

THE Report



**SPEAKING OUT
FOR PUBLIC
HEALTH CARE**

MESSAGE FROM THE PRESIDENT

A conversation worth having

by CINDY STEWART

This month the Conversation on Health gets going in earnest, with the first two public forums set for Kamloops and Surrey.

In addition to the public forums, “health professional” forums are scheduled, as well as smaller focus groups of health professionals. HSA members will be participating in the latter two forums, but health care providers are barred from the public forums.

While all signs point to the Liberal government having already made up its mind on options for the future of health care, that is, an expansion of private delivery, HSA members are taking the Conversation at face value and actively participating where they can to ensure the government hears their perspectives about our health care system.

Premier Gordon Campbell launched the Conversation on Health Care by announcing that health care costs in BC are out of control, unsustainable, and could overwhelm BC’s provincial budget in the next decade.

When he announced the Conversation process, he also said he wants to add a sixth principle for medicare: sustainability.

In Gordon Campbell’s medicare, the principles of universality, accessibility, comprehensiveness, portability and non-profit administration would all be trumped by “sustainability,” or – in plain language – affordability.

If a case can be made that we can’t afford medicare, then the principles that have guided universal health care in Canada would become secondary.

Since the Conversation process was announced, the government has continued to relentlessly attempt to make the case that we can’t afford medicare,

apparently working to steer British Columbians into believing that universal health care isn’t an option, and that we have to make way for health care options that would allow those who can afford it to pay for access.

But the arguments don’t hold up to scrutiny.

As summarized by political columnist Paul Willcocks in the Vancouver Sun last fall, “In 1985, health spending was about five per cent of GDP. By 1995, it was 6.6 per cent. This year it will be about 7.3 per cent. The increase is an issue, but the notion that we can’t afford health care – that it’s not sustainable – is simply not supported by the facts.”

That’s why your participation in the Conversation on Health is important – so that the public record continues to show – as it has for decades – that Canadians support a health care system that is equal and accessible to all.

There are a number of ways to make your voice heard. For those who do not work in health care, registration is open to participate in the 16 public forums being held from January through to the summer in 16 communities across the province. There are, however, registration deadlines far in advance of the forums, so you are encouraged to register as soon as possible, even if the forum in your community is not for a few months. To register for the public Conversation on Health forum, visit www.bcconversationonhealth.ca.

Health care professionals are eligible to participate in ‘health professional forums’ the evening preceding the public



Cindy Stewart, HSA President

forum. Registration for those forums is also at www.bcconversationonhealth.ca. In addition, HSA has been invited to appoint representatives to smaller groups for focused discussion on issues concerning those who work in the system.

The government’s process includes opportunities for you to have your say online, by e-mail, fax and by phone. Visit the Conversation on Health website for details.

Finally, the BC Health Coalition and community groups around the province are also organizing alternative discussions about the future of health care. For information on the BCHC campaign, “Neighbours Talking Health Care,” visit www.bchealthcoalition.ca.

There are opportunities for health professionals to express their point of view about health care and HSA members have a lot to say and contribute. While we may be skeptical about the sincerity of these processes, the stakes are too high to ignore the invitation. **R**

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THE FRONT COVER

Braving the cold and slush, HSA activists from all across BC joined a protest against for-profit clinics – such as the private emergency clinic opened in Vancouver this winter. From left, incoming Region 9 Director Thalia Vesterback, executive director Ron Ohmart, and Penticton Regional Hospital Chief Steward Irene Goodis.
Miriam Sobrino photo.

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Publications mail agreement no. 4000 6822
Return undeliverable Canadian addresses to database department
Suite 300, 5118 Joyce Street
Vancouver BC V5R 4H1

News

Workplace fatality rate rising in Canada

NUPGE

Canadians are dying at a rate of five workers for each regular working day of the year as a result of accidents on the job and occupational diseases, says a report by the Centre for the Study of Living Standards.

The number of workplace fatalities rose to the highest level ever in 2005 with 1,097 deaths reported, up 18 per cent from 928 in 2004, the Ottawa-based centre said.

Statistics for the study were compiled by the Association of Workers Compensation Boards of Canada (AWCBC) from 1993 to 2005.

Founded in 1995, the centre is funded by a variety of federal and provincial departments and agen-

cies along with contributions from think tanks, business and labour groups and other international and bipartite organizations.

“The numbers – and rates – of workplace fatalities are troubling,” says Andrew Sharpe, executive director of the centre. “Other countries are making progress in this area and we are not.”

Among the report’s highlights:

- Workers in certain industries are at greater risk of dying from workplace causes. Fishing and trapping are the most dangerous industries, followed by mining, quarrying, and oil wells, logging and forestry, and construction.
- Fatality rates vary across the country. In 2005, Newfoundland had an average of 11.7 deaths per 100,000 workers; the national average was 6.8 deaths per 100,000 workers. Ontario had the



ANTI-PRIVATIZATION RALLY: HSA's Region 6 Director Rachel Tutte speaks out against a private, for-profit emergency clinic in Vancouver on the day of its opening, November 30.

MIRIAM SOBRINO PHOTO

highest number of deaths, 412, followed by Quebec with 223 and BC with 189.

- The incidence of workplace fatalities from accidents and occupational diseases increased from 5.2 deaths per 100,000 workers in 1996 to 6.8 deaths per 100,000 workers in 2005. This is in contrast to almost every other country in the Paris-based Organization for Economic Co-operation and Development (OECD), where the incidence of workplace fatalities is declining.
- Deaths from occupational illnesses have shown a dramatic increase. Cancers, asbestos-related diseases and other illnesses count for half of all fatalities. Asbestos is a particular concern because Canada continues to mine and export the mineral. Many OECD countries have banned it. Given how asbestos-related diseases develop slowly over time, fatalities are expected to continue to rise.

Executive director retires



Ron Ohmart

Ron Ohmart, Executive Director of Labour Relations, retires at the end of February.

Ohmart joined HSA on staff 17 years ago and has worked as a Labour Relations Officer, Membership Services Coordinator, and Executive Director on behalf of HSA members across the

province. He has represented members, settled grievances, negotiated local agreements and, most recently, acted as chief negotiator for the Health Science Professionals Bargaining Association – concluding the last two agreements for health science professionals.

HSA will miss Ohmart's leadership and key contributions to the union, and wishes him a well-earned and deserved happy and healthy retirement.

HSA President Cindy Stewart announced in December that Maureen Headley, Executive Director of Legal Services, will take over responsibility for the labour relations department, in addition to the legal department, upon Ohmart's retirement.

See column page 28.

Pandemic planning: how ready are Canada's governments?

NUPGE

The National Union of Public and General Employees (NUPGE) has released a report on pandemic planning in Canada.

The paper presents an overview of what Canadians need to know about the threats that pandemics pose and what governments in Canada are doing to prepare for them.

It also recommends actions that workers and their unions should take to ensure workplaces are as prepared as possible.

"An influenza pandemic constitutes one of the most serious threats over the next generation," says James Clancy, president of the 340,000-member National Union.

"It's critical that Canadian governments do the necessary planning to be prepared in the event of a major outbreak. The inclusion of front line workers and their unions in pandemic planning can only strengthen Canada's response," Clancy says.

"We know from the SARS crisis that the effectiveness of any response depends largely on an ability to communicate relevant information to Canadians and workers, not just during a pandemic, but in advance of an outbreak," he adds.

"Our members on the front line of Canada's health care system have many questions related to the purchase of personal protective equipment, such as the N95 respirator, and the role of vaccines and anti-virals in controlling and preventing a pandemic.

Continued next page

News

"They want assurances their governments are taking action to protect and prepare health care workers, so that health services will be available to Canadians during a time of heightened need. NUPGE will continue pushing governments to ensure there is adequate preparedness and protection of critical health and safety infrastructure and supplies," Clancy says.

NUPGE's report is available at www.nupge.ca.

Nominations open for David Bland Memorial Award

In 2005, David Bland, a vocational rehabilitation counsellor and HSA member from Richmond Mental Health, was murdered 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.

To honour David, the HSA board of directors has established the David Bland Memorial Award which recognizes HSA members who have demonstrated outstanding leadership in the area of occupational health and safety and who have made a meaningful difference in the lives of their fellow HSA members.

- Do you know a current HSA member who has:
- demonstrated leadership in the area of occupational health and safety,
 - served as an effective role model and advocate for other HSA members at their facility with respect to occupational health and safety issues, and
 - taken initiative on a specific local issue in order to improve the health and safety of other HSA members at their workplace?

If so, please complete the application form available on the HSA website at www.hsabc.org, and return it to the HSA office by March 2, 2007.

Nominations will be reviewed by a committee of the Board. The inaugural recipient will be announced at HSA's annual convention in April.

National social services conference announced

NUPGE

The National Union of Public and General Employees (NUPGE) will host a national conference for members in the community-based social services sector April 1-3 in Edmonton, Alberta.

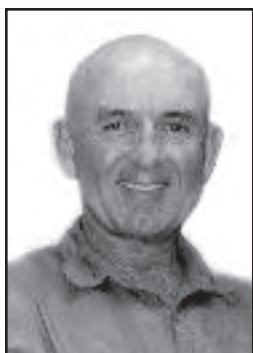
"We're very excited about this important initiative," says James Clancy, NUPGE National President. "These members work hard to provide services that ensure a decent standard of living for some of the most vulnerable people in our communities. But, while the work they do is critical, it often goes unrecognized."

The conference will be attended by front-line workers from the following community social services sub-sectors:

- Adult mental health
- Children's treatment services
- Developmental services workers
- Group homes
- Women's services

Discussion topics at the conference will include:

- The introduction of alternative service delivery models.
- Funding and accountability.
- Health and safety.



David Bland



Benefit questions?
call your steward!

- National disparities in conditions of employment.
- The public profile of workers in the sector.

Workers in this sector confront a wide range of challenges and issues on a daily basis.

“Workers in the sector have struggled with frequent government restructuring, under funding, low wages and job insecurity, rising incidents of violence, and the growing presence of for-profit providers,” Clancy says.

In the last decade a number of new service delivery models have emerged. In a growing number of instances the results have been reductions in quality programs, funding instability, a decrease in standards, less accountability and a devaluing of their work.

In addition, compared to a decade ago, federal funding for the sector is almost non-existent.

Health care and post-secondary education have received the most attention in the competition for federal funding while community-based social services have been poor cousins left behind.

“This conference provides a valuable opportunity for the dedicated and knowledgeable front-line workers in the sector to discuss these and other issues, build strength from each other’s experiences, and develop common strategies to address the key challenges facing the sector,” adds Clancy.

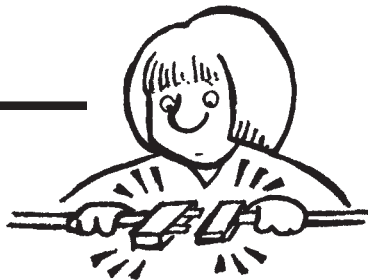
The National Union sees the conference as an important step towards ensuring these workers receive the recognition they deserve.

Watch for a report from HSA’s delegation to this conference in upcoming issues of The Report.

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. **R**



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

Labour studies: providing key tools for BC activists

The Capilano College Labour Studies Program offers a range of courses for labour activists, including:

- workers’ compensation
- pay equity
- protecting workers’ health and safety

Courses are offered at various post-secondary campuses and union offices around the province.

A full program guide for spring 2007 can be found at: www.capcollege.bc.ca/ce/north-shore/labour-studies.

The instructors and staff are members of unions in British Columbia’s public sector.

In 2005, the Labour Studies program celebrated its 30th anniversary of developing, promoting and offering union education. Participant feedback indicates these courses provide valuable information, and are facilitated by expert instructors who bring a wealth of knowledge and experience. **R**

HSA members interested in taking any of the labour studies programs are encouraged to apply to the Madden Memorial Fund for reimbursement. Information about the Madden Memorial Fund and application forms can be found on HSA’s website at www.hsabc.org.

WORKING OPPORTUNITY FUND

Your opportunity to invest in new BC jobs

Since first being elected in 1989 as Secretary-Treasurer of the British Columbia Federation of Labour, Angela Schira, the first woman elected to the post, has maintained a hectic schedule. Yet she still finds time to be a director of the Working Opportunity Fund (WOF), a position in which she “has a deep-rooted interest” because of its job-creating potential.

Founded in 1991, WOF, BC’s largest labour-sponsored venture capital fund focuses on investing in small companies with good ideas and new technologies, smart and experienced management teams, and the potential for rapid and large growth. The fund’s investors receive deductions on their provincial and federal taxes.

But for Angela, it’s not just the tax breaks and the potential investment gains that are important. It’s more the fact that the money is invested in British Columbia and creates employment for British Columbians. Although she’s only been a WOF director since 2000, she’s proud that in its 15 years, 10,000 well-paying jobs have been generated by WOF’s portfolio companies.

“I think that’s what’s appealing to a lot of WOF’s 50,000 shareholders,” she says. “Sure they’re interested in having a return on their investment but it’s also important what that investment is actually creating right here in British Columbia—good paying jobs.”

“A lot of people can invest their money anywhere in the world at the press of a button. But an investment in WOF is creating employment right in our own backyard which is so important.”

When she talks to friends and other trade unionists about the Fund, these are the points she emphasizes and then she adds that “they should talk to their investment advisor to see if an investment in the Fund is right for them.”

As part of its responsibilities, the investment committee of WOF’s board of directors approves which new companies to invest in and Angela has been a member of this committee since 2001. Companies seeking new venture capital investment from WOF make presentations to this committee which has an experienced manager to recommend and help the committee make decisions.

Angela, who had known of the quality and range of WOF’s investments from other union members on the board before she joined, is particularly interested in the life sciences and information technology proposals that come before the committee. And an officer of the International Association of Machinists, a union representing employees in the aerospace industry, she also takes a keen interest in WOF’s investment in Avcorp, which makes aircraft parts and employs about 600 workers.

Of her work on the committee she says, “Naturally, you always want to see a life sciences company that’s developing new drugs succeed. They are possibly going to save someone’s life or cure a cancer or relieve chronic pain. But information technology companies are also always interesting because they too change our world.”

“But the key for me is the job creation by these companies and the fact that an investment in WOF is an investment in our own communities.”

Tax credits are subject to certain conditions. Commissions, trailing commissions, management fees and expenses all may be associated with investments in retail venture capital funds (RVCs), like WOF. Please read the Fund’s prospectus before investing. RVCs are not guaranteed, their values change frequently and past performance may not be repeated.

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WOF
WORKING OPPORTUNITY FUND

**Create wealth
for your retirement.
Create jobs for BC.**

**The Working Opportunity
Fund offers investors:**

- Up to \$1,500 in tax credits
- An investment for your RRSP
- The satisfaction of helping to create well-paying jobs in BC

**Call your Investment Advisor
or visit www.growthworks.ca/wof**

Commissions, trailing commissions, management fees and expenses all may be associated with investment fund purchases. Please read the prospectus before investing. Investment funds are not guaranteed, their values change frequently and past performance may not be repeated. Investments in the Fund have some restrictions on resale and redemption. Tax credits are subject to certain conditions.

ALL-CANDIDATE MEETINGS

See your next HSA president in action

Delegates to the 2007 HSA Convention will elect a new union president for the first time in 14 years. As this marks a major change in the leadership of the union, HSA will be holding a series of three all-candidate meetings to give chief stewards an opportunity to meet the presidential candidates, hear their vision for the union and ask questions.

HSA will pay wage replacement, per diems and travel expenses for chief stewards to attend (one per chapter; facilities with more than 300 members may also send their assistant chief steward). If a chief steward or assistant chief steward is unable to attend, an alternate may be selected. For relative ease of transportation to the Lower Mainland and to address time constraints, chief stewards from northern facilities and the Kootenays are invited to attend the session in New Westminster.

HSA will also pay wage replacement, per diems and travel expenses for presidential candidates, regional directors and Members at Large (who are not chief stewards).

Other members are invited to attend but HSA will not provide travel costs or wage replacement.

Candidates participating in the all-candidate meetings are those who submitted nomination papers before the previously announced February 19



Delegates to this year's Annual Convention will elect a new HSA president.

deadline. However, the HSA Constitution allows candidates to come forward until nominations are closed during the course of the Annual Convention in April. Watch for candidates' statements in HSA's upcoming *Annual Report*, to be mailed in March. **R**

Presidential all-candidate meetings: March 5, 7, & 9, 2007

The all-candidate meetings will be as follows:

For members in Region 8

Monday, March 5, 2007 1:00 – 4:00 pm
Coast Capri Hotel, Kelowna

For members in Region 1 & 2

Friday, March 9th, 2007 1:00 – 4:00 pm
Hotel Grand Pacific, Victoria

For members in Regions 3, 4, 5, 6, 7, 9 & 10

Wednesday, March 7, 2007 1:00 – 4:00 pm
Inn at Westminster Quay, New Westminster

Not a chief steward (or an assistant chief steward) but want to attend? All HSA members are invited to attend the all-candidate meetings on their own time. However, only chief stewards (or assistant chief stewards, as described above) are eligible for reimbursement.

Committees

NATIONAL SCHOLARSHIP WINNER



The members of the 2006/2007 Education Committee are:

- Jackie Spain (Chair)
- Suzanne Bennett
- Carmela Vezza
- Wendy Reilly
- Ruth Simpson
- Leila Lolua (Staff)

For information about the work of this committee, contact Leila Lolua at 604/439.0994 or 1.800/663.2017.

Many scholarships and bursaries are available to HSA members and their children. See HSA's website at www.hsabc.org for information.

Daughter of HSA member wins NUPGE's Visible Minorities Scholarship

Each year, the National Union of Public and General Employees (NUPGE) offers four scholarships that reflect its pursuit of equal opportunity for all workers. They are open to the children of the National Union's 340,000 members who are starting a post-secondary education.

Children of HSA members have won several such scholarships in the last few years. This year, HSA congratulates Alia Dharamsi – daughter of HSA pharmacist Azmina Dharamsi – who was awarded the Visible Minorities Scholarship. Her winning essay is reprinted below.

For a listing of the scholarships and application information, see www.nupge.ca.

by ALIA DHARAMSI

The importance of quality public services in enhancing the quality of life of visible minorities

There are a multitude of public services that are available in Canada which are used regularly by all, including visible minorities, in order to make everyday life easier and better. The focus of this essay will discuss the availability of healthcare, education, recreational activities and support services as well as the opportunities to participate in different levels of government. The availability of a wide variety of public services helps to build a society of responsible and contributing citizens.

Health care is a very important public service that is a privilege for Canadians. Canada has one of the finest healthcare systems in the world and it is best known for its universality. The absence of user fees makes it readily available for all visible minorities.

Easy accessibility to hospitals, outpatient ambulatory clinics as well as to walk in medical clinics makes it very convenient to obtain quality health advice and treatment for ailments. Often facilities are also able to provide culturally sensitive services as well as breakdown communication barriers with visible minorities by having pamphlets available in a variety of languages and access to interpretation services.

The availability of specialist medical services as well as those of a variety of support services such as nurses, pharmacists, physiotherapists, psychotherapists, technologists and dietitians help not only to treat active disease but also to prevent other diseases (e.g., via immunization programs). There are many visible minorities that believe in alternative and complementary medicines and it is important for conventional healthcare systems to provide counseling in order to dispel common myths and promote wellness.

The accessibility to quality health care involves the team work of a variety of staff in order to have a properly functioning system and all workers need to be compensated fairly for their time and effort. Healthcare is the backbone for a sound society and is very important for increasing the quality of life for visible minorities and decreasing mortality whilst increasing years of economic productivity.

Education is the pillar of a contributing and growing civilization; it is very important for visible minorities to obtain it in order to be able to further settle into the Canadian culture. Accessibility to earthquake-proof and wheelchair friendly schools along with a variety of support staff help visible minorities to learn and acquire a variety of skills in order to become productive members of society. Schools should be a safe and secure environment to help students acquire knowledge in

an encouraging atmosphere. Learning Assistance Centres and English as a Second Language programs help to integrate newly arrived immigrants into Canadian society. Many schools regularly discuss anti-bullying, anti-gang, and anti-racism programs with the student body; these discussions are vital as they lead to student harmony and security which further enhances learning. Zero tolerance of alcohol, drugs and smoking which are already implemented in several schools promote health living as well as responsible behavior.

Hot meal programs, which are offered at several inner city schools, are valuable as often this is the only reliable meal of the day for a student. Overall, the importance of acquiring a basic education is fundamental for visible minorities so that they can then go on to pursue higher education, partake in future opportunities, have high-quality living conditions and become contributing members of the Canadian society.

Libraries also offer a variety of services, in a safe environment, that are very helpful to visible minorities. Along with the massive collection of material available for borrowing there is also the accessibility to reading clubs, homework help and internet access at the local library.

These resources aid new immigrants in their quest for knowledge and may encourage them to learn a new language which will help them interact with their new surroundings.

Participation in various recreational activities, such as at community centres and parks, help to keep visible minorities active with a healthy lifestyle. For example, sports contribute to uplifting the body, mind and soul. Belonging to a team helps to make friends which in turn lead to inclusion and integration into Canadian society. By being generally ac-



Alia Dharamsi receives the National Union's Visible Minorities Scholarship from HSA President Cindy Stewart. Dharamsi's mother Azmina Dharamsi is a pharmacist at BC Children's Hospital.

cepted, visible minorities acquire a sense of belonging and this leads them to wanting to give back to the community by volunteering, fundraising and participating with local groups/boards/councils.

Affordable child/adult day care as well pre/after school care greatly enhances the lives of visible minorities. For example, the parents are able to continue to work whilst their child is safely taken care of and the child in turn benefits by socializing with other children.

It is important to encourage and accept the involvement as well as participation of visible minorities in the local, provincial and national political arena. These opportunities would give visible minorities a chance to share their own as well as their community's views, opinions and ideas on how to further enhance the quality of life not only for visible minorities but also of all Canadians.

In conclusion, the provision of good healthcare, excellent education, various recreational activities, support systems and political opportunities would all enable the cultivation of visible minorities to become contributing citizens and future leaders. **R**

MEMBER PROFILE

Child life specialist brings magic touch to help sick children

by YUKIE KURAHASHI

As part of her job, Sandra Wyatt makes extraordinary dreams come true for gravely ill children. Her expertise and abundant empathy give every sick child she works with the best possible chance for effective treatment and recovery.

It's a tall order, but that only begins to describe Wyatt's job as a child life specialist at Prince George Regional Hospital.

Facilitating treatment

One day, the work might be helping a young needle-phobic asthma patient get a flu shot.

"Asthmatic kids really should have a flu shot," she says. "But we have quite a few who are afraid of

"Being held down to receive a shot is not the best approach, so after being seen by the respiratory nurse, it was suggested she pay me a visit."

"I invite them to come into paediatrics and do a one-on-one with the child, using stuffed cloth dolls that have no faces – different colours for all ethnic groups – and what the child can do is practise on the doll."

After "practising" on the doll, with a variety of medical equipment that Wyatt provides, the child is allowed to take the doll home.

"Many children put happy faces on one side, then turn it over and put a sad face on the other side. I try and desensitize them as best as I can. Often it takes one visit, sometimes more. The purpose is to educate – address their fears and concerns in a non-threatening manner through the use of medical play."

So how did things turn out with the severely asthmatic young patient?

"I asked, do you want to have your shot at the doctor's office, the health unit, or here in my office? And she chose my office, because she wanted me to be there. When she arrived, she got comfy in a child-size chair with her stuffed doll, where we practiced

"The girl's mom cried. It was the first time in eight years her daughter didn't scream and have to be held down for her shots."

needles. So at the beginning of each school year I send a little blurb around to all the health nurses, and when they go into the schools and come across a child who is really scared, they talk to that child's parent – and suggest they call me.

"For example, one child had to come to the ER due to a respiratory illness," Wyatt says. "She was a severe asthmatic who had not had her flu shot due to, as her mother put it, total fear of needles after having been restrained many times by health care professionals.

Sandra Wyatt
Child Life Specialist
Prince George Regional Hospital

" You can have all the medicine in the world, but if you're not using the right medicine at the right time with proper technique, you're not going to get the best outcome."

our breathing exercises along with a squeeze ball. The nurse came in, gave her the shot, and she didn't even wince!

"Her mom cried. It was the first time in eight years her daughter didn't scream. She was overwhelmed. I received a very nice letter from her," she says, smiling.

Patient advocacy, education, and outreach

Wyatt also works with asthmatic children in an educational capacity.

"You can have all the medicine in the world, but if you're not using the right medicine at the right time with proper technique, you're not going to get the best outcome you need to keep asthma under control," she says. The respiratory educator, Linda Hunter, thought that a program for child asthmatics would help reduce the number of children who end up in the ER. Wyatt created and now runs an educational program, using play and hands-on activity to teach children about asthma.

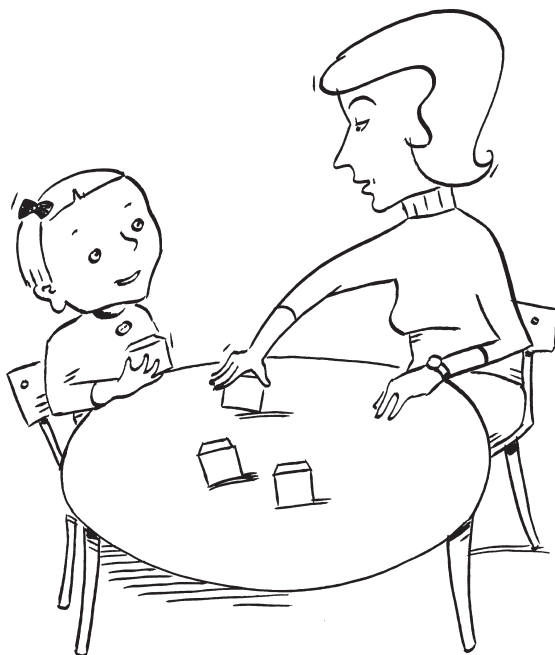
"Parents are invited to stay and learn, and the kids get to know each other and realize they are not the only one with this disease. The more a child knows, the better; knowledge is power and promotes self esteem," Wyatt says, because once an attack sets in the child may only have limited time to self-administer crucial medication.

Wyatt routinely goes into area schools to teach

about asthma and smoking. "I have all kinds of gadgets," she says, with a sly smile. "We build a lung, view dust mites that have been magnified on a poster, handle Mister Gross Mouth, plus a poison box." One gets the sense she really loves that poison box.

"We also have a movie for the older kids, which was made by teens for teens, a "Wheel of Misfortune" and "Jeopardy", which all help to keep the class engaged in this important topic."

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Sandra Wyatt: child life specialist

But Wyatt's work is not limited to working with children with respiratory issues.

She helps set up all the paediatric clinics – for example, cardiac, asthmatic and genetic clinics.

One of her current projects is working with the hospital's dietitian on a snack program.

"Most young children receive snacks at home... especially when (they're) sick, eating is not always a priority. Snacks should be offered at least twice daily. Having long gaps in between meals does not hold well for the little ones. They like to graze, and a little bit is better than nothing to help provide energy for getting better"

For the gravely ill, Wyatt pulls out all the stops to make the child's dearest wish come true. For one terminally ill cancer child, she was even able to arrange for a phone call from Shania Twain.

She works with the physiotherapists to implement therapy protocols. She organizes all the birthday parties, special visitors and "chemo parties," celebrating a child's last chemo treatment. She also works with children in isolation, providing activities and a trained ear to listen.

"A hospital is a hospital, but I try and provide fun things for the kids to do that they are capable of doing, with the illness that they have," she says. "And maybe I pick up on where there's something else going on in the family that no one else has picked up on.

"It's amazing what children will tell you while playing snakes and ladders!"

"By providing information on what's going to happen through the use of medical play, children often trust me because I don't do any of the medical procedures. I'm there to help provide distraction,

comfort and reassurance to both child and parent if needed. Sometimes they'll say, well I don't like them doing it this way and I'll ask, why is that?"

The providers then can use the information to work around the child's concerns and create an atmosphere for the best possible outcome.

Children often don't know how to express their fears and ideas, and it's Wyatt's job to uncover them. "You have to incorporate the questions that you want answered, in a way that you can help them the most - sometimes without them really realizing it," she says.

As an advocate for her young patients, Wyatt displays formidable skills in gathering resources, even when budgets are tight around the hospital.

At Christmas, she rounds up community donations and makes sure Santa can make a visit to the children. Recently, she enlisted a friend's help securing two TV/VCRs for the pediatric area of the ER, along with some movies so that the "little patients" can pass the time, instead of listening to the sometimes scary noises, which an ER can present.

Last year Wyatt created ways to raise money for fibre optic lights for the new Pediatric ward, which was the number one wish of past patients and their families. She organized a fundraising evening with all proceeds to benefit the Pediatrics department.

For the gravely ill, Wyatt pulls out all the stops to make the child's dearest wish come true. For one terminally ill child with cancer, she was even able to arrange for a phone call from Shania Twain – who not only spoke with the child, but also had a lengthy conversation with his mother.

"[The child] was so ill by that time he was only able to listen to her voice," Wyatt says. "But the look on his face, that smile."

Other programs Wyatt has initiated include an "Art Heals" program with the local art gallery, a Pet Therapy program, and TLC, a program that brings hospital auxiliaries in to play with the children.

Coordinating music therapy has also been important, particularly for babies who are born drug-addicted and who benefit from soothing and calm surroundings.

Continued from previous page

"Play is the language of children. We learned all that we know from some form of play."

Living by example

There's really no stopping Wyatt. Last fall, she wanted to do something to participate in the Run for the Cure.

"I decided since I was not running in the Run for the Cure, I would get patients – children, all of them were out-patients – to come and cut my hair to raise funds," she laughed.

"I wanted to add a twist to it. My goal being the "play lady" was to get my kids to come in, and they thoroughly enjoyed it, trust me! It was not only to generate awareness - and obviously money to help with the research - but to generate interest in young people. They need to keep this going, they are the future to possibly finding a cure for this horrible disease," she said. "And this is something they won't forget. It's a serious topic, but a fun thing to do.

"If you have cancer, this is what it looks like, and it's a look that our chemotherapy kids are familiar with."

In addition to raising hundreds of dollars towards breast cancer research, all three local papers sent photographers. She and her young "barbers" were the front page photo of the next day's Prince George Citizen.

Becoming a child life specialist

For Wyatt, working with children seems to be a natural fit. "I work with all kinds of children, not just the seriously ill – the age range being zero to 16."

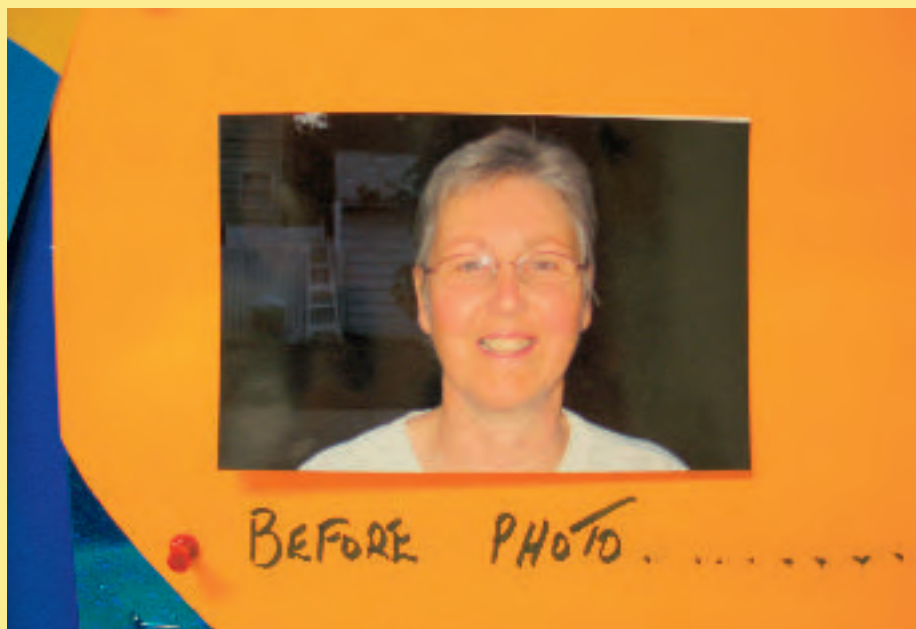
And rescuing those who can't always speak for themselves seems to be another passion that drives her. In what spare time she has, Wyatt rescues dogs. But that's another story. **R**

For more information on how to become a child life specialist, see www.childlife.org.



ABOVE: Sandra Wyatt asked three youths to give her a new hairdo to raise funds for breast cancer research. Afterwards, a professional touches up her new do.

BELOW: Wyatt's "before" photo on the HSA bulletin board at Prince George Regional Hospital invites members to contribute to her fundraising efforts.





RUN FOR THE CURE

HSA members go the distance



As part of HSA's provincial team, members from all across BC took part in the Run for the Cure. Together, we raised almost \$20,000 towards breast cancer research.

This year, every HSA team participant received a commemorative lapel pin.

Friends, family, and colleagues are welcome to join our team!

Winners of HSA's fundraising incentive prizes are:

Mary Hatlevik

registered psychiatric nurse (retired)
Kootenay Boundary Hospital

Mary Bossio

porter (HEU member)
Royal Inland Hospital

Stein Fladmark

physiotherapist
Prince George Regional Hospital

Jeannie Sinclair

occupational therapist
St. John Hospital

Bernadette Krenz

respiratory therapist
Royal Inland Hospital

HSA President and Run team captain Cindy Stewart declined her second-prize win in favour of sixth-place Bernadette Krenz.

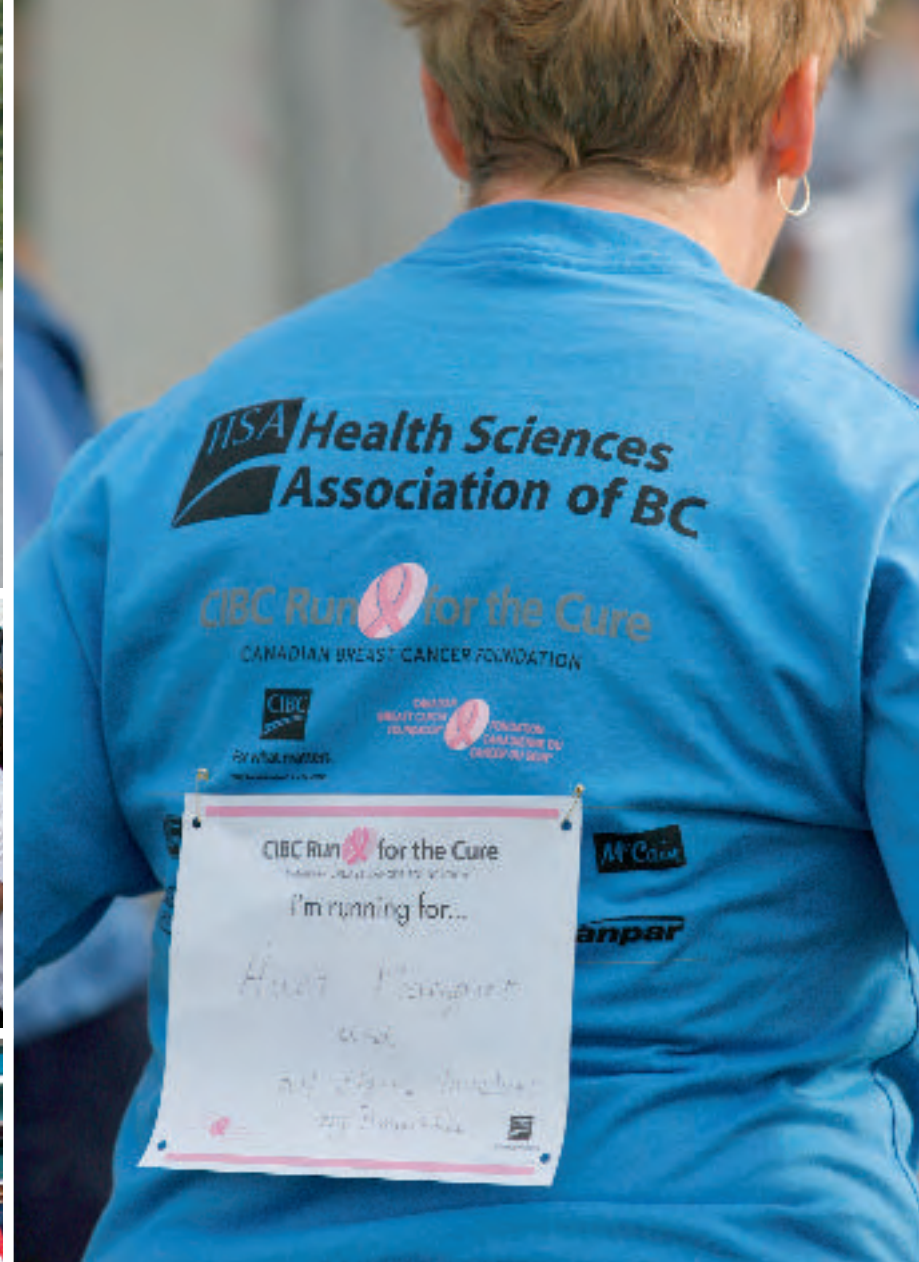
HSA is a silver-level sponsor of the Run for the Cure.



The Prince George team gathered at UNBC.



HSA President Cindy Stewart ran with members in Abbotsford.



For raising the most in donations, the Castlegar team won the CIBC Corporate Spirit Award.





Out of the window, into which world?

Solidarity makes a difference: COMMITTEE FOR EQUALITY AND SOCIAL ACTION

Health Sciences Association of British Columbia
the union of caring professionals www.hsabc.org

CESA's solidarity awareness poster features a photograph by Kimball Finigan (radiation therapist, BC Cancer Agency).

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

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

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

MAKING A DIFFERENCE, TOGETHER

Solidarity Poster available from the Committee for Equality and Social Action

HSA's Committee for Equality and Social Action works towards the promotion of social and economic justice, labour solidarity, the protection of human rights, a healthy environment and universal health care.

Through CoDevelopment Canada, HSA works with southern partners in Central America to provide education, leadership training, and health care services to workers. These partnerships are valuable tools in working for social

change and global education.

As part of this partnership HSA members participated in a March 2006 tour of Nicaragua and Honduras organized by CoDevelopment Canada. The photograph for the poster was taken by HSA radiation therapist and former committee member Kimball Finigan during the tour in a small community outside Esteli in Nicaragua. **R** The full size poster is 17.5" X 24". Contact Pam Bush at the HSA office to order copies of the poster.

Read about the latest Southern Solidarity Tour at:
www.hsabc.org/webuploads/files/reports/vol27n3.pdf

Public innovation can eliminate wait lists

by Dr. MICHAEL RACHLIS

Waits for care are the biggest political issue facing Canadian health care. Federal and provincial governments have agreed to set limits on wait times for major surgeries and treatments, but conceded that these limits would be targets rather than guarantees. This is welcome news for Canadians already on long wait lists.

But, despite years of debate on the issue there is still little discussion of making more efficient use of existing resources and facilities.

Meanwhile, the operators of private clinics and their supporters have seized upon the Supreme Court's Chaoulli decision, which struck down a Quebec ban on private insurance for Medicare-covered services. They are aggressively developing for-profit clinics to sell services to the public sector and any individual who has the cash to jump the public waiting lists.

Before going down this road, however, Canadians would do well to consider public sector solutions to the wait-times problem.

Two such reforms are readily available. First, the public system should shift as many minor procedures and low-risk elective surgeries as possible (e.g., hip and knee replacements) to short-stay, public, specialized clinics.

It has been widely – and wrongly – assumed that the only such clinics are for-profit businesses. In fact, Toronto's Queensway Surgicentre, a division of the Trillium Health Centre (a public hospital), is the largest not-for-admission surgical centre in North America. And in Manitoba, in 2001, the government bought the Pan-Am Clinic from its private sector owners. Evidence from both Queensway and Pan-Am suggests that public sector delivery is superior.

These clinics achieve the benefits of specialization and innovation normally as-

cribed exclusively to the private sector, while reducing overall administrative costs and providing broader societal benefits.

The second new public sector approach to health-care waits is through queuing management practices that are already used to maximize flow in such diverse areas as air traffic control and manufacturing.

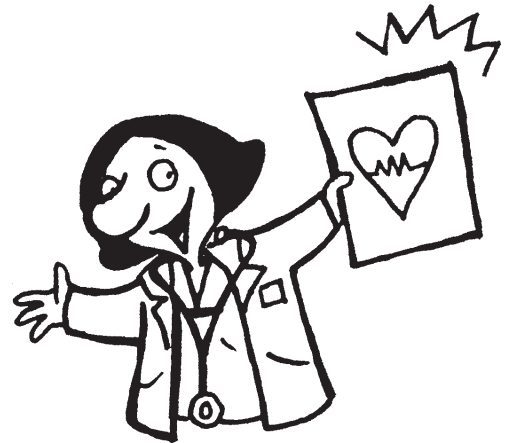
Rather than thinking of every wait list as a capacity or resource problem, we need to look at delays through the "lens of flow."

Canadians tend to assume that, if there is a wait for health care, there is not enough of it. Yet, most waiting is not due to lack of resources.

For example, many breast patients have to wait for a mammogram, then wait for an ultrasound, and then wait again for a biopsy. The Sault Ste. Marie breast health centre reduced the wait-time from mammogram to breast-cancer diagnosis by 75 per cent by consolidating the previously separate investigations.

If a woman has a positive mammogram, she often has the ultrasound, and sometimes the biopsy as well, on the same day. We could also eliminate waits for doctors' appointments.

Family doctors often have delays of four weeks for appointments. The wait is typically shorter just before vacation and longer thereafter, but overall it is fairly stable.



A doctor's capacity may be close to meeting demand, but he or she is servicing last month's demand today while postponing today's work until next month. If doctors could clear their backlogs, then theoretically they could go to same day service.

The Saskatoon Community Clinic serves over 20,000 patients. In 2004, patients faced a four-to-six-week wait for appointments. The centre temporarily increased resources to clear its backlog, redesigned some of their care pathways, and now provides same-day service.

The enemies of Medicare have used the legitimate public concern about delays in the system to peddle ill-advised policies such as for-profit delivery and private finance.

They may claim that private clinics will deliver faster care at a better price, but the peer-reviewed literature demonstrates that for-profit care tends to cost more while, if anything, providing inferior quality services.

Let's not add private problems to our health care system. We already have the public solutions at hand. **R**

Dr. Michael Rachlis was the keynote speaker at HSA's Annual Convention in 2006. This article is excerpted from BC Commentary: a review of provincial social and economic trends, published by the Canadian Centre for Policy Alternatives.

Returning to work with help, not pressure

As of February 2007, early intervention programs will be introduced in the Health Science Professionals Bargaining Association, the Nurses Bargaining Association, and the Community Bargaining Association. The Community Social Services subsector has had an early intervention program in place since 2003.

With these additional programs now in effect, all health care unions have access to services offered through the early intervention programs, which are administered by Healthcare Benefit Trust.

The purpose of the early intervention program is to facilitate pro-active, appropriate and customized programs to assist workers who are off work due to injury or illness to successfully return to work.

How does it work?

A regular employee who has been ill or injured and off work for a set number of days, will be contacted at home by an EIP coordinator, as follows:

Health science professionals bargaining association:

- Fulltime worker after six consecutive working days
- Parttime worker after ten calendar days

Nurses bargaining association:

- Fulltime worker after five consecutive working days/shifts
- Parttime worker after 14 calendar days

Community bargaining association:

- Regular employees after six consecutive shifts, or
- After ten calendar days, whichever comes first

The EIP coordinator will determine if the worker is eligible for the program and

describe how it can help facilitate a successful return to work.

An information package that includes a letter of introduction and an assessment form to be completed by the worker and her doctor will be sent to the worker.

The assessment will provide information about the worker's illness or injury and an estimate of when she is expected to return to work.

An EIP medical case manager from HBT, who is an occupational health nurse/RN, will then help the worker develop a customized early intervention plan, ensure the worker receives all necessary medical care and work with the worker and her employer to implement the return to work. Union and employer representatives will also work with individual cases as needed.

The purpose of the EIP is to assist workers who are off work due to injury or illness to successfully return to work.

Why an Early Intervention Program?

The benefits of the EIP which may be realized by the employee include:

- Prevent feelings of loneliness and abandonment that impair the ill/injured employee's recovery;
- Assist the ill/injured employee to obtain appropriate health/rehabilitation services;
- Help avoid a "run-around" for the ill/injured employee from one health care professional to another;

- Assist the ill/injured employee and her/his family in re-establishing a sense of control;
- Increase the likelihood of a successful rehabilitation outcome
- Provide a seamless transition to the LTD process for those employees who are unable to achieve a return to work through participation in the EIP

For ill/injured employees, obtaining timely medical treatment, following medical recommendations of the treating physician or health care professional and, if appropriate, participating in an early return-to-work plan are vital in improving her/his quality of life and a successful return to pre-disability health.


Who oversees the EIP?

Joint steering committees – comprised of representatives of each bargaining association and representatives from the Health Employers Association of BC – helped develop the program which is co-managed with the Healthcare Benefit Trust. EIP working groups, consisting of employer and union representatives, will report to the various steering committees.

Will my privacy be protected?

Healthcare Benefit Trust is an independent service provider that is bound by the *BC Personal Information Protection Act (PIPA)*. As such, information that is provided to the EIP coordinator and medical case manager is considered strictly confidential.

How can I get more information?

More information will be distributed in an upcoming issue of *The Report*. HSA members who require immediate information can contact Alison Hietanen at the HSA office at alison@hsabc.org. 

Determining eligibility for a disability pension

Q I have been permanently disabled. My doctors say I will never be able to return to work as a physiotherapist. Do I qualify for a disability pension from the Municipal Pension Plan?

A A disability pension gives you a monthly pension payment while you are totally and permanently disabled. It is only available if you are not entitled to long-term disability benefits from an LTD plan that has been approved by the Pension Corporation or if you were receiving benefits and they ended. Contact the HSA office before starting your application process.

Eligibility

If you were receiving long-term disability benefits and accepted a lump-sum payment to settle your claim and end your benefits, you are not eligible for a disability pension; however, you may be entitled to termination or retirement benefits.

To be eligible for a disability pension you must meet all of the following requirements.

- You must apply in writing to the Municipal Pension Plan within two years of your last contribution to the plan. If you are denied LTD benefits, and you appeal that decision, you still need to apply within the two-year limit.
- You must have at least two years of contributory service and be under age 60 when you apply.
- Your doctor and a doctor appointed by the Municipal Pension Plan must agree that you are totally and permanently disabled.

- Your employer must confirm that another position is not available.
- You must terminate employment.
- You must not have accepted a lump-sum payment to settle a previous long term disability claim.

Applying for a disability pension

If you want to apply for a disability pension, write to the Municipal Pension Plan within two years of your last contribution to the plan stating that you want to apply for a disability pension. The MPP will send you an estimate of the monthly pension you may be entitled to receive.

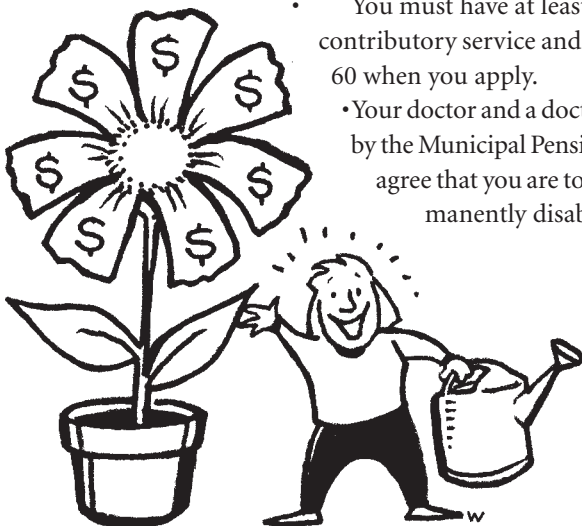
A disability pension replaces any termination benefits or retirement pension you would otherwise be entitled to under the pension plan. You may be eligible for medical, extended health and dental benefits.

A disability pension is paid in one of two forms:

- single life pension, which is paid for as long as you live; or
- joint life last survivor pension, which is paid for as long as you live. If you die before your spouse, the pension continues to your spouse for as long as he or she lives.

There is no bridge benefit with a disability pension; however, you may be eligible for a separate disability pension from the Canada Pension Plan. Contact CPP at 1.800/277.9914 for more information. **R**

To find out if you are eligible for a disability pension, contact the Municipal Pension Plan.



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.

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

When should a steward consult a labour relations officer?

by JULIO TRUJILLO

Q: I'm proud to be a union steward. HSA has given me excellent training in contract interpretation, conducting safety inspections, even conflict resolution and leadership. I find that I'm able to help my colleagues with most of their workplace issues – but recently I've encountered a situation that's unwieldy and complex. When should I phone a labour relations officer for help?

A: There are many questions that arise at the workplace that are very easy for stewards to handle without involving an HSA labour relations officer.

These range from simple overtime calculation issues, statutory holiday or vacation scheduling, to help in interpreting more complex language in the collective agreement.

Stewards are the core strength of our union. As stewards gain experience over time, so will their ability to deal with more and more issues.

However, there are certain issues that due to their complexity or potential impact on an individual,

Stewards are the core strength of our union. However, there are certain issues that require the involvement and additional expertise of a labour relations officer.

the chapter, or even HSA as a whole, require the involvement and additional expertise of a labour relations officer. Below you'll find a list of common issues that require some consultation. This list is not meant to be all-inclusive.

If, as a steward, you are ever in doubt about how to proceed, want some clarification of a part of the collective agreement, or just want some advice on how to approach an upcoming meeting with the

employer, we *strongly encourage* you to phone the HSA office and speak to either your LRO or, the intake officer, who can provide advice and answer questions of a general nature.

Discipline

Discipline can range from a verbal warning to termination. The steward's involvement in a disciplinary matter will usually begin with a member's request to accompany her/him to an investigation or disciplinary meeting.

The employer can also request that a steward be present at such a meeting. It can – and usually does – happen with very short notice. Don't panic!

Try to meet with the member beforehand to determine what they believe the meeting is about, and explain your role as the steward. Ask the member if there is anything happening in their life that could be affecting their work performance, such as medical concerns, relationship or family issues.

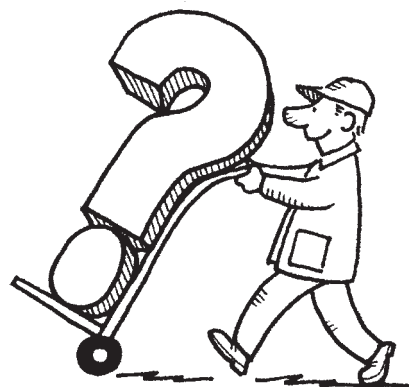
The steward's role at an investigation or discipline meeting is to be the member's advocate to ensure their collective agreement rights are upheld – and to take copious notes. The employer must tell the employee the facts they are relying on during an investigation and a disciplinary meeting.

You should counsel the employee to listen. Stewards should ask questions only to clarify issues that may not be clear. Also, ask for copies of any documents used at the meeting.

This meeting is an opportunity for the member to explain their side of the story. The steward should not feel pressured to give an immediate response to the employer. They've had some time to formulate their decision. The employee being disciplined and

IF YOU ARE A MEMBER and have a question regarding pay, contract, workplace safety, or other working conditions, contact your steward.

IF YOU ARE A STEWARD and encounter a complex situation, contact your labour relations officer. We're here to help!



the steward are also entitled to an adequate amount of time to respond.

In disciplinary matters, there are key factors to consider: Is some form of discipline warranted? Are there any mitigating factors to consider? If the answer is yes, what is the appropriate discipline in this circumstance?

Stewards should always contact the LRO about disciplinary matters – before the initial meeting with the employer if you're unsure about how to proceed, and definitely before any kind of response is made to the employer. The more details and supporting documents the LRO has, the quicker you'll be able to deal effectively with the discipline.

Illness-related issues

This may include requests by an employer to send the member to a doctor of the employer's choosing, to assist a member with a return-to-work after an extended absence, and discuss concerns about members with health or addiction issues that are affecting their ability to work.

Often, these issues will require some extra resources. We at HSA have in-house

expertise to help employees with graduated returns to work, accommodations, and problems with Workers' Compensation claims or Long Term Disability issues. When you become aware that an employer is discussing these types of issues, or discussing use of sick leave time with an employee you should contact your LRO.

Extensions to a probationary period

HSA considers the time lines included in the collective agreements to assess the suitability of employees more than adequate. Any request for an extension of probation should be discussed with the LRO and will not usually be agreed to unless there are extenuating circumstances (e.g. lengthy absence by the employee during the probationary period.)

Bargaining unit jurisdiction

Issues related to whether a job belongs in HSA, is an excluded position, or is work done by a different bargaining unit (e.g. HEU or BCNU) are usually complex and require extensive consultation between the union head office, the employer and/or

regional health authority and/or HEABC and/or another union. You should always phone your LRO when you become aware of those types of issues.

Issues affecting many employees

Typically, any large-scale initiative such as "reorganizations," schedule changes that affect earned days off (EDOs), significant employer policy changes (for example, sick leave policies) should trigger a phone call to the LRO.

Any other issue when you are not sure

We at the HSA office deal with the complexities of interpreting the collective agreements on a daily basis. Even so, we frequently run into new twists and wrinkles that we haven't seen before – they challenge us too! Always err on the side of caution and give us a call. That's what we're here for. **R**

Julio Trujillo is a Senior Labour Relations Officer at HSA. As Intake Officer, he is available to stewards for consultation, general inquiries, and information.



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.

ACTIVIST PROFILE

HSA members there every step of the way towards recovery

by CAROLE PEARSON

One in nine Canadian women will develop breast cancer in her lifetime. Joan Magee, a lab technologist at Cariboo Memorial Hospital in Williams Lake, never thought she would be one of them.

Magee, HSA's Regional Director for Region 8, was at an HSA board meeting last year when a report was presented on the annual Run for the Cure. "Afterwards, as we were sitting around the table," she recalls, "we were saying, statistically, one of us will end up with breast cancer, not thinking it was really going to happen or that any of us were going to be the one."

But this past September, Magee's annual screening mammogram revealed "something suspicious."

"Things were kind of a whirlwind after that," she says. "I had to have an ultrasound done and more diagnostic mammographies. I was referred to a surgeon and had a biopsy and was then scheduled for surgery. Everything went so quickly, you don't really have time to stop and think."

She was on holiday on Vancouver Island when she received the results of the diagnostic mammo-

having surgery was less than a month. "I can't say enough about how well I've been treated," Magee says. "I have a whole new respect for the importance of the work that HSA members perform and all the disciplines they represent."

Magee said she sat down and thought about just how many HSA members she had encountered in her diagnosis and therapy process.

"There's the lab technologists, mammographers, ECG technologists, sonographers, respiratory therapists, the nuclear medicine technologists and, of course, the biomedical engineers that keep all this equipment running in the hospitals," she says.

"The physiotherapists were there the day after my surgery, showing me what kind of exercises I should be doing to get the use of my arm back. There's the pharmacists filling the prescriptions, dietitians, and the social workers who make sure everything is fine before you go home."

Magee started chemotherapy in Williams Lake in December. Sometime in the spring, she'll receive radiation treatments in Kelowna, bringing her in contact with radiation therapists who are also HSA members.

She admits, "I don't even know what other health

Magee urges women to take advantage of BC's screening mammography program, which helped detect her breast cancer.

gram. She was admitted to St Joseph's Hospital in Comox, which has a nuclear medicine department and facilities for performing sentinel node mapping.

She estimates the time from being diagnosed to

Joan Magee
Region 8 Director & breast cancer survivor
Lab Technologist
Cariboo Memorial Hospital

Joan Magee has renewed respect for the importance of the work that HSA members perform and all the disciplines they represent.

care professionals I'll run into along the way."

"It really makes me see what a good fit it is for HSA to be involved in the Run for the Cure because we have so many disciplines that are involved once a person is diagnosed with breast cancer and the ongoing treatment."

"I'm getting to meet members that I wouldn't otherwise – people who aren't stewards. I'm meeting members on the job and asking them about their work and how they're finding things. I ask them, 'What can the union do better for you?' It's good to get a little different view of things and I'm taking advantage of the chance to do some inside mobilizing."

Magee says her experience with breast cancer has made her realize how lucky we are in BC to have a free screening mammogram program available without a doctor's referral.

"Any woman over 40 can just go in," she says and urges all women to take advantage of this valuable program. It enabled her own cancer to be detected early. "By postponing these things, if there is bad news, it's going to be much worse."

She was also told by her surgeon that some of the better chemotherapy drugs approved for use in BC aren't approved in other provinces. "He said I'm in one of the best provinces. And I'm in probably one of the best countries, also."

Magee is also thankful that Canada's medicare system means she doesn't have to worry about losing her house or other financial hardships caused



KIM STALLKNECHT PHOTO

by high medical costs, unlike people in many other countries, and can focus her energies on becoming well again. "I've got lots of sick time accumulated and, after five months, I can go onto our long term disability plan."

She is appreciative of the important health care benefits negotiated into the collective agreement by HSA over the years. Some of the drugs she has been prescribed are very expensive and it was a relief, she says, to discover her extended medical coverage will pay for most of their cost.

"Everybody has just been wonderful," Magee says. "I've been overwhelmed with encouragement and support and emails from our members all over the province. From this experience, I certainly will be encouraging everybody to take part in Run for the Cure or to support someone who is." **R**

To get involved with HSA's provincial Run for the Cure team, contact the Run for the Cure Committee through the HSA office.

LETTERS

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

Canadian Health Coalition sends open letter to Federal Minister of Health

Dear Minister Tony Clement,

We would like to take this opportunity to raise the following issues with you on the eve of your upcoming Health Ministers' Conference in Toronto.

1. Federal leadership on wait time solutions in the public system:

We encourage you to work on public solutions to wait time problems including better management and

government to provide leadership and address the causes of wait time problems through system change and innovation as recommended by the Romanow Commission and the Postl Report.

Federal leadership is critical to the improvement of quality, management, and accountability in public health care across Canada.

A comprehensive, pan-Canadian approach is needed to measure, monitor and manage wait times for all procedures. It is not the responsibility of any

2. Federal leadership on compliance and enforcement of the Canada Health Act:

Developments in Québec with the passage of Bill 33 and the opening of private surgical clinics are troubling. The Québec government is considering regulations that allow extra-billing and double billing. Private health clinics will charge citizens for surgeries and bill the same patients user fees.

Bill 33 also opens the door to U.S.-style two-tier health care in Canada by making access to medically insured services based on the ability to pay. The 'hybrid' experiment in Québec is extremely dangerous and could lead to permanent damage to the public health insurance system by triggering international trade agreements (NAFTA and GATS).

When the Alberta government last year proposed allowing doctors to operate in both the private and public system, Prime Minister Harper wrote a letter saying the idea would put doctors in a conflict of interest (www.healthcoalition.ca/harper-klein.pdf). Alberta later abandoned its plans. Canadians expect *consistent* federal leadership in the

enforcement of the principles and criteria of the *Canada Health Act*, including in the province of Québec.

Establishing a private, parallel health care system through the mechanism of a 'Care Guarantee' will exacerbate wait times in the public system and pose a serious threat to the integrity of Medicare.

As you are aware, the Auditor General of Canada found that your Annual Report to Parliament on the *Canada Health Act* fails to identify or assess significant privatization initiatives which threaten the integrity and sustainability of public health care. This lack of accountability is unacceptable.

Canadians need to know where their money is going and how it is being used. Lack of accountability in health care is on the rise. The 2006 Annual Report of the Health Council of Canada reported that the Federal/Provincial/Territorial Advisory Committee on Governance and Accountability has been disbanded.

The Canadian Health Coalition calls on you to require from all provinces and territories that they provide in their data collection a breakdown by mode of delivery of health care services:

Care guarantees do not work and divert scarce resources away from public hospitals to investor-owned, for-profit facilities.

coordination of wait lists, as outlined by the Federal Advisor on Wait Times, Dr. Brian Postl.

Care guarantees do not work and divert scarce resources away from public hospitals to investor-owned, for-profit facilities. Rather than focus on symptoms, Canadians expect the federal

individual province or territory to provide this critical national coordination.

Examination of the root causes of wait times can not ignore attention being paid to expansion of home care, home supports and continuing care, better prevention and management of chronic diseases.

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE

KEEP THEM BRIEF AND TO THE POINT — ABOUT

200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

for-profit and investor-owned, and not for-profit. Canadians expect more accountability from the Government of Canada, not less.

Surely, with your government's stated commitment to accountability and transparency, this should be a priority.

3. Federal leadership on the national pharmaceutical strategy:

The development and implementation of a national pharmaceutical strategy is an essential component of securing the future of public health care in Canada. Increased negotiating strength and bulk purchasing of drugs, and the establishment of a cost-effective national formulary will ensure we only pay for drugs that work and are safe. Public health is being endangered and Canadians are not getting value for money in the use of pharmaceuticals.

It is time to move quickly and put adequate drug coverage in place. Canadians expect their federal government to provide leadership in helping to cover the cost of a pan-Canadian Pharmacare program to provide essential drug coverage for all Canadians

regardless where they live or work.

We also urge you to provide national leadership on the critical issue of appropriate prescribing behavior for physicians so that drugs are used only when needed, and the right drug is used for the right problem. Related to this is the issue of direct-to-consumer drug advertising.

We support the Health Council of Canada's recommendation that federal legislation be strengthened to ban all forms of direct-to-consumer advertising of prescriptions drugs in Canada. Legislation should clearly prohibit help-seeking and reminder ads.

Finally, Health Canada should re-visit recent changes to federal pharmaceutical regulations to bring them in line with a key objective of the National Pharmaceutical Strategy: accelerating access to nonpatented drugs.

4. Federal leadership on health human resources:

Strong competition for the existing supply of health human resources results in provinces poaching health care workers from other provinces. Jurisdictions each do their own planning for recruitment and retention

with no efforts to coordinate strategies. Federal leadership is required and we believe that it is your role to ensure a national coordinating mechanism is put in place to address supply and distribution issues for Canada as a country.

Canadians also expect quality results from their

northern regions face unique health care access problems. The *Blueprint on Aboriginal Health: A 10-Year Transformation Plan* was developed as a framework for collaborative action. The Blueprint was presented in Kelowna, BC in November 2005.

As the 2007 Health Council of Canada Report stated:

Strong competition for the existing supply of health human resources results in provinces poaching health care workers from other provinces.

public health care dollars. We encourage federal leadership in the development of appropriate measurement tools so that citizens can evaluate whether investments in human health resources are resulting in improved patient access, better coordination of care, and improved outcomes.

5. Federal leadership on Aboriginal health and northern needs:

The life expectancy of Aboriginal people is, on average, 10 years less than for non-Aboriginal people.

Aboriginal people and people living in remote and

"The federal government's intent with respect to its overall plan and direction for funding Aboriginal health programs is unclear."

Provinces and territories cannot move forward without leadership from the Government of Canada. We urge you to provide clear direction and fulfill your duty to ensure the Aboriginal people's right to health care and to good health is realized.

We welcome the opportunity to meet and discuss these issues at your earliest convenience. **R**

Canadian Health Coalition
www.medicare.ca

Thanks for a rewarding two decades at HSA

by RON OHMART

The end of this month marks the beginning of my retirement and end of my 22-year relationship with HSA: five years as a member and 17 working in the HSA office.

I feel that I should be leaving with some great words of wisdom. Having sat on or been responsible for six master agreement bargaining committees, I certainly have been in a position to gain knowledge to pass on for posterity's sake. But, I'll save that for a meeting with my successor.

What I really want to do is to thank everyone for the wonderful opportunity I have enjoyed

Nowhere else did I have that great feeling that comes with truly believing that you are making a difference in people's lives and that they really benefited because of the work I was doing.

these 22 years. Before joining HSA's labour relations staff, I had worked in education (learning disabilities tutor), social services (child care counselor), and health (lab tech).

While they were all rewarding careers, none compared to the personal satisfaction I've received from working within HSA. Nowhere else did I have that great feeling that comes with truly believing that you are making a difference in people's lives and that they really benefited because of the work I was doing.

That feeling started as a new steward with a



Ron Ohmart
Executive Director of Labour Relations

successful grievance for a number of lab techs who were deemed to be "full time casuals." Because of the grievance, they were reclassified as regular employees who then got the health and welfare benefits, vacation, sick leave, etc. they were entitled to but had been denied for so many years. The feeling has continued through the years to this last round of negotiations with the resolution with HEABC over the LTD situation that has put a serious amount of money back into the members' pockets.

So I really have been blessed with a great job with a great organization. And while the list of those responsible for my good fortune is endless, and at the risk of inadvertently leaving someone out, I do want to extend a more personal acknowledgement to some of those key people.

My first big facility servicing assignment as a labour relations officer was to Royal Columbian Hospital, where the key stewards were Cheryl Greenhalgh and Lai-Lin Harvalias. Life was simpler then, but nevertheless there was always something going on at RCH that required the union's attention. Cheryl and Lai-Lin were invaluable to the members there, and also to me as I was learning my new job.

A big, big thank you goes to the steward group in Victoria: Bob Phillips, Val Avery, Don Chan,

Upon retirement, I want to thank everyone – members and staff – for the wonderful opportunity I have enjoyed these 22 years.

Carmela Vezza, and Debra Gillespie. I was assigned to Victoria in 1993, and they stuck with me and supported me as their labour relations officer for eight years. In those years we dealt with one amalgamation and restructuring after another from the old GVHS to the Capital Health Region. A lot of these things are common place today with the health authorities, but back then these were new and unique problems. We had to cut new ground. I owe a lot to that steward team for my development.

I also owe a great deal of thanks to Cindy Stewart and the Board of Directors for having confidence in me these last five years as the Executive Director of Labour Relations. Working with Cindy, who has done a remarkable job as President, has been another great experience for me. I'm sure all her accomplishments will be acknowledged elsewhere, but there is no doubt she has been a major factor in developing the high regard in which HSA is held in both the labour and employer communities. Cindy and I go way back together. She was a fledgling member of the board and I was a green LRO when we first did a field trip together through the Okanagan. Since then we have shared many highs and lows, from the signing of the original Health Accord in '93 to the contempt of court hearing in 2001.

Of course, no job is really great unless you have a great bunch of co-workers working with you. The HSA office has no shortage of wonderful people to work with. It doesn't matter whether it's the accounting department, communications, legal, administrative assistants, or anywhere in the office. Everyone is dedicated to the service of the membership and to ensuring that we offer a range of quality services.

However, there are ten people who are really special to me. These are the ten LROs who have reported to me the last five years. After being their co-worker for so long, it was with a great deal of uncertainty and some fear that I accepted the position of executive director: their "boss." After all, these are people whose job it is to be critical of management and to hold their feet to the fire. And I knew how good at it they were. Yet, from the very first day they gave me their support and goodwill. I could never have survived in this position if it wasn't for the fact that I was surrounded by the ten best LROs working in any union.

Some members have expressed concern that with my retirement coinciding with Cindy's departure, the union will lose too much experience and organizational memory. However, I'm not worried. Maureen Headley will do an excellent job of leading the organization in labour relations. Susan Haglund, executive director of operations, has already made major changes to the office environment to develop the infrastructure and technical support for all our functions. The leadership is in great shape and they have an extraordinary and experienced staff to work with.

All that remains for HSA to continue as a great union is for the membership to exercise their usual good judgment in selecting the best person as the new president.

Thank you everyone for all you have done for me. I truly wish this organization the best for the future. **R**

At the end of February, Ron Ohmart retired from his position as Executive Director of Labour Relations.

Labour rights are human rights

by RACHEL TUTTE

As a physiotherapist in a public rehabilitation hospital for older adults, I have the great privilege of getting to know my patients on a very personal level. They are people who are from – or who have ancestors from – all over the world.

They have come to live in BC, and have incredible knowledge and life experience to share with anyone who will listen. I love to listen.

I have learned about the Chinese workers who came to BC to build the national railway. They faced incredible local prejudice, worked long hours doing

longer needed, the Canadian government tried to dissuade immigration with the Chinese Immigration Act “head tax” in 1885, culminating in the Chinese Exclusion Act of 1923. This stopped immigration from China for 24 years. It was finally repealed in 1947 after Canada signed the UN Charter of Human Rights.

This fall I heard about another group of foreign workers brought to Canada to build a rail line – the Skytrain RAV line from Vancouver to Richmond. And, to my dismay, these workers are also being exploited. They are here mainly from Costa Rica and the Philippines. They have come to Canada under the federal Foreign Worker Program. They have temporary visas with no pathway to residency or citizenship. When they began

work here they were being paid only \$3.77 per hour and had to work long hours each day. They are skilled workers who are needed in Canada.

But foreign temporary workers, whether in Canada under the Foreign Worker Program or the Seasonal Agricultural Worker Program, find it very difficult to speak out.

More than a hundred years after Chinese labourers were exploited to build the national railway, other temporarily imported labourers are now being underpaid to build the RAV line in Vancouver.

dangerous work, lived in very poor conditions with no medical attention, and earned half the wage of the “white” workers.

When the section of the railway in the Fraser Canyon they were hired to work on was completed, they were fired. Once the railway was complete and these exploited, expendable workers were no



Rachel Tutte, Region 6 Director

Their temporary status is tied to the employer they were hired by. This makes them very vulnerable. They accept sub-standard work conditions and wages out of fear of being abused, deported, and black-listed.

These foreign workers don't realize that BC has an Employment Standards Act which covers such things as minimum wage, hours of work, and overtime.

They don't realize that Canada has signed on to the International Labour Organization (ILO) Convention that states we must not discriminate in wages on the basis of race, colour, gender, religion, political opinion, national extraction, or social origin.

They don't realize that Canada has signed the UN Charter of Human Rights, which says all people are born equal and so have equal rights, everyone has the right to good working conditions, and everyone has the right to equal pay for equal work. They often don't realize that workers in Canada have the right to vote to join a union.

Continued next page

Got talent?

HSA's Committee for Equality and Social Action is seeking items for its annual silent auction. Donate your pottery, art, fabric craft, or other fabulous contribution to a good cause! For more information or to donate, contact Pam Bush at the HSA office.



Foreign workers

Continued from previous page

Luckily, these RAV line workers did learn of this right to unionize: they recently voted to join a union, and have won their first contract.

The foreign RAV line workers will now be paid \$14 per hour, but that is still \$4 per hour less than the Canadians they are working alongside. This first contract is a good start, and they must be congratulated on standing up in the face of their vulnerability.

As public health care and social service providers, we know the value of a human life, no matter where that person has come from and what they have been through.

We must support and protect these vulnerable people. They should not have to accept conditions below the standards

that the labour movement has fought so hard to gain.

We must fight against the exploitation of all workers, whether it's half way around the world or right here in our own back yard.

Contact your MP and ask them to sign on to the NUPGE Worker's Bill of Rights, and express your concern that Canada has ratified only 30 out of 185 of the ILO Conventions, and only three of the 30 that have been developed since 1982.

You can make a difference by speaking out, let people know that you believe that labour rights are human rights! **R**

Rachel Tutte represents Region 6 on HSA's Board of Directors.

Web info for workers

NUPGE Worker's Bill of Rights

www.nupge.ca/labour_rights/workers_bill_of_rights.asp

UN Charter of Human Rights

www.un.org/Overview/rights.html

BC Employment Standards Act

www.labour.gov.bc.ca/esb/esaguide

Canadian Labour Congress

www.canadianlabour.ca

BC Federation of Labour

www.bcfed.com

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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RUN FOR THE CURE 2006



HSA President Cindy Stewart and her husband Charles joined Fraser Valley members taking part in the Run for the Cure. HSA is a silver-level sponsor of the Breast Cancer Foundation's annual run.

PATRICIA SAYER PHOTO



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