

# THE Report

Proud of  
our Past...  
**Ready** for  
*the Future.*

HSA 1971

HSA 2007

COMMUNITY

SUPPORT



# Proud of HSA's growth

by CINDY STEWART

**I**t is with mixed emotions – to say the least – that I write my last column as HSA President.

My first few years as president were challenging. It took time for me to really fully appreciate exactly what I had got myself into and realize the full scope of my duties.

I had help along the way and learned many valuable lessons. One that never failed me was: If you want to do a good job, work with good people. And HSA has always been blessed with the best. This hasn't happened by accident - when we had the opportunity to grow, we added additional talent and skills to our family. I've come to know that because we enjoy a good reputation in the broader community, we have been able to attract some of the best people in their areas.

That reputation is enjoyed by the members as well. As I reviewed the annual reports over the past 14 years, the evolution of member involvement and activity can be tracked through the decade, including the high profile showdown during the 2001 job action. It was a time that members needed to step forward in their communities and speak about the importance of the work you do – you did and were recognized for the eloquent and professional spokespersons that you are.

Many members 'caught the bug' and once turned loose, you flew. It is a genie that we will never put back in the bottle and marked yet another turning point for our union. Expression of our political action, through the "Consitutency Liason" program was sown and now we are able to speak directly to a significant number of the MLAs. Because of your credibility and approach, your calls are answered, and you've been able to deliver the message.

It is always a thrill for me when I attend a meeting with MLAs or other

decision-makers and I hear "I just met one of your members. She was so impressive." And believe me, I hear it often.

As your president, I've had so many opportunities and learned so much.

Some days, the last ten years seem like a blur: the Health Accord – and the demise of the Health Accord. Bill 28 and Bill 29, regionalization, constitutional reforms, labour disputes, negotiating within an association, imposed contracts, anti-labour legislation, market adjustments, privatization ...

There have been some amazing moments and memories.

I was introduced in the Scottish Parliament the year it was formed; addressed a PSI World Congress in Japan and had my remarks translated into seven languages; appeared in the Supreme Court of BC; been interviewed on "As it Happens"; outside CBC on Sparks Street in Ottawa; for countless print and radio media; and my moment of infamy on the front page of the Vancouver Sun.

I've met with premiers and health ministers, with government representatives of Chile and Argentina in Buenos Aires. I've been in the company of opinion shapers like Stephen Lewis, Shirley Douglas, Linda McQuaig, Neil Brooks, and Naomi Klein. I've met with labour leaders from across the globe.

I didn't do those things because I am a special person, I've been able to do those things because I held a special position.

I am so appreciative and honoured by the opportunities that being your president has provided.

And for all the people I have encountered and experiences I have had over my tenure, it is always the members who



**Cindy Stewart, HSA President**

amaze, inspire and move me. You do amazing things in your community, in your professional work and for those of you answering the call, for your union. For me, that is what has made the past 14 years such a joy.

And now someone else will get the opportunity to experience those same joys and challenges.

People have asked what I will now do – thinking my decision may have been triggered by an impending opportunity. Not the case, but someone who knows me well thought this passage from TS Eliot captures it best. He was right.

*We shall not cease from exploration  
And the end of our exploration  
Will be to arrive where we started  
And know the place for the first time*

Thank you for the opportunity to sometimes lead, to sometimes follow, and to always represent you. **R**

*Cindy Stewart did not seek re-election as HSA president in 2007.*

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Celebrating HSA's continued strength in diversity, and growth as a union strongly committed to improving the working lives of members.  
Gonzalo Alatorre artwork.

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# News

## **HSA board of directors welcomes two new board members**

HSA members in Regions 1, 3, 5, 7, and 9 welcomed new and returning board members this spring.

Members in Region 1 returned youth addictions counsellor Suzanne Bennett; members in Region 3 returned social worker Bruce MacDonald; and members in Region 5 returned social worker Reid Johnson.

In addition, members in Region 7 held elections, while Region 9 members welcomed a new representative as long-time board member Jackie Spain did not seek re-election.

### **Marg Beddis: new Region 7 Director**



**Beddis**

HSA members in Region 7 elected Marg Beddis, a dietitian at Surrey Memorial Hospital, as their representative on the HSA board of directors.

Beddis defeated the incumbent director, Audrey MacMillan, a registered psychiatric nurse at Chilliwack Gen-

eral Hospital.

Beddis is chief steward at Surrey Memorial Hospital and a Member-at-Large. Since becoming an HSA member in 1991, she has been active in the union and has served on the Occupational Health and Safety, Political Action, Equality and Social Action and Resolutions committees.

Beddis will take office for a two-year term at the conclusion of HSA's 2007 annual convention.

The board of directors sincerely thanks Audrey MacMillan for her contributions as a board member for the past 12 years.

### **Thalia Vesterback: new Region 9 Director**

HSA members in Region 9 acclaimed Thalia



**Vesterback**

Vesterback as their representative to the HSA board of directors. There were no other nominations.

Vesterback is an ultrasound technologist who is currently supporting the computer system for diagnostic imaging in the Kootenay Boundary region. She has been an HSA member since

1994.

Vesterback has been a Member-at-Large since 2003 and has served on a number of HSA committees including: Political Action, Run for the Cure, Equality and Social Action and Resolutions. She is also an HSA Constituency Liaison, a delegate to the West Kootenay Labour Council, and volunteer with the Nelson SPCA.

Vesterback will begin her two-year term at the conclusion of the 2007 HSA Convention, taking over from Jackie Spain, Regional Director since 1997, who did not seek re-election.

The HSA board of directors offers its sincerest thanks to Spain for her many years of service to the union.

## **HSA members at Paragon Orthotics achieve new contract**

At the end of March, HSA members who work at Victoria's Paragon Orthotics Lab voted 78 per cent in favour of a new collective agreement.

The agreement, effective May 1, 2007 to April 30, 2013, addresses members' top priorities for bargaining, which included wages, dental and eyeglass cov-

erage, sick leave provisions and part-time increment progression.

In the first year, current stipends will be expanded to cover more HSA members and the number of hours required for part time and casual staff to progress through the wage increments will be reduced. In the subsequent five years, staff will receive a cost of living adjustment tied to the cost of living, or a minimum of two per cent if the cost of living increases below two per cent.

Additional improvements include an increase in dental and eyeglass coverage.

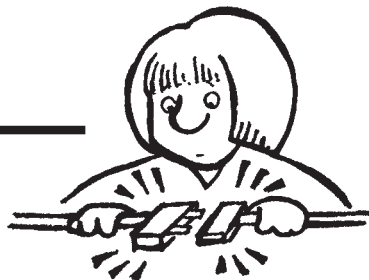
HSA members at Paragon Orthotics Lab work in the fabrication of orthotics.

### **Minimum wage: BC Federation of Labour's \$10 NOW campaign**

*BCFL*

BC's lowest paid workers deserve a raise. 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.

**Working full time at minimum wage still means living below the poverty line. Sign BCFL's petition to raise BC's minimum wage to \$10. Visit [www.bcfed.ca](http://www.bcfed.ca)**



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

The BC Federation of Labour in cooperation with other groups is spearheading a campaign to raise BC's minimum wage. The goal is to win a wage increase for the 115,000 British Columbians who earn \$8 per hour, along with another 135,000 people who earn less than \$10. And we want to scrap the so-called \$6 training wage.

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 by the Campbell government because our minimum wage has been frozen since 2001. And the number of minimum wage jobs in BC has actually increased since 2001 when the Liberals were first elected: a sure sign that economic prosperity isn't being shared in our province.

To ensure that no worker in BC lives below the poverty line, the BC Federation of Labour is calling for a three-step increase in the minimum wage:

- An immediate increase to \$10 combined with the elimination of the \$6 training wage;
- A subsequent increase to \$11 per hour one year later; and
- An indexing formula, so that like our provincial politicians, those earning the minimum can be assured of an annual increase in pay.

The BC Federation of Labour's polling shows that nearly 80 per cent of British Columbians support an increase to \$10 NOW. And BCFL is reaching out to win the backing of community leaders as well. Many municipal councils and politicians are echoing BCFL's call for an immediate pay boost for BC's lowest paid workers. **R**

*Help make it happen: sign a petition at [bcfed.ca](http://bcfed.ca).*

## DAVID BLAND MEMORIAL AWARD

# Relentless advocacy led to investigation of health concerns

by YUKIE KURAHASHI

**A**fter years of complaints about incineration fumes and other air quality concerns in the laboratory, one of her colleagues was diagnosed with cancer. Then another. And another. And yet another. An alarming number of her colleagues were being diagnosed, all within months of each other.

Bev Banfield knew she had to act.

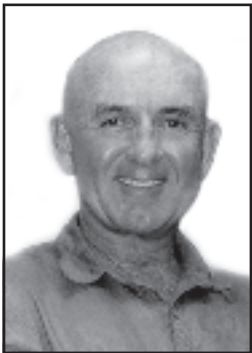
Her efforts eventually led to the identification – and official investigation – of a cancer cluster at Mission Memorial Hospital.

And for her relentless advocacy, Bev Banfield has been awarded HSA's new health and safety prize: the David Bland Memorial Award.

Banfield was presented the award during HSA's annual convention in April.



**Bev Banfield, awarded for her outstanding advocacy in occupational health and safety**



**David Bland**

### The David Bland Memorial Award

**T**he David Bland Memorial Award – newly established this year – recognizes HSA members who have championed a local occupational health and safety issue, with their leadership making a difference in the lives of their colleagues.

The award honours David Bland, a vocational rehabilitation counsellor from Richmond Mental Health, who was murdered at his workplace by a former client in 2005.

When asked about the award, HSA President Cindy Stewart falls silent for a moment.

“The board wanted to do something to commemorate such a significant event in the life of HSA,” she said.

“We wanted to pay tribute to David, and the fact that – like it or not – what happened to him galvanized a whole industry around exposing the need to step up the work on violence in the workplace. And

we didn't want it to pass without some kind of recognition and commemoration that would ensure that this was forever part of our history.”

Stewart explained that in recognizing members and staff, HSA has historically tended towards scholarships and memorial funds. “For example, we have the Joe Madden Fund to commemorate a former executive director. And we have the Ann Hallman scholarship to remember an outstanding member whose courage inspired all of us to keep fighting for what's right.

“The new David Bland Memorial Award provides us the opportunity to celebrate and showcase

some of the work that individual members do,” she said.

The only problem? “The calibre of the nominees was extraordinary. That’s the problem with awards.

“We got a glimpse of what some of our members do, and how highly they are regarded by their colleagues. If this year was any indication, this is not going to be an easy award to adjudicate in the future. I guess that’s a good thing, but a difficult thing.

“We were really pleased with the response, and that members nominated and recognized the work that their colleagues did and put their names forward.

### The inaugural recipient

**O**n behalf of HSA, Stewart congratulated Bev Banfield, the first recipient of the David Bland Memorial Award. “Bev has set a high bar for this award,” she said. “Bev is a worthy recipient, and I congratulate her whole-heartedly.

“Bev was nominated by her colleagues, who are obviously very grateful for the efforts she’s put into a very difficult issue. She deserves all of our thanks – and our sincere congratulations.”

Katie Hammer, a laboratory technologist at Mission Memorial Hospital and one of Banfield’s nominators, was personally affected in the cancer cluster: Hammer is a cancer survivor, one of the first diagnosed in the lab.

“I’m so grateful for Bev’s work. She stepped in and advocated for us,” Hammer said. “She has been instrumental in getting the investigation going, and keeping it on track.”

In her nomination, Hammer details Banfield’s work in identifying and investigating the problem. Starting in 2003 with a letter-writing campaign to various employer representatives, Banfield then chaired a subcommittee of the hospital’s safety committee formed to deal with the investigation and

subsequent recommendations.

Banfield has personally sorted through boxes of old hospital records, been interviewed by the local press and media, and always kept fellow members informed about developments.

“She has even collected her own samples when the air ducts were being cleaned and management would not do any testing,” Hammer said.

“Bev started four years ago, and is still leading the charge. Thanks in part to Bev, the employer is

**“[Banfield] has even collected her own samples when the air ducts were being cleaned and management would not do any testing [to determine toxicity].”**

now working with the BC Cancer Agency to determine if the cluster includes not just employees from the lab, but from the whole facility.

“Even without the award, she’s got our eternal gratitude for all her hard work and passion,” Hammer said.

The concluding words of Hammer’s nomination are also the most telling. After a closely-written page describing Banfield’s work, Hammer writes: “I hope this will convince everyone that Bev Banfield has met and exceeded the criteria for the David Bland Award. She is not only an effective role model and advocate, but she has gone above and beyond her role as OH&S steward. She has done so much that words alone are not enough.” **R**

*Do you know a colleague whose advocacy and activism deserve recognition? Contact The Report!*



**Katie Hammer,  
nominator**

# HSA members participate in the *Conversation on Health*

by CAROL RIVIÈRE

**"Publicly funded, publicly delivered and publicly administered health care is the fairest and most cost-effective way to provide high quality health care to the greatest number of people."**

This was the message that Region 6 Director and physiotherapist Rachel Tutte brought to the *Conversation* held in Burnaby on March 23. "The provincial Liberals are using inaccurate data and invalid assumptions to try to convince the public that we can no longer afford Medicare. This just isn't true."

Government health care spending in BC increased by an average of 5.5 per cent a year in the decade from 1995 to 2005, while provincial government revenues increased by six per cent a year. Similarly, health care spending compared to the size of BC's economy has remained virtually constant over the last 15 years at seven per cent of gross domestic product.

"Public health care is not only financially sustainable: we can actually afford to improve Medicare," says Tutte.

**"Public health care is not only financially sustainable: we can actually afford to improve Medicare."**

Dozens of HSA members have delivered a similar message at *Conversation* events held around the province, stressing that the best way to solve current problems in health care is through innovation in public delivery methods that improve care, cut

**The government's "Conversation Starter" document – which is supposed to provide the necessary background for a discussion of health human resources – doesn't even mention any of the health science professions.**

wait times and save money.

Anna Morton, a social worker and Member-at-Large for Region 2, emphasized the effectiveness of public sector innovation at the *Conversation* in Victoria.

"There are many innovative programs in public health care that have been shown to work, like the specialized joint replacement surgical programs at Richmond and UBC hospitals that have shortened wait lists and cut waiting times," she said.

"The Sault Ste. Marie Breast Health Centre has reduced the time from mammogram to breast cancer diagnosis by 75 per cent by consolidating visits for mammogram, ultrasound and biopsy. And in North Vancouver, a pharmacist provides prescribing education to doctors in their offices, which improves the drug treatment patients receive, *and* saves \$1.50 for every dollar that the program costs,"





CALM GRAPHIC

Morton said.

“Such programs need to be implemented all across the province. Government must also recognize the value of, and provide adequate funding for, health services provided through the community social services sector.”

Instead of focusing on a non-existent financial crisis in health care, the provincial government should be dealing with the real health care crisis, which is the critical and worsening shortage of health professionals, including health science professionals. The government’s “Conversation Starter” on health human resources illustrates that they simply don’t grasp the extent of the shortage problem. This “Conversation Starter” – which is supposed to provide the necessary background for a discussion of health human resources – doesn’t even mention any of the health science professions, and only discusses the steps the government has taken to address the shortage of doctors and nurses.

“We need to use the *Conversation* as one way to make government understand that the shortage of health professionals is not just about doctors and nurses,” says Marg Beddis, a dietitian and newly elected Region 7 Director, who participated in the Surrey *Conversation*. “The Vancouver Coastal Health Authority has recently released a study showing they expect extreme shortages in several health science professions over the next 10 years. As just one example, VCHA predicts they’ll have *only 15 per cent* of the medical laboratory technologists that they’ll need by 2015.” These figures are expected to be revised periodically.

The topic of health professional shortages has been of great concern at all the *Conversation* loca-

tions, and nowhere more than in Prince George, the only city in the Northern Health Authority to host a *Conversation* event to date. HSA members who attended the Friday morning and Friday evening sessions for health professionals stressed the need to train more health science professionals in BC, and the need to find ways to recruit and retain health science professionals for the North. HSA members also attended a special *Conversation* forum organized by the three Prince George-area MLAs, and again stressed the critical shortage of health science professionals in their area.

Most HSA members who’ve participated in *Conversation* events have reported that the discussion

**“Such innovative programs need to be implemented all across the province. Government must also recognize the value of, and provide adequate funding for, health services provided through the community social services sector.”**

at many of the events is well-informed, but the written comments from the events that are recorded as the formal *Conversation* record are generally very brief and give only a superficial idea of the actual discussion.

And although the vast majority of participants

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**"As just one example, the Vancouver Coastal Health Authority predicts they'll have only 15 per cent of the medical laboratory technologists that they'll need by 2015."**

at *Conversation* events have spoken out in support of public health care, most are skeptical that the government will pay attention to what the public has said they want. They fear that the provincial Liberals plan to somehow use the *Conversation* to support the expansion of for-profit health care in BC.

Chris Semrick, a respiratory therapist who attended several *Conversation* events on Vancouver

Island, highlighted some of these concerns. "Now that we have been 'listened to,' some may feel it is safe to sit back and let the process happen. The people have spoken, and I am certain they are in support of Medicare. But then, so was the *Romanow Report*."

"The next six months are critical for the future of the public health care system. This is quite possibly the most dramatic event for Medicare since its inception in 1966. So where is all the media coverage? In my discussions with some staff in the hospital, over half haven't even heard of the *Conversation on Health*! So, how do we raise the public awareness about the *Conversation*? How do we make the government accountable for the conclusions that arise? These are the questions we need to be asking ourselves," says Semrick. **R**

**"How do we make the government accountable for the conclusions that arise out of the *Conversation on Health*?"**

Participants at the *Conversation on Health* in Burnaby (from left): Scott Brolin (physiotherapist, Royal Columbian Hospital), Marjan Szlivka (physiotherapist, Queen's Park Care Centre), Hannelore Gidora (dual-registered RN / RPN), Rachel Tutte (physiotherapist, Holy Family Hospital) and Leila Lolua (HSA education officer, former dietitian, Vancouver General Hospital).





## The Conversation on Health: what's the format? how can I participate?

**A**s outlined in the last issue of *The Report*, the provincial government's *Conversation on Health* kicked off in Kamloops February 2, and will continue with events every Friday and Saturday in 16 different communities around the province, wrapping up in Vancouver on July 7.

The government is holding at least four different meetings in each community:

### 1. Health Professionals Focus Group (Friday morning)

These meetings are attended by about 20 health care workers chosen by different organizations. HSA is allowed to designate three members to attend each focus group: one from each of our clinical, diagnostic and rehabilitation professions.

### 2. Patients Focus Group (Friday afternoon).

### 3. Health Professionals Meeting/Courtyard Cafe (Friday evening).

These meetings are attended by about 100 health care workers chosen at random from health care providers who have registered for the *Conversation on Health* as health professionals.

### 4. Regional Public Forum (Saturday morning and afternoon).

These meetings are attended by about 100 people chosen at random from members of the general public who have registered for the COH. Health care workers are excluded from these forums.

**H**SA is contacting members to participate in the Friday morning Health Professionals Focus Groups. We'd like to hear from members who have been selected to attend the Friday evening Health Professionals Meetings or Regional Public Forums.

The remaining *Conversation* events will be held in Campbell River, Fort St. John, Smithers, Castlegar and Vancouver. The registration deadline for these events has passed, except for the Vancouver deadline of May 25.

If you've missed the registration deadline for the meeting in your area, it is still possible to register for the Health Professionals Meeting or the Regional Public Forum, if fewer than 100 people have registered. Phone the *Conversation on Health* staff at 1.866/884.2055 to see if you can still register.

In addition to these *Conversation on Health* events, anyone who wants to can provide input online, by e-mail, fax and phone. For details, visit the *Conversation* website:

[www.bcconversationonhealth.ca](http://www.bcconversationonhealth.ca)

**Every little bit  
helps to protect  
not-for-profit  
health care**



CALM GRAPHICS

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## Get the facts – then join the *Conversation*

**M**uch of the information in the mainstream media and on the government's *Conversation* website seems designed to support the conclusion that we can't afford our public system, and that the only way we can continue to provide health care is by implementing more user fees, service cuts and private, for-profit health care.

Here are some sources where you can get the facts and information you need to speak out in support of health care that is publicly funded, publicly delivered and publicly administered.



### Some Medicare allies & references

Allies & Websites:

**BC Health Coalition (BCHC)**

[www.bchealthcoalition.ca](http://www.bchealthcoalition.ca)

**Canadian Centre for Policy Alternatives (CCPA)**

[www.policyalternatives.ca](http://www.policyalternatives.ca)

**Canadian Doctors for Medicare**

[www.canadiandoctorsformedicare.ca](http://www.canadiandoctorsformedicare.ca)

**Canadian Health Coalition**

[www.healthcoalition.ca](http://www.healthcoalition.ca)

**Canadian Labour Congress**

[canadianlabour.ca](http://canadianlabour.ca)

**Canadian Health Services Research Foundation**

**- Mythbusters & Evidence Boost**

[www.chsrf.ca/mythbusters/index\\_e.php](http://www.chsrf.ca/mythbusters/index_e.php)

**Council of Canadians**

[www.canadians.org](http://www.canadians.org)

**David Schreck - Strategic Thoughts**

[strategicthoughts.com](http://strategicthoughts.com)

**Friends of Medicare**

[friendsofmedicare.ca](http://friendsofmedicare.ca)

**Health Sciences Association of BC (HSA)**

[www.hsabc.org](http://www.hsabc.org)

**National Union of Public & General Employees (NUPGE)**

[www.nupge.ca](http://www.nupge.ca)

**Ontario Health Coalition**

[www.web.ca/ohc](http://www.web.ca/ohc)

**The Tyee**

[thetyee.ca](http://thetyee.ca)

Books:

**The Bottom Line: The truth about private health insurance in Canada.**

Diana Gibson and Colleen Fuller (2006)

**Prescription for Excellence: How innovation is saving Canada's health care system.**

Michael Rachlis M.D. (2004)





## The BC Health Coalition: Neighbours talking health care

**Let's have a health care discussion based on facts, not fear.**

**T**he provincial government's *Conversation on Health* has been framed around the myth that health care spending is unsustainable. And while the premier claims support for public health care, his government continues to privatize long-term care for seniors, promote public-private partnerships for the provision of new hospitals and residential care facilities and contract-out surgeries and diagnostic procedures.

It appears that the provincial government has already decided we can't afford our public system and will use the *Conversation on Health* to justify more user fees, service cuts and private health care.

**T**he BC Health Coalition wants to make it clear that **Medicare works**. The BCHC wants to have a genuine discussion about public health care.

You can help by participating in the government's *Conversation on Health*. The larger the number of British Columbians who make it clear that they support proven, sustainable, public solutions, the more difficult it will be for the government to steer the results

toward a pre-determined conclusion promoting more for-profit health care.

The BCHC is organizing forums in several of the "*Conversation*" communities, which will highlight positive solutions to improve health care. The Coalition is also working to support the activities of local public health coalitions around the province.

Visit the BCHC website at **[www.bchealthcoalition.ca](http://www.bchealthcoalition.ca)** to find out more about the issues, and the BCHC's activities around the *Conversation on Health*. Become a member of the BCHC or sign-up for their low traffic e-mail list to receive updates on how you can participate in the local health coalition in your area.

The BCHC would like people who have been selected to participate in a *Conversation* forum to contact the Coalition directly at [coordinator@bchealthcoalition.ca](mailto:coordinator@bchealthcoalition.ca).

The BCHC is organizing a province-wide network of forum participants and welcomes the opportunity to provide resources, and collect feedback from those who will be attending the government's events.

*Source: BC Health Coalition*

## FOCUS ON PENSIONS

# In the event of a death, some pension considerations

**Q:** My spouse, a retired HSA member, has died. I have questions regarding what to do about various pensions. Whom should I contact?

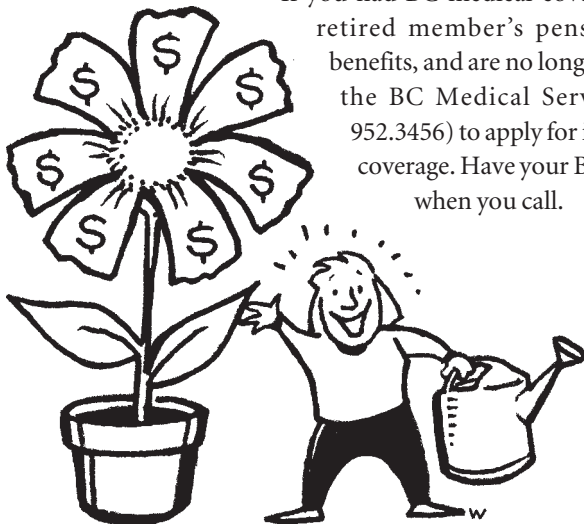
**A:** When a retired family member dies, you will have many decisions to make and important matters to settle. Your executor, lawyer, accountant, trust company, funeral services representative, clergy, family or friends may be able to help you complete documents at that time.

### When a retired member dies

You need to notify Municipal Pension Services of the retired member's death so their pension will not be overpaid. In some cases, pension benefits stop at the end of the month in which the retired member dies, so any overpayment must be paid back to the pension plan.

Regardless of whether the pension continues to be paid to the member's beneficiary, spouse or estate, the pension plan requires a copy of the death certificate. Municipal Pension Services will send a letter to the executor, named beneficiary or spouse explaining details about the pension benefits — pension payments, amount, duration and any entitlement to group health benefits.

If you had BC medical coverage through the retired member's pension plan group benefits, and are no longer eligible, contact the BC Medical Services Plan (250/952.3456) to apply for individual medical coverage. Have your BC CareCard ready when you call.



CALM GRAPHIC

If your extended health and dental benefits end when the retired member dies, you can apply for individual coverage through Pacific Blue Cross or the carrier of your choice. They will send you the appropriate forms to complete.

### When your spouse or beneficiary dies

Notify Municipal Pension Services of the death of your spouse and send a copy of the death certificate. We will adjust your group benefits and refund premiums if necessary.

If your spouse dies while still working or receiving long-term disability benefits through employment, contact their employer's pay office.

If the person you nominated as your beneficiary has died, complete a *Change of Beneficiary* form so that if you die while the pension is still active, any remaining pension payments will go to the person you name instead of your estate.

### Benefits from other agencies

Call Service Canada (1.800/277.9914) to notify them of a death. They can answer your questions about the Canada Pension Plan, Old Age Security and related programs.

If the deceased person contributed to the Canada Pension Plan, a lump-sum death benefit may be payable. A monthly survivor's pension may also be available. Contact Canada Pension Plan for the applicable forms.

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

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Old Age Security ends when the recipient dies. If the person was receiving Old Age Security benefits, you can expect to receive a cheque at the end of the month in which the death occurred. Their spouse between ages 60 and 64 may also be entitled to a benefit called the "allowance for the survivor."

If the deceased person ever worked for the Government of Canada, call Service Canada (1.800/622.6232) to inquire about benefits from the Federal Public Service Pension Plan. You must provide the person's social insurance number, pension number or federal identity number.

If the deceased person was receiving funds from Veterans' Affairs Canada, contact them toll-free (1.866/522.2122).

If the deceased person was receiving the Seniors Supplement or disability benefits for seniors, call the BC Seniors' Line (1.800/465.4911).

## Contacts

Other organizations you may need to contact if the deceased person used their services or did business with them include:

- Service Canada: regarding the deceased person's social insurance number card
- deceased's lawyer: regarding the will
- local land title office: to transfer land titles
- motor vehicles branch: to cancel a driver's licence
- car insurance company: to cancel or change car insurance
- life insurance company: in the event that life insurance is payable
- hydro, telephone, cable, and other utilities: notify the companies to change the name on your bills or to change the service you receive
- bank or financial institution
- credit card companies **R**

## Keeping in touch with HSA retirees

**H**SA's board of directors recently approved a plan for HSA to maintain contact with members into their retirement.

Beginning this year, retiring members will receive free mailings of *The Report*, and HSA will pay for a one-year membership in the BC Federation of Retired Union Members (BC FORUM).

BC FORUM provides members with a range of products including travel, medical and dental insurance, plus income tax and financial planning services. BCFORUM is a non-profit society founded by the labour movement, dedicated to the interests of members and their families, as they move into their retirement years.

Retirees will also be invited to sign-up on a dedicated HSA e-mail list that will alert them to events and activities in their communities they have indicated an interest in such as preserving medicare, improving pensions, or other community based campaigns.

HSA continues to issue retirement certificates to retiring members. If you know of a colleague who is about to retire, please contact the union. **R**

### HSA salutes recent retirees:

**Elaine Hornell**

Social Worker  
Lions Gate Hospital

**Wendy Bentley**

Medical Radiation Technologist  
Kootenay-Boundary Regional Hospital

**Pat Miller**

Medical Laboratory Technologist  
Creston Valley Hospital

**Jennifer Charles**

Cardiac Ultrasound Technologist /  
Medical Radiation Technologist  
Kelowna General Hospital

**Irene Deprey**

Dietitian  
Creston Valley Hospital

**Howard Fisher**

Medical Laboratory Technologist  
Kelowna General Hospital

**Robert (Bob) Phillips**

Social Worker  
VGH/RJH/Gorge Road Hospitals

**Carol Topp**

Cytogenetics Technologist  
Kelowna General Hospital

**Colin Hales**

Social Worker  
Vernon Jubilee Hospital

**Carmen (Linda) Dunnet**

Health Records Administrator  
Lions Gate Hospital

**Patricia (Trish) Vanderbeck**

Physiotherapist  
Vernon Jubilee Hospital

**Peggy Scott**

Health Records Administrator  
Lions Gate Hospital

## CONTRACT INTERPRETATION

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

### Dual dental coverage

by JULIO TRUJILLO

**Q** My partner and I are both HSA members covered by the Health Science Professional contract. Can an HSA member have “dual” dental coverage? That is, if my dental fees go over the limit of my own coverage, can the remainder be paid through my spouse’s dental plan coverage?

**A** No. This question comes up a few times a year – particularly from new members who have previously been covered by benefit packages that don’t have restrictions against being covered by a spouse’s dental plan, in addition to that provided by their employer.

Arbitrator Don Munroe ruled on this issue in a dispute between HSA and Children’s Hospital in 1987.

The relevant language in the collective agreement as it existed then was ambiguous:

“Membership in the plan is a condition of em-

**The end-result is the seemingly nonsensical application that your spouse and children can indeed benefit from dual dental coverage but you can not.**

ployment for employees who are not members or dependents of members of another Dental Plan. Eligible employees must join the plan after three (3) calendar months of employment.”

HSA’s understanding of that language, particularly in light of the requirement to join the plan after three months, was that the language was an



artifact from 1976, when the dental plan was first negotiated into the HSA contract. The same language describing the extended health plan is used to describe the dental plan.

Even though the dental plan was negotiated in 1976 as “100% employer-paid,” both the MSP and CU&C (the extended health plan carrier at the time) premiums were cost-shared 50/50 between the employers and members. It wasn’t until 1981 that those plans also became “100% employer-paid.”

In health and welfare benefit systems that include cost-sharing, the union is just as interested in keeping the cost of the premiums down as is the employer. In that context – and only in that context – does it make sense to agree to a clause that includes the phrase “...must join the plan...”

That was essentially HSA’s argument at the arbitration hearing in October 1987.

Don Munroe could not find persuasive evidence in either the union’s or the employer’s submissions that the parties had explicitly addressed the issue while negotiating this clause in 1976. When faced with language that is unclear and open to different interpretations – and there is no explicit evidence to help them decide what the parties intended in bargaining – the arbitrator is then essentially free to decline to interpret the language in a way that adds new meaning to the agreement.

HSA argued that at that time there was a mixed practice in how different hospitals administered this clause. Some hospitals seemed to allow “dual dental” and others did not. Counsel for the employer argued that the only difference was that some hos-



pitals were more diligent in enforcing the provision than others, and that none were deliberately and explicitly permitting the practice.

Munroe, in his denial of HSA's grievance, put particular emphasis on the fact that dental coverage has some very specific limitations for certain procedures: for example, 60 per cent of the cost of crowns and bridges, and 50 per cent [currently 60 per cent] of the cost of orthodontics. This would be rendered meaningless were dual coverage to be allowed for those members who had access to a spouse's coverage.

Since that time, dual dental coverage has not been allowed for HSA members covered by the HSA agreement, and subsequently, for anyone covered by the Health Science Professionals Bargaining Association Agreement.

However, all was not lost. The language in the HSA contracts was identical to that contained in the Nurses' Agreement, and distinctly different from that in the HEU (now Facilities) agreement. The Facilities Agreement goes a step further in that spouse and children are eligible only if they are not covered by another plan. The contracts for health science professionals and nurses use the eligibility requirement for members – but not for their spouse or dependents. The end-result of all this is the seemingly nonsensical application that your spouse and children can indeed benefit from dual coverage but you can not.

This arbitration happened more than 20 years ago, and since that time a multitude of collective agreements have been negotiated. Nevertheless, the language and its application remain the same. There have been a few proposals submitted to bargaining proposal conferences by chapters to change the language and allow dual coverage. However, the pro-

posals have been very few, and seldom carry a high priority even from the chapter submitting the proposal. Consequently, delegates at bargaining conferences have never made resolution of this issue a "high-priority" item.

Nevertheless, the issue has been discussed in bargaining many times as a "cost item." There is an argument to be made for an actual decrease in cost to employer since in any dual-coverage scheme each plan is billed 50 per cent of the cost. This is less than the normal 60 per cent for crowns, bridges and orthodontics. However, there is a counter argument that the resultant cumulative 100 per cent coverage,



when covered by two plans, significantly increases use and therefore results in a greater cost.

In the context of negotiations, where there is a significant amount of give and take and compromises when cost items are discussed, this issue has just never made the final cut. It hasn't for HSA, nor the Nurse's Association, nor even the Facilities' table where, arguably, our health support colleagues have much more to gain. **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](mailto:yukie@hsabc.org). Don't forget to include a telephone number where you can be reached during the day.**

CALM GRAPHICS

## WORKERS' COMPENSATION

# Injured at work? here's why you should report it

by CAROLE PEARSON

**I**n December 1999, Jennifer Tindale was a recent graduate from a radiation therapy program. At 21, she was active in sports, had a busy social life, plans to buy a new car, and to move into her place.

Now, not even 30, she has been off work for six years.

"I was working at the BC Cancer Agency in Vancouver. A patient on our treatment bed grabbed my right arm with both of her hands. She wanted help sitting up and she wrenched my shoulder."

**Tindale can understand why workers often don't bother reporting injuries. "You want to be a team player, and you don't want to let the other team members down. But ultimately, it's going to cost you."**

This one incident at work was to have a long lasting impact on her life. "Luckily," Tindale says, "I reported it."

Too often, when a worker is injured, it is not reported. "One of the biggest problems we have is people who keep on working," says Sarah O'Leary, an advocate for HSA members dealing with the Workers' Compensation Board. "They don't make a report and later on, when they need to apply to go on compensation, there is very limited help we can give them when their claim is denied."

Tindale can understand why workers often don't

bother reporting injuries. "You want to be a team player, and you don't want to let the other team members down. But ultimately, it's going to cost you."

Tindale says she felt something "wasn't quite right" and filed an injury report the day after she was injured. She was advised to take two weeks off, which were covered by WCB. She went back in January 2000 and recalls, "Within a month of the accident, I had a numbness in my hands. I kept working but the pain got to where I just couldn't work. I shouldn't have gone back to work [so soon]."

Tindale remained at work until June 2001, using up her sick days and vacation to recuperate. During those final months, she was working on a machine that required a lot of patient lifting. "The January before I went off work," she says, "we went to an eight-and-a-half hour day." That extra half-hour of work further exacerbated the problem and she was "popping" Advil and Tylenol.

### Claim denied

Eventually, Tindale could not work at all. "I'm in all this pain and it was obviously from the same injury that never got better. Initially, WCB said, 'We'll re-open your claim.' Then a few weeks went by and then they said, 'It's been a while so we'll just give you

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**Jennifer Tindale**  
Radiation Therapist  
BC Cancer Agency

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## **HSA can help you unknot your WCB claim and / or WCB appeal if your claim has been denied.**

a new claim.” Because she did not yet qualify for long term disability payments, Tindale had no income for seven months as she continued to wait for WCB to make a decision. In the end, WCB denied her claim.

“WCB was giving me the run-around so I contacted the union.” Tindale was assigned to O’Leary for assistance in handling her compensation appeal.

When her long term disability pay began, Tindale was paying for medical treatment not covered by her extended health coverage. She visited various specialists in an effort to diagnose and treat the source of her pain. “I am very fortunate to be in a profession that is well-paying. Long term disability gives you a percentage of your wage. If that was a percentage of, like, ten dollars an hour, it would be impossible to live on that.”

It took a while but the cause of her pain was eventually diagnosed as thoracic outlet syndrome. “It’s very, very difficult to diagnose,” explains O’Leary, “and very hard to cure.”

One of the treatments is the surgical removal of the top rib to try to unpinch the affected nerve and blood vessels. “They went in and actually took out my first right rib,” Tindale said. The relief from the constant pain lasted about two weeks before scar tissue formed over the stump of the rib, causing the pain to come back - worse than before.

She was also diagnosed with complex regional pain syndrome. The chronic pain team at St. Paul’s Hospital tried everything, including botox shots, epidurals, and various medications, but nothing



CALM GRAPHIC

was effective.

“Up until six months ago, I was on so many medications, I couldn’t even form a sentence properly. So I went off the medications just to see where I was at.” It took 18 months to rid herself of her dependence on the medications. “I never got pain relief from all the heavy medication I was on. In some ways, the side effects were more difficult to deal with than the pain itself. I am at a point now where I am always in pain.”

### **HSA’s expert advocates can help**

O’Leary says HSA spends thousands of dollars a year on legal and medical opinions, which can range in cost from \$150 to \$1500 each. HSA provides corresponding service. “A big part of our job is to get the appropriate medical/legal opinions to support the appeal. In most medical reports, doctors do address the illness and the remedy but never address causation,” O’Leary explains. Getting doctors to put this information in writing is challenging, and the costs involved are considerable. Not all unions have the expertise or resources to help in-

*Continued next page*

# HSA secures win for WCB claimant

*Continued from previous page*

jured members at the WCB appeal stage.

Tindale received notification in January 2007 that she had won her appeal. "She will receive a pension for life because fortunately, she falls under the old

'pre-Gordon Campbell' rules," O'Leary said. Determining just how much that pension will be is another stage in the process.

"The WCB and the union will work with the employer to try to get her back to work," O'Leary explained. In a worst case scenario, if

the WCB accepts that Tindale will never be able to work again, she may be entitled to payments of 75 per cent of her gross wages. This will provide a welcome sense of security as she awaits the start of her vocational rehabilitation.

Options for returning to work may include the possibility of shortened hours or other job modifications, if necessary.

Tindale credits the assistance provided by HSA for the outcome. "I can't say enough about Sarah. She's amazing! She knows so much. This was a very difficult experience, and I can't imagine doing this alone." She says having O'Leary with her during the hearings and answering on her behalf made the ordeal far less stressful.

"I had two big review hearings with WCB and I won both of them," Tindale said. "I think the main reason is having the support of the union and the help of Sarah through this whole process. If you don't have support like this, your chances of winning against WCB are very limited," she said, adding, "The most critical thing is having the documentation."

What if Tindale had not filed a report following her injury seven years ago?

"There is no question that she would never have won," says O'Leary. "It is hard enough to prove 'causation' even when you have an identifying incident. Without reporting, anything she or the doctors said would have been considered mere 'speculation' and she wouldn't have had a snowball's hope of getting her claim accepted." **R**

**There is no question that Tindale would not have won her WCB appeal had she not reported her initial workplace injury seven years ago.**

<b>M O V I N G ?</b>  Your employer does not send us address changes. We depend on you to let us know.  <b>R E T U R N     T O :</b>  Health Sciences Association of B.C. 300 - 5118 Joyce Street Vancouver, BC V5R 4H1  <b>O R     E M A I L :</b>  memberlist@hsabc.org	Member # (at top left of mailing label)		<b>C H A N G E     O F     A D D R E S S</b>	
	Surname			
	Given names			
	Facility/worksites)			
	New home address			
	City	Province	Postal code	
	Home tel. (    )	Work tel. & local (    )		



# Committees

## TILMA

### Radical trade deal negotiated in secret

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.

The Trade, Investment and Labour Mobility Agreement (TILMA) between the British Columbia and Alberta governments came into effect in April.

The inter-provincial trade deal, which became operative on April 1, is unfortunately not a joke. It's all too real in what it does to undermine the authority of elected provincial governments, both now and in the future. It also overrides the regulatory reach of municipalities, school boards and health bodies.

Signed a year ago by BC Premier Gordon Campbell, and former Alberta Premier Ralph Klein, the deal has been promoted as an agreement to eliminate internal trade barriers between provinces by harmonizing all regulations.

#### Undermines elected legislators

Unfortunately for democracy, TILMA accomplishes this by stripping legislators, today and in the future, of many of the powers they previously had to control the activities of business.

The agreement gives enormous power to business to challenge all existing and future provincial government regulations through a 'disputes panel.'

If you've never heard of TILMA, you are not alone. It was negotiated behind closed doors and both provinces have gone to great lengths to keep voters in the dark about the impact the deal will ultimately have.

The National Union of Public and General Employees (NUPGE) has taken a strong stand against the agreement and warned that other provinces could be at similar risk. An assessment of the deal and its contents, *Red Alert: It's*

**"This deal prevents democratically elected governments from challenging corporate authority."**

*time to stop waltzing with TILMA*, was issued by NUPGE late last year.

#### Signed behind closed doors

"This is one of the most radical trade and investment deals ever signed," says Larry Brown, NUPGE's secretary-treasurer. "This deal by Gordon Campbell and Ralph Klein prevents democratically elected governments from challenging corporate authority."

"It's shocking that this deal was negotiated and signed behind closed doors with no public consultation and no legislative debate," says Brown.

"Politicians in BC and Alberta are trying to slip a fast one past the citizens of their provinces," he said.

"But the citizens of Alberta and BC, and in every province where governments are considering TILMA, have a democratic right to be involved in this issue, and the governments of these two provinces must be made to account for this very problematic trade deal." **R**

#### For more information:

[www.nupge.ca/publications/trade\\_tilma.pdf](http://www.nupge.ca/publications/trade_tilma.pdf)  
[www.workingtvg.com/tilma.html](http://www.workingtvg.com/tilma.html)



# Committees

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## AWARD WINNERS

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. Applications for 2008 will be accepted beginning January 2008. See HSA's website at [www.hsabc.org](http://www.hsabc.org) for information.



## HSA congratulates scholarship winners

### **Kalun Boudreau**

Son of Jody Boudreau,  
Physiotherapist  
Shuswap Health Services

### **Dana Brunanski**

Assisted Living Support Worker  
Kettle Friendship Society

### **Elisabeth Chin**

Daughter of Anne Chin,  
Physiotherapist  
Fraser Valley Child Development Centre

### **Ellery Cleveland**

Daughter of Phyllis Cleveland,  
Physiotherapist  
Shuswap Health Services

### **Donovan Duncan**

Son of Annette Duncan,  
Registered Psychiatric Nurse  
Kelowna General Hospital

### **Kyle Freedman**

Son of Norine Freedman,  
Medical Laboratory Technologist  
St. Paul's Hospital

### **Desne Hall**

Social Worker  
Prince George Regional Hospital

### **Tamara Holdal**

Support Worker  
Positive Women's Network

### **Sarah Pickett**

Daughter of Kathleen Pickett,  
Physiotherapist  
Penticton Regional Hospital

### **Bernadette Sanchez**

Health Records Administrator  
Children's & Women's (BC Women's Hospital)

### **Nicole Croteau**

Early Intervention Counsellor  
Cameray Counselling Centre (New Westminster)

### **Rachel Erickson**

Daughter of Pearl Fehr,  
Medical Radiation Technologist  
Penticton Regional Hospital

### **Brigitte Ganger**

Daughter of Clare Ganger,  
Family Services Worker  
The Centre for Child Development

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**Michael Gauthier-Granov**

Son of Eve-Lyn Granov,  
Medical Laboratory Technologist  
Vernon Jubilee Hospital

**Janice Gill**

Social Worker  
Surrey Memorial Hospital

**Stephanie Hewitt**

Daughter of Christine Hewitt,  
Administrative Assistant  
Victoria Women's Transition Society

**Yolanda Kapka**

Daughter of Jody McMurray,  
Transition House Worker  
Campbell River & North Island  
Transition House Society

**Tanis Kohls**

Direct Support Worker  
Langley Child Development Centre

**Michael Mancinelli**

HIV Prevention Program Educator  
AIDS Vancouver

**Cassidy Wise**

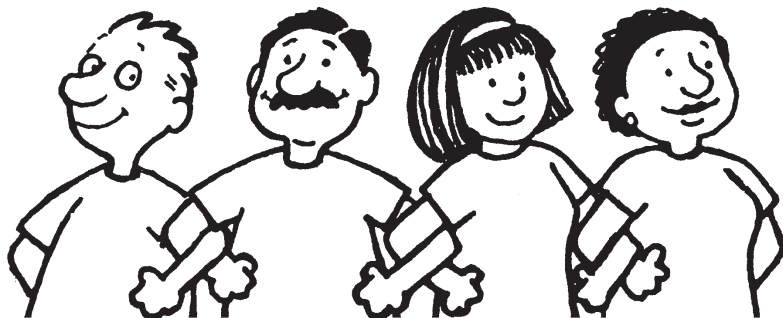
Daughter of Karin Liddle,  
Diagnostic Neurophysiology Technologist  
Vancouver Hospital

**2007 Aboriginal scholarship awards**

**Tabatha Kerr**

**Christine LeBourdais**

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



# Mourn for the dead, but keep fighting for the living

by MAUREEN HEADLEY

**T**his month, on April 28, Canadians will commemorate the Day of Mourning – a day of remembrance for working people killed or injured on the job.

In the Lower Mainland, the Vancouver and District Labour Council, New Westminster and District Labour Council and BC Federation of Labour will mark the day at Surrey's Bear Creek Park, and will highlight tragic workplace deaths that serve as a reminder of the need for continued advocacy on occupational health and safety

**The people who we all  
count on to take care of  
the sick and vulnerable in  
our community go to work  
everyday knowing that they are  
at risk of violence and injury.**

issues. The biggest tragedy in each of those cases is that the deaths were needless. They were preventable.

One of the incidents to be highlighted at the Day of Mourning will be the deaths of three farmworkers in Abbotsford earlier this year. The BC Federation of Labour has submitted 29 recommendations to Labour Minister Olga Ilich to improve the working conditions and safety of



**Maureen Headley**  
Executive Director of Labour  
Relations and Legal Services

BC farmworkers. The Federation is calling on government to put solutions in place to protect the lives of farmworkers.

The recommendations include calls for improvements to traffic and vehicle safety, better seat belt laws and tougher fines to address the overcrowding and poor condition of vehicles transporting farmworkers.

As well, the Federation is recommending the provincial government not renew its Memorandum of Agreement with the agriculture industry, and that no new agreement should be signed without the participation and support of farmworkers and their advocates. Additionally, the recommendations include giving farmworkers



## **It's time for us to recognize that our workplaces can be dangerous. But rather than accepting the risk, we must demand changes to make our workplaces safer.**

full rights to employment standards as enjoyed by other BC workers, as well as better enforcement of these standards.

Prevention, as well as enforcement of workplace occupational health and safety regulations, has been a victim of cutbacks and lack of government commitment. The result is continued risk to workers in all fields.

In health care and social services, a significant risk to workers is violence in the workplace, and employers and government have been slow to take the necessary steps to reduce the risk to employees.

In the wake of the violent death of HSA member David Bland in 2005, who worked at Richmond Mental Health and was murdered by a former client, the then deputy minister of health issued an edict to all health authorities to be in compliance with WorkSafe regulations on workplace violence prevention by November 2006. And while individual health authorities are all working at various rates on getting into compliance, it has been almost a year and a half and the process continues to drag on.

This is an important issue for the 15,000 HSA members who work in health and social services. And a recent Statistics Canada report explains why: It is in these fields that workers experience the most risk of violence in the workplace – 33 per cent of workplace violence incidents involved a victim who worked in social assistance or health care services.

This Statistics Canada report confirms what we already knew from experience and WorkSafe

BC statistics: health care is a dangerous profession.

The people who we all count on to take care of the sick and vulnerable in our community go to work everyday knowing that they are at risk of violence and injury. Between 2001-2005, four people working in that sector were murdered at work.

One alarming statistic out of this report is that only 37 per cent of workplace violence incidents are reported to police. That means that people working in health care – and other industries – just accept that violence is a part of the job. This is an important statistic, as it is the first research that confirms what we and WCB have suspected: that violent incidents in the workplace are underreported.

This is significant particularly in health care, which accounts for 40 per cent of all accepted claims related to workplace violence.

It's time for us to recognize that our workplaces can be dangerous. But rather than accepting the risk, we must demand changes to make our workplaces safer.

April 28 is an important day for all of us to renew our commitment to eradicate violence in our workplaces and to resolve to demand action from Worksafe BC and the Ministry of Health on this critical issue. **R**

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

# Solidarity makes us stronger

by AUDREY MacMILLAN

**I** am often asked about why I am involved in my union. For many, the only intense interaction with their union is when they have a problem.

You may find out you're not being paid what you are due, or shift scheduling doesn't seem fair, or you get injured at work and need help working through the WCB process. In many cases it is an individual issue that gets people involved in their union.

Yes. Labour relations and contract negotiations are important. They are the fundamental reason for unions to exist. And the system is set up to ensure that all members have an opportunity to voice their concerns about their wages and working conditions, and can vote on their collective agreements. But in addition to working to defend and enforce hard-won rights on the job, unions have a role to play in our broader society.

We often hear in the media that unions

wish for all." That is a principle that runs throughout the labour movement.

For example, the BC Federation of Labour recently kicked off a province-wide campaign to increase the minimum wage in BC to \$10 per hour. This is a campaign aimed at supporting low-income earners who don't have the benefit of a union representing them and achieving improvements in wages and working conditions.

At HSA, our committees work to advance important issues. For example, the Committee for Equality and Social action supports the work of projects that work to promote and protect a healthy environment, universal health care, and human rights. The Run for the Cure Committee supports HSA's work related to our partnership with the

Canadian Breast Cancer Foundation to combat breast cancer, and our Occupational Health and Safety Committee works not only to raise awareness about workplace

health and safety issues for HSA members, but to encourage improvements in legislation and regulations to support all workers.

As chair this year of HSA's resolutions committee, which reviews resolutions to the union's annual convention, I was privi-



**Audrey MacMillan, Region 7 Director**

leged to work with representatives from each of the union's ten regions in reviewing all the resolutions to convention submitted by chapters from throughout the province. While there are a number of resolutions addressing concerns in the workplace, there are also many resolutions that will lead to discussions about issues affecting the world around us – including discussion about medicare, the environment, child care programs, mandatory retirement issues, and human rights – to name just a few.

As a union activist, I believe it is important to continue to work with the broader community to bring social issues to the attention of decision-makers through campaigns, lobbying, and contributions to organizations working for change.

Belonging to a union means so much more than knowing that together we are stronger and can influence the terms of our employment. It also means contributing to a better society by working together for a better future for our communities. That's why I'm proud to be active in my union and in our labour movement. **R**

*Audrey MacMillan represents Region 7 on HSA's Board of Directors.*

**Belonging to a union means so much more than knowing that together we are stronger and can influence the terms of our employment.**

are just about self-interest. And while we don't apologize for advocating for better wages, benefits and working conditions for our members when we are at the bargaining table, unions do much more than that.

The slogan of the BC Federation of Labour is "what we desire for ourselves, we



Detail of NUPGE's Day of Mourning poster, available from nupge.ca

## National Union poster marks Day of Mourning for Canadian workers

Approximately 1,000 Canadian workers die from workplace accidents every year while close to a million others are injured.

The grim toll is recognized by a National Day of Mourning established by Parliament in 1991. It is observed every April 28 in scores of ceremonies across the country. The Canadian Flag atop the Peace Tower on Parliament Hill always flies at half mast.

This year the National Union of Public and General Employees released a poster and urged members across the country, and concerned Canadians, to post it in workplaces and other areas to raise awareness of the tremendous cost paid by workers in simply performing their daily duties.

"Work kills," the poster says. "Death on the job continues its relentless rise in Canada. There are now nearly five work-related deaths per workday in Canada."

In Ottawa, National Day of Mourning ceremonies are held at a monument erected by the Canadian Labour Congress in Vincent Massey Park. While commemorating all workplace victims, it especially honours nine workers killed on Aug. 10, 1966, during construction of the nearby Heron Road Bridge over the Rideau River.

Beyond the human cost, the financial toll taken by workplace death, injury and illness is massive. The government estimates that more than 16 million days of work are lost each year. The cost to the Canadian economy has been estimated at \$10 billion. **R**

*Also see Executive Director Maureen Headley's column page 24.*

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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Facsimile: 604/439.0976 or 1.800/663.6119

### BOARD OF DIRECTORS

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

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Physiotherapist, Vernon Jubilee

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Medical Laboratory Technologist, Victoria General

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## Better health care: it's your choice



**C**anadian working families want politicians to listen to them and work for them.

That's where the Better Choice 2007 campaign starts. It is a campaign to promote the interests of Canadians who work for wages and their families. You'll find the Better Choice flyer included in this issue of *The Report*.

Over the next few weeks, whether a federal election is called or not, the Canadian Labour Congress and its member unions will promote the Better Choice 2007 campaign to move

forward a series of issues that are important to working people, their families and their communities, with the view of putting them squarely on the next election's agenda – of making them vote-determining.

Visit [betterchoice.ca](http://betterchoice.ca) for updates on the topics that are most important to workers. You will find detailed information on each topic, and the CLC will add analysis of party platforms, as well as regular news updates as the election progresses.

**This election, make your vote count to improve the issues most important to YOU:**

- jobs
- education and skills training
- pension protection
- Medicare
- child care

**See [betterchoice.ca](http://betterchoice.ca) for more details.**

