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THE Report

HSA MEMBERS CELEBRATE 10 YEARS OF RUNNING FOR THE CURE

Alleviating staff shortages

by REID JOHNSON

Reid Johnson, HSA president

At the end of October, I wrapped up my first series of annual Regional Meetings. The Regional Meetings are an opportunity for me, and for board members, to meet for a full day with stewards from workplaces in all ten HSA regions around the province, and to learn about the issues that are most important to members.

The meetings are also an opportunity for members to learn about the work your union has been doing, and to hear about HSA's plans to continue working on your behalf in the coming year.

What I heard consistently across the province this fall is that shortages, and a byproduct of shortages – workload – are affecting many HSA members. In workplace after workplace, the issues are the same – whether it's members working in health care or community social services.

Employers are feeling the crunch of shortages in HSA professions. I heard around the province about the extent to which employers are willing to go to entice health professionals to their communities. In the meantime, the downstream effects of those shortages are hitting our members, who are picking up the slack. This often means skipped breaks, unpaid overtime, and work taken home. Another result of the workload is anxiety and concern that there isn't enough time in a shift to go that extra mile for a patient or a client. This is not a tenable position to be in long term for health science professionals who chose this work because you care about people.

You've made it clear that you are concerned about wait lists and shortages, and HSA has been working to address your concerns.

The past couple of months have been very successful for HSA's constituency liaisons, who have held a number of meetings with their MLAs to educate them about the need to address the shortages now and into the future.

In October, I was fortunate to make a presentation to a group of Liberal government MLAs to explain the current conditions and to call for their support for increased training of health science professions. I will be meeting with a committee of the Opposition NDP MLAs in the coming month to send the same message.

But we need your help.

While HSA has heard your concerns about workload, we also need documented evidence so we can put your case to your employers.

HSA has developed a "workload investigation tool" designed to pinpoint the issues in your particular workplace. If you are concerned about workload, you are encouraged to talk to your HSA steward and complete this tool so that we can begin to build the evidence we need in meetings with employers and at the bargaining table. This is very important!

In addition to hearing your concerns about your workplaces, at each of the regional meetings participants engaged in animated and educational discussion about a very live debate in BC today: the privatization of health care.

With the provincial government getting set to deliver a report following the year-long Conversation on Health, we can be sure to see the public vs. private debate heat up in the coming months.

Premier Gordon Campbell has made it clear since the 2006 Throne Speech that he promotes a 'mixed health care delivery model,' with an emphasis on increased participation in our health care system by private providers.

But in community after community, meeting after meeting of the *Conversation on Health* – many of which HSA members have participated in – British Columbians have been saying, yes, they are frustrated with the shortcomings of their health care system, but, no, they don't believe heavier private involvement is the answer.

In fact, many people agree that increased private health care will only make our problems worse.

There is no question the public system is under strain, but there are many changes we can make *within* the public system to ensure patients get the care they need, where and when they need it.

HSA has an important role to play in the debate about the future of health care. As your president, I will continue to advocate for a strong public health care system and I hope that you will join me. R

Reid Johnson is President of the Health Sciences Association of BC.

interest," says Tillotson with a laugh. She gave an interview to the local paper, thinking that would be that. But it wasn't

"Once it was in one paper it went out all over the country. I had phone calls from all sorts of media outlets. I gave an interview to CBC but then I said no to quite a few interview requests.

"But HSA is different," she adds quickly. "It has kind of been my life. I'm happy to tell the story again for HSA members."

Leadership and union activism

During her two-and-a-half decades as an HSA member, Jane Tillotson held a variety of positions: Steward, Member-at-Large, Chair of the Equality Rights Committee, member of the Education, Bargaining and Long Term Disability Committees, and Director.

Tillotson certainly hadn't planned such a long and industrious union career when she first got involved. "I just kind of got roped in at first. I was told we need a steward and you haven't done it before, so why don't you?" she says, laughing.

"But luckily, one the first things that happened is that I received a scholarship to the CLC Winter School and took a course on Women and Leadership. It opened my eyes to union activism. That one week changed my opinion of what it meant to be a union member. I met so many people from so many unions and from such diverse backgrounds. I realized our union was part of a much bigger picture," she says.

She also realized that union activism was not just a duty, but in fact had much to offer.

"You'd be amazed at the opportunities available once you do become involved. You never stop learning with a union. I learned about parliamentary procedure, public speaking, racism, human rights – all those courses gave me skills I've used for my whole career. I say never stop learning. It's important for your whole life to keep your mind active."

For example, she says, she enjoyed the challenges she faced as a member of the union's Long Term Disability Committee so much that she stayed on the Committee (now the LTD Board of Trustees) for approximately six years, becoming its longest-serving member. "I joined when it was formed in 1989 after HSA negotiated for control of the LTD plan. I loved that. We were learning everything there was to know about LTD plans. It was a huge responsibility, and it was fascinating," she says. Another personal highlight with HSA was sitting on the 1989 bargaining committee.

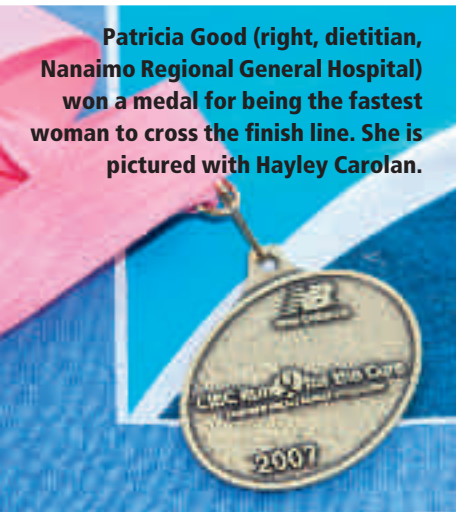
"It was an amazing process to sit at the table and see how it worked, and to have input into that." R

Jane Tillotson with granddaughters Chloe (6) and Megan (4).

PHOTO COURTESY JANE TILLOTSON

Hundreds of HSA members from all across BC took part in the Run for the Cure as part of HSA's provincial team. HSA celebrated the union's 10th year of sponsorship: HSA is a gold-level sponsor of the Run for the Cure.

Celebrating 10 years of sponsorship



Patricia Good (right, dietitian, Nanaimo Regional General Hospital) won a medal for being the fastest woman to cross the finish line. She is pictured with Hayley Carolan.

The Vancouver team braved heavy rain

The Castlegar Team dominated the Castlegar Run event. below: Thalia Vesterback (Chair, HSA Run for the Cure Committee) and Mary Hatlevik (retired registered psychiatric nurse) accept the Team Challenge Award for raising the most funds

Well organized and enthusiastic, Nanaimo Team stood out.

left: Ellen Vallie (medical radiation technologist, Kootenay Boundary Regional Hospital) took part on Run day – even though she was on a cruise

PHOTOS: PATRICIA SAYER, YUKIE KURAHASHI, AND SUBMITTED BY MEMBERS

A

REGIONAL MEETINGS 2007

A: At this fall's Regional Meetings, HSA President Reid Johnson (left) encouraged union activists to continue speaking out for medicare. Brian Isberg (centre, Region 2 Director) and Maureen Headley (HSA Executive Director of Labour Relations & Legal Services) take part in discussions.

B

B: Angela Bernaldez (right, orthoptist, Royal Jubilee Hospital) laughs at an anecdote from Anna Morton (left, social worker, Queen Alexandra Centre) as Jacklin Hoole (occupational therapist, Victoria Arthritis Centre) looks on.

C

C: Patricia Hiscocks (right, assisted living worker, Kettle Friendship Society) shares her concerns about staff workload as Sue Motty (medical laboratory technologist, Canadian Blood Services) listens.

D

D: Aaron Wilson (community living employment specialist, Centre for Ability) was elected a Member at Large for Region 5. He is pictured with colleague Tami Nishi (speech language pathologist, Centre for Ability).

YUKIE KURAHASHI PHOTOS

Continued from previous page

I believe we must contribute innovative ideas in workload configuration and responsibilities, since we are the ones who are on the ground and we know our jobs best.

can focus every minute of the day – because you know that what you are doing is not just reading a number or slide or agar plate or crossmatch tube. Everything you do has a higher purpose, and the end result belongs to the most important part of our profession: the patient. Every day and in every way, technologists are a very important part of the health care team.

Many lab technologists work behind closed doors, but we make up 15.3 per cent of HSA's membership – making us the largest professional group represented by the union.

Shortages are stressful for the technologists left in the facilities, since we now have to make sure that all the work is completed with fewer staff. This results in increased overtime and callbacks to offset decreased afternoon and night coverage. Callback hours tend to increase the stress levels of staff when they must be available at all hours of the night. Studies have shown that shift work and callback hours do have a very injurious effect on workers.

Making meaningful steps to solve the professional shortages means we must communicate with the people who can help correct the problem and come up with innovative solutions. HSA realized a long time ago that to properly serve the union's members, we had to get out and lobby governments. HSA professionals must lobby all levels of government for more training spaces and the resources needed.

I believe we must contribute innovative ideas in workload configuration and responsibilities, since we are the ones who are on the ground and we know our jobs best. We must be aware of the trend in robotics, which some people believe is the answer to the shortages. While increased technology can be very advantageous, we still must have the technologists with the experience and wisdom to monitor these machines.

Above all, we must keep our minds open and strive to resolve these shortages using every resource available. We must continue to lobby and make sure that members have the tools they need to be successful in our lobbying efforts. We can change the world – and we should never forget that!

This will be my last column as a regional director. I want to take this opportunity to thank all of the members for their hard work and commitment – not only to the union but also to their professions. I think of all of you as my "family," and I will miss you in the years to come. I will become part of the retired union "family" next year.

May life bring all of you joy and fulfillment of your dreams! R

Lois Dick has represented Region 10 on HSA's Board of Directors since 2002.

HEALTH SCIENCES ASSOCIATION OF BC

THE Report MAGAZINE

The Report is dedicated to giving information to HSA members, presenting their views and providing them a forum. The Report is published six times a year as the official publication of the Health Sciences Association, a union representing health and social service professionals in BC. Readers are encouraged to submit their views, opinions and ideas.

Suite 300 – 5118 Joyce Street
Vancouver, BC V5R 4H1
Telephone: 604/439.0994 or 1.800/663.2017
Facsimile: 604/439.0976 or 1.800/663.6119

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HSA RUNS FOR THE CURE

Torrential rain didn't stop Tami Nishi from joining hundreds of fellow HSA members who participated in this year's Run for the Cure. Nishi is a speech language pathologist and a union steward at the Centre for Ability in Vancouver. Patricia Sayer photo. See pages 16-17 for more coverage.

Always printed on recycled paper with vegetable-based ink

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Activists discuss strategies to protect medicare

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THE FRONT COVER

HSA members celebrated 10 years of participating in the Run for the Cure. HSA is a gold-level sponsor of the annual fundraiser for the Canadian Breast Cancer Foundation. Patricia Sayer photo.

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News

Making connections: informing MLAs about issues facing HSA members

HSA's constituency liaisons are currently meeting with their MLAs to discuss the critical problem of ever worsening health science professional shortages. The information the liaisons are giving their MLAs stresses the need for the provincial government to create more post-secondary spaces in BC to train new health science professionals.

Several HSA members have recently volunteered to become constituency liaisons after hearing about the Liaisons' work at their Regional Meetings. There are now 35 HSA constituency liaisons meeting with both Liberal and New Democrat MLAs.

Check out the next issue of *The Report* for a complete update on the impact that their work has had over the last year.

Workplace violence most prevalent in health care and social services

CALM

A new Statistics Canada study finds that almost 20 per cent of all incidents of violence, including physical assault, sexual assault and robbery, occurred while the victim was at work in 2004.

Criminal Victimization in the Workplace was the first such study conducted in Canada. It used self-reported data from 24,000 households that took part in the General Social Survey.

The report's authors say the majority of these workplace incidents, 71 per cent, were classified as physical assaults.

Men and women were just as likely to have reported workplace violence, but men were more likely to be injured by the encounter (27 per cent for men and 17 per cent for women).

Violent acts were more common in certain industries. One third of all workplace violence involved someone working in social assistance or health care services such as hospitals, nursing or residential care facilities.

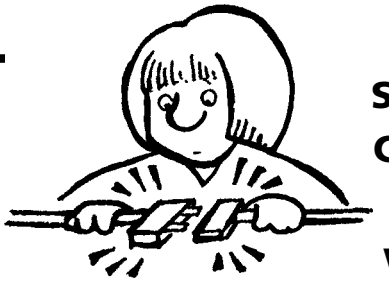
Rates were higher than average in industries like accommodation and food services, retail or wholesale trade, and education.

Men were much more likely to report violent workplace incidents to the police (57 per cent) com-

MIRIAM SOBRINO PHOTO

pared to only 20 per cent for women.

In almost 90 per cent of cases, a worker subjected to violence on the job told a co-worker about the incident.



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

24 per cent underinsured in US

Consumers Reports/CALM

A *Consumer Reports* study identifies the "underinsured" – accounting for 24 per cent of the US population – living with skeletal health insurance that barely covers their medical needs and leaves them unprepared to pay for major medical expenses.

Forty-nine per centof Americansoverall, and 43 per cent of those with insurance said they were "somewhat" to "completely" unprepared to cope with a costly medical emergency over the coming year.

Some 16 per cent had no health plan at all, including many working respondents whose jobs didn't offer insurance or who couldn't afford the premiums or deductibles of the available plan.

When added to 16 per cent of uninsured, a total of 40 per cent of Americans ages 18–64 have, at best, inadequate access to health care. The report, published in September, also finds that most employers are struggling to keep up while the insurance behemoths prosper from the misery.

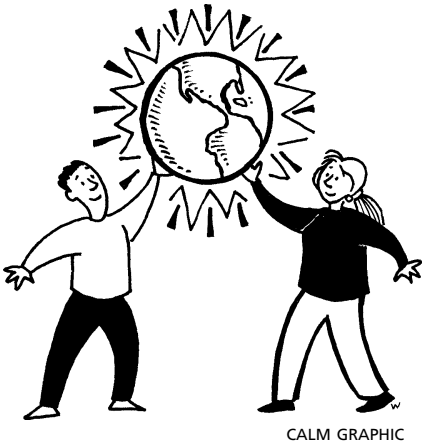
In the first of a series of reports on America's health care crisis, *Consumer Reports* paints a profile of the underinsured, explains what it means to be insured but not adequately covered, and tells of the costs and consequences for everyone, including people who are currently "well insured."

The report is based on a survey conducted by the Consumer Reports National Research Center in May 2007, which sampled 2,905 Americans between ages 18 and 64. The survey found evidence of increasing frailty in the US system of health insurance on almost all fronts.

Continued next page

LEFT: In October, HSA held a workshop for constituency liaisons to help prepare them to discuss health science professional shortages with their MLAs. See article facing page.

Back row, from left: **Deanna Riedstra** (physiotherapist, Vernon Jubilee Hospital), **Marg Beddis** (Region 7 Director and dietitian, Surrey Memorial Hospital), **Jane King** (occupational therapist, Matsqui-Sumas-Abbotsford General Hospital), **John Christopherson** (social worker, Vancouver Cancer Centre), **Pat Barber** (social worker, Vancouver General Hospital), **Chris Semrick** (respiratory therapist, Nanaimo Regional General Hospital), **Hendrik de Pagter** (social worker, Victoria General Hospital / Royal Jubilee Hospital), **Alex Herring** (pharmacist, Richmond Hospital), **Heather Sapergia** (medical laboratory technologist, Prince George Regional Hospital), and **Brendan Shields** (music therapist, George Derby Centre). Front row from left: **Lois Dick** (Region 10 Director and medical laboratory technologist, Dawson Creek & District Hospital), **Gwen DeRosa** (registered psychiatric nurse, Columbia View Lodge), **Joan Magee** (Region 8 Director and medical laboratory technologist, Cariboo Memorial Hospital), and **Mo Norton** (program support clerk, North Shore Health / Community Services)



CALM GRAPHIC

News

CLC pensions conference calls for CPP to be doubled

CLC

In early November, a major conference on pensions called for changes to the Canada Pension Plan aimed at doubling the benefits it currently offers.

According to the Canadian Labour Congress, boosting the CPP is one of the best ways to guarantee more of tomorrow's seniors aren't faced with retiring into poverty or being unable to retire at all.

"Canada is a rich country. It can afford increased funding for public pensions and a decent life for today's and tomorrow's retired workers," says Ken Georgetti, President of the Canadian Labour Congress.

"Instead of simply cashing-out the federal surplus with billions of dollars in tax cuts for profitable corporations and wealthy individuals, instead of guaranteeing that surplus exists by choosing to do nothing, the federal government should be providing for the long-term needs of our aging population. Asking tomorrow's seniors to fend for themselves is not the Canadian way," says Georgetti.

Based on the recommendations in a paper presented to the third CLC Pension Conference, an increase in CPP benefits from 25per cent of the average industrial wage to 50 per cent can be accomplished through a combination of measures that include raising the ceiling of pensionable income to $90,000 – combined with a modest increase in CPP premiums and allowing workers to transfer RRSP savings into their CPP accounts.

"Our own research shows Canadians would pay for more generous CPP or public pension benefits. In a 2006 poll, working Canadians told us by a margin of 71 per cent they would pay more tax for higher pension benefits," he says.

Georgetti says the trends all point to a retirement income crisis in years to come. The growth in Canada's over age 65 population, combined with younger workers opting for smaller families and the continuing loss of high-paying jobs in the manufacturing sector present challenges. Add to this the reality that most Canadians find it increasingly difficult to save towards retirement and the fact that many Canadians owe more than they earn. Millions of older Canadians will retire into poverty, if they can afford to retire at all.

"To avoid that outcome, we need real political leadership on pensions, not to mention on the health care and housing needs of an aging population. What Canada needs is a 40-year plan to address the challenges of a larger retiree population and a smaller workforce. Boosting public pensions like the CPP needs to be part of that plan," says Georgetti.

For more information about the third CLC Pension Conference, visit http://pensions.canadianlabour.ca

Canadians deserve more paid time off

CLC/CALM

A report by the Canadian Labour Congress confirms what most working people in this country have long suspected. Canadians give more of their waking hours to their employers than workers in most countries in the Organisation for Economic Co-operation and Development.

There are huge differences in paid time off the job within Canada, depending on the province.

"The first Monday in August is a statutory holiday in only three provinces and two territories. While some provinces, like Ontario, offer only two weeks of paid vacation each year, Saskatchewan offers up to four weeks of paid vacation after 10 years of service. I think Canadians, in general, deserve better no matter where they live," says CLC president Ken Georgetti.

Georgetti says it's time for the federal and provincial governments to move to a new national legal minimum of 10 paid statutory holidays and a minimum of three weeks paid vacation after one year of service, rising to four weeks after 10 years of service. This would extend what workers in Saskatchewan and most unionized workers already enjoy to all Canadians. It would also move us closer to the higher European standard of four-to-six weeks of paid vacation. R

Board highlights for summer 2007

The HSA Board of Directors meets regularly to address arising and ongoing issues, and to make policy and governing decisions on behalf of HSA members.

- Glen MacInnes, the BC Federation of Labour's Director of Political Action, spoke to the Board about the BCFL's "Count Me In" campaign. The campaign aims to inform union members across the province about issues all workers have in common, and to make sure union votes make a difference in elections at all levels: municipal, provincial, and federal.

- The HSA Board welcomed new members at Nutritionlink (formerly Dial-a-Dietitian). The members are assigned to Region 5, represented by Kimball Finigan.

- Leslie Dickout, the medicare campaign coordinator with the BC Health Coalition's Friends of Medicare campaign, provided the Board with an update on the campaign's current activities and organizational goals. HSA is a sponsor of both the BC Health Coalition and the Friends of Medicare Campaign.

- The HSA Board endorsed a recommendation from HSA's Political Action Committee that HSA register as a "third party advertiser" under the *Canada Elections Act* for the upcoming federal election. HSA is registering "out of an abundance of caution" to ensure compliance with the Act, in the unlikely event that the information HSA distributes during the federal election is construed to fall within the extremely broad definition of "election advertising" under the Act.

- The HSA Board reviewed all business arising from the annual convention held in April. Tasks and directives are attributed, apportioned and kept up to date for reporting to activists at the next convention.

- HSA delegates attended the National Union of Public and General Employees' triennial convention in Fredericton. Workers from across Canada debated various labour and social issues, including health care policy and delivery. HSA and BCGEU have offered to co-host the 2010 NUPGE convention in Vancouver.

- The Board of Directors received an excellent report from Richard Neal on the issues surrounding public-private partnerships (P3s).

- The Board endorsed the report of the Inner-City Housing Table. The report was prepared in consultation with dozens of community organizations concerned about homelessness in the Vancouver region.

- The HSA Board appointed Bruce MacDonald (Region 3 Director) as trustee for HSA Long Term Disability Trust #2, and appointed Marg Beddis (Region 7 Director) as trustee for HSA LTD Trust #3. The members of the three LTD trusts are:

LTD Trust #1
Reid Johnson
Brian Isberg
Joan Magee

LTD Trust #2
Reid Johnson
Joan Magee
Bruce McDonald

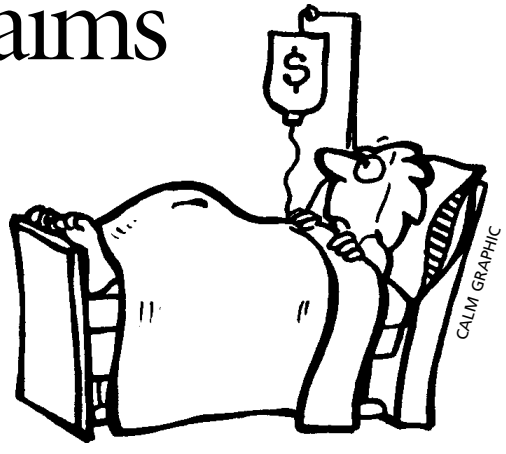
LTD Trust #3
Reid Johnson
Brian Isberg
Marg Beddis

The trustees oversee the funds and overall operation of former long term disability programs offered through previous health science professionals' provincial contract provisions. All current members covered by the HSP contract are now covered by an employer-administered LTD plan, with member contributions now lowered to 30 per cent. R

CANADIAN HEALTH COALITION

Fact check on Brian Day, MD reveals unsupported claims

by MICHAEL McBANE



Since Dr. Brian Day became president of the Canadian Medical Association this past summer his claims about Canada's health care system have been widely reported – claims that are not supported

Day is president and CEO of Cambie Surgeries Corporation in Vancouver and is an outspoken advocate of private, for-profit medicine. He called on the Romanow Commission in 2002 to repeal the Canada Health Act, increase privatization and contracting-out, introduce user fees and de-insure services.

The following is a fact check on claims Day made.

Claim: "The Canadian health system has been ranked 30th in the world by the World Health Organization."
Fact: The 2000 World Health Organization study presented a misleading representation of health care systems, including Canada's. The WHO abandoned this ranking system because of seriously flawed methodology.

"There is a lot of money to be made by wrecking medicare in Canada."

Claim: "At $4,400 per capita [Canada] is the most expensive of all countries that offer universal coverage."
Fact: Canada's per capita spending in 2004 was $3,165. It is above the OECD average but below Norway, Switzerland, and Luxembourg. The US spent $6,100 per capita in 2004.

Claim: "In Canada 65 per cent of sick children wait a medically unacceptable period of time.
Fact: There is no evidence for this claim.

Claim: "The assertion that our single-payer system is administratively efficient is hogwash."
Fact: Before Canada introduced a single-payer system, spending in Canada and the US was escalating in parallel. After 30 years of single-payer administration, Canada now spends almost 50 per cent less than what Americans spend (9.9 per cent of GDP in Canada vs. 15.2 per cent in the US) while providing equal or better care. All Canadians are covered while the US has 46 million citizens with no coverage.

Claim: "In our country a dog can get a hip replacement in under a week, but a human may wait two years."
Fact: Access to veterinary care for animals is based on ability to pay. Dogs are put down if their owners can't pay. Access to care should not be based on ability to pay.

Claim: "All other models of universal health care differed from the Canadian model in one fundamental way: They did not exclude competition from

the private sector. Canada shared this distinction with just one other country: North Korea"
Fact: Thirty per cent of what Canadians spend on health care is private expenditure. Canada is below the OECD average on public health care spending. The argument that private for-profit health care does not play a significant role in Canada is false.

Claim: "At the [Cambie Surgery] Centre we spend only 30 per cent of our gross revenue on wages and salaries, compared with 70 per cent in the public hospitals, yet we pay our nurses more."
Fact: Peer-reviewed evidence shows that for-profit investor-owned facilities skimp on staff – and patients are at risk as a result. Where is the rest of Cambie's revenue going? Profits.

Claim: "In striking down the existing laws, the judges said, 'The evidence shows that delays in the public health care system are widespread and patients die as a result of waiting lists for public health care' – the courts have a duty to rise above political debate."
Fact: The Supreme Court of Canada's *Chaoulli* decision recognized that failure to ensure timely access to care endangers Canadians' well-being. But the remedy must be to ensure access for all – not just for those who can afford to pay for private care. Three dissenting judges warned that the Charter should not be used to roll back benefits enjoyed by all Canadians, especially the poor.

Claim: "Health care is approaching 50 per cent of all spending in the provinces."
Fact: Health care spending is rising as a percentage of provincial budgets because of tax cuts and cuts to other program spending. Health care spending as a percentage of the economy is stable and takes up the same share of national income as 25 years ago: approximately four per cent of GDP for hospitals and physicians. Why would someone concerned about rising costs advocate transferring cost from governments back on to patients and private insurance?

Claim: "The coming changes will create a massive new industry and enable the Canadian health industry and its workers to enter the international health market and participate in the $2 trillion US health economy. On the basis of extrapolations from other countries, we may see $40 billion a year added to the Canadian health system."
Fact: There is a lot of money to be made by wrecking medicare in Canada. But how is it in the public interest to drive up spending to US levels? If current levels of health care spending are said to be unsustainable why would one advocate spending an additional $40 billion a year? R

"Day called on the Romanow Commission in 2002 to repeal the Canada Health Act, increase privatization and contracting-out, introduce user fees and de-insure services."

Michael McBane is the National Coordinator of the Canadian Health Coalition in Ottawa. He was assisted in researching this article by members of Canadian Doctors for medicare. www.medicare.ca

MEMBER PROFILE

Speaking out for better elder care

by LAURA BUSHEIKIN

Like most health science professionals, HSA member Vikki Tellier can talk at length about ways to improve our health care system. And she has impressive credentials for such a conversation: five years as an occupational therapist, in addition to 21 years as a physiotherapist at Nanaimo Regional General Hospital, combined with active membership in a professional union.

And like most health care professionals, Tellier would prefer to share her ideas with people in positions to do something with the information.

So when she got a call asking her to participate in the provincial government's *Conversation on Health* earlier this year, she didn't hesitate.

Tellier was one of three HSA members from her workplace who participated in a health professionals' focus group held in Nanaimo as part of the *Conversation on Health*. The three of them were very well prepared – thanks to their union, Tellier said.

"The union had a list of three topics that were important to advocate for. Each of the three participants chose a topic related to our field of work: innovations in health care; recruitment, retention and staff shortages; and elder care. These are huge issues for our field of practice," she said.

Some fortuitous HSA networking provided Tellier and her colleagues with key information about the focus group's structure. This allowed them to effectively strategize to get their topics on the agenda. "A few days after I got the call, I went to Vancouver for steward training. There was a physiotherapist there who had participated in the *Conversation on Health* in Kelowna the previous week," she said, and the information she gathered about the process was invaluable. The three HSA representatives arrived at the Nanaimo session with not only a list of key topics, but an action plan to make sure these topics were raised in an effective fashion.

"Innovations in health care; recruitment, retention and staff shortages; and elder care: these are huge issues for our field of practice."

"After everyone introduced themselves, we had 15 minutes where we put points onto sticky notes and the sticky notes on the wall. Then the sticky note topics were put into sub-groups and we were divided to discuss the topics that were most highly weighted."

She and her two colleagues worked as a team by separating and each focusing on one of the subgroup discussions. They each took on reporting roles for their subgroups, further ensuring a strong voice for HSA and for their facility.

Tellier's topic was elder care – a natural choice, given her workplace focus.

"The average age of our region's population is among the highest in Canada. Elders are living longer with more complex problems. How do we keep them as healthy as possible? What kind of services do they need in an acute care hospital and in the community so they can function independently for as long as possible? How do we avoid having them plug up a huge number of acute care beds when they can no longer live independently?"

She has answers to these questions:

"We need to better coordinate services between acute care and community services. In the hospital, we need to be able to assess and treat patients in a timely fashion and get them out as quickly as possible. The hospital is not a good place for the elderly. They fade and languish if they spend too much time there. Immobility and hospital 'bugs' are bad for their health.

"We need an outpatient assessment and treatment program for people out in the community. We need a day program where they would come in and be fully assessed by the whole team – the physiotherapist,

Vikki Tellier
Physiotherapist / Occupational Therapist
Nanaimo Regional General Hospital

the occupational therapist, the dietitian, and the pharmacist. We'd look at their medical needs and review their lab work and their medications. We could catch them *before* they get sick and arrive in the ER. In conjunction with that you can have some conditioning programs to increase their physical functioning so they can remain mobile, because as soon as someone loses their mobility they lose their independence," she said.

Tellier also advocated for a streamlined system for patients to transition from one level of care to the next as their needs change, since physical and mental decline in the elderly is often part of the aging process.

Over time, everyone who lives a long life will eventually need some form of assistance. Patients and families need a simple pathway to guide them through the end of life years. Currently, many services are available but it can be like negotiating a maze wearing a blindfold when attempting to find access to services. Too many patients don't seek or identify services until they are in a crisis or have a fall that results in a broken bone. These patients often spend months in acute care beds.

Some simple reforms of policies around access to care beds would also make a big difference for many patients, Tellier said. For example, if an ailing elder is entirely cared for by family members, she may not be eligible for facility care as she declines. Patients are obliged to maximize use of home support to be eligible for facility care. So families may be penalized for not using home support, even though they are greatly easing the burden on the health care system. Then they end up with an elder at home for whom they can no longer provide adequate care. A burned out family results in a patient in the emergency room.

Such inconsistencies are a source of daily frustration for Tellier, who works mainly with elders with multiple diagnoses. The opportunity to participate in the *Conversation on Health* provided at least some relief for that frustration, even though Tellier has some skepticism about the process itself.

"One part of me says it's just lip service and the government probably has its own agenda anyway. But another part of me says if I don't make my voice heard I have no right to complain. One positive thing was that many of the higher level administrators for our region were present and listening to what we were saying.

"It is always worthwhile to get your voice heard. If people don't ever hear about ideas and issues how can you expect them to act? Planting a seed is never a bad thing. I have a garden and I plant a lot of seeds every year. If even one grows that's better than nothing.

"Some day I might be in need of these services and maybe, if I keep butting my head against the wall, they will be there. I am an eternal optimist," she said. R

Part of the solution: Vikki Tellier contributed her expertise to identify possible solutions in caring for elderly patients.

Choosing the right glove, safely

When was the last time you reviewed your glove use at work? The glove management program is a specific type of workplace exposure control measure and can be used to accommodate individuals with latex sensitivities.

Similar to other control measures, a glove management program includes policies and procedures for the selection of the most suitable glove material for a given task and for the prevention of latex allergy.

These include:

- Clearly defined workplace policy regarding usage of glove materials;
- Needs assessment of the appropriate glove protection for specific tasks and procedures;

The choice should be based on a risk assessment that accounts for the risk and likelihood of potential exposures.

- Risk assessment of tasks on the likelihood of exposure;
- Involving end users and other representatives in the glove selection process;
- Creating a glove inventory database detailing purchasing and usage information for individual sites and facilities;
- Providing informed training and education to employees on relevant policy, safe work procedures, and potential health risks associated with latex gloves;
- Identifying working groups and sites with high potential for latex exposure for further prevention strategies;

Continued next page

Tips for proper glove usage

Do:

- Wash your hands every time you don and doff gloves
- Use gloves properly
- Inspect gloves for tears and pinholes
- Change gloves frequently
- Understand task-specific glove usage procedures, especially when handling chemotherapeutic drugs
- Keep fingernails trimmed and remove jewellery

Don't:

- Store gloves in areas with extreme temperatures
- Store gloves near heaters, air conditioners, sterilizers, or X-ray units
- Wash and reuse disposable gloves
- Use hydrocarbon-based products (hand moisturizer) when wearing gloves

Employers must provide workers with appropriate training and education on policies, safe work procedures, and potential health risks associated with latex gloves.

- Checking with manufacturers for the protein content of gloves and having them updated for newer products;
- Training and encouraging employees to recognize and report symptoms of latex allergy.

A key element of the glove selection process is the need for a multi-disciplinary work team, including representatives of frontline employees, hospital administration, facility maintenance, central supply, and occupational health.

The choice should be based on a risk assessment that accounts for the risk and likelihood of potential exposures, type of workplace setting, working environment and condition, the length of glove usage, the amount of stress on the glove, etc.

Finally, users should trial-test the selected gloves to ensure personal comfort and the ability to safely perform the task(s) required.

As always, training and education must be made available to support proper use, inspection, and disposal of the gloves, as well as any limitations regarding glove protection and potential health effects – as directed by Health Canada in 1997.

Equally as important are the opportunities for feedback from frontline users during education, and training sessions serving to maximize the effectiveness of the glove management program through shared experiences. R

Courtesy of the Occupational Health and Safety Agency for Healthcare in BC. Check their website at www.ohsah.bc.ca

Concerned about glove choices or latex exposures at your workplace? Contact your occupational health & safety steward, or call HSA's OH&S officer at 1.800/663.2017.

ACTIVIST PROFILE

From union activism to fighting bears

Retired lab tech makes national news by fending off bear attack

by LAURA BUSHEIKIN

During her 28-year career as a medical technologist, retired HSA member Jane Tillotson was regularly involved in saving lives with her professional skills. But her most celebrated life-saving act came a year after her retirement.

This time, it was her own "mama-bear" – or, more accurately, "grandma-bear" – instincts that gave her the power to scare off a bear that was chasing her four-year-old granddaughter.

The attack happened in her own backyard just 10 miles out of Nelson, where Tillotson had worked for 23 years at Kootenay Lake Hospital. Tillotson's two granddaughters, Megan and Chloe, had just arrived for a week-long visit.

"I decided to take them outside. I was doing a bit of weeding and they were running around playing. Then I heard Megan call 'Nana' and I turned and looked. She was coming up the stairs to me and there was a big black bear right on her heels.

"Just as I was taking this in, he swiped at her and got the back of her calf. I saw a big gash and she fell down right in front of him. That's when instinct kicked in. I just raced at them and scooped her up. The bear reached out and swiped again and caught my calf and Megan's belly – I was holding her by then – at the same time. I was screeching at the top of my lungs trying to get him to leave.

"Luckily Chloe was behind me. I was backing up, shrieking at the bear, and the bear was still following us. It seemed like forever that we were there face to face with me yelling before it decided to turn around and leave the garden. I then picked up Chloe and ran to the house with one girl under each arm," she says.

The bear was still close by when Tillotson left the house soon after the attack to get medical attention, and hadn't left when the conservation officer arrived 45 minutes later to shoot the bear.

"I think that bear was after Megan. He had spotted her there and she was small and slow-moving, and when I saw him he was moving pretty fast to get her," says Tillotson.

The experience has left Tillotson feeling both proud and horrified.

"I like to think it was me in my mama-bear mode that made the bear leave, but I know we were so fortunate. It could have gone so badly. For a while afterwards I couldn't sleep. I was thinking about the what-ifs. What if I'd let them go out and play by themselves? What if they'd been in a different part of the garden?"

Those anxieties have receded since the attack. And Megan's wounds, which luckily were not deep, have healed. The media attention, too, which took Tillotson by surprise, has died down.

"I guess I was kind of naïve about the extent of media

"The bear reached out and swiped again and caught my calf and Megan's belly – I was holding her by then – at the same time. I was backing up, and the bear was still following us."

Jane Tillotson
Medical Technologist (retired)
Nelson

President reports on HSA activities

More than 180 HSA stewards participated in this year's fall Regional Meetings held throughout the province in September and October.

HSA President Reid Johnson and board members hosted the meetings, which are an opportunity for activists to hear about the union's activities in the past year – from HSA labour relations issues, to broader issues and campaigns with which the union is involved.

At the meetings, Johnson led a wide-ranging discussion on the value of public health care, and participants shared ideas and strategies for involvement in the continuing debate of the benefits of a strong public health care system versus increased privatization of services.

As in previous years, the meetings were also an opportunity for stewards from throughout their regions to meet and share issues and experiences with their counterparts in other workplaces and bargaining units. R

Ask your steward for an update on topics discussed at this year's regional meetings.

HSA President Reid Johnson discusses the importance of continuing to advocate for a strong and effective public health care system that values highly-skilled workers.

Post-retirement extended health & dental benefits

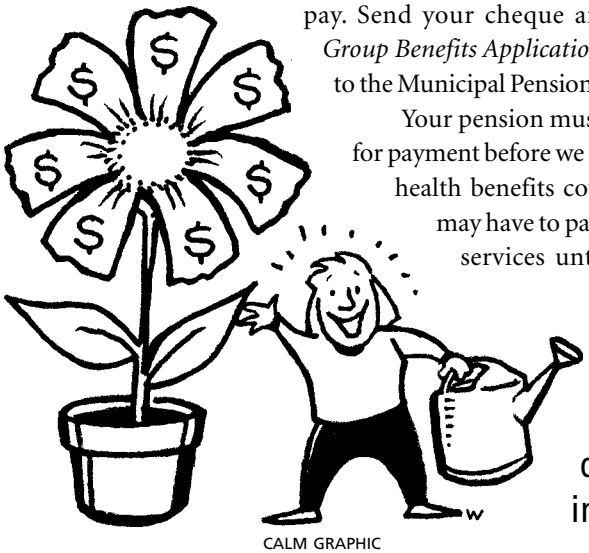
Q: My extended health coverage ends when I retire. I recently heard from a colleague that the Municipal Pension Plan offers extended health and dental coverage to retirees. However, she says she had a month's gap in coverage that could have been avoided. Who is eligible? Am I automatically covered, or do I enrol? When does coverage begin? Where can I learn more?

A: If you apply for health benefits coverage under the Municipal Pension Plan, coverage begins the month after your pension is effective (for example, if your pension starts in January, your health benefits coverage starts in February). If you are starting your pension immediately after you retire, check the cancellation date of the health benefits you have through your employer.

If you will not have coverage for the first month after your employment terminates, you can avoid a break in coverage by paying the full premiums by personal cheque. This can only be done when you retire; it cannot be done at a later date. For full premium rates, see the *Retirement Health Benefit Premiums* rate sheet.

The total cost for MSP, extended health and dental benefits coverage can be combined in a single payment, with the cheque made payable to the Municipal Pension Plan. Date the cheque for the first day of the month following your last day of pay. Send your cheque and completed *Group Benefits Application/Waiver* form to the Municipal Pension Plan.

Your pension must be processed for payment before we can set up your health benefits coverage, so you may have to pay for drugs and services until you receive your extended health benefits and dental identification card. You will then be able to submit claims to recover your costs from the date your coverage is effective.



CALM GRAPHIC

Eligibility

You must have medical coverage under the medical services plan of your province or territory of residence to be eligible for extended health benefits.

The extended health plan is a supplemental health plan that extends your medical coverage beyond what is covered by the Medical Services Plan of British Columbia, the Hospital Insurance Program, the Fair PharmaCare program, WorkSafeBC, Insurance Corporation of BC, or any other party in other provinces.

To maintain drug coverage under your extended health plan, you must register with the Fair PharmaCare program, even if you were covered under the PharmaCare program. You are not eligible for Fair PharmaCare if you live outside of BC. Contact the health insurance or medical plan in your new province or territory of residence to see if you qualify for government-subsidized drug coverage.

If you elect to have coverage, your spouse and dependent children are also eligible for coverage under your plan if they are permanent residents of Canada. If you receive a beneficiary pension, you

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

HSA members enrolled in the Municipal Pension Plan have the option of enrolling to receive extended health & dental benefits, for coverage after retirement.

may also be eligible for coverage. Call Municipal Pension Services for more information.

Plan members who meet the eligibility requirements described above may elect to have extended health and/or dental coverage, subject to enrolment rules.

What's covered?

Expenses covered under the extended health plan include:

- additional charges for private or semi-private hospital rooms
- emergency ambulance
- most prescription drugs
- practitioners (chiropractors, massage therapists, acupuncturists, etc.)
- accidental dental injury
- medical aids and supplies (oxygen, blood, walkers, permanent prostheses, etc.)
- standard durable medical equipment (wheelchairs, hospital beds, medical monitors, etc.)
- insulin injectors
- vision care

This is a summary only. There are many more specific items covered, many exclusions, and individual financial limits. See the Blue Cross *Extended Health Benefits and Dental Summary* booklets (available online at mpp.pensionsbc.ca) for details.

Some large medical expenses must be pre-authorized. Contact Pacific Blue Cross for more information.

There is no out-of-country coverage in your post-retirement extended health benefits plan.

Dental benefits plan

You must have medical coverage under the medical services plan of your province or territory of residence to be eligible for dental benefits.

The dental benefits plan covers basic dentistry charges, including basic maintenance and most major restorative services normally provided by a registered, practising dentist in his or her office.

The dental plan does not cover orthodontic services. See the Blue Cross *EHB and Dental Summary* booklets (available online at mpp.pensionsbc.ca) for details.

Some large dental expenses must be pre-authorized. Please contact Pacific Blue Cross for more information.

Dental coverage / deductibles

The following deductibles and maximums apply to your dental benefits plan:

- There is no annual deductible with the dental benefits plan.
- For most in-province dental services, Pacific Blue Cross will pay 70 per cent of any eligible cost or fee. You are responsible for the remaining 30 per cent.
- You are covered for a visit to the dentist once every calendar year for cleaning and checkups.
- There is a $2,000 per person annual cap on dental coverage. R

Contact the Municipal Pension Plan for more information: 1.800/668.6335.

News

Conservatives abandon working families with mini-budget

Based on priorities set out in the mini-budget, Ken Georgetti, president of the Canadian Labour Congress, accused the federal government of being out of touch with the concerns of working families.

"The government has abandoned working families. It is beyond comprehension that they stubbornly refuse to help ordinary working Canadians get ahead."

"The real priorities of Canadians are to make our children smarter, our lives healthier, our retirements more secure. Instead, they choose the trickle-down theory. This theory's been tried, it has never worked yet they continue to try it."

"When fully implemented, the proposed giveaway on corporate taxes would exceed the total resources needed to deliver on child care, on a national prescription drug program, on a commitment to upgrade transportation and urban infrastructure. Indeed, these would altogether require less than the current and projected surpluses," explains Georgetti who adds: "Whose side are they on? That's the question for working families."

"Each time such measures are adopted, access to child care, education and training, prescription drugs or retirement security become incrementally more difficult for working families."

Georgetti stresses that years of corporate tax cuts caused our economy to lose over 300 000 manufacturing and resource processing jobs recently and working families need action so industries and people can deal with the impacts of the high Canadian dollar.

"This mini-budget misses the mark. Our hard-hit manufacturing and forest sectors need support for investment in skills and new machinery to adapt to a very challenging environment."

See www.canadianlabour.ca for the Canadian Labour Congress' proposals on corporate income taxes and on personal taxes, submitted to the House of Commons' Finance Committee.

Removing right to strike doesn't stop strikes

CCPA/CALM

Nova Scotia's proposed legislation to end the right to strike in health care and community services will not likely reduce strike activity in these sectors. The move may have unintended consequences, according to a study released by the Canadian Centre for Policy Alternatives.

"A Tale of Two Provinces" examines the notion that outlawing strikes will eliminate strikes and decrease labour conflict.

In making its strike-ban case, the government attempts to show that strikes are numerous, disruptive, intolerable and must be stopped. But according to the report authors, Judy and Larry Haiven (Sobey School of Business, Saint Mary's University) the government's arguments are misleading.

Larry Haiven argues that, "the minister doesn't provide any evidence to support his claim that a strike ban will cut labour stoppages. In fact, the evidence points the other way." According to the authors, "Nova Scotians need to look at the experience of other provinces."

"A Tale of Two Provinces" reviews that experience, especially in Alberta where acute care strikes were banned 24 years ago. According to Judy Haiven, "The data presents an inescapable conclusion – strikes happen whether workers have the legislative right to strike or not. If the government's purpose is to reduce disruption, they're going about it the wrong way."

Since 1983, even adjusted for population differences, time lost in Alberta acute care, where strikes are illegal, was 15 times higher than in Nova Scotia, where strikes are legal.

The report also looks at several other provinces and sectors. Ontario has had tumultuous illegal strikes in health care. Quebec nurses have struck illegally several times, including Canada's longest nurses' strike. In British Columbia 42,000 teachers defied no-strike legislation for 16 days in 2005 and thousands of others walked out in sympathy.

Laser printers source of indoor pollution

CALM

A study published by the *Journal of the American Chemical Society* found that laser printers used widely in offices emit ultra fine particles that pollute indoor air and may pose hazards to workers.

The study took place in Australia and was intended to look at the efficiency of ventilation systems to protect office settings from outdoor pollutants.

But researchers quickly realized "we were seeing air pollution originating indoors, from laser printers," according to study co-author Lidia Morawska, of Queensland University of Technology.

Printers tested included models from Canon, Inc., Hewlett-Packard Co., and Toshiba Corp. Of 62 tested printers, 17 were classified as high emitters of ultra fine particles that can be easily inhaled into the smallest passageways of the lungs and pose "a significant health threat," Morawska said.

Ultra fine particles from diesel exhaust, as well as engineered nonparticles, have been proven as disease-causing.

More research is needed on the health effects of printer-generated particles she said. Better ventilation and new regulations are needed on printer emission levels.

"By all means, this is an important indoor source of pollution," she added. R

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.

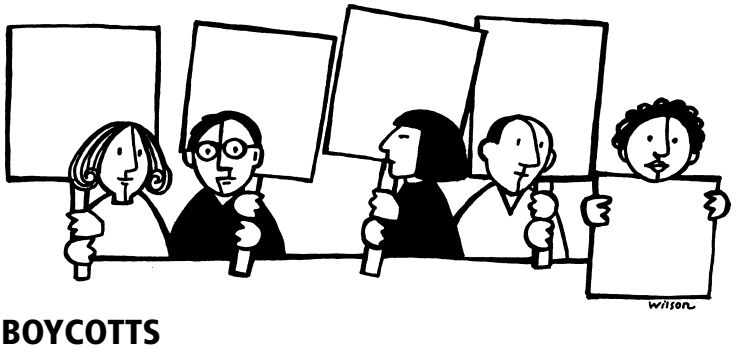
United Food & Commercial Workers Union (UFCW) Local 1518 – VS – Shoppers Drug Mart (Cloverdale)
Major Issues: Wages, Benefits
Commenced: October 18, 2007

International Brotherhood of Electrical Workers (IBEW) Local 213 – VS – Sears Canada (Burnaby)
Major Issues: Wages, Working Conditions, Benefits
Commenced: October 1, 2007

Canadian Union of Public Employees (CUPE) Local 410 – VS – Greater Victoria Public Library (Victoria)
Major Issues: Pay Equity
Commenced: September 7, 2007

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

International Union of Operating Engineers (IUOE) Local 882 – VS – Grand Street Lodge (Mission)
Major Issues: Wages
Commenced: October 1, 2007



BOYCOTTS

Non-Union Postal Outlets – CLC/BCFL – CUPW
Philips Electronic Products, Quebec – CLC – USW 7812

WORKING OPPORTUNITY FUND

Your opportunity to invest in new BC jobs

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

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

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

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

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

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

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

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

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

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

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

Committees

SHOPPING GREEN

Shop at Habitat for Humanity's ReStores

HSA's Committee on Equality and Social Action encourages members to shop, donate or volunteer at Habitat for Humanity's ReStores.

ReStores are building supply stores that accept and resell quality new and used building materials. They generate funds to support Habitat's housing programs, while reducing the amount of used materials that are headed for overflowing landfills. They're an environmentally friendly store that makes sense!

ReStores are located around BC, as listed below.

Abbotsford ReStore
2 – 31726 South Fraser Way
Abbotsford, BC V2T 1T9
Tel: 604.557.1020

Burnaby ReStore
2475 Douglas Rd.
Burnaby, BC V5C 5A9
Tel: 604.293.1898

Campbell River ReStore
1725b Willow Street
Campbell River, BC V9W 2M8
Tel: 250.830.1493

Comox Valley ReStore
560 Rye Road
Courtenay, BC V9N 3R8
Tel: 250.334.3784

Kamloops ReStore
1425 Caribou Place, Unit 28
Kamloops, BC V2C 5Z3
Tel: 250.828.7867

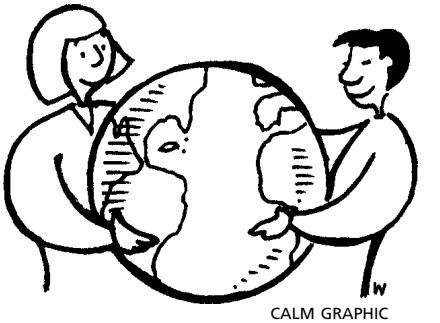
Nanaimo ReStore
4128 Mostar Road, Unit 1
Nanaimo, BC V9R 6C9
Tel: 250.758.8743

Prince George ReStore
220 Queensway Street
Prince George, BC V2L 1L2
Tel: 250.564.1188

Vancouver ReStore
69 West 69th Ave
Vancouver, BC V5X 2W6
Tel: 604.326.3055

Victoria ReStore
2100 Douglas St.
Victoria, BC V8T 4L3
Tel: 250.386.7867

For more information see http://habitat.ca/restoresc648.php



CALM GRAPHIC

MOVING?

Your employer does not send us address changes. We depend on you to let us know.

RETURN TO:

Health Sciences Association of BC
300 - 5118 Joyce Street
Vancouver, BC V5R 4H1

OR EMAIL:

memberlist@hsabc.org

CHANGE OF ADDRESS

Member # (at top left of mailing label)

Surname

Given names

Facility/worksite(s)

New home address

City | Province | Postal code

Home tel. ( ) | Work tel. & local ( )

CONTRACT INTERPRETATION

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

Privacy rights & workplace accommodations

In the last column, we outlined your privacy rights when an employer asks for proof after missed work due to illness. This time, we take a look at a similar issue: when an employee is entitled to workplace accommodation due to disability or health issue, how much medical information must be disclosed ?

Q: I'm returning to work after a serious injury. Because I can no longer perform the strenuous work I'd been doing before, the union is negotiating a workplace accommodation and modified work schedule for me.

I will have more administrative duties and less patient contact. This saddens me because I love working with patients – but I understand that it's necessary for now. However, my employer is asking for complete disclosure of my entire medical file, which includes information about health conditions that have nothing to do with my injury or current disability. Are they entitled to this information?

A: When a disabled worker requests accommodation, employers often ask them for medical information. However, workers are becoming more aware of their right to privacy.

Courts and tribunals have recognized that disabled workers should not be subject to unnecessary questioning about their medical history. But, an employer requires information about the worker's disability and restrictions.

The following principles may help union representatives as they guide disabled workers through the accommodation process.

The employer is entitled to "all relevant information about the worker's disability, at least if it is readily available. This includes information about the worker's current medical condition, prognosis for recovery, ability to perform job duties, and capabilities to perform alternate work" (*Gordy v. Oak Bay Marine Management Ltd.*).

The employer is not entitled to medical information beyond what is relevant to the accommodation process.

What medical information is relevant will depend on the nature of the accommodation being sought. For example, an employer may be entitled to information about an worker's medications if the work in question involves the use of heavy machinery.

In contrast, where a worker sought a leave of absence because of his depression, the employer's insistence on knowing the worker's "medications, dosages and length of time used" was found to be

This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email yukie@hsabc.org. Don't forget to include a telephone number where you can be reached during the day.

CALM GRAPHICS

Continued from previous page

All workers are entitled to appropriate workplace accomodations for disability; if you think this might apply to you, talk to your steward.

irrelevant (*Surrey School District No. 36 v. British Columbia Teachers' Federation*).

Normally, a medical opinion from the worker's doctor or specialist is enough to support an accommodation request. The employer may only ask the worker to be evaluated by a doctor of its own choosing if the employer has a reasonable basis for doubting the information provided by the worker's doctor, or if the contract explicitly calls for this.

In preparing a medical report, doctors should not go outside their expertise. It is appropriate for a doctor to comment on the worker's disability, restrictions, treatments and prognosis. It is rarely appropriate for the doctor to suggest a particular accommodation. For example, it is proper for a doctor to say that because of a back injury, a worker is unable to lift more than 10 kilograms, but it would not usually be the doctor's place to say that because of a back injury, a worker should be transferred to a clerical position. R

Charlene Wiseman practises labour law with Sack Goldblatt Mitchell in Toronto.

WE CAN BC CAMPAIGN

Taking action to stop violence against women

Despite successful actions by women's organizations over the past three decades, the scale and severity of discrimination and violence against women is rising.

A new BC alliance is taking on the challenge. The We Can BC Campaign is committed to the process of changing attitudes that perpetuate violence against women.

The group is organizing 16 Days of Activism Against Gender Violence which begins November 25 – the International Day Against Violence Against Women – and runs through to December 10, International Human Rights Day. These dates have been chosen as a symbolic link between violence against women and human rights violations.

The 16-day period includes other significant dates such as November 29 (International Women Human Rights Defender Day), December 1 (World AIDS Day), December 3 (International Day of Disabled Persons), and December 6 (National Day of Action Against Violence Against Women).

The campaign begins on November 25 and will culminate with a candlelight vigil on December 10. Visit the campaign website at www.wecanbc.ca to see how you can participate.

HSA's Committee on Equality and Social Action will also be distributing materials in late November to raise awareness of the campaign. For posters, buttons and stickers, contact your steward or Pam Bush at the HSA office. R

See www.wecanbc.ca to find out how you can participate in '16 Days of Activism Against Gender Violence,' November 25 to December 10

Bill 29 decision: what it means for members

by MAUREEN HEADLEY

The long awaited decision of the Supreme Court of Canada regarding the constitutional validity of the *Health and Social Services Delivery Improvement Act* ("Bill 29"), rendered on June 8, 2007, was a landmark decision for trade unionists.

The decision applied only to the health sector, as unions were holding the companion actions in the community social service sector in abeyance pending the outcome of the health sector case.

While the decision is a significant win for trade unions right across the country, for HSA members directly affected by those provisions of Bill 29 that have been deemed to be unconstitutional it may be even more significant as there may be an avenue for redress.

Maureen Headley
Executive Director of Legal Services and Labour Relations

The decision striking down parts of Bill 29 is a significant win for trade unions right across the country. For HSA members directly affected – for example, unfairly laid off, or forced to bump – there may be an avenue for redress.

The union has endeavoured to contact all HSA members in the health sector by mail to advise them of the effect of the decisions and to help determine which HSA members were directly affected by the relevant sections of the legislation.

The health sector

The provisions of Bill 29 that were deemed to be unconstitutional are sections 6(2), 6(4) and 9:

Contracting outside of the collective agreement for services

6(2) A collective agreement between HEABC and a trade union representing employees in the health sector must not contain a provision that in any manner restricts, limits or regulates the right of a health sector employer to contract outside of the collective agreement for the provision of non-clinical services.

6(4) A provision in a collective agreement requiring an employer to consult with a trade union prior to contracting outside of

Union lawyers are proceeding with a similar court case to pursue remedies for injustices imposed on workers in the community social services sector.

the collective agreement for the provision of non-clinical services is void.

Layoff and bumping

9 For the period ending December 31, 2005, a collective agreement must not contain a provision that

(a) restricts or limits a health sector employer from laying off an employee,

(b) subject to paragraph (c), requires a health sector employer to meet conditions before giving layoff notice,

(c) requires a health sector employer to provide more than 60 days' notice of layoff to an employee directly or indirectly affected and to the trade union representing the employee, or

(d) provides an employee with bumping options other than the bumping options set out in the regulations.

Those provisions of Bill 29 with respect to the *Employment Security and Labour Force Adjustment Agreement* ("ESLA") and the Health Labour Adjustment Society of BC ("HLAA") were *not* considered to be unconstitutional.

The declaration was suspended for a period of 12 months. This has afforded the unions and the government time to meet and try to reach agreement on the effect of the declaration.

HSA has contacted its members in health to develop a profile of those members who might have damages compensable as a result of the June 8 ruling. Those members in health with grievances flowing from the winding up of the HLAA will not have any prospect of redress as a result of the decision. But for other members who suffered wage loss or job loss which can be traced to the provisions of Bill 29 which were struck down, the HSA will present a claim for damages. Meetings are scheduled for mid-November to discuss the application of the June 8, 2007 decision to the health science professionals represented by the HSPBA.

We want to thank all our members for responding to our letters and questions over the course of the summer and we will continue to keep you informed as to the progress of our discussions.

The community social services sector

Following review of the June 8, 2007 decision, lawyers on behalf of the HSA, the BCGEU, the HEU and CUPE have received instructions from their unions to proceed with the Bill 29 action in the community social service sector.

Although the June 8, 2007 decision did not extend constitutional protection to the employment security provisions in the health sector, employment security was achieved in this sector in 1999 through lengthy bargaining and a hard-fought strike. We hope to have this case before the courts for determination in the late spring or early summer of next year. R

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

Shortages no longer looming: they're here now

by LOIS DICK

Lois Dick, Region 10 Director

Shortages of health science professionals have been a major topic for discussion over the past few years. At the Canadian Healthcare Professionals Secretariat (CHPS) meeting in February, I learned that the shortage of medical laboratory technologists is no longer looming but has arrived.

The reports from member unions across Canada highlighted this professional shortage as their primary concern. This shortage is not only present in our province, but is being felt across Canada and around the world.

The issue of this shortage is complicated and must be resolved on many fronts. More training spaces must be made available so that potential technologists can have not only academic training, but practical training. The critical shortage of medical laboratory technologists contributes to the difficulties of training since there just isn't enough staff support in technical institutions' training facilities to meet increased demand.

Worsening staff shortages are stressful for the technologists left in the facilities, since we now have to make sure that all the work is completed with fewer staff.

As with every skilled profession, the aging demographics have not left medical technologists unscathed. Many of our experienced technologists will choose to retire in the next five years. Technologists report that increased workloads and high expectations have nudged many into an earlier retirement than they had planned.

In addition, the so-called "credential creep" of the 1990s has also taken its toll. Many of the candidates who may have chosen medical laboratory technology as a career are daunted by the prospect of four years of university and an additional year of practical training that would not be financially compensated at a level commensurate with the educational requirements. Diploma technologist courses are slowly being reinstituted, but are constrained by the available spaces for the required practical training.

Medical laboratory technologists are a crucial part of the testing that allows doctors to confirm suspected diagnoses and monitor the general health of their patients. These technologists make sure blood products received by patients are compatible and safe; we culture bacteria to identify what they are and what antibiotic is appropriate for treatment; we identify what kind of blood cells patients have, which can lead to a diagnosis of leukemia or anemia; we perform chemistry and coagulation tests to monitor medications, and study samples under a microscope.

Medical technologists are mandated by laboratory accreditation to take part in internal and external quality control of all tests performed in our particular laboratories. To make sure all the results are accurate and specific, we must know how to perform preventative maintenance on all the machinery we use, as well as know how to interpret all the quality control results. As most laboratories are computerized, we are also knowledgeable about different laboratory information systems.

Being a great medical laboratory technologist means you are a person who

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