

# THE Report

**NEW HSA  
PRESIDENT**

**DELEGATES  
ELECT REID  
JOHNSON**



# Building on success

by REID JOHNSON

**O**n April 21, I was humbled to be elected as your new president by delegates to HSA's 36<sup>th</sup> convention.

In the months leading up to my election, I had an opportunity to reflect personally on a whole range of reasons why I was motivated to lead this union. In that time, I met with activists, convention delegates, and members who don't take an active role in the union, but have concerns and ideas they were willing to share.

Those meetings and conversations, along with my personal reflections, confirmed that all the qualities about our union and our members – professionalism, solidarity, commitment, and compassion – are qualities that are important to me. And as someone who believes strongly in servant leadership – leadership that relies on hearing, understanding, communicating, and acting on the community's priorities – I believed that I had a leadership role to play in advancing HSA's priorities. It is a role that cannot be taken lightly.

And it is a role that was filled so well by Cindy Stewart in her 14 years as president. As she outlined in her final report to convention as president, those 14 years were full of change and growth for our union. From her election in 1993 Cindy was always in tune with your concerns and issues, which guided her through sometimes difficult periods in HSA's development – from disputes in the house of labour to disputes with government.

When I decided to run for president of HSA, there were a number of factors that motivated me, not the least of which was a desire to continue to work to educate the public about our union and the work HSA members do in health care and community social services.

I have three objectives in my role as president.

First, raise the profile of our members to the community at large to help us to build a stronger presence as we approach the collective bargaining process in 2010. This will also help to give us a clearer voice in health and social services policy. The more people who know who you are, the more likely they are to listen to – and remember – your message.

Secondly, take an active role in the continuing and increasingly urgent need to protect and enhance Medicare. For several years, HSA has been a supporter of the BC Health Coalition. As directed by this year's convention, our union will continue to support that work, and I am committed personally to speaking out against the growing privatization of the health care services. I believe that HSA can and should be more vocal in advocating for a fair and equitable system that provides care based on need, not the size of your credit limit.

Finally, I will continue to build HSA's profile in the broader labour movement – through the BC Federation of Labour, Canadian Labour Congress and our national union: NUPGE. Our activism in the labour movement is critical if we want to amplify our voice.

I am excited by the challenges and opportunities you have given me in electing me as your president.

In some ways, I have been preparing for this role for a lifetime. My parents were steeped in the tradition of hard work, and they carried that through to their children. My mother, who was a pharmacist and owned a community pharmacy in Aldergrove, was from a homesteading family in Saskatchewan, and my father was a Swedish immigrant who spent his working life throughout



**Reid Johnson, HSA's new president**

British Columbia as a logger. They understood and taught my brother and me the value of hard work, along with the responsibility of service to the community.

I earned my MSW at UBC, and have a post-masters certificate in family therapy. I have worked in psychiatry, spinal cord and vocational rehab, and family therapy.

My professional life has been working with people who in some way have been faced with challenges. Their stories inspire me. I believe that people who are the most vulnerable in society are the ones who need to be held in highest regard. And that's why I am so committed to this union and to its members.

As caring professionals, we commit our lives to supporting people who face short term or long term challenges. As a union, we come together to make sure that nobody is left behind.

In the coming months, I hope to meet with many of you to hear your concerns and your aspirations for HSA. Please feel free to drop me a line. I look forward to working for and with you in the coming years. **R**

*Reid Johnson is HSA's new president. Contact him at [webpres@hsabc.org](mailto:webpres@hsabc.org).*

## 20

### ANNUAL CONVENTION

Delegates elect a new president for HSA



#### CONVENTION

- 22 STEWART RECALLS 14 YEARS AS PRESIDENT
- 24 LIVELY DEBATES FOCUS ON UNION'S FUTURE
- 29 MEMBERS AT LARGE 2007 / 2008

#### NEWS

- 4 RULING CLEARS WAY FOR CML BARGAINING
- 5 UNIONS WIN LRB DECISION IN COMMUNITY SOCIAL SERVICES SECTOR
- 8 SOS MEDICARE: MAINTAINING MEDICARE WITH INNOVATIVE PUBLIC DELIVERY MODELS
- 11 HSA URGES MEMBERS TO JOIN FRIENDS OF MEDICARE
- 14 HSA SECURES COMPENSATION FOR ERGONOMIC INJURY
- 16 TIPS FOR SAFE COMPUTING
- 18 P3S BAD, NOT IMPROVING; SARS COMMISSION REPORT
- 32 SUPREME COURT SAYS BC LIBERALS VIOLATED CHARTER OF RIGHTS
- 35 HSA BOARD OF DIRECTORS ELECTS VICE-PRESIDENT AND SECRETARY-TREASURER; JOB POSTINGS FOR ABBOTSFORD HOSPITAL

#### DEPARTMENTS

- 6 ACTIVIST PROFILE: JENNIFER TRAVERS
- 12 PROFESSIONAL PROFILE: ANGELA BERNALDEZ
- 17 FOCUS ON PENSIONS
- 19 HSA MOURNS ACTIVIST
- 30 COMMITTEES 2007 / 2008
- 34 CONTRACT INTERPRETATION
- 21 COMMITTEE FOR EQUALITY AND SOCIAL ACTION: TILMA
- 22 EDUCATION COMMITTEE: HSA SCHOLARSHIP WINNERS

#### COLUMNS

- 2 MESSAGE FROM THE PRESIDENT
- 36 OPERATIONS
- 26 ACROSS THE PROVINCE: REGION 8

#### THE FRONT COVER

Outgoing HSA president Cindy Stewart congratulates Reid Johnson, the union's new president.  
Kim Stallknecht photo.

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# News

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## **Ruling clears way for CML bargaining**

Imaging technologists and clerical staff at CML HealthCare in Victoria are anxious to bargain a second contract to improve benefits and wages that lag seriously behind those of their colleagues in the public sector. But a move by their employer at the BC Labour Relations Board put bargaining on hold.

HSA represents members at eight imaging clinics in Victoria. Meanwhile, the union is seeking to add four groups of Lower Mainland and Island CML workers into the existing bargaining unit.

CML is a for-profit provider of laboratory and medical imaging services with clinics and laboratories in several Canadian cities. Founded in 1971 in Simcoe, Ontario, the firm expanded to include centres in five provinces. CML added medical imaging to its services in 2001 after acquiring DC DiagnostiCare, which is “Canada’s largest single provider of non-hospital based imaging services with 146 clinics in five Canadian provinces,” according to CML’s web site.

The Victoria-area employees joined HSA in 2003 and negotiated a first collective agreement that ex-

pired April 1, 2007. The union represents those performing imaging and support work, including transcriptionists, receptionists and darkroom attendants, along with health science professionals providing mammography, ultrasonography and general radiography services.

The workers have compiled a package of substantial wage and benefit improvements for the bargaining table, says HSA Senior Labour Relations Officer David Martin. “Our members at CML are making far less than HSA and HEU members literally working across the street at Royal Jubilee Hospital,” he said.

Front-line imaging technologists make up to 32 per cent less, and specialty imaging technologists make up to 13 per cent less than their counterparts covered by the provincial health science professionals agreement, Martin said.

“If you compare it to the facilities-based master agreement in the public health sector – the hospitals – CML workers earn anywhere from 26 to 33 per cent behind members of the Hospital Employees’ Union,” Martin said. For administrative support, the wages lag 10 to 16 per cent and are 12 to 17 per cent less for transcriptionists.

Additionally, CML workers currently have “next to no sick banks, mediocre health and welfare packages that they’re paying part of the premiums for, and no pension plan.”

“CML is paying wage rates that aren’t a living wage for people with families. A three-person family can’t live on the wages of a receptionist or a dark-

**CML members in Victoria held a bargaining proposal meeting in January and elected their bargaining representatives. Bargaining team from left: Debra Christmas (medical office assistant), Barbara Mohr (transcriptionist), Dave Martin (HSA negotiator), Heather Akehurst (medical office assistant), Lynne McDiarmid (mammography technologist).**



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**"CML is paying wage rates that aren't a living wage for people with families. A family can't live on the wages of a darkroom attendant without being below the low-income cutoff rate."**

room attendant without being below the low-income cutoff rate."

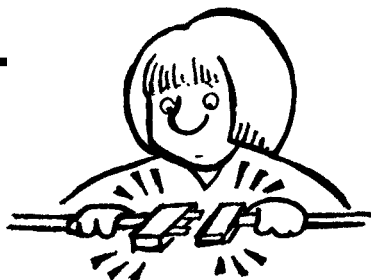
However, bargaining has been suspended pending a decision by the Labour Relations Board on whether to allow the other CML workers who voted to join the union in February. The union contends that these new members should be included in the bargaining unit representing the Victoria employees. CML has filed an application opposing this.

CML argues that its clinics are locally run and therefore the two groups are effectively separate bargaining units. HSA contends CML is one firm with centralized management. CML's web site says nothing about local management while listing the firm's key executives. It states only that "CML owns 73 clinics in Ontario, 10 in British Columbia, 7 in Alberta, 3 in Manitoba and 1 in Quebec."

**UPDATE:** At press time, the LRB ruled to deny CML's application to keep the members separate.

Martin said he was pleased with the ruling. "Finally, we can get down to work. We're going to work towards bringing the wages and benefits of CML workers up to long-established provincial standards," he said.

"CML workers are performing the same work with just as much skill and expertise as their counterparts in the hospitals. They don't deserve to be paid a third less."



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

### **Unions win LRB decision in community social services sector**

A recent Labour Relations Board (LRB) decision makes it more difficult for Community Living BC (CLBC) to dismantle the group home model and de-unionize the community living sub-sector community social services sector.

On May 18 the LRB dismissed an application filed by CLBC requesting the LRB to issue a declaratory opinion on the definition of "family home provider" under the Community Social Services Labour Relations Act. The LRB's dismissal means that CLBC has failed in its request for a broad designation of family home provider in order to avoid arbitration on a case-by-case basis and, thus, expand its ability to lay off unionized workers and contract out union work.

The decision comes after the joint union Community Social Services Bargaining Association raised preliminary objections about CLBC's application. The union bargaining association opposed the application on a number of grounds and the LRB dismissed CLBC's application.

Typically, when an employer contracts out bargaining unit work that results in employee layoffs, the union investigates to determine if the contract is with a family home provider as defined in the legislation. If, in the union's opinion, the contractor is a family home provider, no violation of the collective agreement can be claimed.

When the union believes that the contractor does not meet the definition of family home provider, the union files a grievance which could eventually go before an independent arbitrator who would decide which party's view is correct. **R**

## ACTIVIST PROFILE

# Cardiology technologist celebrates HSA membership

by LAURA BUSHEIKIN

**A**s technology alters the shape of health care at an ever-quickenning pace, it's not hard to overlook the moment when a skilled health care job evolves into a fully-fledged health science profession.

That moment happened long ago for cardiology technologists, says Jennifer Travers, a cardiology technologist at Powell River General Hospital. Travers has been hard at work over the past few years making sure everyone in her specialized field is recognized as a health science professional – with

**Cardiac patients undergoing testing often know only that there may be something wrong with their hearts. The cardiology technologist may be one of the first health care providers they encounter.**

both the rewards and the demands that entails.

A big step forward in that process took place on February 22, 2006 when the Labour Relations Board determined that cardiology technologists are health science professionals and appropriately belong in the Health Sciences Professionals bargaining unit. In addition to changing bargaining units, the cardiology technologists changed unions, moving from the Hospital Employees' Union to HSA – which meant that cardiology technologists could put down roots in the union that truly felt like home to them, with their community of interest.

"I was very eager and excited to be in a union representing fellow professionals," says Travers, who

until September 2006 served on the board of the Cardiology Technologist Association of British Columbia (CTABC), and now is HSA chief steward at her site. "We are not just people who are good workers – we have professional level training."

Becoming part of HSA has been instrumental in creating clarity and consistency in education requirements, a subject dear to Travers' heart. Originally, education for cardiology technologists involved on-the-job training supplemented by workshops and short courses, but as the job grew in complexity so did the educational options and requirements. Currently, they have a choice between a diploma and a certificate program, with, under the HSPBA agreement, a monetary incentive to attain the diploma qualification.

Travers says her own training was ideal, combining on-the-job experience with formal study at BCIT.

A chance encounter brought her into the CT profession, she explains.

"I started out as a lab assistant," she says. "I was doing ECGs as part of that. I came down with a cold one day and the doctor sent me for a respiratory test. The manager there was doing the test, and he asked what I did. Well, his ears pricked right up and he asked if I was interested in doing something different, since they were short of techs in the cardiology department."

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**Jennifer Travers**

Cardiology technologist  
Powell River General Hospital

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At that point it was Travers' ears that pricked up. "I was very interested in getting into CT. I wanted to acquire a more in-depth understanding of the technology." The CT program is pretty much the next step in learning interpretation.

"I went straight down to see the supervisor there. They offered me employment as a cardiology assistant if I were to take the CT course concurrently.

"It was great – I could bring my questions from school to work with me. The technologist was a great support. That made a huge difference to my education."

Travers took about 18 months to earn her certificate and is now working towards her diploma.

However, that won't be the end of her education. CTs need to upgrade their training regularly to keep up with technological change. "Things are changing so much in cardiology," says Travers, who had just returned from a two-week pacemaker programming and implementation training. "Although the basic shape of the heart beat never changes in an ECG, there will be more changes in the way we do the testing."

Travers enjoys learning about the ever-changing technology of cardiology, but she says that what she most enjoys about her job is the contact with patients.

An empathetic "bedside manner" is, in some ways, as important as technical proficiency. CTs are often dealing with patients at very vulnerable moments. For instance, patients undergoing testing often know only that there may be something wrong with their hearts. The cardiology technologist may be one of the first health care providers they encounter.

"Sometimes they're scared and nervous. Part of your job is to sit there and listen to their concerns. They're wondering what they'll find out with the test and they have lots of questions. To be diagnosed with a cardiac condition is a

serious thing. They don't always feel they can approach the doctor on the same level as they can approach me," says Travers.

Another area where CTs play a crucial role is in the emergency room, says Travers. "When someone has chest pains, an ECG is the first test ordered." The technologist administers and interprets the ECG, which will tell them if the patient's pains indicate a heart problem. "We're able to flag these patients to help with the triaging and speed things up when there's a problem with the heart."

As well as combining full-time work with study, Travers finds time for union activism. "I hadn't been involved before, but as soon as we transferred to HSA I said I wanted to be a union steward," she explains. In the spring of 2006 she took over the chief steward position at her facility. One of her main goals is educating people about the value of union activism. **R**



**Cardiology technologist Jennifer Travers is happy that CTs have joined HSA's family of caring professionals.**

# Maintaining Medicare with innovative public delivery models

by CAROL RIVIÈRE

**H**SA representatives were among more than 600 delegates at a conference in May to unite behind medicare founder's Tommy Douglas' vision for public health care.

*SOS Medicare 2: Looking Forward*, organized by the Canadian Health Coalition and the Canadian Centre for Policy Alternatives, was held in Regina and brought together leading health care thinkers, providers, and activists from Canada, the US, and abroad. Delegates included academics, community activists, seniors, students, government officials and health care workers from all parts of the system.

"It was about the best conference I've ever attended – period," said HSA President Reid Johnson.

**Medicare is Canadians' proudest achievement, yet it is being weakened by private forces whose primary motivation is profit rather than the health care of Canadians.**

"The depth and quality of the presentations were outstanding."

The conference heard from experts including Monique Bégin, former Minister of Health and Welfare in the Trudeau government, Tom Kent, Principle Secretary to Prime Minister Lester Pearson, Alan Blakeney, former Saskatchewan Premier, Roy Romanow, also a former Saskatchewan premier and

chair of the Commission on the Future of Health Care in Canada, and Danielle Martin, chair of the recently formed Canadian Doctors for Medicare.

HSA Region 3 Director Bruce MacDonald said the conference delivered a powerful message. "It was packed with history, current facts, comparisons of the Canadian system with other countries, an excellent combination of political passion and 'prairie pragmatism'. The speakers were truly 'all-star,' including some of the best known supporters of public health care. And what was most encouraging was to see a new generation of leadership on this issue speaking up so passionately for Medicare."

The conference focused on completing what Tommy Douglas called *Phase Two* of Canada's universal public health care system. Phase One was universal public insurance for physician and hospital care. Phase Two would extend Medicare to homecare, long-term care, community care, pharmacare, and initiatives that address social determinants of health and disparities that are at the heart of poor health outcomes. Phase Two is also about managing health care better – through waitlist management, teamwork, integration, evidence-based practice, and other innovations.

"The conference really confirmed for me that HSA is on the right track with the three messages we've been stressing throughout the provincial government's Conversation on Health," said Johnson. "That public health care is financially sustainable,



**“Public health care is financially sustainable, the most effective way to improve health care is through innovative public delivery models, and it’s essential that we address the critical shortage of health professionals, including health science professionals, in order to maintain a strong health care system.”**

that the most effective way to improve health care is through innovative public delivery models and that it’s essential that we address the critical shortage of health professionals, including health science professionals, in order to maintain a strong health care system.”

In his remarks, Roy Romanow emphasized that the plan for Medicare’s Phase Two has long been laid out – all that is missing is the political will to implement it. Political leadership is needed to counter the growth of for-profits in Canada’s health care system, from insurance to delivery, support services to surgery, and in the very management and infrastructure of Medicare, he said. Public health care is Canadians’ proudest achievement, yet it is being weakened by private forces whose primary motivation is profit rather than the health care of Canadians.

Joan Magee, HSA’s Region 8 Director, was particularly moved by Romanow’s remarks. “How we choose to move forward will determine our destiny,” said Magee. “Ottawa has increased funding to the provinces, and we are the ones who must ensure it goes to health care. There is not a crisis in health care, but rather a crisis in democracy and leadership.”

Shirley Douglas, actress and daughter of Tommy Douglas, called for conference delegates to renew their commitment to action to protect and enhance Medicare.

“Thousands of Canadians – seniors, the homebound, their family members – need support to live in health and dignity. We need to complete my father’s vision now,” she said.

“The issue is not whether or not it’s economically viable, the issue is not whether it’s affordable,” agreed Johnson. “The issue is whether we have the political will,” he said. **R**

*See Friends of Medicare next page.*



**At the SOS Medicare conference in Regina, HSA President Reid Johnson (right) congratulates Roy Romanow, chair of the Commission on the Future of Health Care in Canada.**

HANS BROWN PHOTO



# BC Health Coalition

## YES!

I WANT TO JOIN THE BC HEALTH COALITION'S FRIENDS OF MEDICARE CAMPAIGN!

HERE IS MY CONTRIBUTION TO THE BC HEALTH COALITION TO HELP EXPAND POSITIVE PUBLIC SOLUTIONS TO MAKE MEDICARE STRONGER.

### Who we are:

The BC Health Coalition champions the protection and expansion of a universal public health care system. Your support will assist us to continue in our development of a strong provincial network of active citizens and organizations that will advocate on behalf of public health care in B.C.

### As an individual supporter you will receive:

As a supporter of the BC Health Coalition you will receive one regular email update per month, a semi-annual newsletter by post, the opportunity to join our campaign working groups, and much more.

Memberships for organizations are also available. Please call the 604-681-7945 or visit [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca).

### Individual supporter

☐ \$10

☐ If you are unable to make a contribution at this time, but would still like to join the BCHC'S Friends of Medicare Campaign, please check this box.

### Donations to the campaign

Please consider a larger donation to the BCHC's Friends of Medicare Campaign to help support positive public solutions to make Medicare stronger.

☐ \$20

☐ \$60

☐ \$ \_\_\_\_\_ any amount will help us in the fight to protect and strengthen Medicare in B.C.

☐ \$40

☐ \$100

### Payment Information

☐ I've enclosed a cheque for the total amount (made out to the **BC Health Coalition**).

☐ VISA

☐ MasterCard

Card Number

Expiration Date

Name on Credit Card

Signature

### Contact Information (Please print)

Full Name

Phone Number

Email

Mailing Address

Postal Code

### YOUR PERSONAL INFORMATION AND PRIVACY

*Your privacy is important to us.*

*In order to become a supporter of the BC Friends of Medicare Society you have provided a donation and/or your full name. In addition, we have requested your mailing and email addresses and your phone number so that we can provide you with ongoing communications on the BC Friends of Medicare Society.*

*At times we may also exchange your information with carefully screened like minded organizations in order to reach out to new supporters. We ensure that those other organizations also have appropriate measures in place to protect your personal information.*

*Please provide us with the personal information you are comfortable with.*

Check the following boxes if you:

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**Note on our tax-deductible status** - Due to our strong advocacy role, donations are not tax deductible.

# HSA urges members to join Friends of Medicare

by CAROL RIVIÈRE

**H**SA representatives came away from the recent *SOS Medicare* conference in Regina with a renewed appreciation for the value of our public health care system and for what it took to establish Medicare in Canada. They also came away with a deeper understanding of the current threat to public health care posed by the increase in private for-profit medicine, and a strengthened commitment to protect and improve Medicare.

"HSA and our members need to be on the front lines of the fight to save Medicare," said HSA President Reid Johnson. "We're not only professionals working in health care - we also rely on the health care system for ourselves, our families, our friends and neighbours."

Region 8 Director Joan Magee agreed. "We cannot take the continuation of Medicare for granted. We must have the courage to create the political will to protect and enhance Medicare."

Through the BC Health Coalition, HSA is working with individuals, community groups, and other labour organizations across the province to protect and improve Medicare. The coalition has recently launched the "Friends of Medicare" campaign to increase public awareness and to encourage British

Columbians to organize in support of public health care, and in opposition to private, for profit medicine.

The Friends of Medicare campaign promotes the expansion of existing innovative public delivery models that have improved care, while cutting costs and wait times.

HSA recently mailed members information about the Friends of Medicare and how members can support the campaign.

"I urge every HSA member to sign up as a Friend of Medicare, and to donate money to the campaign," said Johnson. "It's a campaign that's in the best interests of the citizens of BC and Canada."

"It goes beyond ourselves – and for a small price, we can give direct support to an initiative that is going to benefit the entire province and country." **R**

**"HSA and our members need to be on the front lines of the fight to save Medicare."**

## ◀ Join the BC Health Coalition as a Friend of Medicare

Medicare is under attack in BC!

As the current government continues its push to dismantle public health care, HSA urges members to join Friends of Medicare to speak up for, and protect, our public health care system. It is the most efficient, fair and affordable way to provide health care for all.

To find out more about the campaign, and to become a Friend of Medicare visit [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca).

## 10 positive steps to strengthen Medicare:

- ✓ Take action to reduce waiting lists.
- ✓ Restore and improve home support.
- ✓ Expand residential care services.
- ✓ Set up 24/7 community health centres.
- ✓ Rein in drug costs.
- ✓ Invest in the health care work force.
- ✓ Re-establish public accountability.
- ✓ Support publicly-financed and –delivered health facilities.
- ✓ Address homelessness, poverty, other factors affecting health.
- ✓ Focus on mental health and addiction.

Source: BC Health Coalition

## PROFESSIONAL PROFILE

# Helping patients see straight

by LAURA BUSHEIKIN

**A**ngela Bernaldez laughs good-naturedly when she's asked what, exactly, an orthoptist does. Clearly, she is used to meeting people who have no idea what this specialized profession is about.

Bernaldez, who works at Royal Jubilee Hospital in Victoria, is one of approximately 150 orthoptists in Canada, and one of only two employed by the Vancouver Island Health Authority to provide services for the whole VIHA region.

The word itself gives clues to its meaning, for anyone with a slight knowledge of Greek: "ortho" is the Greek for straight, and "optikas" means vision. "An orthoptist is a diagnostician who deals with eye alignment problems," Bernaldez explains succinctly. Typical eye alignment disorders include amblyopia, commonly called lazy eye; strabismus, often – if somewhat inelegantly – called cross-eyes; and binocular vision.

Many of Bernaldez' patients are infants and children. Two per cent of children have eye alignment problems, she says. The good news is that, if the problem is detected in time, amblyopia can often be completely reversed using simple, non-pharmaceutical and non-surgical methods.

"The good old basic eye patch is just incredible in reversing many of these disorders," she says. In many cases, disorders centre around a disparity of vision between the two eyes. The affected person then relies increasingly on the good eye, and the weaker eye just gets weaker. The eye patch is used to cover the stronger eye so the weaker one is forced to work.

Early detection and intervention is key, Bernaldez says, citing the example of her own son. He was diagnosed with an eye alignment disorder at two and a half. "We got eye glasses to correct the unequal refraction and we did some patching therapy."

The problem was corrected and her son, now 12, no longer wears glasses.

Many eye alignment problems are not visible and children learn to adapt, which means they can go undetected unless children receive the proper diagnostic screening. Unfortunately, says Bernaldez, the Vancouver City Health Department eliminated the preschool screening program a number of years ago. "Now we are relying on the parents," she says with a sigh.

Bernaldez urges parents to not only follow doctors' recommendations to have their child's eyes examined at birth, but also to arrange regular follow-up exams.

At the same time, she stresses that eye alignment disorders are not just childhood diseases.

"Two to four per cent of adults are affected by

**"This is my first year as a general steward and I want to be more involved. Being actively involved in the union can stop the elimination of important jobs."**

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**Angela Bernaldez**  
Orthoptist  
Royal Jubilee Hospital

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## **Bernaldez wants to educate the public about the services orthoptists offer, and to advocate for increased understanding of eye alignment problems, their diagnosis and treatment.**

eye alignment disorders. They acquire them from trauma such as a blow to the head that affects the nerves, or diseases such as diabetes, thyroid disease, neurological diseases, or MS. Typically the symptom is sudden onset double vision.

“Or we see adults who had the problem as a child and did nothing but now want to do something because it’s a visible problem and they work with the public.”

Sometimes the problems can be corrected with eye exercises; others may require surgical intervention. The orthoptist’s assessment is instrumental in deciding the best course of treatment.

Bernaldez trained at the Vancouver Eye Care Centre, which now operates out of Vancouver Children’s Hospital. “This is a very specialized program because most of the training is one on one. They only take two people every two years,” she says. The 24-month program required a minimum of two years post-secondary education in an applicable field.

Bernaldez had recently completed her Bachelor of Psychology degree and was planning to study social work when she heard about the orthoptics program from a friend. It immediately interested her and she applied. She finished her training in 1988, and worked in the private sector in Vancouver for over eight years before moving to Victoria and her position at Royal Jubilee in 1999.

“What I like about my work is that I’m almost like a detective. I get the history, gather all the information available and help solve the problem for the patient. It’s just like a puzzle. You have to fit everything together and make sense of it.”

Being in such a small professional community, orthoptists feel the impact of downsizing and cuts when they happen. She has first-hand experience of what it’s like when an important job is cut, and through her persuasive powers and commitment to her profession, was able to reinstate the position.

Her advocacy skills have led her to getting involved with union, and this year Bernaldez attended her first HSA convention this year.

“It was a real eye opener,” she says. “This is my first year as a general steward and I want to be more involved. Being actively involved in the union can stop the elimination of important jobs.” She wants to educate the public about the services her profession offers, and to advocate for increased understanding of eye alignment problems, their diagnosis and treatment.

“I feel we need to create more public awareness about eye care, especially in the pediatric community. It’s a shame if a child is overlooked when they could have had their vision repaired. It shouldn’t happen. Education will help prevent this,” she says. **R**





# HSA secures compensation for ergonomic injury

by LAURA BUSHEIKIN

**A**ntonieta Xavier wants to talk about her injured right hand. Not to complain, even though the doctors say it is permanently damaged. Nor to brag, even though she successfully persevered with a challenging WCB claim, eventually winning on an appeal.

No, Xavier, a community mental health worker with the Vancouver Coastal Health Authority, wants to share her story so other HSA members can learn from it.

She hopes that her experience can help others understand, and act on, their rights to protection and redress with workplace injuries.

Xavier injured her hand in the spring of 2006

**“Within the first four hours [of a mandatory computer training session], my hand really hurt. The technical staff came and realized my computer was not set up properly.”**

during a mandatory two-day computer training session, set up by her employer to orient staff to a new computer system.

Xavier had very little computer background and was not accustomed to regular computer use. The training was organized as two eight-hour days – a format she says contributed to her injury.



“Within the first four hours my right hand really hurt. I told my boss who said if you can’t, you can’t. I stopped the training but stayed at work, doing other things. The next day I attempted to do more training. We needed to maximize the training because we had closed the centre for two days, and we were going to have a competency test the following week to see if we could use the system,” she says.

“The technical staff came and realized my computer was not set up properly. They brought in someone who did ergonomics and she ordered me an ergonomic chair and a better keyboard. But still, within four hours I couldn’t do any more.”

At that point, Xavier took a step that is essential with workplace injuries: although she didn’t miss any work, she reported the injury to her doctor, who sent in a WCB report right away.

“That’s what I want to tell people. Even if you think it’s very small, report it right away. If there’s a lapse of time they can say there are other things that contributed to it,” says Xavier.

Xavier was diagnosed with Activity Related Soft Tissue Disorder (ASTD). Although ergonomics, careful work habits, and exercise can help, her hand will never completely heal.

After she was injured, she received help from a physiotherapist from the Prevention, Early Active Return-to-work Safety (PEARS) program, of the

**“Ever since my injury, everyone is asking for the ergonomist to come adjust their seats and workstations.”**

Occupational Health and Safety Agency for Healthcare (OHSAH). An occupational therapist – employed as a Musculoskeletal Injury Prevention (MSIP) advisor – helped with equipment and workplace set-up, and she received treatment from a physiotherapist with the PEARS program.

Xavier says the services were excellent, but understaffed and under-publicized. “All this is available to the membership but it’s not advertised, because they don’t have many people on staff,” she says.

“My colleagues don’t know about the PEARS program. There’s only one-and-a-half positions for the whole Vancouver Coastal Mental Health. It’s very inadequate for such a big organization. If it was advertised, people would ask for it, and then they’d be overwhelmed.”

Xavier has made a point of letting colleagues know about the services available.

“Ever since my injury, everyone is asking for the MSIP advisor to come adjust their seats and workstations,” she says. She is gratified that colleagues are doing this.

“It’s a right,” she says. But she believes ergonomic assessment and adjustment ought to be taking place automatically, as a routine safety feature. The employer, she says, needs to take more of a leading role in injury prevention.

“I passed out photocopies from my physio [about workstation configuration and healthy computing habits], but I think it’s the employer’s duty to do this.”

While treatment for her injury was ongoing, WCB disputed her claim. Xavier turned to HSA. Sarah O’Leary, HSA’s senior labour relations officer specializing in

WCB claims, took on the case.

“We appealed, and we won,” says Xavier. “One reason was the research Sarah did. She found an article saying that it isn’t the people who grew up with computers or use them all the time but rather people like me, who never typed and never used computers, and then suddenly get exposed for

**“I bet I’m not the only one whose hand has been damaged; but maybe I’m the only one who reported it.”**

a few hours without proper positioning, who get injured.

“This was important because a lot people who use computers all the time were somewhat flabbergasted, saying, well then, why aren’t we all getting injured?”

Xavier says she suspects there are many other people with similar injuries, but who may not fully understand what happened to them or what they can do about it. “I bet I’m not the only one whose hand has

been damaged; but maybe I’m the only one who reported it,” she says.

Xavier stresses that every single workplace injury should be reported to WCB, even when it seems unlikely a claim will go anywhere.

“I’ve heard people saying don’t bother to do a WCB claim because they will turn it down. But then why are we paying WCB?” she asks rhetorically.

Xavier says her main motivation in persevering with the WCB claim was her sense of social justice and her desire to set a helpful example for others.

“My goal was not to get money from WCB or get time off. My goal was to indicate that they really need to protect their employees and get organized before they do anything that might hurt people.”

These same qualities are what motivate her in her work. As a community mental health worker with a focus on youth, she works in schools, community health centres and hospitals, working one-on-one with children and teens, meeting with their parents, and running groups for youth with mental health disorders ranging from autism spectrum to psychoses to anxiety disorders.

Xavier says that she has the financial stability to take early retirement, but has chosen not to. “People ask me why I keep working. I do it because I am needed here. I love the children. I think it’s really important to contribute to society.” **R**

*If WCB / WorkSafe denies your claim, HSA has experts to assist in your appeal. Also see “Tips for safe computing” next page.*

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**Antonieta Xavier**  
Community mental health worker  
Vancouver Community Mental  
Health Services

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# Tips for safe computing

**T**he bad news is that computer use can be very hard on users' bodies, leading to often painful – and sometimes permanent – damage to hands, wrists, backs, legs, neck, and eyes.

The good news is that proper design and use of your computer workstation helps prevent such injuries. Many research studies showing a significant decline in computer-related injuries when proper ergonomic principles are followed.

Safe computer usage involves consideration of the workstation layout, the equipment used, and the posture and habits of the user. This is an issue where consultation with an expert can be invaluable, but everyone can benefit from knowing some basic guidelines:

- **Screen** should be placed so top line of text on the screen is at, or is slightly below, eye level (when user is looking straight ahead)



Screen should be directly in front of the user, not placed or angled to the side

Sit approximately an arm's length from the screen.

A document holder should be positioned at the same viewing distance and height as the computer screen.



- **Keyboard** should be directly in front of you at a height that keeps your hands, wrists and elbows parallel to the floor. Wrists should not be bent at any angle – not up, down, or to either side – while working. Elbows should be at a 90 – 110 degree angle.

Don't use unnecessary force in keyboarding.

A good-quality adjustable keyboard tray is often far more effective than an "ergonomic" keyboard.

- **Mouse** should be at the same height and as close as possible to your keyboard.

Keep your wrist straight when you use your mouse. Don't hold your mouse too tightly.

- **Chair** height should be adjusted so there is little or no pressure on your legs from the edge of the seat.

The lower part of the backrest should support the lumbar curve of your lower back. The centre of the backrest should be at the base of your ribcage.

Feet should be flat on the floor with the thighs parallel to the floor. A footrest can be used to accomplish this position

- **Workstations used by more than one person** or for a variety of tasks should have adjustable components, such as monitor stands, keyboard supports, chairs, footrests, and work surfaces.

- **Take regular breaks.** Even micro-breaks of 20 seconds to two minutes can make a big difference.

- **Learn and practice simple exercises** for the hands and wrists, neck and shoulders, eyes, back and hips. Change body positions frequently.

- Ensure you have adequate **lighting**. Avoid glare by positioning lighting strategically. Don't sit with your back to a window.

The above guidelines are widely accepted for generic workplaces. However, your workstation may be unique or unusual compared with standard office setups. If you have any concerns about your workstation setup, contact your occupational health and safety steward and ask about an obtaining an ergonomic assessment.

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Information for this article was compiled from

- booklet *How to Make Your Computer Workstation Fit You*, published by Worksafe BC: [www.worksafebc.com](http://www.worksafebc.com)
- Harvard University Environmental Health and Safety website: [www.uos.harvard.edu/ehs/](http://www.uos.harvard.edu/ehs/)
- Cornell University ergonomics website: [ergo.coman.cornell.edu/ergoguide.html](http://ergo.coman.cornell.edu/ergoguide.html)

See "Ergonomic injuries" page 14.

## FOCUS ON PENSIONS

# Retirement age: when can you retire?

**Q:** I'm nearing retirement age, and I'm covered by the Municipal Pension Plan. When can I retire? Can I retire early? If I retire early, what is the reduction in my pension?

**A:** Earliest retirement age is 55 for HSA members enrolled in the Municipal Pension Plan.

If you retire before age 60 and you do not meet minimum age plus contributory service requirements, your pension will be reduced.

### What are reduced and unreduced pensions?

You will receive an unreduced pension if, at the date of your retirement, you are:

- age 55 to 59 and your age plus contributory service equals 90; this is known as the 90 factor.
- age 60 or older, with two or more years of contributory service.
- age 65 or older, with fewer than two years of contributory service, providing you are a contributor to age 65 or older.

You will receive a reduced pension if, at the date of your retirement, you are:

- age 55 to 59 with two years or more of contributory service, but your age plus contributory service total less than 90.
- age 60 to 64 with fewer than two years of contributory service, provided you are a contributor to age 60 or older.

For more information read about benefit eligibility in your *Guide for Plan Members*, available at [pensionsbc.ca](http://pensionsbc.ca).

### What is the reduction?

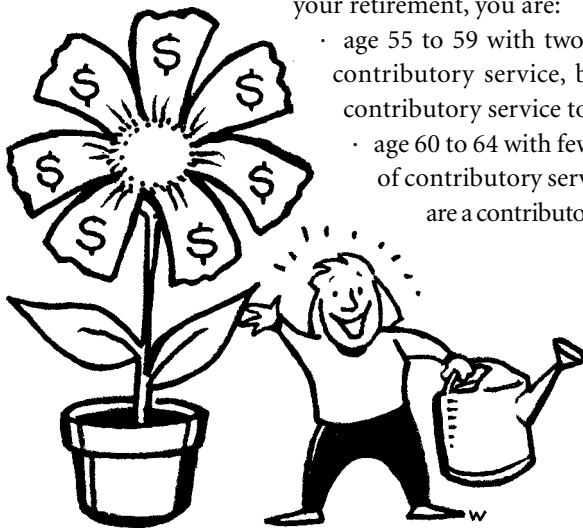
If you decide to retire early and you do not have enough years of contributory service to reach the 90 factor, a reduction factor will be used to calculate a reduced pension for you. The bridge benefit is also proportionately reduced.

Your pension will be reduced by three per cent per year for every year that your age is less than the age at which you would be eligible for an unreduced pension with the same service, to a maximum reduction factor of 15 per cent, if you terminate employment:

- on or after July 15, 1999, with at least 10 years of contributory service,
- at age 50 or older, but before age 55, or
- at age 55 or older but before age 60, with at least two years
- of contributory service, or
- at age 60 or older but before age 65, with fewer than two years' contributory service.

Otherwise, the reduction is five per cent to a maximum of 25 per cent.

Reductions are pro-rated by month for partial years.



CALIM GRAPHIC

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

# News

## P3s: "Bad and not improving"

CALM

A UK National Audit Office report on P3s (public-private partnerships) has led *The Economist* to say British P3s, known as PFIs, are "bad and not improving."

Nearly 800 PFI deals have been signed in Britain since 1992, with a combined value of more than \$7.3 billion.

The audit office found, as reported in the magazine, "Projects aren't moving forward faster – in fact, the average tendering period for a PFI is 34 months.

"Contracts are often altered after the final bidder has been chosen, so the discipline of competition is removed. Departments regularly underestimate the cost of professional advice, typically by around 75 per cent. Besides heaping up the costs to taxpayers, such difficulties may be turning companies off the idea of bidding for work.

Before 2003, 85 per cent of PFI projects attracted three or more bidders. By 2006 that was down to 67 per cent."

The Economist worries that the findings will give ammunition to critics who argue PFIs are little more than an "accounting trick."

## SARS Commission: Protect health care workers

CALM

The final report of Ontario's SARS (Severe Acute Respiratory Syndrome) Commission clearly pointed out that health care workers should have been better protected, and would have been if the basics of occupational health and safety had been followed.

Justice Archie Campbell, who wrote the report, said hospitals were as dangerous places to work in as mines and factories because hospital workers are not given the same protection as workers in those sectors.

Campbell's report is filled with recommendations aimed at strengthening occupational health and safety by emphasizing that precautionary principle: actions to eliminate risks should not await scientific certainty. All the uncertainty around SARS meant more should have been done to protect

workers.

"Most important, the problems include Ontario's failure to recognize in hospital worker safety the precautionary principle that reasonable action to reduce risk, like the use of a fitted N95 respirator, need not await scientific certainty," wrote Justice Campbell.

It's worth quoting Justice Campbell on the debate about N95 respirators: "Part of the heated debate during the SARS outbreak was over whether N95 respirators were really necessary. Those who argued against the N95, which protects against airborne transmission, believed SARS was spread mostly by large droplets. As a result, they said, an N95 was unnecessary except in certain circumstances and a surgical mask was sufficient in most instances.

"They made this argument even though knowledge about SARS and about airborne transmission was still evolving. That more and more studies have since been published indicating the possibility under certain circumstances of airborne transmission, not just of SARS but of influenza, suggests the wisdom and prudence of taking a precautionary approach in the absence of scientific certainty." **R**



<b>MOVING ?</b> Your employer does not send us address changes. We depend on you to let us know.  <b>RETURN TO :</b> Health Sciences Association of B.C. 300 - 5118 Joyce Street Vancouver, BC V5R 4H1  <b>OR EMAIL :</b> memberlist@hsabc.org	Member # (at top left of mailing label)		<b>CHANGE OF ADDRESS</b>	
	Surname			
	Given names			
	Facility/worksite(s)			
	New home address			
	City		Province	Postal code
	Home tel. ( )		Work tel. & local ( )	



## IN MEMORIAM

# HSA mourns activist

**C**olya Kaminiarz, member-at-large for HSA's Region 4 from 2005 to 2007, steward at Vancouver Hospital since 1999, and the president-elect of the Canadian Society of Respiratory Therapists, died unexpectedly in his sleep May 22, 2007 at his home in Vancouver. He was 36.

Kaminiarz was an energetic advocate for HSA members, his profession and his students – at 32 he was already a clinical instructor at Vancouver Hospital, supporting students from the Thompson Rivers University respiratory therapy program through their third year clinical rotation.

He brought to his union a clarity of purpose, and was a strong advocate for HSA members from Vancouver Hospital. As a trade unionist, he believed in acting individually for a common purpose. At the 2007 convention, he was the first speaker at the microphone, moving a motion to fine all delegates who interrupted the proceedings with cell phone rings. Proceeds of the fines were to go to HSA Run for the Cure contribution to the fight against breast cancer. That small gesture raised more than \$200.

In the union, he served as an occupational health and safety steward and general steward, and served on the union's occupational health and safety committee and resolutions committees. His insightful and practical contributions were valued by all who worked with him. In 2006, Kaminiarz was featured in the union's bargaining advertising campaign to enhance the profile of health science professionals.

This month, Kaminiarz was due to be sworn in for a one-year term as president of the Canadian Society of Respiratory Therapists. As a respected leader in his profession, he was scheduled to be a panel participant at the June Canadian Anesthesiologists' Society conference.

Born in Hamburg, Germany and raised on Bowen Island, Kaminiarz studied sciences at UBC and worked in the Canadian Forces Medical Reserves. In 2005 he was qualified to join the Medevac program to transport patients back to Canada from around the world. **R**

*Condolences, memories and photographs can be sent to the family at [remembercolya@gmail.com](mailto:remembercolya@gmail.com). Donations in Colya's name can be sent to the BC Society of Respiratory Therapists or the David Suzuki Foundation.*



Respiratory therapist Colya Kaminiarz died suddenly in May

# Reid Johnson: HSA's new president



Outgoing president Cindy Stewart congratulates Reid Johnson. Johnson, a social worker at the Centre for Ability, won on the first ballot.



# New HSA president eager to continue fight to protect public health care

by MIRIAM SOBRINO

Delegates to HSA's 36<sup>th</sup> annual convention voted to elect Reid Johnson as their new president April 21, 2007. He was elected on the first ballot from a field of seven candidates.

Johnson has been a social worker at the Centre for Ability for 15 years, is a former secretary-treasurer of the union and served on the Board of Directors for five terms as a regional director.

He told delegates the most important priority for HSA is to address the growing crisis of the labour shortage in BC's health care system.

"Without action today to address the training deficit in the province, British Columbians won't have access to the health science professionals they need for diagnosis, treatment and rehabilitation in the health care system," he said.

"This has to be a priority for HSA, and every individual and organization involved in health care – from the people who work in the system to our elected officials who have been entrusted to manage and support our health care system."

In addition, he said, the union needs to stand up for public health care.

"The fight to maintain, enhance and improve public health care in this country is going into a very difficult time. We need to represent not only our members but our communities in that fight," he said.

Johnson, who received his Masters in Social Work at UBC and holds a post-Masters certificate in family therapy, has worked in psychiatry, spinal cord rehab, and in family

therapy.  
The son of a pharmacist – his mother owned a community pharmacy in his hometown of Aldergrove – and a logger, Johnson

**"The fight to maintain, enhance and improve public health care in this country is going into a very difficult time. We need to represent not only our members but our communities in that fight."**

was brought up understanding the value of community and hard work.

He lives in Vancouver with wife Aloha and their four children. **R**



**Newly-elected, Reid Johnson thanks convention delegates for their support**

***PROUD OF OUR PAST • READY FOR THE FUTURE***



After 14 years at the helm, Cindy Stewart steps down from her role as HSA president.

## Stewart recalls 14 years as president

by MIRIAM SOBRINO

**I**n her final report to HSA members at the union's 36<sup>th</sup> convention in Vancouver April 20-21, Cindy Stewart, president of HSA since 1993, recalled 14 years of change and growth in the union.

"In 1989, the entire HSA membership was down to 25 per cent essential service levels – at 12 hospitals, for 17 days. We weren't on strike, but were honouring first BCNU picket lines, and then the HEU picket lines when *they* went on strike.

"I had just moved to Vernon and was a newly

volunteered steward, and knew very few people outside my immediate department. As it turned out, the 16-hour days were good preparation for the job as president, but at the time I was just thinking about doing a good job as steward. The experience was both energizing and inspiring.

"While I had worried about the members prior to job action as we didn't have a particularly active local, they were there with bells on when it counted.

"That's when I first learned my first lesson about HSA members: never underestimate us."

*Continued next page*

## HSA CONVENTION 2007

*Continued from previous page*

**O**ther highlights of her years as president included that summer's special convention to deal with the issues arising from the dispute, and the Special Strike Committee that had the job of figuring out how HSA could engage in meaningful job action while meeting essential service levels and ensuring that service shifts were fairly distributed.

She joined the board of directors in 1990 and in 1992 served as chair of the bargaining committee and secretary-treasurer.

"To show how politically naïve I was, in 1993, I tabled a dues increase in the same year I was running for president," she said.

"It may not have been the most politically expedient move. However, that's when I learned another important lesson about the HSA members that has stuck with me all these years. Presented with rational information and given an opportunity to digest and discuss it – you always make good decisions that are in the best interests of the membership, and I've put my faith and confidence in that many times over the years."

Another highlight of her presidency was the 2001 job action. "Members stepped up in their communities and were recognized for the eloquent and professional spokespersons that you are.

"We've come along way from the early 90s, when HSA was taking its first tentative steps into the arena of political activism. It was a controversial initiative through the early part of the decade and we had many lively debates on and off the convention floor. I completely understood the fear in taking the risk and finding the right balance that works for us.

She said she is particularly pleased with the integrated team that has been developed at HSA.

Quality labour relations advocacy, backed by the ability to reinforce a message through public relations and political activity and supported by an operations team that ensures all the supports are in place to deliver. **R**

**"That's when I first learned my first lesson about HSA members: never underestimate us."**

## **Leslie Connie**

Mammography technologist  
CML Healthcare



I enjoyed convention enormously. I have a huge interest in the issue of retirement at age 65. I would be very interested in seeing what happens now that the BC government has made it illegal to make retirement mandatory.

I had no idea that there are 15,000 of us in HSA. When you work for a little company, it's really nice to know that you're not alone: that the things you're struggling with, others have encountered it too. It's nice to have that kind of support.

Why am I active in the union? Because somebody has to do it. You have to care. You have to be prepared to stand up. I would be willing to fight.

I'm pleased to know that the union is intending to expand into the private sector. As people said at convention this year, if the union is going to grow, it has to grow into the private sector. And really, that's where most of the people are who need protection.

**PROUD OF OUR PAST • READY FOR THE FUTURE**





I'm very excited about my new role as Director of Region 9 and becoming more involved in the governance of HSA. I have personally gained so much from my involvement with the union and this will be a chance to give some of that back.

What I really appreciate every convention is the differing ideas and opinions that are brought to the floor. It really demonstrates the breadth and depth of our union and how important it is to respect the viewpoints of others. It is very easy to think your opinion is the right one, when in fact there can be several "right" ones.

I'm active in the union movement because of what it represents – respect and balance. Governments are very pro-business now, often at the expense of worker and environmental rights (as recently demonstrated by the TILMA agreement between BC and Alberta). I see the labour movement as a thoughtful counter-balance to regressive legislation. Attending convention reminds me why it is so important to be an advocate for workers and the world we all live in.

## Lively debates focus on union's future direction

In addition to electing a new president after 14 years of Cindy Stewart's leadership of the Health Sciences Association of BC, delegates considered a number of resolutions to set the course for the union's work in the coming year.

With the focus on the environment and individual responsibility for making a difference on climate change, delegates adopted a number of resolutions calling for reduced use of paper, an environmental audit of the union's operations, and increased involvement by HSA in campaigns to reduce greenhouse gas emissions in our communities.

A topic of great interest at the presidential all-candidate meetings leading up to the convention – a change in the union's constitution to allow a one-member, one-vote system for election of president – elicited considerable debate, and delegates directed the board of directors to conduct a review of the presidential election procedure.



## HSA CONVENTION 2007

## Maureen Ashfield

Long Term Case Manager

North Shore Health / Community Health Services



Delegates also approved resolutions supporting the union's continued involvement in the BC Health Coalition's efforts to protect and enhance public medicare and to continue to support members' participation in the 'Conversation on Health', as well as resolutions directing the union to work with the BC Federation of Labour and Canadian Labour Congress to improve child care and services for women.

In the area of health human resources delegates called on the union to support its members by lobbying government to increase the number of training spots for health science professionals, and, expand the student loan forgiveness program to support health science professionals.

Considerable debate was also held on several issues related to pensions and retirement, as well as occupational health and safety issues. **R**

below: **Sarah Moreau (left) and Roselyne Lambert (both from Prince George Regional Hospital) vote on a resolution. left: Ruth Simpson (front, Invermere & District Hospital), Gwen DeRosa (centre, Columbia View Lodge) and Lorna Henschke (Arrow Lakes Hospital) at a Region 9 meeting held during convention.**



**I**t was incredibly nerve-wracking waiting for Saturday morning and the vote. I was on the Presidential Election Committee set up to help develop the process to ensure a good campaign and election process. I think that the process that we had was good; it seemed to me that people clearly had had a lot of time to hear the candidates prior to convention and then *at* convention. The candidates had had a lot of time to listen to the concerns of the members. It showed in the questions that people asked and the calibre of the statements made by the candidates.

The most interesting thing to me about the resolutions and debates was how little debate there sometimes was. It seemed that people standing to speak to resolutions really did not get rolling until Saturday afternoon – maybe because we were all anticipating the election. As an aside I missed some of the long-time members who could be counted on to stand and speak and summarize and put into context the resolutions and the debate. A whole wave of members seems to have retired and many members were new delegates to this convention.

I am active in HSA because I am proud of, and excited by, the initiatives and approaches we have taken to be engaged in both our work world and in our world beyond work. Examples include constituency liaisons, our connection to the Run for the Cure, and our approach to bargaining.

I think we are a vital union because we see the relationships between the role of the union as advocate for workers and the role of the union as a voice for improving society. I have experienced the way in which union staff and stewards work to ensure that members' needs are attended to. And I feel a high sense of responsibility to do my part to ensure that these things continue to happen. Convention really brings home what HSA is all about.

**PROUD OF OUR PAST • READY FOR THE FUTURE**

**Mo Norton**

Program Support Clerk  
North Shore Health / Community Health Services



**T**his year Convention was super charged with all kinds of emotions.

Walking into the Convention packed full of our HSA family gave me a feeling of strength and belonging. I experienced a strong sense of camaraderie while listening to some of the challenges that my colleagues have endured this past year. We consoled each other, compared notes and learned from each other.

I was shocked and horrified as I watched the slides and listened to Dave Mowat educate us about the damage our environmental neglect has caused to our planet.

Jim Sinclair had my activist heart pounding in outrage over the blatant disregard for the safety of farm workers that led to the freeway deaths a short while ago.

Then there was the edge-of-your-seat excitement of electing our new president. Reid's emotional acceptance speech was both humble and appreciative – I felt satisfied and secure knowing we were now in his capable hands.

**Janice Morrison**

Physiotherapist  
Kootenay Lake Hospital

**C**onvention was great this year. There was a large increase in the number of delegates; I believe this reflected the interest in voting for a new president. Also, there were nearly 100 new delegates which shows that there is continued interest in the activities of the union. It's great to see a whole new group of well-educated, well-spoken activists coming up the ranks.

Obviously there were lots of interesting resolutions, but the most interesting activity was the election. The questions asked by delegates during the plenary were exceptional: well thought-out and challenged each of the candidates. Having run in local elections before, I really enjoyed watching the candidates "working" the rooms and hallways. There was also lots of networking and opinion swapping amongst the delegates. This was a great learning experience for the union and for its members.

I think the pension issues and mandatory retirement are going to remain big issues for HSA and the labour movement in general.

The networking is the most important part for me of coming to convention. It is a reminder that we all share many of the same issues. And where our issues differ, it's an opportunity to have a constructive face-to-face discussion, educate and make a new friend. My personal goal as always on return from convention is to continue to mentor members who are interested in getting involved with the union at whatever level.



## HSA CONVENTION 2007



Above: **VanCity CEO Dave Mowat** was this year's keynote speaker. Personally selected by Al Gore as a presenter of a landmark environmental slideshow, delegates were sobered and encouraged by his presentation. See Joan Magee's column page 38.

## Jean Lee

Medical Laboratory Technologist  
St. Paul's Hospital



**A**tending and participating in the convention enhanced my commitment to HSA's advocacy work.

The opportunities to engage in this network of inspiring and dedicated peers were especially rewarding.

HSA is such a dynamic and progressive organization. Taking part in convention discussions and events reinforces my enthusiasm about supporting and encouraging my colleagues with the aid of union resources.



Left: **Jim Sinclair (President, BC Federation of Labour)** described the safety hazards faced by BC's farm workers every day on the job. He asked convention delegates to spread the word about BCFL's campaign to raise BC's minimum wage. See [www.bcfed.com](http://www.bcfed.com).

***PROUD OF OUR PAST • READY FOR THE FUTURE***

**Tim Darvell**  
Child care counsellor  
Richmond Mental Health

This was the best convention I have attended so far. It was very exciting to take part in the election of a new president and at the same time a bit emotional to see Cindy Stewart leaving.

It was quite moving seeing Bev Banfield receive the first David Bland Memorial Award at this year's convention. It was most commemorative and respectful of the advocacy that Dave had strived for in his own place of work in Richmond – he was on our "Space Committee," for example, and a past union steward for our team.



Below: **James Clancy (President, National Union of Public and General Employees) emphasized the key role HSA plays in the advocacy work done by NUPGE's Canadian Health Professionals' Secretariat, the only national body representing the interests and concerns of health science professionals. See [www.nupge.ca](http://www.nupge.ca).**



**Sharon Geoghegan**  
Program worker  
John Howard Society



Convention is always energizing: I love connecting with other activists and increasing my knowledge about the union.

One of the best parts of this year's convention was the election. I had a few people in mind but really had not made up my mind about who I would vote for until the day. The debates were great, and Cindy was so gracious in her exit. I was really glad to participate in her farewell. She has been such an inspiration.

I like connecting with stewards from different areas around the province, but the most valuable to me is getting together with the people in my region we don't see enough of. I was really glad to see some new stewards and our Region 1 is lucky to have a young new member from Nanaimo represent us as member-at-large.

Dave Mowat's presentation about the environment was fabulous – very similar to Al Gore's movie, *An Inconvenient Truth*, but done without Gore's personal agenda. I thought this was very timely, as many are attempting to work on environmental issues in their workplaces. His sum-up and "take action" handout will be useful at our work places.

## HSA CONVENTION 2007



## Elected representatives ready for action

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

### Region 1

Sharon Geoghegan  
Youth Justice Resource Worker  
John Howard Society

Chris Semrick  
Respiratory Therapist  
Nanaimo Regional General Hospital

### Region 2

Anna Morton  
Social Worker  
Queen Alexandra Centre

Carmela Vezza  
Social Worker  
Saanich Peninsula Hospital

### Region 3

Brendan Shields  
Music Therapist  
George Derby Centre

Mike Trelenberg  
Youth Worker  
SHARE Family & Community Services Society

### Region 4

Pat Barber  
Social Worker  
Vancouver Hospital (12th/Oak Pavilions)

Ellen Lee  
Diagnostic Neurophysiology Technologist  
Richmond Hospital

*Continued next page*

**HSA Members at Large:** back row from left: **Brent Jecklin, Mike Trelenberg, Doug Brydle, Irene Goodis, Colya Kaminiaz, Kimball Finigan.** middle row from left: **Anna Morton, Carmela Vezza, Wendy Reilly, Gwen DeRosa, Donna Mason, Marcela Navarro, Ellen Lee, Patricia Hiscocks, Sze Yan Wong, Anita Bardal.** front row from left: **Charles Wheat, Brendan Shields, Tanya Shaw, Sharon Geoghegan, Chris Semrick, Jennifer Travers, Maureen Ashfield, John Christopherson.**



**PROUD OF OUR PAST • READY FOR THE FUTURE**

*Continued from previous page*

## **M E M B E R S   A T   L A R G E**

**2 0 0 7   /   2 0 0 8**

### **Region 5**

John Christopherson  
Social Worker  
BCCA - Vancouver Cancer Centre  
Kimball Finigan  
Radiation Therapist  
BCCA - Vancouver Cancer Centre

Patricia Hiscocks  
Assisted Living Worker  
Kettle Friendship Society

### **Region 6**

Maureen Ashfield  
Long Term Care Case Manager  
North Shore Health/Community Health  
Services

Anita Bardal  
Medical Radiation Technologist  
St. Paul's Hospital

Jennifer Travers  
Cardiology Technologist  
Powell River General Hospital

### **Region 7**

Doug Brydle  
Biomedical Engineering Technologist  
Surrey Memorial Hospital

Brent Jeklin  
Medical Radiation Technologist  
Langley Memorial Hospital

Tanya Shaw  
Respiratory Therapist  
Surrey Memorial Hospital

### **Region 8**

Irene Goodis  
Physiotherapist  
Penticton Regional Hospital

Wendy Reilly  
Recreation Therapist  
100 Mile District Hospital

Sze Yan Wong  
Radiation Therapist  
BCCA - Cancer Centre for the  
Southern Interior

### **Region 9**

Gwen DeRosa  
Registered Psychiatric Nurse  
Columbia View Lodge

Donna Mason  
Medical Laboratory Technolo-  
gist  
Golden & District General  
Hospital

### **Region 10**

Marcela Navarro  
Medical Laboratory Technolo-  
gist  
Prince Rupert Regional Hospital

Charles Wheat  
Residential Care Worker  
South Peace Child Development  
Centre

## **C O M M I T T E E S**

**2 0 0 7   /   2 0 0 8**

### **Constitutional & Organizational Policy Committee**

Bruce MacDonald (Chair, Region 3  
Director)  
Lois Dick (Region 10 Director)  
Thalia Vesterback (Region 9 Director)  
Susan Haglund (Staff)

### **Committee for Equality and Social Action**

Agnes Jackman (Chair Region 4 Director)  
Joan Magee (Region 8 Director)  
Chris Semrick (Region 1)  
Kimball Finigan (Region 5)  
Sze Yan Wong (Region 8)  
Pam Bush (Staff)

### **Education Committee**

Suzanne Bennett (Chair Region 1 Director)  
Rachel Tutte (Region 6 Director)  
Carmela Vezza (Region 2)  
Brent Jeklin (Region 7)  
Wendy Reilly (Region 8)  
Leila Lolua (Staff)

### **Elections Committee**

Bruce MacDonald (Chair, Region 3  
Director)  
Thalia Vesterback (Region 9 Director)  
Rebecca Maurer (Staff)

# Committees

## HSA committees support union's work

**H**SA committees advise the union's elected Board of Directors on various issues of interest to HSA members. Committees are chaired by a member of the board, and consist of elected members at large and designated staff.

### **Executive Committee**

Reid Johnson (President)  
Suzanne Bennett (Vice President, Region 1 Director)  
Brian Isberg (Secretary-Treasurer, Region 2 Director)

### **Finance Committee**

Brian Isberg (Chair, Secretary-Treasurer, Region 2 Director)  
Bruce MacDonald (Region 3 Director)  
Marg Beddis (Region 7 Director)  
Susan Haglund (Staff)  
Peggy Lavigueur (Staff)

### **Occupational Health & Safety Committee**

Lois Dick (Chair, Region 10 Director)  
Joan Magee (Region 8 Director)  
Brendan Shields (Region 3)  
Anita Bardal (Region 6)  
Gwen Derosa (Region 9)  
Marty Lovick (Staff)

### **Political Action Committee**

Rachel Tutte (Chair, Region 6 Director)  
Marg Beddis (Region 7 Director)  
Pat Barber (Region 4)  
John Christopherson (Region 5)  
Jennifer Travers (Region 6)  
Carol Riviere (Staff)

### **Presidential Issues Committee**

Suzanne Bennett (Vice President, Region 1 Director)  
Brian Isberg (Secretary-Treasurer, Region 2 Director)  
Joan Magee (Region 8 Director)

### **Resolutions Committee**

Suzanne Bennett (Chair, Vice-President, Region 1 Director)  
Rachel Tutte (Region 6)  
Sharon Geoghegan (Region 1)  
Anna Morton (Region 2)  
Mike Trelenberg (Region 3)  
[vacant] (Region 4)  
Patricia Hiscocks (Region 5)  
Maureen Ashfield (Region 6)  
Doug Brydle (Region 7)  
Irene Goodis (Region 8)  
Donna Mason (Region 9)  
Charles Wheat (Region 10)  
Maureen Headley (Staff)

### **Run for the Cure**

Thalia Vesterback (Chair, Region 9 Director)  
Agnes Jackman (Region 4 Director)  
Ellen Lee (Region 4)  
Tanya Shaw (Region 7)  
Marcela Navarro (Region 10)  
Janice Davis (Staff)

### **Trial Committee**

Larry Bryan (Region 5)  
Maureen Ashfield (Region 6)  
Dot Schierling (Region 7)  
Ron Regier (Region 7)  
Janice Morrison (Region 9)  
Dennis Blatchford (Staff)

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### **Long Term Disability Trustees**

#### **LTD Trust #1**

Reid Johnson (President)  
Brian Isberg (Secretary-Treasurer, Region 2 Director)  
Joan Magee (Region 8 Director)

#### **LTD Trust #2**

Reid Johnson (President)  
Joan Magee (Region 8 Director)  
Bruce McDonald (Region 3 Director)

#### **LTD Trust #3**

Reid Johnson (President)  
Brian Isberg (Secretary-Treasurer, Region 2 Director)  
Marg Beddis (Region 7 Director)

# Supreme Court says BC Liberals violated Charter of Rights

*Court rules in favour of health care workers, throws out sections of Bill 29*

**T**he Supreme Court of Canada issued a landmark decision in June, declaring sections of Bill 29 unconstitutional.

The Supreme Court ruled that sections of the Bill amounted to “substantial interference with the union’s ability to engage in collective bargaining.” In the ruling, the Court throws out sections of Bill 29 and gives the provincial government 12 months to rectify the violations.

HSA President Reid Johnson said the decision is a clear win for health workers across British Columbia.

“HSA is heartened that the Supreme Court has chastised the BC Liberals for their radical and unilateral anti-union legislation,” Johnson said. “The Court notes that the provincial government chose to curtail workers’ rights without meaningful consultation or explanation, when a range of other options was still up for discussion.”

Bill 29 tore out key negotiated provisions in health

ices were stunned to find hard-won Munroe award provisions swept aside, suddenly eliminating an agreement that their wages would reach parity with health workers.

Maureen Headley, HSA’s Executive Director of Legal Services and Labour Relations, said HSA lawyers are analyzing the decision and its effect on grievances filed by our members. She says HSA will provide further information and analysis.

## The Decision

**I**n a 6-1 decision, the Supreme Court decided that the BC government engaged in “substantial interference” with collective bargaining, denying bargaining and consultation in good faith:

*[T]he Act . . . interfere[d] with the process of collective bargaining, either by disregarding past processes of collective bargaining, by pre emptively undermining future processes of collective bargaining, or both. . . [T]he provisions dealing with contracting out (ss. 6(2) and 6(4)), layoffs (ss. 9(a), 9(b) and 9(c)) and bumping (s. 9(d)) infringe the right to bargain collectively protected by s. 2(d). These provisions deal with matters central to the freedom of association and amount to substantial interference with associational activities. Furthermore, these provisions did not preserve the processes of collective bargaining. Although the government was facing a situation of exigency, the measures it adopted constituted a virtual*

**“HSA is heartened that the Supreme Court has chastised the BC Liberals for their radical and unilateral anti-union legislation.”**

and community social services agreements, eliminating job security, and allowing mass layoffs and contracting out.

For HSA members, Bill 29 reduced bumping rights, layoff notice provisions, technological change provisions and restrictions on transfer and reassignment. Members in the community social serv-

*denial of the s. 2(d) right to a process of good faith bargaining and consultation.*

Further, the Court rejected the BC Liberals' argument that Bill 29 was necessary to ensure continued health care delivery.

*The record discloses no consideration by the government of whether it could reach its goal by less intrusive measures. A range of options were on the table, but the government presented no evidence as to why this particular solution was chosen and why there was no meaningful consultation with the unions about the range of options open to it. This was an important and significant piece of labour legislation which had the potential to affect the rights of employees dramatically and unusually. Yet, it was adopted rapidly with full knowledge that the unions were strongly opposed to many of the provisions, and without consideration of alternative ways to achieve the government objective, and without explanation of the government's choices.*

### **Building on successful rulings**

**I**n light of this victory, HSA President Reid Johnson urged continuing diligence in protecting the rights of health and community social service workers.

"This is not the first indictment of this government's unfair treatment of workers," he said. "In 2001, HSA was the first union to initiate a complaint with the International Labour Organization – the labour body of the United Nations – about the BC government's disregard for labour laws, affecting more than 150,000 workers in BC.

"In March 2003, the ILO found that the BC Liberal government repeatedly violated the rights of thousands of public sector employees by refusing to negotiate contracts and by using legislation to arbitrarily enforce its will," he said.

"This was an embarrassment for BC. Most governments found guilty of violating basic ILO Conventions usually have fragile democracies and a poor record on human rights.

"HSA members can be proud that this international ruling helped set the stage for this successful charter challenge." **R**



## CONTRACT INTERPRETATION

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

### In the event of flooding



**Q:** I work at a hospital that is subject to flooding if the river rises too high. My manager has told me that in the event of a flood, I may be relocated for my job. Can my employer do that?

**In the event of an emergency, your employer has the right to reassign you to a different location, cancel your vacation, change your hours, and even reassign you to a different job, provided you are qualified and physically able to do that job.**

**A:** The River Forecast Centre of British Columbia has predicted that spring runoff could be higher than normal this year, and that there is potential for flooding in some communities. Health authorities, among others organizations, are putting disaster management plans in place to be ready in the event that health delivery services are affected.

Your employer has an obligation to deliver services to the community, and in an emergency the demands will increase. If your facility is evacuated, patients will need to be relocated, and staff will have to be redeployed to ensure patients are receiving the care they require.

In the event of an emergency, your employer has the right to reassign you to a different location, cancel your vacation, change your hours, and even reassign you to a different job, provided you are qualified and physically able to do that job.

If you are assigned to a job at a lower pay scale than your regular job, you will maintain your regular rate of pay.

**Q:** The road between my home and my facility is subject to closure because of flooding. What if I can't get to work?

**A:** If you live in an area that may be affected by flooding, you should be making necessary arrangements now to be able to get to work in an emergency.

During a natural disaster, health care workers are critical to emergency services. Demand for services increases, and employers need to have the staff in place to deliver the services. If you are having trouble making arrangements, contact your manager.

If access to work is a potential problem, you should be making plans now for alternate routes to work, or to find a place closer to work where you can stay in an emergency.

If you do relocate during an emergency, you must ensure your employer has your contact 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

Continued from previous page

**Q:** What if I don't report to work because of an emergency in my own neighbourhood? Can I be disciplined?

**A:** Employers should be reasonable in how they react to your personal circumstances. If you fail to report to work for several shifts without notice or explanation, you may be subject to discipline.

However, if you contact your manager, and explain the circumstances that make it impossible for you to report to work, the time you take off may be attributed to your leave banks.

In an emergency, your services are critical to the general health of your community.

As a health care worker, you should make every effort to perform your professional duties – within safe parameters.

Many HSA members tend to put patients' needs ahead of their own personal safety. *If an employer asks you to perform work that you deem unsafe, you have the right to refuse.*

If you feel your employer is treating you unfairly regarding hours, overtime, or temporary job reassignment, you will have an opportunity to grieve the treatment later, but your first priority should be to deliver the services for which you are trained. **R**

*This article has been available on union notice boards and on HSA's website since late May. For updates, check [www.hsabc.org](http://www.hsabc.org).*

**To find out if you live in a flood-hazard area, and for current advisories, visit the Provincial Emergency Program's website at: [www.pep.bc.ca/index.html](http://www.pep.bc.ca/index.html)**

## U N I O N   N E W S

### **HSA board of directors elects vice-president and secretary-treasurer**

**S**uzanne Bennett, regional director for HSA Region 1, has been selected by the HSA Board of Directors to serve as the union's vice-president. The vice-president assumes the duties of the president at the president's request or in the president's absence and chairs the union's resolutions committee.

Bennett is a youth addictions counsellor at the John Howard Society in Courtenay and has been a member of HSA since 1998. She was elected as a Member-at-Large in 2003 and served on the union's Resolutions Committee. Elected to the board in 2006, she is the first HSA member from the community social services sector to serve on the union's board of directors.

Board members also elected Brian Isberg, Region 2 director, to serve as secretary-treasurer, overseeing the union's finances. He has been the union's secretary-treasurer since 2003.

Isberg is a medical laboratory technologist in the microbiology department at Victoria General Hospital in the Microbiology Department. He has served as a board member since 1995, and has served on several union committees, including as chair the Health Science Professionals Bargaining Committee in the last two rounds of bargaining.

### **Job postings for new and expanded Abbotsford hospital starts in June; new merged seniority lists to be implemented**

**I**n time for the posting of several new positions at the new Abbotsford Regional Hospital and Cancer Centre (ARHCC), set to open in September 2008, HSA and the Fraser Health Authority recently concluded negotiations to amend the Dovetailed Seniority List Agreement (DSLAs) in the FHA. Prior to this agreement, there were two different lists for the FHA: one for Fraser Valley Health Services Delivery Area and one for Simon and South Fraser Health Service Delivery Areas.

The effect of this agreement will be that when vacancies are not filled through the posting process at an employer site and the posting is opened up to employees at other employer sites in the authority, the seniority list pool will be the FHA-wide instead of one or the other of the health service delivery areas within FHA.

This agreement will also mean that in instances of displacement and bumping, employees' options will be broadened to the entire FHA.

Although the effective date of this agreement has been set at June 30th, 2007, the parties have agreed to apply the agreement to the posting and selection process relative to the positions posted for the new ARHCC in Abbotsford.

For information on the merged seniority lists, or the posting process for the new positions at ARHCC, contact your HSA steward. **R**

# How green is HSA?

by SUSAN HAGLUND

**M**omentum is building and there is now a definite – and very positive – convergence among HSA members and staff to take a far more active role in being “green” inhabitants of our fragile planet.

HSA represents members in diagnostic, clinical and rehabilitation settings around the province to assist the public in maintaining optimal health. Now Mother Nature needs us in the HSA office to ensure, in a parallel fashion, that the office reduces its impact on the environment.

First, the diagnostic phase! Convention delegates gave a strong directive to audit office operations to see where we stand insofar as HSA’s carbon footprint. There is now a core team in place called “HSA Environmental Action Team” – or HEAT for short (there is something about having a catchy acronym that makes tough work



**Susan Haglund**  
Executive Director of Operations

**A preliminary audit of the HSA office is underway to get a snapshot of where we are now on various environmental issues, such as water consumption, utilities use, types of lighting – and what types and how much paper we consume.**

easier to share, isn’t there?). The first stage in the diagnostic process is to do some basic research of benchmarks for optimal green offices. A significant challenge already faced is trying to find reference materials as a guide. Every bookseller is

currently out of stock on this topic, which shows clearly this is a huge priority for everyone. The next task is to conduct a preliminary audit of the HSA office to get a snapshot of where we are now on issues, such as water consumption, utilities use, types of lighting – and a major issue: what types and how much paper do we consume. The list will be long but we’re underway.

Next, the clinical phase! We need to establish realistic and achievable goals for office carbon reduction strategies over and above what is already in place. Convention delegates were provided with a list of existing “green” initiatives in the HSA office. It is a start but not nearly enough. We must review purchasing practices to ensure all our suppliers have similar goals and that they can provide products with as small a carbon impact as possible. We already replace worn light bulbs



# Environmentally-conscious initiatives at the union office

## General

- transit fare rebate for staff
- bike lockers in building
- office location close to transit
- purchase of paper towels and tissues from recycled stock
- recycle bottles, kitchen disposables etc
- recycle, repurpose and/or donate old furniture
- only fair trade coffee
- provide reusable crockery and mugs (no disposables)

## Paper

- purchase of recycled paper stock whenever possible
- office waste paper recycling (156 cubic yards in 2006 alone), including secure recycling of shredded documents containing personal/confidential information
- reduced on-site records/paper use and storage through HSA-wide records management program
- reduced off-site records storage by reducing amount of paper generated and retained (>25% reduction over 2 yrs)
- created intranet for staff to post & share information to replace multiple copy circulation
- almost all documents sent electronically to reduce paper, postage/courier, and transportation impacts whenever possible
- reduced photocopying by improved paper flow and staff training
- encourage e-mail over faxes, reduced number of fax machines with stewards

## Utilities

- low energy lights
- thermostats for occupied/unoccupied rooms (automatic reduction of heat when not in use)
- water conservation toilets (low flow and variable flush)
- routine maintenance of HVAC and external vents to maximize air efficiencies, reducing demands for energy
- audit of lighting fixtures for energy efficiency
- turn off lights when offices are unoccupied
- energy saver feature on all printers/copiers

## Electronics & equipment

- spent cell phones recycled or repurposed
- toner cartridges recycled
- acquisition of high efficiency, low emission copier/printers to replace older, less efficient models
- recycle and/or donate used electronics **R**

with low energy ones and are in the midst of banishing halogen lighting from the office. A recent find is an office task chair now being tested as a standard when chairs must be replaced. Made from recycled materials, it has 100 per cent recyclable parts and won the Green Design award for 2007. No more landfill from tattered chairs!

Last, and certainly not least: the rehab stage where we change our HSA office eco-footprint, attitudes and behaviors *for the long term*. While staff are already highly aware of and committed to the carbon-challenges we face, we can all do better. For example, we must ensure everyone *automatically* prints only what is absolutely necessary and uses both sides – but only if paper is really and truly needed. We must also remember what mom told us: if you're cold, put on a sweater but don't turn up the heat. We must turn the lights out and the computers off when we leave. Basic? Yes, but essential small successes that add up and lead to long term major success. Long term rehab will also include regular audits to ensure we continue to reduce our carbon footprint.

The office as a whole and as individuals need to take those incremental steps if the goals are to be achieved. But as with any rehab, the process will not be overnight. Instead, it will be a learning process for us all. **R**

# We can stop global warming

by JOAN MAGEE

**H**SA's board of directors, in planning a keynote speaker for its 36<sup>th</sup> annual convention, agreed that we wanted to give delegates an opportunity to start thinking about an issue that has come to be a very important one – and what they can be doing in their own homes and communities to make a difference.

The environment and climate change have emerged as one of the issues that Canadians care most about, and it is an issue that we know HSA members are concerned about.

And we are not alone. GlobeScan Incorporated conducted a poll of 33,237 people from 30 countries, including Canada, in all major regions of the world in early 2006. Across all countries, on average 90 per cent said that “climate change or global warming, due to the greenhouse effect,” is a serious problem.

When you consider the facts — for example:

**By simply doing things like  
lowering the thermostat,  
washing clothes in cold water  
and replacing lightbulbs, we  
can make a difference and  
slow down climate change.**

the 10 hottest years on record have been in the last 14 years; malaria has spread to higher altitudes in places like the Colombian Andes, 7,000 feet above sea level, and the flow of ice from glaciers in Greenland has more than doubled over the past decade – we seem headed down a path of no



**Joan Magee, Region 8 Director**

return.

But in spite of the doom and gloom of where climate change could lead us, there is hope that through our own actions we can start to turn things around.

With that in mind, HSA cast around for somebody who would present a message of hope and action.

Delegates to this year's HSA convention were fortunate to be treated to a presentation by Dave Mowat, CEO of Vancity credit union, and one of just a handful of Canadians who has been trained by former US Vice-President Al Gore to deliver the message about climate change presented in *An Inconvenient Truth*, the slide show presentation-come-documentary that won an Oscar at this year's Academy Awards.

Mowat admits to being a recent convert to taking responsibility for changing the course of global warming.

Like so many of us, he knew that climate change was out there and affecting our planet, but like so many of us, he thought about it as a long-term issue and an issue he, individually, couldn't do much meaningful about. As he told delegates

*Continued next page*

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to the convention, the penny dropped for him when he saw the Gore movie.

"It was Gore's message – calm, rational, unhysterical – that broke through. The proof was in the show and it was undeniable. It was the timeframe, though, that rattled me most. Forget a hundred or a thousand years from now. Climate change is happening now."

Mowat's presentation was compelling and a world wheel exercise that all delegates participated in to see how much difference a group of 400 individuals could make simply by taking steps to reduce emissions was inspiring.

By doing things like lowering the thermostat, washing clothes in cold water and replacing lightbulbs, we can make a difference and slow down climate change.

See HSA Executive Director of Operations Susan Haglund's column in this issue of *The Report* to find out what HSA is doing in the office to make a difference.

As for what each of us can do, NUPGE, HSA's national union, published a *Climate Change Primer* last September that spells out the science behind climate change, and ends with these ten effective things we can all do to help conserve nature, as supplied by the David Suzuki Foundation.

Please do your part. Do any three of these things and you'll make a difference.

1. Reduce home energy use by 10 per cent.
2. Choose and energy-efficient home and appliances.
3. Don't use pesticides.
4. Eat meat-free meals one day a week.
5. Buy locally grown and produced food.
6. Choose a fuel-efficient vehicle.
7. Walk, bike, carpool or take transit.
8. Choose a home close to work or school.
9. Support alternative transportation.
10. Learn more and share with others. **R**

Joan Magee represents Region 8 on HSA's board of directors.



You can read the NUPGE *Climate Change Primer* online at:  
[www.nupge.ca/publications/Environment/Keeping\\_Our\\_Cool.pdf](http://www.nupge.ca/publications/Environment/Keeping_Our_Cool.pdf)

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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## 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.

### President [webpres@hsabc.org]

Reid Johnson  
Social Worker, Centre for Ability

### Region 1 [REGION01@hsabc.org]

Suzanne Bennett (Vice President), Youth Addictions Counsellor, John Howard Society

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Medical Laboratory Technologist, Victoria General

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vacant

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Surrey Memorial Hospital

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Joan Magee, Medical Laboratory Technologist  
Cariboo Memorial Hospital

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Susan Haglund, Operations

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Miriam Sobrino

## EDITOR

Yukie Kurahashi

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



# Committee urges awareness



**H**SA's Committee for Equality and Social Action encouraged members to help raise awareness about National Aboriginal Day, a day first proclaimed in 1996 as an annual occasion to recognize the diverse cultures and outstanding contributions to Canada of the First Nations, Inuit and Métis.

This year's sticker features the logo of the Sisters in Spirit project, working to improve the human rights and address the violence facing Aboriginal women. HSA

supports this project through NUPGE and direct donations.

The logo shows Grandmother Moon, who is a powerful teaching about aboriginal women's special connection to Grandmothers who have passed into the Spirit world. Grandmother Moon provides women with direction, strength, knowledge and wisdom.

*All CESA stickers are available through your steward, or by contacting the HSA office.*

**Upcoming stickers planned for distribution through the Committee for Equality and Social Action:**

- **July: Pride Day** (available by request)
- **September 21: International Day of Peace**
- **October 17: International Day for the Elimination of Poverty**
- **December 1: World AIDS Day**
- **December 6: National Day of Remembrance and Action on Violence Against Women**

