

# THE Report

## CELEBRATING HEALTH INNOVATIONS

FACTS SHOW PUBLIC  
SECTOR IS LEADING THE  
WAY TO REDUCE WAIT  
LISTS AND LOWER COSTS



# Acting on members' priorities

by REID JOHNSON

**I**n my first few months on the job as your president, my priority has been to hear from HSA members about your concerns and aspirations for your union, your workplaces, and your professions.

Since April, I have participated in almost 20 chapter meetings, which have included meeting members from Royal Jubilee Hospital and CML Healthcare in Victoria, to members at the Central Okanagan Child Development Centre, and the BC Cancer Centre in Kelowna to members from throughout the Kootenays.

I've heard from members that you have two key priorities for HSA: you want to see your union working to increase your profile as health and social service professionals in BC, and you want HSA actively participating in advocating for support for your services – whether that's working to improve and enhance our public health care system, or to advocate for improved funding and enhanced services in the social services sector.

While there is some cynicism about the government's year-long *Conversation on Health* process, I've heard from you that HSA must continue to monitor the process, and to continue to keep members informed about the government's agenda on privatization and the work we are doing with the BC Health Coalition's *Friends of Medicare* campaign to promote positive, public solutions to enhance and improve Canada's medicare system.

On labour relations issues, HSA members continue to look to their stewards and labour relations officers to assist them, and, I am pleased to say, members tell me they are satisfied with the service and support they are receiving. Many members have questions

about how the recent Supreme Court of Canada decision on Bill 29, the provincial legislation that eroded negotiated collective agreement rights, might affect them. HSA is involved in preliminary discussion with Associate Deputy Minister of Labour Paul Straszak who has been assigned to work with the affected unions to gather information and develop a strategy for the government to respond to the decision. The Court gave the government a year to develop a plan to address the consequences of the decision. Watch for more information about the Supreme Court of Canada decision and the consultation process in upcoming issues of *The Report*.

In your workplaces, the message I've heard is that you're tired. Shortages in the health science professions are taking their toll. Many departments have had vacancies for so long, that employers have given up on filling them. That means the people left are forced to do more with less. What is frustrating is that this is not a surprise. The shortages we're experiencing weren't unforeseen. They are a direct result of a lack of a cohesive human resources strategy over the past 20 years.

As I said in my campaign for president, a key to building a strong position for bargaining will be to raise the profile of HSA and the work that HSA members do. I am committed to working to do just that, through building relationships with decision-makers and keeping them informed of the issues that affect our members, advertising campaigns that



Reid Johnson, HSA president

feature our members, and increased advocacy on health and social service policy.

Members are already looking forward to 2010 and the next round of collective bargaining. The priority in the health sector, particularly in the Health Science Professional bargaining unit, is that the bargaining team continue to work to address the wage split imposed by government in 2001.

I have been working to address the issues you've shared with me on many fronts, including as a panelist in a community forum on health sponsored by NDP MLA and Health critic Adrian Dix, BC Health Coalition events, provincial and national meetings and the media. I believe that every opportunity to talk about HSA and the issues our members face is an opportunity to be taken.

One opportunity I am looking forward to this fall is just around the corner, with the union's annual regional meetings starting September 21 in New Westminster. This will be a great time to connect with the stewards who are the heart of our union throughout the province. I look forward to those meetings and to hearing from experienced and new activists about the issues that are important to you. **R**  
*Reid Johnson is HSA's president.*



## RUNNING FOR THE CURE HSA elevated to gold-level sponsor

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### THE FRONT COVER

Medical technologist Jane Tang is a crucial part of the team at Canadian Blood Services.  
Patricia Sayer photo.

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# News

## Health unions hold first meeting with government on Bill 29 court ruling

In early September, health care unions met with representatives of the provincial government to deal with the repercussions of last June's landmark Supreme Court decision that declared parts of a 2002 contract-stripping law unconstitutional.

Bill 29, the *Health and Social Services Delivery Improvement Act*, eliminated or curtailed provisions in legally-negotiated contracts that resulted in job losses for thousands of workers, mostly women. For many others, the legislation resulted in limited career options, lower pay and arbitrary transfers.

The June 8 court ruling established for the first time that collective bargaining is protected under the freedom of association provisions of the Canadian Charter of Rights and Freedoms. The court declared key sections of Bill 29 unconstitutional.

The court suspended its declaration for a period of one year so that government can deal with the repercussions of the decision.

This initial meeting with government included representatives from the four union bargaining associations negotiating on behalf of nearly 100,000 health care workers.

The parties exchanged perspectives on the meaning of the court ruling and agreed to engage in a series of negotiations.

On broader issues, all four bargaining associations will meet jointly with government. Issues specific to individual bargaining associations will be negotiated separately with government and health employers.

The unions are optimistic that in addition to restoring workers' rights, the talks will provide an opportunity to find solutions that improve health care delivery to the public.

## Conversation on Health: British Columbians want better public health care

In July, as the provincial government wrapped up the final sessions of its *Conversation on Health* in Vancouver, participants from 14 of the public forums held across the province during the past six months joined with the BC Health Coalition to deliver a clear message.

They said that British Columbians attending the *Conversation on Health* overwhelmingly want better public health care and support proven

***Conversation on Health* participants gathered in July to call for accountability in the use of information gathered at the sessions held province-wide. An overwhelming majority of British Columbians at the Conversation events want better public health care, and support proven innovations and solutions within public health care facilities. From left: Faith Uchida, Brendan Shields, Ezra Barrett, Mandi Ayers, and Rachel Tutte**



JESSICA CAMERON PHOTO

innovations and solutions within public health care facilities.

“We’re concerned that the provincial government is on the road to increasing for-profit, private health care, no matter what people have been saying through government’s own consultation process,” said BCHC co-chair Joyce Jones.

“We’re concerned that the *Conversation* may have been an elaborate \$10 million production in smoke and mirrors, designed to create the impression that the government is consulting British Columbians on the changes we want to the health care system. In fact, the government has already determined the future of health care in BC.”

At a news conference, *Conversation on Health* participants from across the province spoke about their experiences in the process, including their perceptions and the observations shared about health care challenges in their own communities.

Jean Leahy with Save Our Northern Seniors said, “We are very concerned that no recommendations from the *Conversation* process will be taken to the government, and that our input around issues related to home support and long-term care beds for seniors in Fort St. John and area will be ignored.”

Leahy then joined other *Conversation on Health* participants at a rally for public health care in Vancouver.

The BC Health Coalition has been actively engaging individuals and organizations across the province in discussions about proven public innovations and solutions since the *Conversation* began in January.

“With the *Conversation* coming to an end, we have grave concerns that the focus of the government has not been to find ways to deliver better public health care, but instead to find ways to justify user fees and more for-profit health care delivery,” Jones said.

HSA is a proud member of the BC Health Coalition – a broad-based network of organizations and individuals who support public health care.



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

### **CMA should use evidence-based criteria to set health policy**

*NUPGE*

A group of organizations, including the BC Health Coalition, is calling on the Canadian Medical Association to adopt an ‘evidence-based’ approach to health policy similar to the principle doctors routinely apply to the practice of medicine.

The organizations, which also include the National Union of Public and General Employees, have prepared a joint response to a recently released CMA paper advocating private sector practices that undermine public health care.

The response says the CMA document, *Medicare Plus: Toward a Sustainable Publicly Funded Health Care System in Canada*, would push the country toward a two-tiered health care system by promoting such practices as double-dipping and private care.

“Doctors rightly take pride in practicing evidence-based medicine when treating their patients,” the group says.

“It would be natural to think they would apply the same principle in public policy, especially where health care is concerned. Unfortunately, *Medicare Plus* clearly misses the mark. Rather than supporting market reforms that would worsen current access, CMA representatives should look for public solutions for the public system,” it says.

The CMA paper was released in advance of its annual meeting, scheduled August 19-22 in Vancouver. The coalition is organizing a series of events to coincide with the meeting. One includes a showing of the Michael Moore movie *SiCKO*, documenting shortcomings within the largely-private US health care system.

*Continued next page*



## HSA members elect Kimball Finigan as Region 5 Director



**Kimball Finigan**

HSA members in Region 5 have elected Kimball Finigan, a radiation therapist at the Vancouver Centre of the BC Cancer Agency, as their representative on the HSA board of directors. Finigan defeated Gerald Yu, a health records administrator at Children's and Women's Health

Centre of BC.

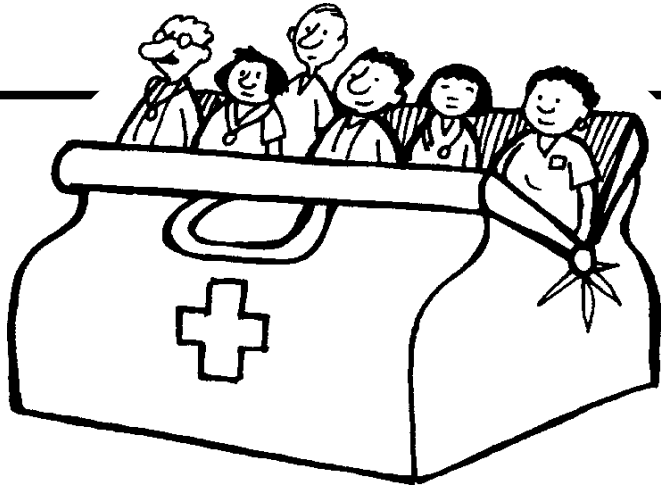
Finigan has been an HSA activist since 2002 serving as steward, assistant chief steward and now chief steward at the BCCA. He has been a member-at-large serving on both the resolutions committee and the committee for equality and social action. He is also the current HSA constituency liaison for Vancouver-Mount Pleasant.

The Region 5 by-election was called following the election of former regional director, Reid Johnson as HSA president. Finigan will take office immediately and serve the remainder of the two-year term. HSA congratulates Kimball Finigan and welcomes him to the board of directors.

## **SiCKO tells the world Canada's medicare system works**

Canada's public medicare system has been thrust into the international spotlight of movie audiences worldwide with the general release this fall of Michael Moore's new blockbuster documentary, *SiCKO*.

The film praises public health care while making a scathing indictment of the privately-run American health care system and the behavior of major pharmaceutical and insurance companies.



Moore contrasts the shortcomings in the US system, the most expensive on the planet despite leaving 47 million Americans uncovered, with the successes of government-run health care in countries such as Canada, France, Britain and Cuba.

"The United States has slipped to 37th in health care around the world, just slightly ahead of Slovenia," Moore says.

The film highlights horror stories from American patients, offers inside accounts from disillusioned former insurance company employees and provides insight into the relationship between health industry lobbyists and Washington politicians.

On May 19, an audience of more than 2,000 people gave *SiCKO* an ovation when it was screened for the first time at the Cannes Film Festival in France. A special advance screening also took place June 8 in London, Ont., the home of several patients featured in the film.

"When you think about 18,000 (people) dying each year simply because they don't have health insurance – 18,000, that's six 9/11s," Moore says.

"The only reason they're dead is because they didn't have health insurance. It's just criminal. We shouldn't allow it. I'm embarrassed by it."

The solution is simple, Moore argues. "National health insurance. Push the politicians to pass legislation so that we can have the system they have in, say, Canada." **R**

# Health innovations forum features public successes

by DAN KEETON

**A** summer forum sponsored by the BC Ministry of Health has again demonstrated that the public sector is leading the way in making innovations to health care delivery.

Held in June, the forum on innovation and best practices in health care gave some cause for optimism that the provincial government understands the critical contribution of the public sector in cutting wait lists and lowering costs.

Health Minister George Abbott praised the innovations highlighted at the forum. He described them as “leading examples of how health professionals in BC are improving patient care.” He acknowledged that the forum was to celebrate inno-

**Health Minister George Abbot praised various health system improvements and innovations developed within the public system as “leading examples of how health professionals in BC are improving patient care.”**

variations in the health care system in British Columbia.

The forum was attended by over 150 health care professionals. HSA was among the health care unions attending, along with doctors, nurses, and other health workers. HSA was represented by President Reid Johnson and policy analyst Hans Brown. In addition, Region 4 Director Agnes Jackman attended the forum on behalf of her employer.

Johnson was impressed that all of the innova-

tions cited at the June forum were created by professionals working in the public sector. He said the forum’s focus on the importance of the public sector’s contributions corresponds to HSA’s thinking: “there are challenges in the health care system, but the solutions to these challenges are in the public sector.”

The forum featured innovations developed by health care professionals in several health regions. All have improved access and health outcomes in their communities.

Among those cited were:

- A South Vancouver Community Birth Program providing collaborative care by family physicians, midwives, community health nurses and doulas (emotional support providers). The program, established in 2003, has improved health outcomes for low-risk pregnant women in the community.
- A physician-nurse practitioner collaborative practice program operating at the Enderby Community Health Centre in the Interior has significantly improved access to care.
- A hip and knee collaborative program established by an interdisciplinary team of surgeons, nurses, physiotherapists, occupational therapists, dieticians and others is credited with saving 1,900 surgical bed days for the Vancouver Island Health region.
- A multidisciplinary team at St. Paul’s Hospital in Vancouver has reduced deaths from sepsis, a systemic infection, by nearly 50 per cent.

“There are so many more examples of innovation in the public sector,” HSA policy analyst Brown said, “but to the best of my knowledge, there are no examples of innovation in private, for profit health care that have system-wide application to our health care system in Canada – or they are innovations outside our medicare system.”

Last January the province announced a \$100 million “health innovation” fund to encourage and support new ideas for revamping health care delivery.

HSA President Reid Johnson said he supports the concept of funding innovations and providing incentives to spread best practices throughout our public health care system.

He voiced a word of caution: “my concern is that the provincial government is developing new rules of the game to push people through the system more quickly, regardless of whether or not they’re getting the quality of care they need.”

Johnson insists quality of care must be protected.

He cautions that abuses can occur if the primary goal of health care innovation is to increase patient volumes in selected programs in order to scoop new incentive funding before pushing patients out of the system. “The goal must not be scooping fees. The goal must be providing quality care based on best practices in diagnosis, treatment and rehabilitation.”

Johnson said innovations must be monitored to confirm whether desired outcomes are achieved. “Accountability must be part of any proposal. It must be transparent.”

Johnson also warned there is no guarantee that Victoria will heed the views expressed by ordinary British Columbians in the *Conversation on Health*, or the evidence of best public practices from innovation projects funded under the Health Innovation Fund.

British Columbians want to protect and improve our public medicare system, he said. The provincial

government has not yet made this commitment.

“Ideologically, they might still insist they want business to play a much wider role in health care, even though it’s the thoughtful, innovative work in the public sector that has been delivering the improvements we need. I fear this is what’s going to come out in the recommendations from the *Conversations on Health*.”

Johnson said the provincial government is currently acting under the radar to expand private, for profit health care. He pointed to the fact that BC already has over 70 private clinics, more than any other province. HSA is concerned about this trend.

**“ Ideologically, [the provincial government] might still insist they want business to play a much wider role in health care, even though it’s the thoughtful, innovative work in the public sector that has been delivering the improvements we need.”**

On the other hand, he said, when the government does come forward with a useful approach, the union will support it.

“The innovations presented to this forum are coming from people who work within the public system. They’re coming from health professionals, including HSA members.”

Johnson said he has confidence in these “providers who know how the system operates and understand the challenges it faces.” **R**



PROFESSIONAL PROFILE

# HSA member leads professional association

by CAROLE PEARSON

**D**r. Meena Sran, the new president of the Physiotherapy Association of BC, chose her profession by accident.

Following a motor vehicle accident in 1991, a physiotherapist worked with Sran in her recovery, and the University of BC student found the profession that she'd been looking for. "I was drawn to studying physiotherapy because it helps individuals get their lives back by improving their function and independence and helping them return to their work and leisure activities."

She was still a patient when she began taking the prerequisite courses for the UBC School of Rehabilitation Sciences, where she was admitted for physiotherapy training in 1992. Her Bachelor of Science degree in Physical Therapy was followed up by a Master's degree in Physiotherapy from the Univer-

**" I like to put my work where it has the most influence. The physiotherapy profession is a vital part of health care in BC. And the PABC is the voice the profession."**

sity of Queensland, Australia.

"I enjoy being a physiotherapist so much that I do let it permeate various aspects of my life, but I have other activities as well," Sran said. Balancing a per-

sonal life that includes a husband and a baby with her numerous professional responsibilities isn't easy, but being able to work weekends and evenings allows her to spend time with her family, accommodate child care arrangements, and even play sports.

She earned her PhD in Experimental Medicine from UBC in 2005 and, in the process, was a two-time recipient of the Michael Smith Foundation for Health Research Trainee award. In 2003, she was chosen for her study to determine if manual therapy creates a risk of fracture in people with spinal osteoporosis, and whether x-rays and CT scans could effectively detect such fractures. The second award was given in 2005 for conducting the first studies into techniques for preventing vertebral fractures during backward falls.

Her focus on bone health is due to a realization seven years ago there was glaring lack of information on this subject related to physiotherapy. "There was huge amount of literature on the effects of exercise on bone health but the results of this basic science research weren't being translated for clinical application by physiotherapists. In addition, there was little information regarding the role of the physiotherapist in bone health. I saw that there was something I could do to improve the knowledge and clini-

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**Dr. Meena Sran**  
Physiotherapist  
BC Women's Health Centre

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cal practice of physiotherapists in this area.”

She was working with UBC’s Bone Health Research Group when she joined the Osteoporosis Program at the BC Women’s Health Centre. Sran is also involved with the Injury Prevention and Mobility Laboratory at Simon Fraser University and the Centre for Hip Health and Musculoskeletal Research at UBC, and works approximately two days a week in clinical practice. Still, she manages to find time to give something back to the profession that she enjoys so much.

Sran is excited about her new role as president of the Physiotherapy Association of BC, representing more than 1700 physiotherapists. Her involvement with PABC is a long-standing one, dating back to her student days. After her graduation, she volunteered with the PABC and served on committees and special interest groups. Her efforts led to an invitation to join the PABC board of directors.

Sran is a strong believer in being a part of professional organizations: she sees it as a way of staying informed about professional development, and providing strength through numbers. “I always believed it is seminal to any profession that a health provider be a member of their association since it’s the primary way we can protect, direct and progress our profession.”

A board member for the past five years, she decided to take on the presidency because she believed she had more to contribute.

“Being president brings with it different responsibilities and experiences,” she says, “and I like new challenges. I also like to put my work where it has the most influence. The physiotherapy profession is a vital part of health care in BC. And the PABC is the voice of the profession.”

One of her goals is to see the provincial Ministry of Health establish a Rehabilitation Directorate. A PABC and HSA survey among public sector physi-

otherapists indicated a high level of support. “It would be similar to the Nursing Directorate,” she said. “Its role would be to support issues of concern for physiotherapists, occupational therapists, and speech language pathologists – and help address work place stresses in the future.”

Sran says her union, HSA, is “a wonderful supporter of our profession” and works to ensure fair wages and benefits for physiotherapists in the public sector. **R**

**Dr. Meena Sran is the new president of the Physiotherapy Association of BC**



PHOTO COURTESY OF PABC

## ACTIVIST PROFILE

# Union education helps build confidence to serve HSA members

by CAROLE PEARSON

**“I’ve never, ever regretted becoming a chief steward,”** says Mo Norton, HSA Chief Steward for North Shore Health and Community Services in North Vancouver.

“I honestly haven’t had any situations with management that haven’t been resolved satisfactorily, even under difficult situations,” she said. “It’s really nice to go in to a meeting, wearing the hat of an equal, have a discussion and work out an agreement for members that takes some of the stress away.”

Norton has worked the past 15 years at the Central Community Health Centre in North Vancouver. She’s a program support clerk, providing clerical support for community health care programs.

A year and a half ago, Norton became the chief steward when the position came vacant and there were no other takers.

“I took over the year we went into bargaining,” she recalls. “For the first year, I was the only steward in the community and was responsible for five different facilities – the three health centres [Central, Parkgate, and West] and Kiwanis and Cedarview lodges. I was thrown in very quickly so I took all the union courses I could.”

“I was so happy to get the support from HSA office. They are just absolutely amazing people. They really stepped up to the plate and offered me as much education and steward training as I wanted.”

Besides her work at the Central Community Health Centre, Norton is a certified drug and alcohol counselor, does advocacy work with youth and seniors, and runs her own financial services business.

“I was able to go in [as a chief steward] fairly strongly thanks to my counseling background,” she

says. Negotiations and facilitating discussions were familiar territory, and helped make taking on the role of chief steward a little less intimidating. But Norton discovered there was a lot to learn – and quickly – about bargaining, essential services, writing bargaining proposals, and developing potential job action plans.

“The amount of support I got from the HSA office was absolutely huge,” she said. “When I had questions, I would call my labour relations officer

**“I was so happy to get the support from HSA office. They really stepped up to the plate and offered me as much education and steward training as I wanted.”**

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**Mo Norton**  
Program Support Clerk  
Chief Steward  
Central Community Health Centre

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Lori Horvat – she is always available for me. If she doesn't have the answer right away, she always gets back to me. I have Julio [Trujillo, HSA's intake officer] on my speed dial. They're all great. HSA has a very strong supportive staff, everyone one of them.

"I've never called someone and not have someone call me back with a satisfactory answer."

In addition to her role as an HSA member and chief steward, Norton participated as a representative at the BC Liberal government's recent *Conversations on Health*. She attended the forum for health care workers held by the government, giving those in the health field an opportunity to raise questions and concerns with ministry officials. Norton was clearly impressed by the level of dialogue presented by her health care colleagues. "It made me happy to be with such intelligent people with such innovative ideas that came out of that *Conversation*. It was spectacular."

Norton also attended a *Conversation on Health* forum for seniors held by North Vancouver-Seymour MLA Dan Jarvis. "That was an experience! The audience was right on top of things." She reported back to HSA on the somewhat raucous meeting. "It was absolutely clear the public wishes to retain the public system. In particular, the seniors were extremely concerned the government was making noises about a two-tier system. Many of the seniors no longer have incomes so they are in situations where they are concerned they won't be able to afford health care should it become privatized." she said. "They built medicare. Seniors deserve to feel secure about the care they'll receive."

Norton is preparing to be HSA's constituency liaison to West Vancouver-Capilano MLA Ralph Sultan, who also happens to be chair of the Select Standing Committee on Health. "HSA's president has spoken with Gordon Campbell with regard to health care shortages, and Campbell had recommended

that we provide him with some further information on these shortages. I have some data that has been compiled by the union, so I will take that over to Ralph Sultan and ask him to bring it forward at his meetings."

This past summer, she attended the BC Federation of Labour's Summer Institute for Union Women and was thrilled to be able to speak with BC NDP leader Carole James, former BCTF president Jinny Sims and BC Fed's Angela Schira, "people I look up to."

The numerous workshops included public speaking and training in how to motivate people. Judging from Norton's own enthusiasm, the latter is a course she should be teaching.

"Every time I hear of some education opportunity offered by HSA I take it and I find out how little I know." she laughs.

"When I was younger, I couldn't wait to get out of school but now, I love learning and the education and value you get working with HSA - there's nothing else like it." **R**

**Chief Steward Mo Norton uses her counselling skills and union education opportunities in ensuring fairness for members at Central Community Health Centre**



# Overworked, underpaid: national spotlight on community social services

by DAN KEETON

**C**ommunity social services have long been undervalued. But a campaign by the National Union of Public and General Employees (NUPGE) aims to change all that.

Following a recommendation from a special meeting of social services workers from across Canada, at its annual meeting in Newfoundland in June, NUPGE members voted to adopt a resolution

**“Social services are the poor cousin in the health care sector. For health science professions, the social services sector is 20- to 25- per cent behind in wages, and in benefits.”**



**Josef Rieder was a delegate to a conference that recommended a national appreciation day for community social services workers**

to hold a national “Community-Based Social Service Workers Appreciation Day.”

The event, with a date to be determined, was conceived by delegates to the social services workers’ conference in Edmonton last April.

“Workers in the sector have struggled with frequent government restructuring, under-funding, low wages and job insecurity, rising incidents of violence, and the growing presence of for-profit providers. Federal funding has almost dried up with a resulting decrease in standards and quality of programs, and a lack of accountability,” NUPGE President James Clancy said.

“Social services are the poor cousin in the health care sector,” agreed Josef Rieder, HSA labour relations officer and former social services worker at the John Howard Society. “For health science pro-

fessions, the social services sector is somewhere in the 20- to 25- per-cent range behind in wages, and in benefits.”

Rieder, a delegate to the April conference, said delegates found the agenda didn’t reflect the reality for participants. “As often happens with social services workers, they hijacked the agenda and turned it into their own thing,” Rieder recalled with a chuckle. “I give NUPGE full marks for allowing it to happen.”

A key problem, says Rieder, was defining what a social services worker actually is. “It’s a completely different world in British Columbia than it is in Manitoba or Ontario.”

“There was a participant from Nova Scotia who was a community-based nurse. Well, community-based nursing in this province is still captured under health care. Then there were people who were alcohol and drug counsellors in a mental health setting. Those people would be Community Health here, which means they’d be health science professionals or community health workers.” And BC is the only province with sectoral bargaining for social services workers, he said.

“We focused on how far ahead BC is. Our reality didn’t seem as grim compared to other provinces. We have sectoral bargaining and enjoy benefits because of this,” said Sharon Geoghegan, another HSA delegate.

Geoghegan, also from the John Howard Society in Campbell River, said the conference focused on three main topics: an underfunding and accountability crisis; health and safety issues; and the “patchwork quilt” of service delivery models across Canada.

Workshop participants discussed the steadily

declining federal funding since the 1960s. In the mid-90s the Liberals replaced direct social service funding with “block” funding for several public services, and funding hit bottom.

“This meant there were no longer funds dedicated specifically to social services,” said Geoghegan. “We saw NUPGE’s goal as working to restore funding and increasing accountability with respect to those funds.”

Delegates also targeted health and safety issues, including violence, bullying, stress and work overload, musculoskeletal injuries, communicable diseases, and environmental issues, said Geoghegan. Recommendations included increased occupational health and safety training; new federal policies, including health and safety issues in collective bargaining (enjoyed in BC but not elsewhere); and incorporating compensation for violence, bullying, and stress in workers’ compensation programs.

The “patchwork quilt” sessions discussed various delivery models in Canada. “NUPGE wanted to gain a better understanding of the various models at the table,” Geoghegan said. Some provinces di-

**“We focused on how far ahead BC is. Our reality didn’t seem as grim compared to other provinces. We have sectoral bargaining and enjoy benefits because of this.”**

rectly fund individual clients while others fund specific programs. Delegates noted that some social services workers are faced with fundraising duties, which can divert energies needed for clients.

In BC, unionized social services workers are employed by members of the Community Social Service Employers’ Association. Those employers receive at least \$250,000 yearly from the province in non-health care funding, usually from the Ministry of Child and Family Development.

Such services include child development centres (those not members of the Health Employers Association of BC), transition houses, women’s service agencies, and contracts tendered under Community Living British Columbia for mentally challenged clients.

BC’s social service sector consists of three sub-sectors, each with its own collective agreement. These are Community Living, Aboriginal Services, and General Services, including Elizabeth Fry and John Howard societies which provide services such as family counselling, outreach services, independent living, skills for youth and group homes.

“Right now, the sector is downtrodden, overlooked and ignored because the general public doesn’t have a clear picture of what social service workers do,” said Rieder.

The National Appreciation Day for Social Services Workers is important for that subsector in its efforts to achieve equal pay for work of equal value. But it’s also important to health care professionals who might see some of their work lost to counterparts working for less pay in the underfunded social services sector, he noted.

BC delegates, including six from HSA, made up about half those attending the April meeting. Other provinces represented were Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia. **R**



**Youth justice resource worker Sharon Geoghegan represented HSA at the community social services conference.**



# Did you have a tough day? Are you hurting?

by SARAH O'LEARY

**M**any of WCB appeals we file are based on reports that a member started to experience pain after an extremely difficult day at work.

Sound familiar?

Often, this is the culmination of months of soreness, stiffness and/or pain but no time lost from work.

Then one day – or one week – you have a particularly heavy workload, and by the end of the day you realize that this is getting serious. You need to go to the doctor and also file a WCB claim.

There is one important thing you need to know before you take this step:

Section 5(4) of the *Workers' Compensation Act* gives a “presumption” to workers whose injuries are the result of an identifiable incident or set of circumstances. A presumption means that if your injury happened at work, the WCB will have to presume that the injury “comes from

**Can you remember a particular patient who was difficult? Was there a particular piece of malfunctioning equipment? Did you have to scan 18 patients that day instead of your usual 12?**

your work” *unless they can prove the contrary.*

This makes a huge difference to the likelihood that your claim will be accepted. Getting the WCB to accept a claim can be likened to building a house from building blocks, one by one: you have to get your information, your medical support, all your facts and evidence, and eventually construct the edifice that is your claim.

However, when you get the “presumption,” it’s like

staring off with your entire building intact – and it is up to the WCB to disprove or “deconstruct” it.

What difference does this make to how you file your claim?

When you have had gradual onset pain or symptoms: *before you see the doctor and file a report, stop and think about what you were doing on your shift, this day, this week.* Can you remember a particular patient who was difficult? Was there a particular piece of malfunctioning equipment? Did you have to scan 18 patients that day instead of your usual 12? Did you have a special needs child that you had to grab quickly to prevent her from harm?

Each of these things will give you the benefit of the presumption under section 5(4) and probably make your claim about 50 per cent more likely to be accepted!

Never, under any circumstances, mislead the WCB or manufacture evidence, but *do* think very clearly in advance of seeing your doctor and filing your claim about just exactly what you did.

One of the saddest laments we hear in WCB appeals is, “It must have been due to my work, it couldn’t have been anything else.” The WCB requires more specific evidence.

In order to have a repetitive strain injury accepted without a precipitating incident or event, we need to gather a huge volume of ergonomic evidence and reports. We do so, and we often win, but sometimes even the good guy loses! If you had an extra heavy shift, or if you had any incident to which you attribute your aches and pains, make a note of it in your Form 6: Application for Compensation. Tell your doctor the first time you see her about the problem. You may save yourself a lot of grief. **R**

*Sarah O’Leary is advocates on behalf of HSA members at workers’ compensation appeal hearings.*

## FOCUS ON PENSIONS

# Maximizing contributions

**Q:** Is maximizing my pension contribution a good idea?  
How do I make sure I get the most benefit?

**A:** Your municipal pension is an incredibly valuable benefit which ensures that you will continue to receive an income after you retire.

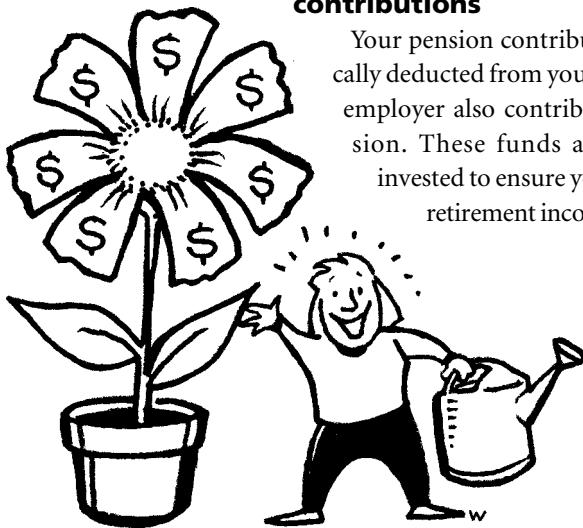
Many people put little thought toward their pension benefit until they approach retirement. Your pension kicks in when you retire, but decisions you make during your working career will determine the value of your monthly pension benefit.

For example, there are opportunities to purchase past service: periods of time when you were working but weren't making contributions to the plan, such as probationary or casual time. This is important because the more service you have in the plan, the larger your pension benefit upon retirement.

Consider the following facts about the Municipal Pension Plan, then contact your Human Resources representative or the Municipal Pension Plan to see how you might maximize your pension.

### Your employer matches your contributions

Your pension contribution is automatically deducted from your paycheque. Your employer also contributes to your pension. These funds are managed and invested to ensure you receive a secure retirement income.



CALM GRAPHIC

### Your basic pension is fully guaranteed

Guarantees are rare in the financial world. For example, the value of RRSP investments rises or falls with market conditions. Your basic pension, however, is guaranteed. It is paid to you based on a formula and will not change as a result of fluctuations in world markets.

### Your pension has kept up with inflation

Annual cost of living increases have been added to pensions since 1982. These increases are calculated based on Canada's Consumer Price Index which tracks inflation. While not guaranteed, these increases remain a valuable benefit of belonging to the Municipal Pension Plan.

### The Municipal Pension Plan is the largest in BC

There is strength in numbers. With over 220,000 members and \$23 billion in assets, your pension plan is secure and financially sound. Over 50,000 retired members now receive a monthly pension benefit.

### Know the facts, know your plan

The 2007 Municipal Pension Plan Annual General Meeting will be held October 13 in Victoria. Come meet the people managing your Pension Plan, or join the live online webcast. **R**

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

## Trees and jobs wasted rushing to beat beetle

CCPA/CALM

Too many healthy forests are being logged and massive amounts of usable wood are being wasted in response to the mountain pine beetle, says a study from BC's top environmental groups and wood-working unions.

"There must be a fundamental shift in how government and industry address the beetle problem," says study author Ben Parfitt, a resource policy analyst with the Canadian Centre for Policy Alternatives. "Healthy forests that are nature's best defence against catastrophic floods are being prematurely logged, leaving nothing for workers or communities for the next 80 years – versus a wait of perhaps only 20 years were such forests left alone for now."

*Over-cutting and Waste in BC's Interior: A Call to Rethink BC's Pine Beetle Logging Strategy* stresses that action must be taken now.

For every two pine trees logged in response to the beetles, one or more healthy spruce or fir trees are logged too with disastrous consequences for workers and communities. Left unchecked,

such logging also threatens key wildlife species such as mountain caribou.

"The best thing that can be done for both the environment and our forest-dependent communities is to ban clear-cut salvage logging in most forests. Many forests have withstood the beetle attack very well. They are filled with smaller and younger trees that are healthy and growing. We need to leave those forests alone for now," says Rob Duncan, forestry specialist with the Sierra Club of BC.

The study also chronicles how lax government regulations have led to staggering increases in the amount of usable wood being left behind at logging operations.

"Wood waste levels are unconscionably high," says Steve Hunt of the United Steelworkers, which represents former IWA members. "Last year alone, nearly 1,300 more people could have worked turning usable logs that were left on the ground into lumber and other wood products."

The study calls for an immediate end to salvage logging in mixed forests. Tougher regulations are needed to ensure that there are both enhanced job prospects in the forest industry and greatly reduced greenhouse gas emissions.

*Continued next page*

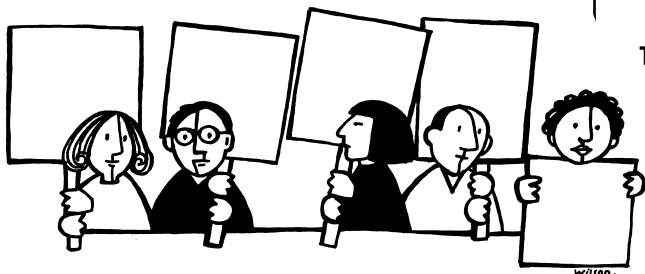


<p><b>M O V I N G ?</b></p> <p>Your employer does not send us address changes. We depend on you to let us know.</p> <p><b>R E T U R N   T O :</b></p> <p>Health Sciences Association of B.C. 300 - 5118 Joyce Street Vancouver, BC V5R 4H1</p> <p><b>O R   E M A I L :</b></p> <p>memberlist@hsabc.org</p>	Member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

## Current disputes

This is a listing of current disputes involving affiliates of the BC Federation of Labour. Please respect the unions' picket lines in the following disputes, and do not patronize these businesses until the dispute is settled.

For more information, check the BCFL website at [www.bcfed.ca](http://www.bcfed.ca).



### Strikes and lockouts drop to lowest level recorded in Canada

Labour disruptions caused by employee strikes and management lockouts dropped to the lowest level in 2006 since the federal government began tracking them more than 30 years ago.

Statistics by Human Resources and Development Canada (HRDC) say the number of person days lost for the year dropped to 813,336 from 4.1 million the previous year. The level was 35 per cent below the previous low of 1.5 million lost days in 1993.

Factors accounting for the decline appear to be a lower than average number of expired contracts during the year, and the impact of international trade agreements which have put more power in the hands of management to use cheap labour.

Wayne Samuelson, president of the Ontario Federation of Labour, says workers and unions realize it's harder to make gains now on the picket line than a generation ago because employers can simply make up lost production by adding a shift or some overtime at a company plant in another country.

The size of the work force at major industrial sites - such as auto and steel makers - has also shrunk over the years, Samuelson said.

There has also been a major shift in employment to lower paid service industry jobs that are difficult to unionize.

The number of disruptions is likely to increase this year because of a heavier collective bargaining calendar. **R**

#### **Teamsters, Local 213 – VS – IKEA (Richmond)**

Major Issues: Removal of the Two Tier Wage System

Commenced: August 20, 2007

#### **Canadian Union of Public Employees (CUPE) Local 391 - VS - Vancouver Public Library (Vancouver)**

Major Issues: Pay Equity, Working Conditions

Commenced: July 26, 2007

More information: [www.cupe391.ca](http://www.cupe391.ca)

#### **Canadian Union of Public Employees (CUPE) Local 15 – VS – City of Vancouver (Vancouver)**

Major Issues: Wages, Trades & Other Classification Adjustments, Pay Equity, Job Security, Auxiliary, Part-time and Temporary Full-time workers, Vacation Improvements, Benefit Improvements for Active and Retired Members, Whistle Blower Protection

Commenced: July 23, 2007

More information: [www.cupe15.org](http://www.cupe15.org)

#### **United Steelworkers (USW) – VS – Forest Industrial Relations, Island Timberlands, Interfor et al (British Columbia)**

Major Issues: Safety, Hours of Work, Contracting Out, Job Security/ Severance

Commenced: July 21, 2007

#### **Canadian Union of Public Employees (CUPE) Local 1004 – VS – City of Vancouver (Vancouver)**

Major Issues: Wages, Trades & Other Classification Adjustments, Pay Equity, Job Security, Auxiliary, Part-time and Temporary Full-time workers, Vacation Improvements, Benefit Improvements for Active and Retired Members, Whistle Blower Protection

Commenced: July 19, 2007

More information: [www.1004.cupe.ca](http://www.1004.cupe.ca)

#### **BC Government & Service Employees Union (BCGEU) - VS - Emcon Services (Kootenay Boundary)**

Major Issues: Wages, Health & Welfare Benefits

Commenced: June 29, 2007



## FOR A FUTURE WITHOUT BREAST CANCER

# Run for the Cure helps promote valuable work of HSA members

by THALIA VESTERBACK

**H**SA has been a silver-level sponsor of the CIBC Run for the Cure since 1997, providing sponsorship funds of \$25,000 each year, in addition donations raised by members around the province.

Recently, HSA was elevated to a Gold Level sponsor, in recognition of the partnership HSA has with the Canadian Breast Cancer Foundation – BC and Yukon Branch (CBCF) and the contributions we make that go far beyond our Run sponsorship.

## In joining the Run for the Cure, you help highlight the critical roles HSA health professionals perform in the diagnosis, treatment, and recovery of breast cancer patients across BC.

For example, HSA also supports the Telus Tour for the Cure – a CBCF breast cancer education display that tours more than 50 communities in the province – by sponsoring a panel about screening mammography.

So why does HSA do this? The most obvious reasons are that a majority (79 per cent) of our members are women, and that 99 per cent of the incidence of breast cancer is among women. It is the most common cancer among Canadian women: one in nine women is expected to develop breast cancer during her lifetime and one in 27 will die of it. So even if you aren't female, you have a mother, wife, daughter or female friend who could be affected by this disease.

However, there are other reasons that we have selected this particular cause to support and this group (the CBCF) to work with. One of the biggest challenges

care in BC. We need all the help we can get in educating the politicians and the public about these shortages.

But what can you do? It isn't enough to rely on the awareness of HSA created through our advertising for and sponsorship of the Run. All of us need to participate at one of the 10 Run sites across BC (or if you aren't near one of the sites, in your own community).

This is your opportunity to educate the public about who we are and what we do. HSA formed a national team last year, to make it easier for people to join our team (family, friends and co-workers can join as well) and help promote the contribution our members make to the health care team. Our beautiful blue HSA t-shirts easily identify us. And if you don't want to walk or run, volunteers are needed at every run site to help distribute Pink Ribbon tattoos and pam-

### JOIN US!



HSA members face is recognition of our professions and the work that we do.

The Run for the Cure is an avenue to promote our members and the integral part we play in the diagnosis, treatment and rehabilitation of patients, not only for someone diagnosed with breast cancer but for the multitude of reasons that people interact with the health care system. The public relations benefit from our sponsorship of the Run far surpasses the cost of our donation. While many members would like to see HSA expand support to other worthy causes that recognize other components of our union, the reality is we are a small union that represents many professions and we need to be strategic in how we spend our members' dues. This strategic partnership is paying off.

The BC Yukon chapter of the CBCF recognizes the contribution that HSA members make to the patients of this province and is spreading the message about the shortages we face and the impact this will have on health

phlets describing the work of HSA members, or to take photographs of the participants.

So please join the HSA team and come out on Sunday, September 30 – not only to raise money for this very worthy cause but also to educate the public about the importance of our professions to health care in British Columbia.

HSA represents approximately 15,000 members, yet only 111 people joined the HSA team last year. We can do so much more, especially as this year is our 10<sup>th</sup> anniversary. Let's celebrate that milestone.

So please, join the team, spread the word and see you out there!! **R**

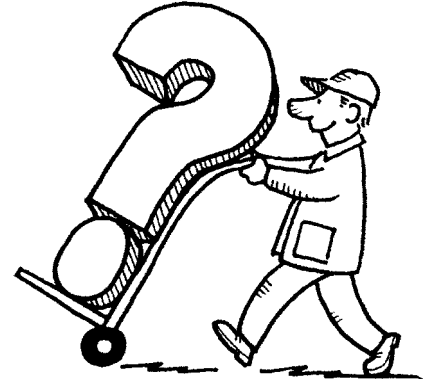
*Thalia Vesterback is the new chair of HSA's Run for the Cure Committee. For more information about the Run or to join the team, follow the links on the HSA website at [www.hsabc.org](http://www.hsabc.org) or call Janice Davis at the HSA office (1.800.663.2017).*



## CONTRACT INTERPRETATION

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

### Keeping your health information private



**Q** Recently, I missed work due to illness. My supervisor now wants proof. When I provided a note from my doctor attesting to the fact that I was ill, my supervisor said he needs more detailed information. How much health information is my employer entitled to?

**A** Employers often want medical certificates, and sometimes they ask for a lot of information in those doctor's notes. How much information they can get depends on the collective agreement, but the general rule is that they are not entitled to more than they have bargained for.

For example, both the health science professionals' and nurses' contracts in BC stipulate that "employees who are absent from duty because of sickness may be required by the employer to prove sickness." The nurses' agreement adds further that "a doctor's certificate may be requested for each leave of more than three (3) consecutive work days."

In each of these circumstances, the information required on the certificate will be subject to the limits of reasonableness, which means there is no cookie-cutter answer for different circumstances.

It is not reasonable for employers to require proof for sporadic single-day use of sick leave.

What information an employer can reasonably require always depends on the circumstances. There are three general cat-

egories: certifying an absence due to illness, certifying fitness to return to work from illness, and seeking accommodation or modified work due to disability. These categories present an ascending scale of information requirements.

Employees generally need not provide much information to certify an absence due to illness. A doctor's note indicating that the doctor has seen you and that you are unable to work due to illness should suffice. The note *may* include a date of your anticipated return to work, *if known*. An employer requesting more information than that should be prepared to show a compelling reason, such as a well-founded suspicion of fraud.

The employer in most cases will not be entitled to a diagnosis or to wide-open access to an employee's doctor or medical records. Any form requiring such broad disclosure should be challenged. Call your labour relations officer for assistance.

In return-to-work circumstances, an employer might reasonably require more information. An employer is generally entitled to satisfy itself that an employee is fit for duty and is not a risk to herself or co-workers. This might mean that a doctor should indicate that she has reviewed the employee's duties and that the employee is capable of performing them.

There is no reason to provide diagnosis information, although in certain circumstances, where

**It is up to unions and employees to watch out for unnecessary or unreasonable intrusions on employee privacy.**



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

**The employer should not be entitled to a diagnosis or to wide-open access to an employee's doctor or medical records.**

an employer can demonstrate a solid basis for it, an independent functional abilities evaluation might be required.

Where an employee is seeking accommodation, or modified work, an employer may be entitled to detailed information about the employee's restrictions, limitations, expectation of recovery, and other factors affecting the employee's ability and accommodation needs. Even at this stage, an employer can probably not reasonably demand diagnosis information, but an independent functional abilities evaluation might reasonably be required.

It will be rare that an employer will be able to reasonably request information about an employee's diagnosis. Yet, it is not uncommon for employers to produce forms requiring employees to execute broad releases of medical information. When members see such forms, they should contact their steward and / or labour relations officer, and the union will carefully consider whether the form violates the agreement or misleads employees about the level of information they must provide.

Arbitrators are increasingly sensitive to the privacy concerns of employees. Unfortunately, many employers are not. It is up to unions and employees to watch out for unnecessary or unreasonable intrusions on employee privacy. **R**

**I N M E M O R I A M**

## HSA bids farewell to former Region 5 representative

**G**reg Muller, a former member of the HSA Board of Directors, died August 22, 2007 while traveling in Halifax.

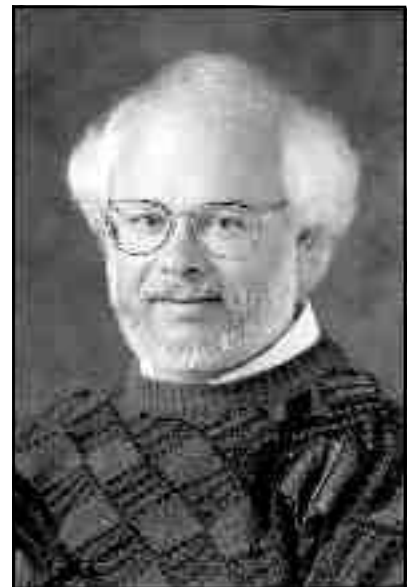
Muller, 60, a suicide intervention counselor, was instrumental in designing and setting up suicide prevention programs in the Lower Mainland. He emigrated to Canada from the United States in 1968, and began his career doing volunteer work and training at the Vancouver Crisis Centre. He worked for SAFER (Suicide Attempt, Follow-up, Education and Research), a program of Vancouver Community Mental Health Services, from the time it was founded in 1979.

A union activist, he joined HSA in 1996, when he and his fellow workers opted to join HSA in a Labour Relations Board vote.

Muller served as a Regional Director representing members in Region 5 in 1996-97. He served as a member of the 1996 Bargaining Committee and was chair of the union's Pension and Staff Relations committees. He was also a member of the BC Federation of Labour Community and Social Action and Political Action committees.

HSA President Reid Johnson, who succeeded Muller as Region 5 director in 1997, said Muller was a great advocate for Greater Vancouver Mental Health Services Society. "He ensured the government did not lose sight of their commitment to fair pay for HSA members at GVMHSS," Johnson said.

In lieu of flowers, donations can be made to the Vancouver Crisis Centre in Muller's name. **R**



**Greg Muller**  
HSA activist  
1947-2007

# Increasing demand for data storage challenges tech users

by SUSAN HAGLUND

**W**hen personal computers came into existence a very short time ago, no one ever predicted what has happened. In fact, in 1943, Thomas Watson, then the chair of IBM said: “I think there’s a world market for maybe five computers.” And he supposedly had an insider’s track!

Fifteen years ago, most households did not have any home computer equipment. Fast forward to today: over and above PCs of every shape and size, there are various pieces of hardware, all with storage capacity, happily going about their business of storing your bits and bytes.

Your car? Your microwave? Your stove? Your watch? Pocket calculator? USB drive? CD players? DVDs? Data vaults? TIVO? Cameras? All are simply small (or large) computers with voracious appetites for storage. Data storage demands are escalating exponentially.

**Whether one views technology as a boon or a curse, the data storage requirements are only going to increase.**

I remember my first Mac had a whopping 256 kilobytes of memory. Wow! I was on the leading edge of technology! Today, just the programs alone take up massive amounts of storage on PCs, even before you add in your documents, images and music files.

These days, everywhere we go and in every sale flyer from electronics stores, we see vendors



**Susan Haglund**  
Executive Director of Operations

offering bigger hard drives on computers, more songs on an iPod, more pictures on a digital camera, more rings on your cell phone. 20 gigabytes not enough for all your pictures? Get a 500 gig drive and turn your PC into a photo archive! Have lots of relatives and tons of pictures? Add extra memory.

At work, we are driven by data demands for faster hard drives, more RAM, bigger servers. In health care, demands for data storage increase even faster as the technology becomes more advanced. Digital imaging, for example, requires massive amounts of storage plus presents huge challenges for storage and security. As recently stated by Ian Harvey of the CBC in an on-line (of course!) article: “In the digital age, it turns out you can never have enough data storage: Bigger, apparently is better.”

Harvey provides an insightful overview into data demands that are here and now. But do you

really understand what it means when your teenager says they “must have a 500 gig PC”? Actually, in today’s terms, that’s not all that much data storage. And workplaces often measure their data storage needs in terms of “terabytes.”

Harvey provides a clear comparison of all these data storage terms we can all understand in relative terms:

**1 megabyte** = 1 million bytes  
[equivalent to an entire small book]

**1 gigabyte** = 1 billion bytes  
[equivalent to an entire symphony]

**1 terabyte** = 1 trillion bytes  
[all the x-rays in a large hospital]

**1 petabyte** = 1,000 terabytes  
[half the contents of all North American academic research libraries]

**1 exabyte** = 1,000 petabytes  
[20 per cent of all words *ever* spoken by humans]

**1 zettabyte** = 1,000 exabytes  
[the number of grains of sand on all the world’s beaches]

Did you know that during the Apollo 13 moonshot, the amount of computer power they had was less than your current pocket calculator?

Accompanying all this data is, of course, a slew of headaches to keep all that data secure and confidential. Recent federal and provincial privacy legislation makes it mandatory for organizations to keep data secure and under strict control. To do so requires sophisticated (and costly) storage devices and protocols.

There are fewer “snail mail” pieces but everyone appears to be inundated by endless electronic jokes (most of which someone else has already sent!), pictures, slide shows of places we’ll never get to, and spam offers for dubious products of questionable origin.

Each of those emails generates data storage at various points across the internet. Somewhere on servers around the world, all that data sits. And there it sits on your equipment – and you have to do something with it too! Do you keep it?

Then you need to back it up so you won’t lose it. Or do you dump it? And if you do decide you can get along without that digital treasure, just remember that someone out there probably has a copy anyway as emails don’t magically disappear just because you click on the delete key.

Whether one views technology as a boon or a curse, the data storage requirements are only going to increase. Whether it is at home, in an office, in a hospital or anywhere there is a piece of equipment that contains microchips and a processor – data storage is an issue.

Most residences don’t need to worry about anything more than gigabytes while health care facilities are up into terabyte territory. Luckily, the relative cost of data storage for personal use keeps dropping. Unfortunately, the same cannot be said for commercial data storage as it simply gets more complex.

Life with pen and paper was much simpler. While we produced quite a bit, it was manageable. It took computers to get us to the point where the amount of data produced could no longer be handled easily.

I think I’ll reduce my data storage needs. I’m heading off to buy a nice, shiny new pen. **R**  
*Susan Haglund is HSA’s Executive Director of Operations.*



# Union activism a chance to make change

by THALIA VESTERBACK

**A**s a new member of HSA's board of directors, I appreciate this opportunity to introduce myself and reflect on the path that has led me to this position.

While I have been a member of HSA since 1994, I am a relatively "late bloomer" for union activism. I moved to the West Kootenays from the Lower Mainland in June 2001. In my first month on the job I experienced job action for the first time, before and after our imposed contract. That was followed up in February with the infamous Bill 29. What stood out most for me about those two pieces of legislation was the abuse of power by the government and their lack of respect for the people providing health care services in this province. And they didn't just target health care workers. Other pieces of legislation from our provincial and federal governments have hurt

**The Campbell Liberals: there has not been another government in North America found guilty more often of violating the International Labour Organization's freedom of association principles.**

many organizations and individuals since. I decided I couldn't be a bystander anymore. If I was ever going to get involved with the union, February 2002 was the time.

Our provincial and federal governments have very cavalier attitudes towards labour (and human) rights. Despite signing numerous UN and International Labour Organization (ILO) conven-



**Thalia Vesterback, Region 9 Director**

tions and declarations promoting these rights, they are quick to pass contradictory legislation at home when it suits their political agenda. Unions have filed 77 complaints with the ILO since 1982 and in each case, the ILO ruled that the legislation in question did not comply with its international standards with respect to freedom of association. With the ruling, the Campbell government gave the province the embarrassing record of having more ILO complaints filed against it than any other Canadian province in the agency's 84-year history. In fact, there has not been another government in North America found guilty more often of violating ILO freedom of association principles in such a short period of time.

Unfortunately, the ILO does not have any enforcement capacity and our governments flout the rulings. The BC Liberals' response to the ILO's ruling on Bill 29 was nothing short of embarrassing. At the time, Premier Gordon Campbell's reaction was that he felt "no pressure whatsoever" to come into compliance with the ILO ruling. Five years later, I am heartened by the recent Supreme Court of Canada decision about Bill 29 – the decision that says collective bargaining is protected by the Canadian Charter of Rights.

While it was that kind of attitude that drove me

*Continued next page*

## Call for proposals: Annual fellowship award competition

The Canadian Breast Cancer Foundation (BC / Yukon chapter) invites applications for their post-graduate fellowship award.

The competition is open for submissions until **November 2, 2007.**

A grant application package is available from the CBCF website at [www.cbcbf.org](http://www.cbcbf.org).

**FOR A FUTURE  
WITHOUT  
BREAST CANCER**



*Continued from previous page*

into more activist unionism, the experiences I have had as a steward, Member-at-Large, and HSA committee member have served to inspire me to continue to contribute to our union. And my introduction to our national union, NUPGE, this summer is one example of the energy we can all gain from increased activism.

In June, I attended the triennial NUPGE convention in New Brunswick with other board members. The theme of the convention was "So Much in Common" (common wealth, sense, good, issues, values, beliefs, ground and cause). The calibre of information at the event was amazing – from the policy papers and invited speakers to the resolutions discussed by all the components. While at times the facts were disheartening (no-strike legislation, casual workers denied union membership, stark inequities of wages and benefits between workers, the devastating footprint of AIDS in Africa, climate change, trade agreements, world peace, etc), the convention was also empowering. We have strength in our

numbers and common values, to promote a democratic world that recognizes labour and human rights. Governments and corporations do not operate as islands and neither should we. Our rights and freedoms were not won as individuals but through a common voice. If we want to keep (in fact regain) these rights, we can only do so together.

Respect is an important personal value for me. Respect for myself and for others. I want to see that value in the actions and words of government and employers. It is very easy for government to sign a declaration or employers to talk about respect and leadership and another to actually follow through. There needs to be commitment to and accountability for their signatures and words. While at times those goals can seem unattainable, if we don't strive for them, what are the options?

One of my favourite quotes from Ghandi is "Be the change you want to see in the world." What do you want to see? **R** Thalia Vesterback represents Region 9 on HSA's board of directors.

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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Telephone: 604/439.0994 or 1.800/663.2017  
Facsimile: 604/439.0976 or 1.800/663.6119

### BOARD OF DIRECTORS

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

**President** [[webpres@hsabc.org](mailto:webpres@hsabc.org)]

Reid Johnson  
Social Worker, Centre for Ability

**Region 1** [[REGION01@hsabc.org](mailto:REGION01@hsabc.org)]

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

**Region 2** [[REGION02@hsabc.org](mailto:REGION02@hsabc.org)]

Brian Isberg (Secretary-Treasurer)  
Medical Laboratory Technologist, Victoria General

**Region 3** [[REGION03@hsabc.org](mailto:REGION03@hsabc.org)]

Bruce MacDonald, Social Worker  
Royal Columbian Hospital

**Region 4** [[REGION04@hsabc.org](mailto:REGION04@hsabc.org)]

Agnes Jackman, Physiotherapist  
George Pearson Rehabilitation Centre

**Region 5** [[REGION05@hsabc.org](mailto:REGION05@hsabc.org)]

Kimball Finigan, Radiation Therapist  
BC Cancer Agency (Vancouver)

**Region 6** [[REGION06@hsabc.org](mailto:REGION06@hsabc.org)]

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# 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**



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