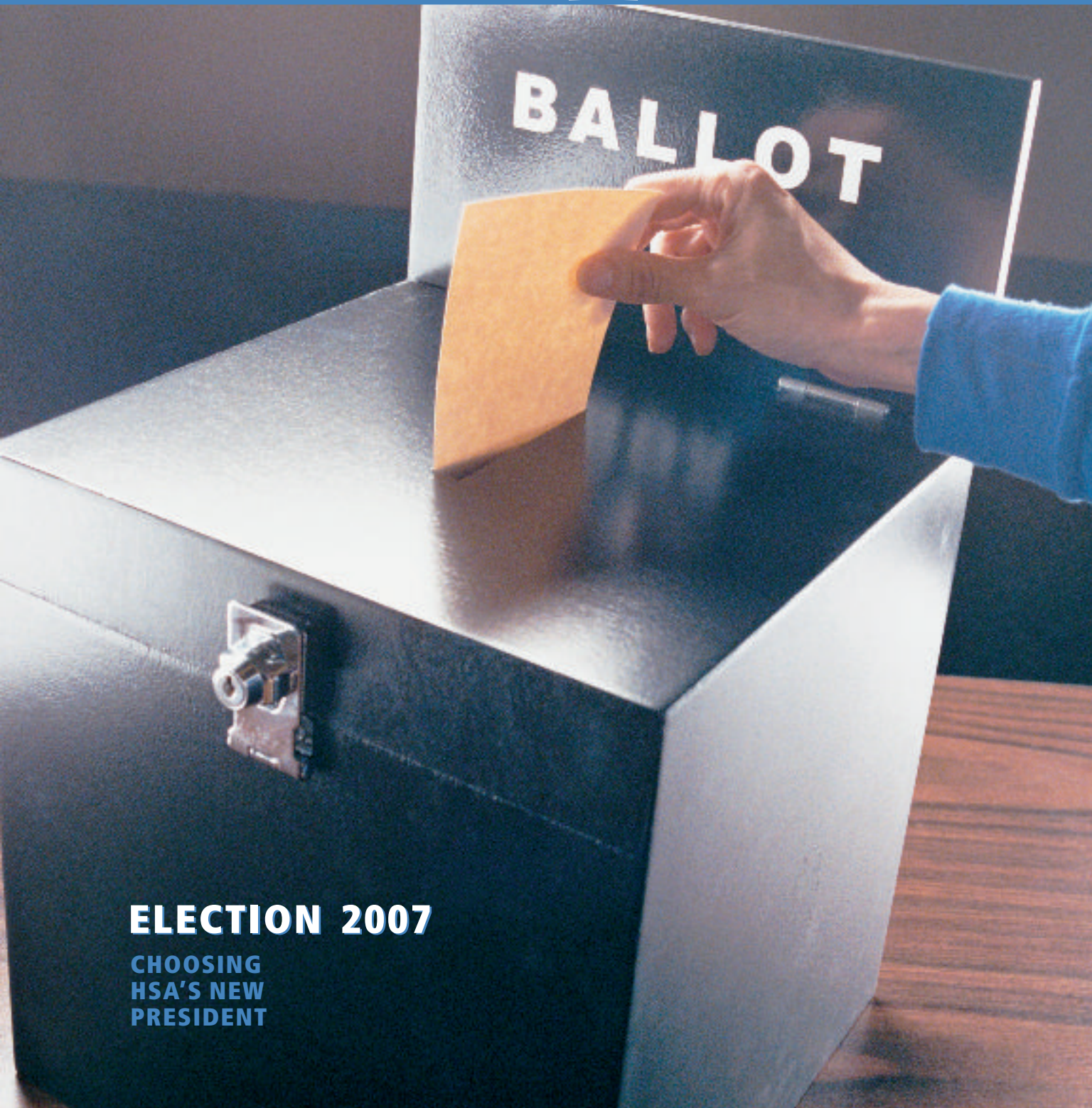


THE Report



ELECTION 2007

**CHOOSING
HSA'S NEW
PRESIDENT**

MESSAGE FROM THE PRESIDENT

Change ahead for HSA

by CINDY STEWART

In just four short months, HSA members will elect the union's first new president in 14 years.

As I announced at the 2006 annual convention, I will not be seeking re-election at the 2007 convention.

The role of HSA president has certainly evolved in the union's 35-year history. In particular, significant changes have taken place since 1993 when I was elected into a part-time position, responsible mainly for the functions and responsibilities of chair of the board of directors. Today, in addition to the president holding the union's highest elected position, the job includes management of the more than 50 staff delivering a diverse range of services to members.

Ultimately, the president is responsible for ensuring that the union carries out the mandate of the membership as set through convention and the board of directors. But, what does that mean, really?

As president, I oversee and am responsible for the management and operation of HSA, acting as the conduit between the board of the directors and staff. I work closely on the management team with senior staff to ensure HSA's priorities and objectives are met, including ensuring members receive service that protects and enhances their collective agreement rights.

As the political leader of the union, the president is responsible for chairing the board of directors, and for representing the union in the broader public. A member of the BC Federation of Labour Executive Council, the HSA president is

among the leadership of the labour movement in British Columbia, representing the interests of workers on a wide range of issues. The BC Federation of Labour brings together the majority of unions in BC to provide a single voice on workers' rights. As well, the Federation provides support to affiliated unions during labour disputes and co-ordinates cross-union campaigns from health and safety to political action and women's rights.

HSA's president is also the union's representative on the executive board of NUPGE, the National Union of Public and General Employees. NUPGE represents 340,000 members who deliver public services of every description to the citizens of their home provinces, as well as a growing number of private sector workers.

NUPGE monitors provincial and federal labour laws and developments; analyzes restructuring of social programs and public services; reports on and contributes to legislation affecting the workplace; gives members a national presence through participation in the Canadian Labour Congress and internationally through Public Services International; develops and shares successful bargaining strategies with its component unions, and contributes to a national framework of services and solidarity to benefit all Canadian workers.

While the president has ultimate responsibility for the union, how successful she or he is in representing the



Cindy Stewart, HSA President

membership relies on a strong team of regional directors and professional staff.

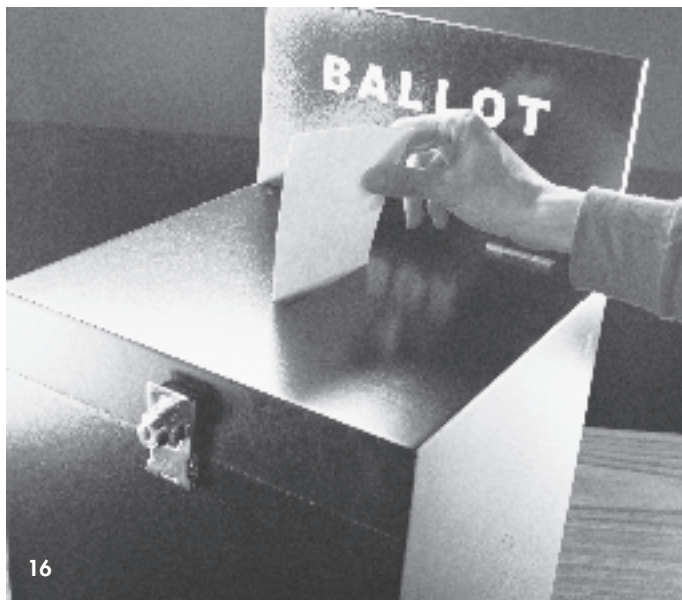
At HSA I have learned and grown on the job – as will my successor. And just as I was fortunate enough to work with regional directors committed to HSA members they represent, and an effective staff who are respected throughout the labour movement, so will your next president be.

This is an exciting time for our union and I am looking forward to the next several months as HSA members consider our union's future. I encourage every member to get involved in this election and take advantage of the opportunities that will be available in the coming months. Consider what the candidates are saying about the future of HSA, discuss the issues with your HSA colleagues, and ensure your chapter is represented at the 2007 convention in April – when delegates will elect the next president of HSA. **R**

For more information, see pp 16-17.

16 HSA'S TOP POSITION UP FOR ELECTION IN SPRING

Union gears up for presidential election



16

20 MEMBER PROFILE: SANGAM GRANT, POSITIVELY LIFE AFFIRMING



20

DEPARTMENTS

- 10 COMMITTEE FOR EQUALITY AND SOCIAL ACTION: ENDING POVERTY
- 12 ACTIVIST PROFILE: DEBORA MUÑOZ
- 18 FOCUS ON PENSIONS
- 19 CONTRACT INTERPRETATION

NEWS

- 4 BC FEDERATION OF LABOUR CALLS FOR MINIMUM WAGE INCREASE; BC LIBERALS BAR 100,000 WORKERS FROM 'HEALTH CONVERSATION'
- 5 DON'T BUY TOYS MADE IN SWEAT AND PAIN
- 6 REGIONAL MEETINGS 2006
- 8 CONVERSATION ON HEALTH: PUBLIC HEALTH CARE IS SUSTAINABLE
- 23 HARPER CONTINUES ATTACK ON WOMEN'S EQUALITY; LACK OF STAFF NUMBER ONE ISSUE IN HSA ALBERTA SURVEY

COLUMNS

- 2 MESSAGE FROM THE PRESIDENT
- 24 LEGAL SERVICES
- 26 ACROSS THE PROVINCE: REGION 5

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News

BC Federation of Labour calls for minimum wage increase

BCFL

It's time to scrap the training wage and raise BC's minimum wage to \$10 per hour, says BC Federation of Labour President Jim Sinclair.

"BC's lowest paid workers deserve a raise," Sinclair said. "Minimum wage earners working full-time should earn enough to stay above the poverty line. That can only be achieved by immediately raising the minimum wage to at least \$10 per hour."

"The provincial government likes to crow about a booming economy, but it's only booming for a few. BC's lowest paid workers have been left behind," Sinclair said. Sinclair's comments came on the fifth anniversary this fall of BC's last increase to the minimum wage.

Between 2000 and 2005, employment in BC grew by nine per cent, but the number of British Columbians earning the minimum wage increased by 36 per cent.

"Five years ago BC's freeze on tuition was eliminated, but a freeze on minimum wage was put in place and students have been paying the price ever since," said Shamus Reid, BC National Executive Representative of the Canadian Federation of Students.

"Since 2001, average tuition has climbed from \$2,275 to \$4,900 in 2006 and wages haven't come close to keeping up," Reid said.

Earlier this week Harry Arthurs, former mediator and Dean of Osgoode Hall Law School, released a report reviewing the federal Labour Relations Code. Arthurs recommended that "the [federal] government should accept the principle that no Canadian worker should work full-time for a year and still live in poverty."

Read more or download the Federation's brief on minimum wage [<http://www.bcfed.com/node/605>].

BC Liberals bar 100,000 workers from 'health conversation'

The Liberal government of BC Premier Gordon Campbell should reverse its plan to exclude health care



providers from the 16 regional public forums that are the centerpiece of the \$10-million *Conversation on Health*, say unions representing more than 100,000 BC health care workers.

The unions include the Health Sciences Association, BC Government and Service Employees' Union, BC Nurses' Union and Hospital Employees Union.

The four groups told Health Minister George Abbott in November that the government's plan to declare health care providers as ineligible to participate in the public meetings will deepen public skepticism of the consultation process.

Citizens who register to be one of the 100 participants randomly selected for the 16 regional forums – but identify themselves as health care professionals – are being segregated from the public meetings.

The unions say health care providers should be able to engage in the public forums on the same basis as

other citizens who live, work and access health care in their communities. Citizens also have the right to hear from those who deliver health care services directly to their families, they argue.

BCGEU president George Heyman says health care providers in acute care and community health have direct experience and they should be directly involved.

“Silencing some voices in this discussion will fuel speculation that the “Conversation on Health” is a foil for expanded privatization, user fees and service cuts,” Heyman says.

HSABC executive director Maureen Headley adds that citizens have the right to hear from health science professionals in their community.

“We have first-hand knowledge about what’s working in health care delivery – and what’s not. The public dialogue would benefit greatly from these perspectives,” she says

The unions say they will continue to press government to reverse their position while encouraging their members to participate in the ‘health conversation’ in other ways.

Don’t buy toys made in sweat and pain

Canadian Labour Congress

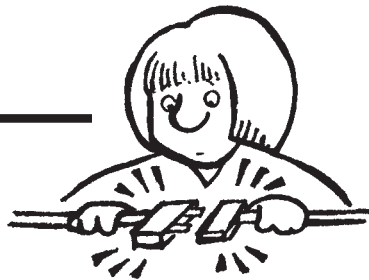
Would you work:

- 14 hours a day, seven days a week?
- In dangerous working conditions?
- With no health and safety protection or education?
- For starvation wages?
- With no ability to join a union?

This is the situation in the toy industry in China where 75 per cent of the world toy production takes place, and workers get jailed when trying to organize. Exploitation and violations of workers’ rights are a daily issue.

Toy companies and retailers take advantage of appalling working conditions in their supply chains to keep their production costs low and their profits up.

As a consumer, you can help improve the situation. Be aware that toys are often made in sweat and pain



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

for starvation wages. Here is what ethical shoppers can do:

- Choose toys that stimulate creativity.
- Canada produces good educational toys and games.
- Check the label!
- Say “No” to war toys.
- Look for environmentally friendly toys that don’t require batteries.

Ask your store manager about suppliers’ buying practices, as well as working conditions and respect of labour rights in the factories. View the Canadian Labour Congress’ list of items made in unionized workplaces: sweatshop.clc-ctc.ca/pdf/children_toys.pdf

For more information on working conditions in toy factories, visit the following sites:

www.sweatshop.clc-ctc.ca

www.vetementspropres.be

www.maquilasolidarity.org

www.icftu.org

www.swedwatch.org/swedwatch/in_english/reports

www.canadianlabour.ca **R**



REGIONAL MEETINGS 2006

Stewards stay connected at annual meeting

by MIRIAM SOBRINO

HSA's annual regional meetings, an opportunity for stewards from each region to meet and discuss issues and receive an update on the union's activities from President Cindy Stewart, wrapped up October 23.

Delegates to the meetings reviewed board-approved changes to the boundaries for HSA's ten regions. A number of changes have been made to the boundaries to better reflect community of interest and geographic considerations. A complete description of the reconfigured regions can be found on HSA's website at [www.hsabc.org].

In her report to stewards, Stewart highlighted a number of issues HSA has been involved in over the past year, including concluding collective agreements in all of the four public sector contracts HSA members work under.

In reviewing the work of the union on violence issues in the workplace, which has included consistent media interest, and education for members, she announced the creation of HSA's new David Bland Recognition Award. David Bland, a recreation therapist and HSA member from Richmond Mental Health, was murdered in 2005 at his workplace by a former client. His tragic death served as a sombre reminder that more needs to be done to prevent violence incidents in the workplace and protect health care workers on the job. The award will recognize HSA members who have demonstrated outstanding leadership in the area of occupational health and safety and who has championed a local issue that has made a meaningful difference in the lives of their fellow HSA members.

The meetings were an opportunity for stewards to meet HSA's new executive director Maureen Headley who, it was announced this fall, will be taking over a reconfigured labour relations and legal department when the current Executive Director – Labour Relations, Ron Ohmart, retires in the new year. Headley currently oversees the legal department.

Finally, stewards – many of whom will be delegates to the April 2007 HSA convention – were given an in depth view of the job of HSA president. Stewart described how the position has changed since she was first elected in 1993. Information about the role of HSA president can be found on pages 16-17 of this issue of *The Report*. **R**



Delegates to the Region 10 meeting take advantage of a coffee break to continue networking and discussions



Region 10 activists and Regional Director Lois Dick (right) thanked President Cindy Stewart with a gift of flowers and a carved wooden bowl from a local artist



Prince Rupert lab technologist Marcela Navarro (right, pictured with Dawson Creek residential worker Charlie Wheat) provides an update of the activities of HSA's Committee for Equality and Social Action



Nechako Valley mental health therapist Leanne Smith (left) in a lively discussion with Kitimat Chief Steward and health records administrator Sheena Bartel (centre) and Bulkley Valley Chief Steward and lab tech Mandi Ayers (right)

Will an aging population bring BC's health care system to its artificial knees?

by MARC LEE

One argument you are likely to hear in BC's new "conversation on health" is that public health care is unsustainable because our population is aging and seniors use a disproportionate amount of health care services.

But before we hit the collective panic button, let's take a look at the facts.

While population aging has put upward pressure on health care costs, its impact is relatively small. Over the past decade, it has accounted for annual cost increases of just under one per cent, and projections indicate that it will be only slightly higher in the future.

If we take other cost pressures, such as inflation and population growth, into account, BC needs to increase health care spending by just under five per cent each year to maintain current service levels for an aging population.

The good news is that the economy will also be growing, and what matters is the size of health care expenditures relative to our total income (or GDP) – not the share of the provincial budget, as Finance Minister Taylor has argued. (Her projections of future expenditures and revenues are also extremely misleading.)

Public health care is sustainable

As long as the economy grows faster than health care expenditures, our current system is sustainable. Even if BC's economic growth rate (nominal GDP) averaged four percent per year – well below historical norms – the additional cost of maintaining current services would be small: an extra penny per dollar of income by 2031.

The bulge of seniors is expected peak around 2031, and will be declining thereafter. So we have lots of time to gradually respond to the challenges posed by an aging population. This includes a re-

structuring of health care services, such as enhancing home care and residential care so as to take the pressure off the more expensive acute care system. We should also emphasize prevention and population health initiatives to reduce the overall incidence of ill health.

A final element related to health care spending is that the suite of services we call health care has expanded over time. A typical British Columbian today receives about one-and-a-half times the amount of health care services as his or her predecessor of thirty years ago.

If future economic growth rates remain consistent with those over the past quarter-century (5.7 percent per year), we actually have scope to expand health care services. On the ground, this could mean more long-term care beds, more comprehensive drug coverage or public dental insurance.

The expansion of health care services is also intertwined with the bigger issue of technology. The real financing challenge comes from advances in technological possibilities, broadly defined to include pharmaceutical drugs, new surgical techniques, new diagnostic and imaging technologies, and end-of-life care.

New technology and wait lists

New technology almost always increases total costs, even when it reduces the cost per procedure.

An example of this is knee and hip replacements, where waiting lists have been a major concern. In response, the BC government has dramatically increased surgeries, at rates well beyond what popu-

lation growth and aging would require.

Yet, waiting lists are still an issue because the advent of less invasive (and less risky) surgical techniques has increased the number of people who can have such surgeries. Compared to 1990, today's 80-year-old is twice as likely to have a knee replacement.

Another example is end-of-life treatments. Dying has become very expensive: research has found that one-third to one-half of a typical person's lifetime health care costs come in the final year of life. This raises ethical dilemmas, particularly when technology can prolong life by days or weeks, but with little or no improvement in health status or quality of life.

These technological challenges can be addressed most efficiently and equitably in the context of a public system. A thorough process of health technology assessment is required to ensure that new technologies provide benefits in accordance with their costs. Public policy initiatives could also be implemented to better control drug costs, through greater generic production, bulk purchasing, and an expansion of BC's successful reference drug program.

That's the "conversation" we really need to have.

The good news

The good news is that the challenges facing public health care are not demographic time bombs beyond our control, but technological issues that, while profound, are suitable to a public process that is well within our control. It is not the number of seniors that is the problem, but finding a rational framework to ensure we spend our health care dollars as effectively as possible. **R**

HSA is a partner in the BC Health Coalition's Medicare Works campaign. Watch for more information in the next issue of The Report.

Marc Lee is senior economist in the BC Office of the Canadian Centre for Policy Alternatives. For more information, see <www.policyalternatives.ca>.



WHO SAYS WE CAN'T AFFORD PUBLIC HEALTH CARE?

Decisions about health care should be based on facts. Not fear.

FACT: As a share of the economy, B.C. government health spending is about the same as in the 1980s, 1990s and 2000s.

FACT: Provincial revenues are rising faster than health spending.

FACT: By 2017, our investment in health care would be about the same portion of the provincial budget as it is today – about 10 per cent.

The B.C. government's claim that health care will consume 71 per cent of spending by 2017 just doesn't add up.

It's a fact – improving public health care is within our means.



For more information, visit www.bchc.ca

THE REPORT, VOL. 27 NO. 6, DECEMBER 2006

Committees

ACTION ON POVERTY

Labour movement can help end poverty

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 the work of this committee, contact Pam Bush at 604/439.0994 or 1.800/663.2017.

by AGNES JACKMAN

"Make poverty history." Three simple words I wear on a white bracelet on my wrist. When people ask me what's on my bracelet, that's my opportunity to talk about the need to work to end child poverty. Many react with a roll of the eyes and a 'that would be nice, but that's an impossible dream,' response.

And when I look at Canada's track record, I don't have much ammunition to convince doubters otherwise.

Canada's performance is disheartening. A UNICEF report, "*Child Poverty in Rich Countries 2005*," lists 26 countries in order from lowest to highest percentage of children living in "relative" poverty. Denmark ranked first with only 2.4 per cent, Canada 19th and the USA came in at 25th.

The National Council on Welfare, a citizens' advisory group to the Minister of Human Resources and Social Development on matters of concern to low income people in Canada, released a report on poverty last July.

"The report, *Poverty Profile, 2002 and 2003*, shows that in spite of progress made in the fight against poverty among seniors, poverty rates for children and working-age adults are about the same as they were almost a quarter century ago. Income inequality is growing and many groups of Canadians continue to have unacceptably high poverty rates. For those in need today, however, Canada's social safety net offers less protection against poverty than ever before," says the council's July 20 news release.

The report calls for a long-term plan with

clear goals to prevent and reduce poverty and inequality.

Council chairperson John Murphy says Canada could do better if it followed Ireland's example. In the mid-1990s, when pervasive and grinding poverty dogged the country, the national government crafted a plan and set a goal. In 10 years, the country has successfully reduced its poverty rate from 15 per cent to less than five per cent.

Why should we care about poverty? And why should we do something about it?

As a delegate to the World Peace Forum and to the Vancouver and District Labour Council, I was reminded recently that poverty is the first determinant of poor health. It stands to reason that we, as health science professionals who understand only too well the importance of prevention, should be involved in working towards eradicating poverty as a means to improving health.

Despite the current news media reports of record housing starts, construction booms and decades-low unemployment in BC, lone mothers and their children are not benefiting from these relative economic good times. In May 2006, the United Nations committee on economical, social and cultural rights singled out BC, pointing out the recent increase in poverty among single mother-led households in BC. Today, 36 per cent of lone mothers in Canada are considered poor, compared to 49 per cent of lone mothers in BC. From 2001 to 2004, average BC government transfers to single mothers declined by \$2,300 as compared to a national drop of only \$200. Also, as of



The “makepovertyhistory.ca” bracelet aims to raise awareness; for example, 49 per cent of single mothers in BC – and their children – live in poverty.

2002, the rules concerning combined income from government assistance, paid employment and child payments changed so that these women’s potential yearly income declined by more than \$3,900. In BC, it would appear that the rich are getting richer while the poor are getting poorer.

Child poverty is really family poverty. As union members, we should not only be negotiating for fair contracts for ourselves and our families, but also advocating for the same for all workers in our immediate and global communities. We need to live by the old African saying that “It takes a village (community) to raise a child.” Today, our community is becoming more global, bringing with it more worldwide responsibilities.

As partners in the labour movement, we have the potential to connect with and support other workers at home in Canada and in other parts of the world where poverty is an issue. Working together, strengthening our networks, we can be more effective in insisting on having a better, fairly distributed, peaceful, global economy and move closer to making poverty history. **R**

The following are Campaign 2000 Poverty suggestions for a Canadian individual wanting to contribute to a better future for all children:

- Talk to your government representative about making spending on children and young people a real priority in the next budget.
- Learn about the United Nations Convention on the Rights of Children
- Make sure that the views of children and young people are heard
- Support an organization that is fighting child and family poverty
- Learn about how discrimination hurts all children and young people
- Speak out against abuse and violence against children and young people

ACTIVIST PROFILE

HSA activist training helped pave the way for city councillor

She's an award-winning health science professional. She's an HSA steward. And she's a Prince George city councillor and community activist.

"It's lots of work," says Debora Muñoz. "I don't think the general public has any clue as to the magnitude of the amount of work involved," she says about her role as city councillor. "There are so many community events; I literally get anywhere from 35 to 40 emails a day. I pick and choose which events I can attend, and sometimes I'm asked to attend

and I voted against it – because I really didn't think it was a healthy choice. I felt it would increase problems in our city core; the patrons who frequent casinos are often people who can't afford to go there in the first place, so I was really concerned about an increase in the social woes in our community," she said.

"I'm happy to say that lots of people come up to tell me they are glad I took a stand against increased gambling in Prince George."

Although she was over-ruled in this decision, Muñoz demonstrates her grace and resilience in her well-considered response: "I don't agree with the other councillors," she said. "Having said that, however, I respect that councillors made a decision – and it's moving ahead. We are going to have a community gaming centre in downtown Prince George. At the end of the day, I feel that I made the right decision and I feel like I did what the electorate expected of me – to represent them."

At the beginning of October, Muñoz presided as acting mayor at an annual event celebrating the achievements of BC women living in the north. She was also attending as a nominee.

"We have some phenomenal women in the north in leadership capacities who are very giving of themselves on a voluntary level, who are incredibly intuitive, great mentors, and great leaders. We are very

"HSA was instrumental in preparing me for my political career. HSA provided the support financially, emotionally, and morally, to advance me so that I could go to campaign school provided through the union."

events for our mayor when our mayor is out of town" she said.

In her first year in office, Muñoz has garnered the trust and praise of Prince George residents with her record of principled, community-minded positions on issues affecting the city and region.

For example, she was the only councillor who voted against increasing gambling opportunities in downtown Prince George.

"My co-councillors voted in favour of building a brand new community gaming centre in downtown Prince George," she said. "However, I felt I was acting in the best interests of the entire community

Debora Muñoz

Electroneurophysiology Technologist
Prince George Regional Hospital

blessed to have amazing women living in northern BC,” she said.

“There are now 14 categories in which women are recognized at this event,” she added. “Some of the categories are women in leadership, women in enhanced education, leadership and youth, aboriginal woman of the year, business woman of the year – and the new category that I was nominated in is technology leadership,” she added.

Nominated by a senior administrator in the Northern Health Authority, Muñoz was selected from among seven nominees for the award sponsored by Applied Sciences Technologists and Technicians of BC.

The leadership in technology award was developed to recognize the importance of technology careers for women in all of BC, Muñoz said.

“Particularly in the north – we are on an economic rise right now, so there are technology careers for women in everything from aviation to electronics, manufacturing and construction, mining and the environment, agrology, biology, geology. And yet there’s not a lot of recognition that these career opportunities are available for women,” she said.

“For example, my own career in neurophysiology technology: it’s virtually unknown to the general public. So people assume, usually, that I’m a doctor, because they have very little knowledge of what it is that I do,” she said. “So it was an absolutely wonderful opportunity to be nominated, because then I was able to raise that profile and aware-

Continued next page

Debora Muñoz loves being a Prince George city councillor and community activist. This year, Muñoz was acting mayor at the BC Women of the North event where she won the award in technology leadership.



Debora Muñoz: city councillor, neurophysiology technologist

ness of what neurophysiology technologists do, and the major role we play in allied health and in arriving at a diagnosis – which ultimately leads to treatment and overall improvement of health and well-being for the individual,” she said.

And what is neurophysiology technology? “I examine human brain activity in search of abnormalities,” Muñoz said. “I will apply a number of electrodes to a person’s head, using some paste, and then record their brain activity – their brain waves – in search of abnormalities.

“I might be looking at somebody who is sent to me because they may have seizures, or they may

“I was able to raise our profile and awareness of what neurophysiology technologists do, and the major role we play in arriving at a diagnosis.”

have multiple sclerosis; so, I could be checking their visual and auditory brain stem pathways in search of delays in response along the nerve pathways by evoking a response,” she explained.

“For example, I might have someone sit in front of a black and white checked screen and have the checks reverse back and forth. I’d be monitoring and recording the traveling of that signal along the visual pathway in terms of time and latency and wave form. If there is a delay, that might be indicative of plaques – of MS or that something similar.

“Or, for example, if there is a tumour in a certain part of the brain, then I could see focalized slowing of the brain waves in that area,” she said.

“I love the fact that no two human brains are identical, that everyone who comes forward for testing is unique,” Muñoz said. “It’s never boring. You just don’t know and you can never predict what you’re dealing with in terms of findings.

“I love the fact that I’m a member of a health care team and that I get to help in arriving at a diagnosis, which ultimately can then be treated and helps in patient care management and improves overall health and well being,” she said.

“And it’s really exciting because any day now, we’re going to get brand new digital equipment. So we’re making that transition from analogue over to digital monitoring equipment.”

Her enthusiasm for her profession is replicated in her enthusiasm for life as a municipal politician, and she credits HSA for helping her build the foundation for public office.

“HSA was instrumental in preparing me for my political career. HSA provided the support financially, emotionally, and morally, to advance me so that I could go to campaign school provided through the union,” she said.

“Also, taking part in the Canadian Women Voters’ Congress Campaign School was an incredible support. Two days of that school was held right in city council chambers in the City of Vancouver,” she said.

“So here I was in the environment in which I was running for office and that allowed us to have a mock campaign. And at that mock campaign, I was the candidate – and I won! So I had already won before I arrived in Prince George.

“I gained most of my support by going to the campaign schools because I was learning from other women who have had the experience, from other women who had either run for public office or were currently in public office. So that experience is immeasurable,” she said.

“I came back and had all those tools that one needs in order to run a successful campaign. And it’s not about the money. You have to want to have and love public service and to be out there working on behalf of your community,” she said.

Muñoz has high praise for HSA’s education and political action initiatives helping members advocate for quality public services, as well as for their rights on the job. “It’s a critical part to advancing

Muñoz has high praise for HSA's education and political action initiatives helping members advocate for quality public services, as well as for their rights on the job.

health and wellbeing and wellness in our communities," she said. "That's what our union is all about.

"The more we can motivate people the better. We can give them the support and tools they need to get out in their community – not just in their daily jobs – to get out there and promote and be the activist, be the voice for your neighbours and the disenfranchised, be the voice that's need to continue to sustain and enhance health and well being in our communities."

Muñoz puts her beliefs into action by mentoring and encouraging young women to get active in politics. She was recently a member of a five-woman panel on careers in politics. The panel included Shirley Bond, BC's minister of education and deputy premier, the mayors of MacKenzie and Valemount, a local school trustee, and a First Nations councillor.

Muñoz was particularly happy to hear the response from one young woman in the audience. "She said: thank you very much, because you've now demystified what I thought was an unreachable, impossible area to embark upon.

"Politics for women is now made easier. And my closing statement was that I'm an ordinary woman who is now in a privileged position to do extraordinary things for a community that I love. So it felt good to know I'm actually making a difference and encouraging women to participate."



Muñoz is looking forward with interest to the election race to replace outgoing HSA President Cindy Stewart in the spring.

"I think Cindy has been a phenomenal president. We are a strong union, we have a lot of members and health care is going through some major transitions and we all know what that's like," Muñoz said.

"We're all seeing the impact of those changes. It's very important to have a leader who has a fluent understanding of today's health care and social services," she said. "HSA's new president must have the leadership capacity that's needed to take HSA forward into the 21st century – an individual who clearly understands those challenges like professional shortages, ongoing recruitment and retention, and knows how to move the membership forward in a positive way.

"This person really needs to have an understanding of the political climate, as well as the transitions, challenges the changes and the rewards of health care across the country," she added.

Muñoz exchanges activism stories with UNBC instructor Ingo Schmidt at the breast cancer Run for the Cure in Prince George

COVER STORY

HSA's top position up for election in spring

by MIRIAM SOBRINO

In April 2007, delegates to HSA's annual convention will elect a new president for the first time in 14 years.

Cindy Stewart, president of HSA since 1993, announced last April that she would not be seeking re-election for another term at the 2007 convention. Although nominations for the position of president do not officially open until December 2006, Stewart announced her intentions at the April convention to allow HSA members adequate time to consider the qualities they want in a future president.

As Stewart told delegates: "This is one of the most significant vacancies that has come up in HSA, and

At the 1998 annual convention, delegates voted to change the constitution to make the president a full-time position. It significantly changed the role of president by expanding the responsibilities to include chief executive officer of the organization.

Today, in addition to chairing the board of directors and ensuring that policies and decisions of the board and convention delegates are carried out, the president oversees the HSA head office including approximately 50 staff members.

The president is also the union's primary spokesperson and chief representative in relations with labour organizations, other unions and professional associations, as well as the senior HSA delegate to labour movement meetings, conferences and conventions. Prior to the 1998 constitutional change, Stewart served as part-time president for four years, and has been the union's only full-time president.

In order to prepare for a change in leadership next year, the current board of directors established a sub-committee of the HSA elections committee to oversee the presidential election.

To ensure a fair and transparent process, the sub-committee was assigned to a neutral chair – retired BCGEU secretary treasurer Diane Wood – and is comprised of HSA members who committed to remaining publicly neutral in the election: Maureen Ashfield, Fanny Monk, and Bill Moore. The committee has the authority to recommend policies and

Members will have a chance to meet the candidates at a series of three all-candidates' meetings, to be held in Victoria, Kelowna, and the Lower Mainland in the spring of 2007.

this time next year, you will be cast in the role as the selection committee."

This will be the first change in president since the constitutional change in 1998 that fundamentally changed the role of president.

procedures related to the presidential election, and ensure the election complies with the HSA constitution and union policies.

Under the HSA constitution, the president is elected for a two-year term at annual conventions held in odd-numbered years. Each delegate to convention has one vote for president. Delegate entitlement to convention is governed by the union's constitution as follows: "chapters up to and including

"This is one of the most significant vacancies that has come up in HSA, and this time next year, you will be cast in the role as the selection committee."

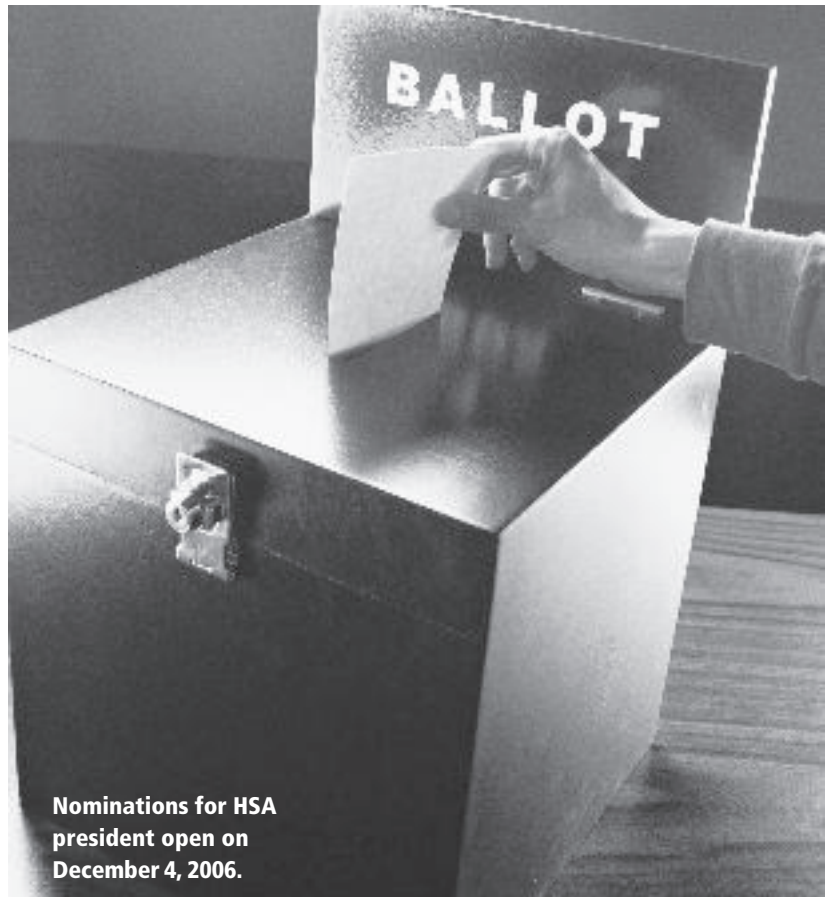
49 members shall be entitled to one delegate who shall be the Chief Steward or her/his Alternate. Chapters with over 49 members will be entitled to one additional delegate for each additional 50 members or portion thereof."

In recognition that the election will result in the first new president for HSA in 14 years, the subcommittee recommended that a process be established to ensure that members are afforded opportunities to meet the candidates for president in order to be able to make an informed choice. Members will have a chance to meet the candidates at a series of three all-candidates' meetings, to be held in Victoria, Kelowna, and the Lower Mainland in the spring of 2007. Details of the all-candidates' meetings will be posted on the HSA website at [

www.hsabc.org]. In addition, a webcast of one of the meetings will also be available for viewing on the union website. DVDs will also be provided upon request.

Nominations for the position of president will open on December 4, 2006. To be eligible to run for president, candidates must have been a member of the union for at least one year immediately prior to election. The election for president will take place Saturday, April 21 at HSA's 36th annual convention.

To receive an information package about the presidential election, including nomination forms, please contact Rebecca Maurer at the HSA office. **R**



Nominations for HSA president open on December 4, 2006.

Lump-sum payment from pension: attractive option?

Q: I might be leaving my job. If I do, what are my pension options? Are there any drawbacks of taking a lump-sum payment from the Municipal Pension Plan?

A: If you have at least two years of contributory service in the Municipal Pension Plan and are planning to leave your job, but will not be receiving a pension right away, you have two options. You can leave your money in the plan and take a pension later, or you can withdraw your money as a lump-sum transfer to a locked-in retirement savings vehicle. A lump-sum transfer (also known as a commuted value payment) might seem like a good option, but it's one you should consider carefully.

The commuted value (CV) of a pension is the amount of money that needs to be set aside today, using current interest rates, to provide enough money at retirement to pay the lifetime pension. This money must be transferred to a locked-in retirement plan, unless it qualifies as a small benefit refund under the *Pension Benefits Standards Act*.

Depending on your years of service, a CV payment can be a significant amount of money. The chance to have personal control over this money may be an attractive option. You might think you have nothing to lose, that you'll at least match what your Municipal pension would pay. Maybe you can do even

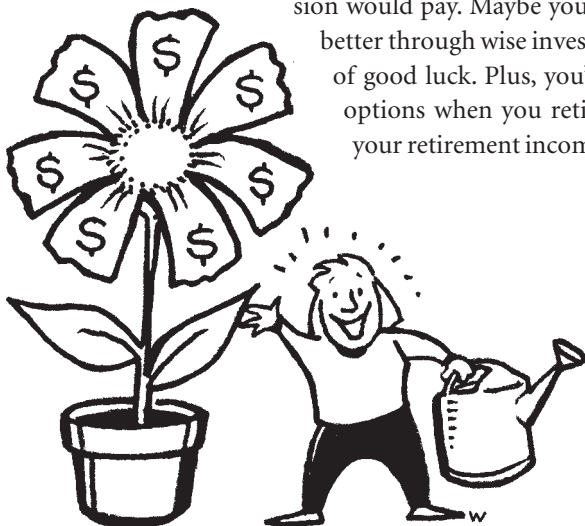
better through wise investing and a bit of good luck. Plus, you'll have more options when you retire as to how your retirement income is paid out.

However, investing your CV payment is risky. You may do as well or better than the plan, but you may not. There is no way to guarantee what your pension income will be. While an annuity purchased with your CV payment may provide retirement income for the rest of your life, other types of retirement income sources (such as Registered Retirement Income Funds) may not provide income for as long as you need it. Also, you will not have the Municipal Pension Plan's "buying power advantage" when it comes to purchasing group health benefits, and you will need to consider how to cover cost-of-living increases during your retirement.

On the other hand, if you leave your money in the Municipal Pension Plan, you will receive a guaranteed retirement income that will be paid for as long as you live, and possibly for as long as your spouse lives. You may also have inflation protection and access to health benefits coverage after you retire.

If you leave your money in the plan (known as deferring your pension), your pension will be increased each year by the cost of living increases applied to pensions being paid to retirees. This means that when you are ready to start collecting your pension, it is likely to be higher than the amount you see on your termination options form.

Remember, a CV payment cannot be reversed. Once the money is transferred, you can't buy back your time in the Municipal Pension Plan. Before deciding to take a CV payment, look closely at the full value of your Municipal pension and consider the risks that come with the CV payment alternative. **R**



CALM GRAPHIC

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

CONTRACT INTERPRETATION

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

Filing a WCB claim

by SARAH O'LEARY

Q While moving a patient on the xray table, I felt something “pop” in my back. It really hurt! But I stayed at work, because if I went home, my coworkers would be left even more short-staffed, and I didn't think it would be fair to them.

I filled out the hospital's injury report (not WCB) and was told by the employer that this was the same as filing with the WCB. I have since learned that nothing has been filed with WCB regarding my injury.

I received physio through the hospital's PEARS program. I'm still at work, but I'm experiencing pain. Should I file a formal WCB report even though I didn't miss any work?

A Many of HSA's workplaces have PEARS (Prevention and Early Active Return-to-Work Safely) programs, musculoskeletal injury prevention programs and early intervention programs offering HSA members physiotherapy and other forms of early intervention treatment for pain or symptoms.

Employers and employees alike support these programs, and that “an ounce of prevention is worth a pound of cure.”

However, there is one aspect of these programs HSA members must be vigilant about. You may have been able to get physiotherapy right away – and therefore you didn't have to miss work – *but you still have to file a report with the Workers' Compensation Board (WorkSafeBC).*

Many members may not realize that you do not have to miss time or lose wages in order to report an injury to the WCB. In fact WCB policy says it is mandatory for both your doctor and your employer to report an injury that requires treatment

or that causes symptoms at all.

If you do not report, you may encounter real problems some time down the road – either if you continue to have symptoms, or when your sore back or tendinitis flare-up. If it has been more than one year since you first reported this problem to your employer, or first had treatment, you may be out of time. You will have to live with the fact that WCB will consider you to have a “pre-existing non-work-related condition” for the rest of your life.

It doesn't help either if your employer has broken the law by failing to send your incident report to the WCB. It might possibly get them a fine, but it won't get you an extension of time to file your claim.

Whether you miss work or not, whether you lose wages or not, and even if you have filed an incident report with your employer, file that claim with the WCB. You are the only one who is going to suffer if you don't. **R**

Sarah O'Leary represents HSA members at WCB appeal tribunals. Contact her at sarah@hsabc.org.

Should I file a formal WCB report even though I didn't miss any work?



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 PROFILES

Positively life affirming: supporting women living with HIV and AIDS

by LAURA BUSHEIKIN

Sangam Grant laughs as she describes the typical response to her job: “When someone asks what I do, I say I work in an agency for HIV-positive women. Most of the time people’s reaction is ‘Oh, my God.’

“They think it must be terribly hard and depressing and that I must be some kind of saint. But it’s not like that, not like that at all. Certainly there are tragedies, certainly there are sad stories, but I find my work to be very life-affirming,” says Grant.

“It’s not just about HIV – it’s more than that. It’s about women’s lives, addiction, recovery, housing, violence, relationships. Everything.”

“One of the things I love most about my job,” she adds, and pauses to laugh again, “is that I laugh a lot.”

Grant’s workplace, the Positive Women’s Network, is dedicated to improving the lives of HIV-positive women.

“In the support program, we provide one-on-one support, information, referrals and advocacy; we have a hot lunch program, outreach, a food bank, a drop-in, support groups, support for HIV-posi-

organization’s hub is its premises on Davie Street in downtown Vancouver. Grant smiles appreciatively as she describes what goes on there.

“Say, on a Tuesday – that’s our busiest day – the lunch program is going on upstairs, and downstairs is groceries and an area to get clothing donations. It’s pretty lively!

“Like women do everywhere, we connect and meet and share in the kitchen. Other agencies might be doing case management or sitting in an office doing counselling, but here it’s happening in the kitchen! Of course, we do all that other stuff, but there’s also the ongoing support that happens when women are together, sharing their stories and exchanging information,” says Grant.

The importance of peer support at PWN is reflected in the language staff use to describe the people they serve. “We call them members, not clients,” says Grant. “I’m not there as the authority; I’m so not the authority! There’s a huge amount of information that gets exchanged over the lunch table or the support groups.” And some of the members contribute in a more formal way as program volunteers.

“We have some amazing women who are mem-

“Certainly there are tragedies, certainly there are sad stories, but I find my work to be very life-affirming.”

tive ‘trans’ women, phone counseling, and – one of our best programs – an annual weekend wellness retreat,” says Grant.

The scope of its work is province-wide, but the

Sangam Grant
Chief Steward
Support Worker
Positive Women’s Network

bers who come in and volunteer; they pretty much run the food bank and help out with lunch,” says Grant. She pauses, mulling over the word ‘member.’ “The requirement to become a member of PWN is that you are HIV positive and you define yourself as a woman,” she explains. Letting people self-define their gender allows for a greater inclusiveness than might be found in some agencies.

“I don’t mean to gush here but when I’m at work every once in a while I look around and see the world of PWN is quite exceptional. To be among a group of extremely diverse women, hanging out and laughing and supporting each other – I don’t think you would see such a diverse group together outside the agency. The accepting of each other – it’s quite something. I work in an amazing place,” she says.

However, woven into the laughter, inspiration and uplift of Grant’s job, there is, undeniably, the sadness and frustration of dealing with a deadly virus.

“We really get to know the women who come in because we’re seeing them sometimes for years. You see their lives; you become part of their lives. And, you know, they die. So we have to deal with that, and with how it impacts other women and how it impacts staff.”

These stresses can typically lead to burnout, yet PWN staff tend to stay for a long time, says Grant. She herself is coming up to her ninth year with the agency. She attributes the staff longevity to the supportive policies and attitudes of the workplace.

Grant, and most of her colleagues, work part time. PWN has a core team of eight people – including counselling, outreach, administrative, communications and education staff – as well as various contract and relief workers.

“That’s why we last so long; we are invested in our own self-care. At staff meetings we check in with each other.

“The union has always been there for us when we needed guidance or clarification. And HSA is a very supportive union for women. There’s understanding of who we are as women working with women.”



KATE WILLIAMS PHOTO

Sangam Grant works with HIV-positive women at the Positive Women’s Network.

Continued on next page

Positive women

Continued from previous page

"You can look at death and dying in many different ways. We can affirm their lives because we are working with them for so long," says Grant.

"The culture at PWN is very supportive. We all genuinely care about each other and we're small enough that that can happen. There's genuine care and support and we laugh a lot. That's so important. And we're in a supportive union," says Grant, who currently serves as chief steward and occupational health and safety steward for her site.

"The union has always been there for us when we needed guidance or clarification. And HSA is a very supportive union for women. There's understanding of who we are as women working with women, and a recognition of the reality of women's lives."

That reality isn't always catered to in the world of AIDS service organizations.

PWN is the only women's agency west of Toronto, says Grant.

"But women are disproportionately impacted by HIV. Who's taking care of the children? And the home? Who can't negotiate for safe sex?

"Who's facing violence and abuse? Women have all these issues that most men don't have to face. Women make less money. And it's way more probable that a woman is going to contract the virus from a male than the other way around.

"One issue is around violence. Because this is a women-only space, women can come to a safe place, without being in the company of their abusive partner," says Grant. An abusive partner is likely to prevent them from finding access to services, and not allow them the rare opportunity to relax and find support in the company of other women.

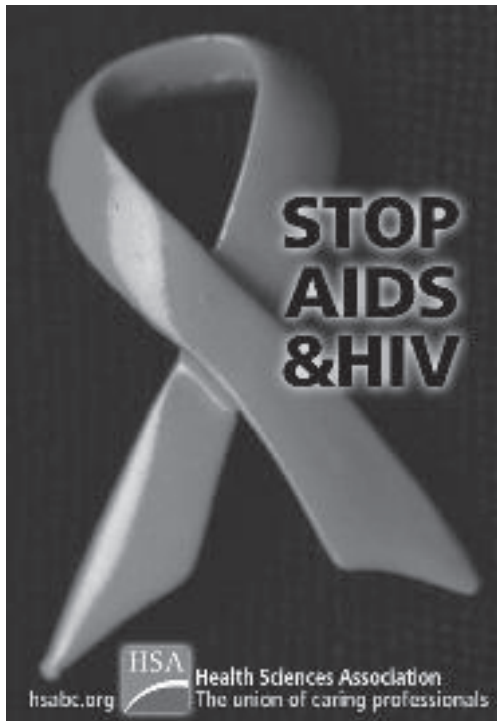
Health care issues are also different for

women. "Historically, most treatments for HIV were based on tests done on men. But women don't present the same. And women are often diagnosed later than men," explains Grant.

Grant has developed a comfortable expertise in working with women. In addition to a counselling certificate, Grant brings years of experience leading anti-oppression workshops, working in transition houses, drug and addiction counselling, and prevention of violence against women.

All this – combined with her own life experience in fighting class prejudice and racial bias – makes Grant an ideal counsellor for PWN members, and a passionate, articulate advocate.

With her work at the Positive Women's Network, she recognizes that she has found her calling: "I have an amazing job," she says. **R**



Wear a red ribbon to fight HIV

Almost 40 million people around the world are living with HIV – and that number increases in every region every day.

At the end of 2005 there were an estimated 60,000 people in Canada living with HIV – up from 56,000 in 2003. An estimated 2,800-5,200 new HIV infections occur in Canada each year, though many of these are not reported right away.

Unfortunately, ignorance and prejudice fuel the spread of a preventable disease. Wearing a red ribbon is a sign that together we can stop the spread of HIV and end prejudice.

Watch for red ribbon AIDS awareness stickers being distributed this December by HSA's Committee for Equality and Social Action; see your chief steward to receive yours free. **R**

Statistics courtesy of www.avert.com.

News

from the National Union of
Public and General Employees

Harper continues attack on women's equality

The Harper Conservative government has resumed its attack on equality for women in Canada. Status of Women Canada Minister Bev Oda announced in November that twelve of the Status of Women Canada's sixteen offices will be closed by April 1, 2007.

The National Union of Public and General Employees is adding its voice and the voices of its 340,000 members to those who are calling for an immediate resignation of Minister Oda.

"The Minister should resign and the continued attack on equality for women in Canada must stop," says National President James Clancy.

"How can virtually eliminating the

Twelve of the Status of Women Canada's sixteen offices will be closed by April 1, 2007.

agency that works to advance women's human rights, economic equality and the elimination of violence against women, better serve the needs of Canadian women?

"Women continue to earn significantly less than men despite the current government's belief that they have obtained pay equity, women still make up a disproportionate number of those living in poverty, they continue to be victims of violence and they continue to struggle to maintain employment without an adequate number of child care spaces. Clearly this Minister is

out of touch with how to serve the needs of women in this country."

When the final office closing is complete on April 1, 2006, there will be four offices left in Canada:

- The Edmonton office will service Manitoba, Saskatchewan, BC, the Northwest Territories and Yukon;
- The Montreal office will service Quebec and Nunavut;
- The Moncton office will service the Atlantic region; and
- The Ottawa office will service Ontario and national organizations.

Lack of staff number one issue in HSAA survey

This fall, a survey of 12,000 members of the Health Sciences Association of Alberta (HSAA) identified workload and lack of staff as the number one issue of concern. HSAA represents more than 14,000 professional, technical, support and ambulance workers in Alberta's health care system.

"We asked our members what it would take to create a quality work environment. Most say the hiring of more staff to reduce workload is what's needed," said HSAA president Elisabeth Ballermann.

"This is a wake up call for health employers in Alberta. If employers want to deal with recruitment and retention of health care workers, they need to improve the work environment."

The second most important issue was the need for support of continuing profes-

"Most of our members said the hiring of more staff to reduce workload is what's needed to create a quality work environment."

sional development. All regulated professionals are required by their professional colleges to meet significant continuing educational requirements. For many years, HSAA has been calling for employers to share this responsibility by providing adequate time and financial support to enable their employees to keep up to date.

"Our members tell us they want a better balance between work and family life. This means more flexibility to job share with their peers and ensuring that special leave and personal days are easier to use," Ballermann added.

One in five HSAA members plans to retire in the next five years. Of those, 20 per cent say they would consider delaying their retirement if improvements were made to the work environment.

"This survey of allied health employees is the first of its kind in Canada.

"We are meeting with employers to advocate for joint efforts to improve the work environment. HSAA is committed to working with employers at the bargaining table, but also between contracts to address identified needs. We expect this will have huge benefits for our members, the employers and therefore Albertans," Ballermann concluded. **R**



For more
NUPGE
news, see
nupge.ca

LEGAL SERVICES

Ultrasound technologists and work-related injuries: the long struggle for recognition

by MAUREEN HEADLEY

Most HSA members, and certainly all our ultrasound technologists, are familiar with the long battle we have had to achieve recognition from the Workers' Compensation Board (WCB – also known as WorkSafe BC) of the risks inherent in the profession.

HSA undertakes a high volume of workers' compensation appeals for injured ultrasound technologists. Typically she will have an activity-related soft tissue disorder (ASTD) of some sort: tendonitis of the wrist or arm, rotator cuff tendonitis, thoracic outlet syndrome, epicondylitis, or, commonly, what the WCB calls a non-specific multiple tissue disorder of the shoulder, upper back and neck.

These are all considered and recognized as occupational diseases. We have fought for many long years to have the WCB recognize that these conditions are endemic to the profession.

The *Workers' Compensation Act* provides a schedule of occupational diseases. Schedule B is the easiest and most automatic way to get an occupational disease accepted. It lists a condition or disease, accompanied by a list of industries or series of activities. If you have the condition or disease, and your industry or activity is on the accompanying list, there is an automatic presumption that your condition or disease comes from your work.

HSA has lobbied for years to have ultrasound technologists added to this list. But the WCB is resistant to this process; more so in recent years than ever before, and we are no closer to success than we were 10 years ago. The trend under the



Maureen Headley,
Executive Director of Legal Services

The injury rates for ultrasound technologists is shocking. Ten years ago, a province-wide study of ultrasound technologists found that nearly 92 per cent of technologists had been injured at some point in their career. Many of them continued to work with their injuries.

current government is to move away from coverage and benefits for injured workers, and this is no exception.

However, one by one, HSA continues to win the majority of our compensation appeals for

injured ultrasound technologists.

About 10 years ago HSA, the BC Ultrasonographers' Society and the Healthcare Benefits Trust co-operated in a province-wide study of ultrasound technologists. The results were shocking: nearly 92 per cent of technologists had been injured at some point in their career. Many of them continued to work with their injuries.

This study was published broadly and highly regarded. However, in the current political climate we have been finding that increasingly the appeal tribunals are disregarding this evidence. This evidence, which used to win our appeals, is now being discounted as "anecdotal," "unhelpful," and "of no weight".

Clearly something more must be done.

Over the past year, HSA has hired one of the best-known ergonomists in the province to address this problem. Judy Village is an associate professor at the UBC School of Occupational Hygiene. She is one of only six certified professional ergonomists in BC and has provided training to WCB staff.

She has been doing individual workplace assessments on our injured ultrasound technologists and writing a report in each case for their individual appeals. Her reports are based on her study of the technologist at the job for several hours. She watches the technologist doing the full job, and films it. She then plays back the tape step by step and assesses the ergonomics of *every single movement the technologist makes*. Her analyses of the demands of the job are incredibly detailed and are supported by reference to all of the most current scientific literature.

WCB, on the other hand, fired all of its

ergonomists when the Liberals came into power. Their case managers are now forced to do their own ASTD reports with very little training in the area.

While a Village report is a thing of beauty to us in the legal department at HSA, we cannot have her assess each and every one of our injured members. Two years ago we engaged her to do a large "template" study of our medical laboratory technologists. We have had tremendous success with that report.

This year, she has been working on a similar study for our ultrasound technologists.

In the face of the trend against workers, we need hard, scientific data to support our members in their appeals.

We are optimistic this report will provide us with the ammunition we need to win these appeals, and perhaps to convince the employers to make the changes that have to be made to prevent these occupational injuries from happening in the first place. **R**

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



CALM GRAPHIC

ACROSS THE PROVINCE

Your union needs you

by REID JOHNSON

It may seem self-evident, but what a union needs is for everyday members to become committed activists. “The Union” isn’t just “the Head Office” or “the Staff,” it is the membership.

The Health Sciences Association is no different. Any member of HSA has the capacity to become a committed activist who is effective in representing the best interests of the members in the workplace and, by extension, the union as a whole. It is an absolute necessity to have the protection of our collective agreement rights – and part of asserting those rights is through effective activism in the workplace.

HSA activism comes in the form of standing for steward elections or becoming department representatives and supporting fellow members in the workplace. We are quickly approaching the time when chapters elect their stewards for the coming year. Our members need individuals to take on these duties of service and leadership so our interests can be protected and our values put forward in the workplace. We also need to think about building (or rebuilding) our capacity for activism in our chapters as members approach retirement or contemplate changing employers.

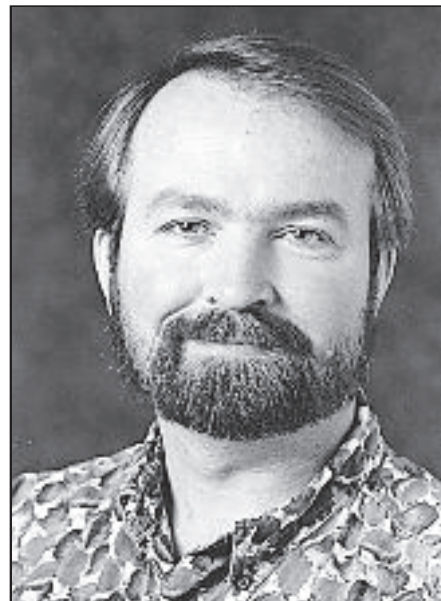
Many of us would prefer that someone else take on the role of steward and we’ll either politely ignore them or perhaps provide moral support. Some would say that’s just human nature. What is more effective is that more

members agree to take on smaller portions of the overall task and distribute the effort between more people. Some would say that’s strategic.

A practical suggestion would be for a group of members to each take on a single role as an occupational health and safety steward, a general steward, an assistant chief steward, and a chief steward. Members can rotate through the roster from general steward to assistant chief to chief, then back to assistant.

By rotating through the roles, members get a feel for each level of leadership and get help developing their skills and confidence. After a few years, you’ve completed your rotation, but as this continues, your chapter has grown in its depth and capacity of activism. No one has had to be chief for an extended period and the workload has been effectively shared. Others can see the effectiveness of your efforts and be encouraged to participate.

HSA provides excellent education to equip new and existing stewards in their role of activist in the local chapter. For information on these steward training events, go to the union’s website at www.hsabc.org. The training is valuable in developing personal strengths and skills, as well as the tools you need to be a steward. In addition, HSA has



Reid Johnson, Region 5 Director

excellent staff to assist stewards in their role in the workplace.

As HSA members, we have a tremendous responsibility in the health and social services sector in British Columbia. HSA members have developed a strong voice in service delivery and service policy. The services our members provide and our professionalism gives HSA a tremendous amount of credibility. Only our continued activism in the workplace will guarantee our continued influence and importance to the future of these services. We cannot allow erosion of our roles or silencing of our voice through the abridging of our collective agreement rights. The activism of our members and the presence of a strong steward network are essential components in maintaining HSA’s effectiveness in the workplace.

As steward elections approach, please consider stepping up to the challenge and developing your activist skills in becoming a steward. Take your turn and keep the members of HSA growing in our role as leaders in health and social services in BC. **R**

Reid Johnson represents Region 5 on HSA’s Board of Directors.

Get in on the Conversation on Health

Make the "Conversation on Health" about finding solutions that make public health care stronger – and not about more privatization, service cuts, and user fees.

HSA members like you are on the front line: you know what works and what doesn't.

Register for one of sixteen regional forums being organized across BC by visiting www.bcconversationonhealth.ca or by phoning 1.866/884.2055.

Participate in online discussions about health care at www.bcconversationonhealth.ca

You can also put your views on the record by voicemail: 1.866/884.2055, email: ConversationOnHealth@victoria1.gov.bc.ca or regular mail: Ministry of Health, 5-3 1515 Blanshard Street, Victoria, BC, V8V 3C8

Make this conversation about making public health care stronger.

Thanks for HSA's donation to the Gurjeet Ghuman trust fund

This is a quick note to thank you for your generous contribution to the trust fund for Gurjeet Ghuman's children.

The cardiology department at Burnaby Hospital has known Gurjeet for many years now, and we think this a great way of starting the December 6, 1006 Day of Remembrance and Action on Violence Against Women.

Last year I noticed there were T-shirts sold and support given by various local businesses.

This is a great beginning on the increasing number of cases that develop each year.

I hope to get some posters going in our hospital for December 6.

During my working years at Burnaby Hospital, many of my United Way Funds have gone to support work to stop violence against women, and I am a great supporter of this cause.

Thank you again for the support for this cause – we all appreciate it very much.

*Carol Warnat and Staff
Supervisor, Cardiology
Burnaby Hospital*

Editor's note: Every year, HSA distributes stickers to raise awareness of the Day of Action on Violence Against Women. Members can get their free copy from their chief steward or designate. See back cover for information on how to donate to the Gurjeet Ghuman trust fund.



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
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MEMBER PUBLICATION

STOPPING VIOLENCE

Members urged to take action to stop violence against women

The HSA Board of Directors has made a \$1,000 contribution to the Gurjeet Ghuman trust fund.

Ghuman is a cardiology technologist at Eagle Ridge Hospital, and also works at Royal Columbian Hospital. She was critically injured last month when her estranged husband shot her, and subsequently killed himself.

The trust fund was established by Ghuman's colleagues to support her two children.

HSA president Cindy Stewart said the recent high profile incidents of violence against women has had an impact on the community, and that many HSA members were personally affected by the violent attack on their friend and colleague.

"On December 6 Canadians will be marking the Day of Remembrance and Action on Violence Against Women. While HSA's contribution to the trust fund is a small step we can take in this individual case, we all have a role to play in preventing violence against women.

"I encourage all HSA members to do their part. The Canadian Labour Congress is calling on the federal government to provide \$2 for every woman and girl in Canada to support women's groups working to end violence against women. You can send your message supporting this lobby to the federal government by sending a postcard from the Canadian Labour Congress website at: http://action.clc-ctc.ca/en/violence_enLobby," Stewart said.

Contributions to the Gurjeet Ghuman trust fund may be made at any branch of the Scotia Bank of Canada, account number 01800 01024 15.



See letter from a colleague page 27



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