

THE Report

URGENT: TRAINING, RECRUITMENT, AND RETENTION

DELEGATES CALL ATTENTION
TO STAFF SHORTAGES



Hold government accountable

by REID JOHNSON

The actions of the Liberal government in the spring sitting of the legislature should serve as a reminder to all of us why it is important to pay attention to what happens in Victoria.

Two pieces of legislation were pushed through that restrict the ability to comment on election issues at the municipal and provincial levels. At the 11th hour, the government amended Bill 42, the provincial election gag law from five months to three months, under widespread pressure from the media and other interested parties. The legislation still severely restricts British Columbians' ability to criticize government action.

Bill 7 addresses election spending related to municipal elections. It has even more offensive objectives – including restricting the ability of organizations like unions to communicate with their members through publications like *The*

attention from the government enacting it.

Bill 21 adds “sustainability” as the sixth principle of Medicare. It allows government to make decisions based on cost instead of need, and justifies cuts to public health care services. It could also allow doctors to charge patients premiums for medically necessary services – currently not allowed in our Medicare system.

The legislation also introduces a “value” statement that puts the onus on ‘individual choice, and ‘personal responsibility.’ What this really means is that government wants to move us toward more user fees and the growth of private insurance for those who can afford it.

And, thirdly, Bill 21 calls for an “integrated” health care system, opening the province’s doors to wide-spread private, profit-driven investors.

We’re told that all this is necessary to keep the system “sustainable.”

But as Dr. Randall White, the BC Chair of Canadian Doctors for Medicare, told HSA members at our recent convention, there is a different

vision of a sustainable system. “One that considers patients’ and providers’ needs, not just the minister of finance’s needs. Increasing the capacity for publicly funded and delivered health care, including innovative surgical programs, better primary care access, collaborative care, and universal pharmacare could help achieve sustainability. The BC government, however, is enacting a narrow vision and is setting the stage for health-care profiteering. BC residents should



Reid Johnson, HSA president

By adding “sustainability” as the sixth principle of Medicare, Bill 21 allows government to make decisions based on cost instead of need.

Report about election issues important to them. It was also shoved through the legislature with little comment by the government.

And a third piece of legislation, Bill 21, the so-called *Medicare Protection Amendment Act*, went through without public consultation and with limited debate in the legislature. This legislation received a lot of attention from those concerned about the future of publicly delivered and funded health care in BC, and little

immediately let their MLAs know what they think of that.”

Those sentiments echo the views of the Honourable Roy Romanow, who conducted a national review of Medicare.

“Sustainability in the context of health care is about more than just money. It is about ensuring a continuum of health services in a way that is both fiscally responsible and responsive to ever-changing needs. It is also about our society and its values, in the sense of the system having the requisite support of a majority of citizens within a democratic society. [“Canada’s Medicare – At the Crossroads,” *Canadian Psychology* Feb. 2006.]

Bill 21 ignores what British Columbians told the Conversation on Health. They support an innovative, equitable and successful publicly delivered and funded health care system.

The Liberal government is guilty of ignoring that input, preferring to impose a legislative agenda that encourages the continued growth of private, profit-driven health care – hand in hand with legislation that thwarts British Columbians’ ability to speak out against that agenda. **R**

Reid Johnson is President of the Health Sciences Association of British Columbia.

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CHARTING THE COURSE
FOR THE UNION'S FUTURE



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THE FRONT COVER

Delegates to HSA's 37th annual convention in Burnaby rallied against for-profit health care. Yukie Kurahashi photo

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News

Canadian Doctors for Medicare warns against Bill 21

Canadian Doctors for Medicare

The Canadian Doctors for Medicare expressed grave concerns about the BC Liberals' *Medicare Protection Amendment Act* (Bill 21), which added the principle of "sustainability" to BC's Medicare system. The bill was pushed through legislature in late May.

"We all believe in a sustainable health care system," says Dr. Randall White, BC chair of CDM. "We all believe in innovation, transparency and ac-

countability – words the government wants to enshrine in the legislation.

"We all believe patients should have choice in the kind of care they get, that there should be personal responsibility. But we believe in these principles within the context of the public system because the evidence is that single-payer systems provide better value for money than private systems, with health outcomes that are as good or better."

When governments enshrine these principles in legislation, they provide fodder for the supporters of for-profit care to argue that choice, personal responsibility, and the needs of other public programs require private for-profit health care, says Dr. White. This creates the impression that health care is siphoning funds from other programs, like education. "The reality is the health care budget has grown so much compared with other program budgets because the BC Liberals have reduced social spending and cut taxes."

Alarmist rhetoric from promoters of commercialized medical care suggests Canada has a crisis that demands privatization, says Dr. White. For example, for-profit supporters use statistics stating Canada ranks 30th in the world in health care. This is from a discredited World Health Organization report that ranked Colombia as No. 1 in "fairness in financing" and the United Arab Emirates as No. 1 in "responsiveness." Meanwhile, favourable studies, such as a 2008 report showing that Canada ranks sixth in preventing deaths from medically treatable disease, are ignored.

Private for-profit care requires commercial insurance. Most Canadians will not be able to afford such insurance, nor will many be able to quality. Numerous studies show the major beneficiaries of private insurance are investors in insurance companies, private hospitals, and specialist doctors who command high fees. Private clinics will take less complicated cases, leaving the more difficult cases to the public system – along with even longer waiting lists because the specialists will be busy in private clinics.

"We don't need private for-profit care to have a

HSA's Committee on Equality and Social Action encourages awareness of these upcoming dates and events. Please note that pride events may be taking place in additional communities around BC, but schedules/websites were not available by the date of publication.

June 21 - National Aboriginal Day

June 21 to July 1 - Okanagan Pride Festival
www.gayokanagan.com

June 29 to July 6 - Victoria Pride
www.victoriapridesociety.org

June 30 to July 6 - Prince George Pride
www.pgpride.com

June 28 to August 3 - Vancouver Pride Season
www.vancouverpride.ca

August 2 - Vancouver Dyke March
www.vancouverdykemarch.com

sustainable system,” says CDM policy advisor Karen Palmer. “What we need are innovation and reform within the public system. This means more surgical capacity in our public hospitals, queue management to reduce wait times, the most efficient use of operating space and staff; and systematic collaboration between generalists and specialists. We also need widespread efforts to prevent chronic diseases such as obesity, diabetes, and addiction.

“The path to sustainability is through a universal, single payer system, not through efforts to cap spending, outsource care to for-profit clinics, and shift costs to patients.”

HSA opposes Bill 42

HSA has joined a number of other BC public-sector unions in their call on the Liberal government to withdraw legislation that severely restricts public-interest advertising and communication in the three months leading up to the May 2009 provincial election.

Bill 42, the *Election Amendment Act*, would eliminate the kind of information campaigns about service cuts launched by the labour movement in the lead up to the 2005 provincial election.

Bill 42 also puts at risk HSA’s ability to speak out on a range of issues that directly affect the union’s 15,000 members. Critical health care concerns such as staff shortages, workplace occupational health and safety, contracting out, and bargaining could all be subject to rigid “third party advertising” restrictions in the full three months before an election. The original draft legislation called for a five-month gag period, but the government shortened the period to three months, bowing to sustained public criticism.

Bill 42 changes the definition of third party advertising to include “an advertising message that promotes or opposes, directly or indirectly, a registered political party... including an advertising message that takes a position on an issue with which a

Continued next page

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 Steelworkers (USW) - VS - Pacific Pallet/Pacific Wood Specialties Ltd. (Abbotsford)

Major Issues: Wages, Benefits

Commenced: March 17, 2008

International Union of Operating Engineers (IUOE) Local 882 - VS - BC Commissionaires (Williams Lake)

Major Issues: Wages

Commenced: March 3, 2008

United Steelworkers (USW) – VS – TimberWest (British Columbia)

Major Issues: Safety, Hours of Work, Contracting Out,

Job Security/Severance

Commenced: July 21, 2007

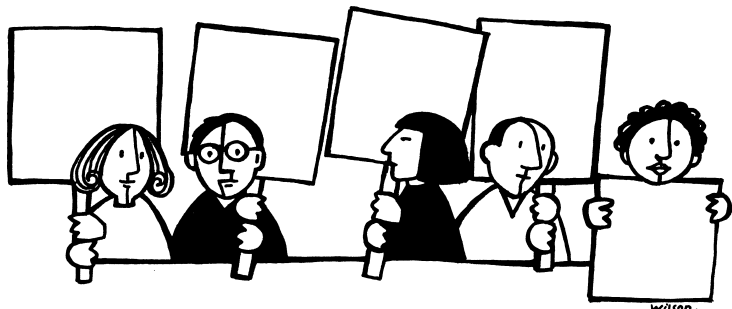
Construction and Specialized Workers’ Union, Local 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)

Major Issues: Seniority, Benefits, Concessions

Commenced: July 25, 2001

HOT EDICTS

- **United Steelworkers (USW) - VS - TimberWest (British Columbia)**
- **Construction and Specialized Workers’ Union, Local 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)**



BOYCOTTS

Horizon Milling & Robin Hood Brands - UFCW Canada

Non-Union Postal Outlets - CLC/BCFL - CUPW

Philips Electronic Products, Quebec - CLC - USW 7812 

News

*Continued from
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registered political party or candidate is associated.”

The legislation also limits any spending on public-interest communication for a full five months before the election. Public advocacy organizations, environmental groups, unions and others will have their ability to buy advertising limited to \$150,000 in total from December of this year until election day in May 2009.

Critics, including the BC Civil Liberties Association and political columnists, have called this legislation an attack on democracy and the ability of public-interest groups to inform British Columbians about important issues facing our province, such as health care privatization, climate change, child care, public power, education and more.

Bill 42 has also come under fire for failing to limit political campaign donations, for increasing campaign spending amounts and for bringing in new voter ID requirements that disadvantage low-income and homeless people in our communities.

Speak out against Bill 42 and learn more at:
www.justshutupbc.com

Low wages make recruitment difficult in BC social services

NUPGE

A study this spring by the Social Planning and Research Council of British Columbia (SPARC BC) confirms that employers in community-based social services are experiencing recruitment and retention problems across the sector.

The main factors behind the situation are low wages and a lack of respect for the work performed.

The report, entitled *Exploring Recruitment and Retention Issues for Community Social Service Sector Employers*, presents results gathered from a number of BC’s unionized community social services workplaces, including community living, child care centres and agencies providing child, family and counselling services.

“Every employer we spoke to is having trouble hiring and keeping staff, especially casual workers,” says the report’s author, Rebecca Siggner.

A study this spring confirms that employers in community-based social services in British Columbia are experiencing recruitment and retention problems across the sector.

She says employers also reported that they are struggling to find qualified applicants for vacancies. Some 43 per cent of employers had at least one vacancy. Recruitment of casuals and relief workers was particularly problematic with more than half of respondents reporting positions that had stayed vacant for more than three months.

The average annual turnover reported by respondents was 10 per cent; for casuals it was 47 per cent in the past year. Similar results were also found in a comprehensive survey of community living employers undertaken by the Community Social Services Employers’ Association (CSSEA).

The BC study also showed that recruitment and retention problems caused increased stress and burnout among existing workers.

Siggner says that community social service employers are looking for more funding to raise wages, reflecting the rising cost of living, and to respect the value of the work done by employees.

The study makes a number of recommendations. These include increased funding for wages, comparing work done by social service workers with other sectors in an effort to promote recruitment and retention, and offering training incentives to increase the pool of qualified workers.

New DVD available from WCB / WorkSafeBC

WCB / WorkSafeBC

A newly-released safety DVD for health workers contains three video segments:

- **Leave when it's unsafe:** Learn what to do if you feel threatened or unsafe when working alone in the community with aggressive and potentially violent patients.
- **Assess every time:** A patient's physical and cognitive abilities can change at any time. This video reviews a quick assessment you should complete before moving your patient.
- **Stuck by a needle:** Needlestick injuries are the primary cause of high-risk exposure to blood and body fluids for healthcare workers. Discover what to do if you're stuck by a needle.

Although the videos were filmed in specific work environments, the information is intended to generate discussion in all health care and social service settings, and to provide information appropriate for employers, super-visors, workers, joint occupational safety and health committee members, and educators. They can be used during safety meetings, in existing education/training programs, or for worker orientation. The videos can also be viewed at: www.WorkSafeBC.com

Contact HSA's Occupational Health and Safety Officer for more information.

Scent: an occupational health issue

CALM

For many people, being exposed to perfumes and other scented products can pose a serious health risk. Scented products can aggravate existing health

Continued next page

Are you running for civic office?

On November 15, communities throughout BC will elect their mayors, city councillors and school trustees. Some communities will also elect commissioners to their park boards, and other communities will elect directors to the boards that run their regional district.

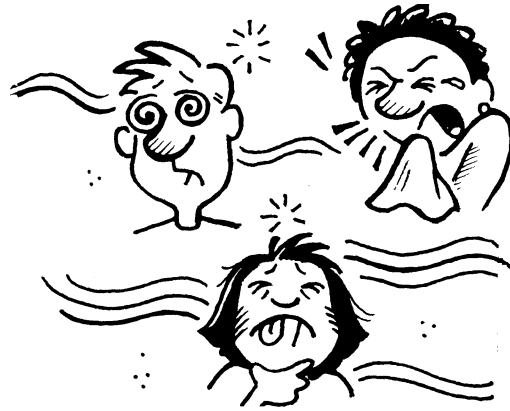
HSA wants to hear from members who are running for any elected office in these civic elections. Please contact Carol Rivière at the HSA office to discuss how HSA may be able to support your election campaign.

HSA also urges candidates to contact your local labour council for information about the criteria and process your council uses in deciding whether or not to endorse a particular candidate. Contact information for labour councils in BC is available at: pacific.canadianlabour.ca/node/39



News

Need a scent-free policy at your workplace? The union can help!



Continued from previous page

problems for workers who suffer from asthma, allergies and other health conditions.

Symptoms can include shortness of breath, wheezing, dizziness, headaches (including migraine), nausea, fatigue, difficulty concentrating, confusion, loss of appetite and cold-like symptoms. Fragrances have long been recognized as skin allergens and irritants. Scented soaps and cleaners can cause skin problems such as dermatitis.

Scented products are known to be respiratory irritants. These products can cause or worsen respiratory problems such as asthma, emphysema, bronchitis and allergies. In one survey of asthmatic patients, researchers found perfumes or colognes triggered an attack in 72 per cent of the subjects.

Some of the synthetic compounds used in fragrances are known to be toxic and in some cases cause cancer.

Scents can also affect the brain. Some research indicates scented materials can

affect frame of mind in a manner similar to alcohol and tobacco.

What can you do?

- Avoid wearing scented products: realize these scents can have a serious effect on your co-workers.
- Ask your employer to develop a scent-free workplace policy.
- Notify your employer if your health is affected by scents in the workplace.
- Contact HSA's Occupational Health and Safety Steward at your workplace to assist you in ensuring you have a scent-free work environment.

Report shows rich getting richer, women get poorer

BC Federation of Labour

A study released this spring by the BC Federation of Labour shows that policies of the Gordon Campbell government have had an unfair impact on women.

The report, *Still Waiting For Justice: Provincial policies and gender equality in BC 2001-2008*, was written by University of British Columbia Professors Gillian Creese and Veronica Strong-Boag.

“Whether it’s employment standards, minimum wage rates, taxation, childcare or housing policies, this study shows the Campbell government has systematically disbanded agencies that were designed to help women at the same time they introduced policies that have trapped many women in poverty,” says Federation Secretary-Treasurer, Angela Schira.

“Women are paid less than men. They are going deeper into debt for their education than men. Women are bearing the brunt of the childcare crisis in the province. Tax changes have disproportionately impacted women and they are under-represented in the political arena,” says the Reports co-author, Gillian Creese.

Three key areas of public policy are particularly detrimental to women: changes to public sector employment, especially in health care; changes to employment standards and minimum wages; and policies that limit access to affordable childcare.

“Even in retirement women are likely to have smaller pensions, fewer RRSP’s and a lower standard of living,” says co-author Veronica Strong-Boag. “Provincial policies have had a direct and clearly negative impact on women in the province.”

The report recommends policy changes that would begin to undo some of the damage including: a \$10/hour minimum wage, a halt to the privatization of public services, pay equity and employment equity policies, accessible and affordable childcare, reinvestment in social housing and the re-establishment of the Ministry for Women’s Equality.

“This report makes it clear that while the Campbell government slashed budgets and shut down agencies it was women who were hurt most,” Schira added. “We need to draw attention to these backward

policies and press the government to undo the damage.”

BC court ruling keeps safe-injection site

NUPGE

The BC Supreme Court struck down a key section of Canada’s *Controlled Drugs and Substances Act*, allowing Vancouver’s safe-injection drug site to remain open in the face of opposition by the Harper Conservatives in Ottawa.

Judge Ian Pitfield, in a decision that went far beyond what was expected, gave the government until June 30, 2009, to amend the law to conform with the federal Charter of Rights and Freedoms.

“In my opinion section 4(1) of the CDSA, which applies to possession for every purpose without discrimination or differentiation in its effect, is arbitrary. In particular it prohibits the management of addiction and its associated risks at Insite,” Pitfield wrote.

“It treats all consumption of controlled substances, whether addictive or not, and whether by an addict or not, in the same manner. Instead of being rationally connected to a reasonable apprehension of harm, the blanket prohibition contributes to the very harm it seeks to prevent. It is inconsistent with the state’s interest in fostering individual and community health,

and preventing death and disease.”

The federal government acknowledged that it was on uncertain constitutional ground but said the constraints imposed by the law should be allowed under a section of the Charter that permits exceptions that are justified and reasonable in a free and democratic society. Pitfield disagreed, saying that the principles of fundamental justice are too important.

The Vancouver Safe Injection Site (Insite) was established in September 2003 as a pilot project to reduce disease and death and improve care for addicts. More than one million injections have been made and more than 1,000 overdoses have been handled without any resulting fatalities. The practical effect of Pitfield’s ruling will be to keep the clinic open for at least another year.

The Harper government has already announced plans to mount a court challenge against this decision.

Safeway workers vote 99 per cent for strike action

UFCW 1518

In early April, Safeway employees from West Vancouver to Chilliwack voted 99 percent in favour of strike action. The workers are represented by UFCW Local 1518.

According to the union, strike action is not imminent, although the strike vote

was strong. Negotiations with Safeway were scheduled to continue in May.

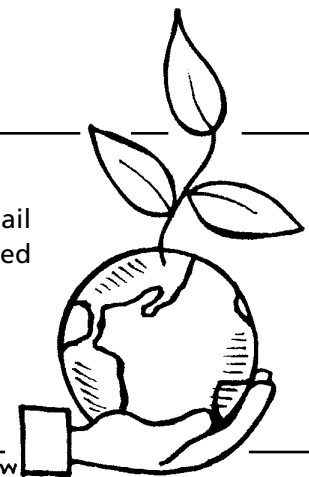
“This strike vote reinforces what we’ve been telling Safeway all along: the existing contract is not working,” said Ivan Limpright, president of UFCW 1518.

“There is no reasonable opportunity for new hires to earn a living wage. Staff turnover is through the roof, and morale is bottoming out,” said Limpright. “The union’s members are as frustrated as we can ever remember.”

Limpright said issues include wage increases and getting all members back on one wage grid.

“Right now we’re quite far apart, but the union’s members are in no mood to accept anything less than a contract that has the meaningful improvements they’re looking for,” said Limpright.

“Safeway has generally been doing quite well in BC,” he said. “BC is a desirable market for grocery companies because of its steady population growth and good economy, and the union’s negotiating committee believes that ultimately we can reach an agreement with Safeway that addresses members’ issues at the same time as seeing Safeway continue to prosper.” **R**



Would you prefer to receive all HSA mailings (including *The Report*) via email only? Send a message to memberlist@hsabc.org with your name and preferred home email address.

Include “paperless option” in your subject line.

If possible, please also include your member ID number, which appears on your mailing label on *The Report*.

APRIL 28: DAY OF MOURNING

380 died from workplace incidents or occupational disease in 2007, says BC Federation of Labour

April 28th is the International Day of Mourning for workers who have been killed or injured on the job or who have died from an occupational disease. Official statistics show a terrible toll of death and injury but they only tell part of the story.

“Too often these diseases go undiagnosed and unreported. As a result, injured workers aren’t compensated and employers are not held responsible.”

In BC in 2007, 139 workers died as a result of a workplace incident including 71 from occupational diseases of which 59 were asbestos related, according to the Workers’ Compensation Board. The BC Federation of Labour believes the true death toll for 2007 is at least 380.

This discrepancy exists because WCB does not recognize or provide compensation for a significant number of claims, according to HSA’s Occupational Health and Safety Officer Marty Lovick.

BC Federation of Labour President Jim Sinclair mourns this epidemic.

“We know these numbers fail to reflect the true number of workers and families profoundly affected by these diseases,” he said.

“Too often these diseases go undiagnosed and unreported. As a result, injured workers aren’t compensated and employers are not held responsible.”

Asbestos related deaths continue to climb and are expected to peak in the next few years.

A 2004 study by the UBC Centre for Health Services and Policy Research found that fewer than half of some occupational diseases are reported. Conservative estimates suggest that 1,500 workers will die from asbestos related disease in the next five years.

Workers in BC are also routinely exposed to hun-

dreds of hazardous chemicals, often with poor training and dangerous exposure limits.

The BC Federation of Labour is calling on the Workers’ Compensation Board to:

- Establish and maintain a permanent registry of worker exposure to asbestos;
- Implement lower levels of exposure rates for styrene and formaldehyde;
- Approve the implementation of the Workplace Hazardous Material Information System list for reproductive toxins and sensitizers; and
- Implement an enforcement strategy for the prevention of workplace toxic hazard exposures.

“We need a coherent program to make sure workers know what they’re working with and ensure that they are safe on the job,” Sinclair added.

“We need to reverse this terrible death toll in BC and ensure that injured workers are fairly compensated and that employers are held responsible.” **R**
Do you have concerns about workplace safety? Contact the Occupational Health and Safety at your workplace, or HSA’s OH&S Officer at the HSA office.



MIRIAM SOBRINO PHOTO

On April 28, HSA's board of directors attended a Day of Mourning ceremony in Parksville, hosted by the Nanaimo, Duncan and District Labour Council with CUPE 3570. The Day of Mourning commemorates workers killed or injured on the job or those who have died from an occupational disease. From right: HSA President Reid Johnson, with Agnes Jackman, Joan Magee, and Heather Sapergia.

Material Safety Data Sheets available online

That new solvent being used in your laboratory: is it safe? What about that disinfectant that gives you a rash?

BC's Occupational Health and Safety Agency for Healthcare maintains a web-based Material Safety Data Sheet (MSDS) database system to address province-wide Workplace Hazardous Materials Information System (WHMIS) needs.

OHSAH's database of Material Safety Data Sheets allows you to:

- search, view, and print Material Safety Data Sheets
- view product ingredient and health effect information
- request specific Material Safety Data Sheets not already in the system: use the online *MSDS Request Form*, or contact OHSAH at msdsrequest@ohsah.bc.ca
- provide feedback or additional comments to OHSAH about the MSDS Database

OHSAH updates the database on a regular basis. You can search and view Material Safety Data Sheets online, substantially reducing the amount of time and effort needed to find, establish, and maintain an MSDS library. This information is free and accessible through the OHSAH website.

You can search for the MSDS that you need through the OHSAH website at www.ohsah.bc.ca.

Scroll down and click on the MSDS logo, which will take you to the MSDS search area. Alternatively, click through to Resources > Online Databases > MSDS Database.

The Occupational Health and Safety Agency for Healthcare is a collaboration of safety experts from both unions and employers in BC's health care sector. For more information, contact HSA's Occupational Health and Safety Officer.

CONVENTION 2008

Looking ahead to 2010

by MIRIAM SOBRINO

The future was on the minds of delegates to HSA's 37th annual convention in Burnaby April 17 to 19. In his first report to members as president of HSA, Reid Johnson focused on his first year in the position.

"I've taken seriously the responsibility of the mandate you gave me.

My first priority was to meet with as many members as possible from all the sectors where HSA members work. I've been privileged to talk with HSA members throughout the year at regional meetings, chapter meetings throughout the province and by visiting different workplaces.

Staffing shortages in health care, social services

"The overwhelming message from all members is there are staff shortages, and you need your union to deal with them.

"This topic is on the agenda for every meeting and every event that I attend.

"We've had success in getting the media's

interest on this story. We've also delivered the message to the decision-makers in government. And I can tell you, without a doubt, they've received the message," he said.

And Johnson said the shortages are not only a factor in the health sector.

"Our members in the community social services are feeling the crunch too. And we are working to raise awareness on that front. As members of the Community Social Services Bargaining Association, we are working with other unions to advance these issues as we look forward to bargaining in 2010.

Johnson reported on the union successful conclusion of negotiations around the Supreme Court of Canada ruling that Bill 29 – the contract-breaking legislation imposed by government in 2003 – violated the principles of collective bargaining. In the process of coming to an agreement, he said, HSA served notice that in 2010 the next round of collective bargaining must see improvements for members, respect for the work of health science professionals, and recognition of the value those health science professionals bring to the health care team.



HSA activists Maureen Ashfield and Anita Bardal (left) applaud HSA President Reid Johnson at the union's 37th annual convention. Johnson enumerated the various avenues through which HSA continues to lobby for increased training, recruitment, and retention for health science and community social service professionals.



Yukie Kurahashi photo

Addressing a rally held during the union's convention, HSA President Reid Johnson calls on members to work together to resist health privatization through community action and engaging in the political process.

Keynote speaker warns against privatization

Guest speakers at convention highlighted the challenges facing the labour movement.

Keynote speaker Marie-Claude Prémont, a Quebec Health law professor, looked at the provincial government's Bill 21, legislation to add the principle of 'sustainability' to Medicare.

She cautioned that every 'values' statement in the preamble to Bill 21 could be used to promote privatization of the province's health services.

At a rally to speak out against Bill 21, Dr. Murray White of Canadian Doctors for Medicare echoed the warning, and challenged the government's definition of 'sustainability', where the bottom line trumps British Columbians' need for access to universal health care.

Other guest speakers were BC Federation of Labour president Jim Sinclair, NUPGE national secretary treasurer Larry Brown, and Amber Hockin from the Canadian Labour Congress. **R**

"The overwhelming message from all members is there are staff shortages, and you need your union to deal with them. This topic is on the agenda for every meeting and every event that I attend."

**— HSA President
Reid Johnson**

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Val Avery
Region 2 Director
Physiotherapist
Royal Jubilee Hospital

I've been to many conventions, and there is always the fun of renewing old friendships with members from around the province, and meeting the new delegates.

Convention reminds us of the past and steers us toward the future.

The guest speakers spoke to the future and the threat of increased health care service delivery by private providers. I hope that every convention delegate takes this issue back to their chapter and educates their HSA members. I believe it was the single most important issue

of the convention, and that we must mobilize against the proponents of private health care.

The pre-convention workshops that I attended (Pensions, Global Economy), were well presented. Even though retirement is probably a decade away, it was a good opportunity to get more familiar with the Municipal Pension Plan. The Global Economy seminar made you more aware of the many forces out there that effect our economy and how we as individuals can speak to issues.



KEYNOTE SPEAKER

Keynote speaker Marie-Claude Prémont warned that the BC government's Bill 21, adding "sustainability" as a principle of Medicare, could be used to promote privatization of the province's health services.



Jennifer Cameron
Medical radiation technologist
Burnaby Hospital

I always enjoy convention. It's a time that I can network with people and get revitalized to keep going – and reaffirm that what I am doing will make a difference for the better in someone's life.

I really like the pre-convention workshops. I am always learning something new. This year it was about our pension plan and how to protect our Medicare system – something we should all be a little more familiar with.

I also enjoy convention to learn about all the grassroots activism that goes on with our members. It amazes me how much we can accomplish if we all work together, and teach each other about what is going on in our world. I used to think that the world was really vast, but I am now realizing that we are all closely connected to everyone in the world. What happens half a world away, will affect us right here at home.

WINNER: DAVID BLAND AWARD

Jackie Spain won this year's David Bland Memorial Award for her many years of activism in occupational health and safety. Spain works as a medical laboratory technologist at Golden Hospital.



Heather Sapergia
Region 10 Director
Medical technologist
Prince George Regional Hospital

I look forward to serving Region 10 members as the new Regional Director – and to learning more about HSA and how we operate.

The resolutions that are put forward for delegates to vote on are for me the heart and soul of convention. I listen carefully to the arguments about the issues and my vote can be determined by what a speaker says. The passion that our members feel about their professions comes through clearly in their presentations on the resolutions.

The issue of work load is of huge concern in my worksite. The other big area that I am urging my

employer – the Northern Health Authority – to address more is recruitment and retention.

At this year's convention, I really enjoyed Marie-Claude Prémont. Her view of what government may do as the result of the new medicare bill was thought provoking and provocative.

I have been working at Prince George Regional Hospital for over 30 years but the last 4 years have been in transfusion. What I like most about my job is the working with our lab students and the "detective" work involved in transfusion.

HSA convention delegates give a standing ovation to keynote speaker Marie-Claude Prémont, whose analysis of increasing privatization in health care re-energized union members in their resolve to prevent further incursions of for-profit health care.



Continued next page



Jill Rihela
Occupational therapist
Surrey Memorial Hospital

I attended my first convention in the 1970s, and have lost count how many I've participated in over the years.

Convention has evolved in the past three decades: the number of delegates has increased, issues facing health care and the labour movement have become more complex, and HSA has grown as an organization. However, what has not changed is the welcoming feeling, the culture of inclusiveness and the commitment to activism.

The resolution that interested me most was the one about educating the membership on the implications of integrated regional and

provincial seniority lists. There would be an impact on recruitment, retention and job mobility in both positive and negative ways. The richness of the debate really helped me to understand the different perspectives better around this topic.

In addition to connecting with members and staff and getting the up-to date information on current issues, convention is fun. It is a tiring few days but I always leave with a greater appreciation of the work that HSA does on behalf of the members and renewed energy and enthusiasm.

Convention was incredible. It was good to learn that HSA is concerned about the lack of training spaces for many of the disciplines within our union, and is pressuring the government to act before it becomes critical.

I have been working as a cardiac ultrasound tech in Kelowna since 1989. As the population has increased, so has the workload and pace. When I started my career, the department had two technologists. It has now grown to a seven-

tech department, and we still cannot keep up with the workload.

Our waitlist seems to get longer and longer. With the development of a cardiac care service in Kelowna, the need for echo exams will increase exponentially. My main concern is that there will not be enough echo techs trained to fill the need of the growing cardiac departments and to replace the increasing number of echo techs who are retiring.

Lila Mah

Cardiac ultrasound technologist
Kelowna General Hospital



Wendy Morin
School-based alcohol and drug counsellor
John Howard Society of North Island

I had a great time at convention. I'm always so impressed with how well organized it is each year. I wish more members would come to convention to learn about HSA.

I feel proud of our union when I hear the committee reports and about all the great work that is being done, whether it's social activism locally or on a more global level.

I really enjoy the debate on resolutions. It's

satisfying to bring a resolution forward from my chapter and hear comments from delegates.

It really makes me feel like we have collective power behind our own Individual beliefs and principles. That is reassuring.

In my work, poverty is a huge issue for youth. I'm happy to see HSA take on lobbying for change and action to address this social problem.

GREETINGS FROM THE CANADIAN LABOUR CONGRESS

CLC representative Amber Hockin outlined the struggle women are facing in the workplace. Women still only make 71 cents for every dollar earned by a man – except, Hockin notes, in workplaces with a strong union presence. “Unions are the equalizer,” she said.



SOLIDARITY FOREVER

Music therapists Susan Summers (left, St. Michael's Centre) and Brendan Shields (right, George Derby Centre) lead delegates in song at the close of HSA's 37th annual convention.

Rosario Jean Lee

Medical laboratory technologist
St. Paul's Hospital

I found the retirement workshop to be valuable to me. It prompted me to realize that this topic is meaningful to new professionals as well as members like me who are approaching retirement.

I've been practising lab technology since graduating from university in my field, and have worked in laboratory microbiology in three different countries, including two provinces. My career has been enriched by the perspectives of different work cultures and environments, not to mention the innovations and

advances in the technologies I employ.

Microbiology has been my favourite medical laboratory science – and the one that I've always practised – because I feel it to be both extraordinarily classic and dynamic. Encountering human pathogens that are eternal or newly emerging (or re-emerging) is endlessly fascinating. Also it's remarkable that classic analytical techniques endure in such a rapidly evolving domain as diagnostic lab technology.





GREETINGS FROM NUPGE

Larry Brown, secretary-treasurer of the National Union of Public and General Employees, confirmed that critical staff shortages of health science and community social services professionals is nation-wide in scope. He outlined how NUPGE is lobbying the federal government through NUPGE's Canadian Health Science Professionals Secretariat, bringing together like-minded workers from across the country and sharing similar concerns.

Nadine Soukoreff
Occupational therapist
Mary Pack Arthritis Program
Vancouver General Hospital



It was both stressful and exciting to attend this year's convention. It was my first experience being a member-at-large and participating on the resolutions committee.

The whole process took on a different meaning for me, and it was with anticipation and anxiety that I sat on the podium and listened to the discussions of the resolutions. I don't recall in past conventions having so many resolutions referred back to the committee, nor having the delegates vote non-concurrence with the committee's recommendations so many times.

I participated in the pre-convention workshops on the municipal pension plan, global economy, and the contract interpretation manual. I have to say that I have always been very impressed with the quality of HSA education workshops. I think I finally understand the pension statement sent to me each year, and I look forward to sharing this info with my co-workers.

I really like the contract interpretation manual. I can only imagine how much work has gone into it. Thank you for creating great tools for the stewards and members.



Erna Bruce
Physiotherapist
Victoria General Hospital

I like to hear about the larger labour movement in BC and nationally, and about the good works our union is supporting – including the Run for the Cure, workplace safety, and social causes at home and abroad.

This year's speakers gave us a lot of information about the march toward private health care in Canada. That's a big concern for me as I work in neurological rehab, which could be considered an expensive program, as patients often require many weeks of therapy with several different health science professionals.

Chances are that many of our clients would not have the financial resources to either purchase private health insurance or pay privately for this service. And they consistently report that their quality of life improves with our therapy; it'd be a terrible shame if they could not attend our rehab program!

I think the vast majority of people in BC don't see the government agenda at work. I think we need to concentrate on improving our public system as much as we can and ensuring that health care is accessible to all.



Jae Yon Jones (left)
Medical laboratory technologist
St. Joseph's General Hospital

Going to convention has been a very interesting aspect of my role as a steward. This year, we had the privilege to see the new president in action. I think Reid did a great job in his first year and he chaired the convention quite well.

What I enjoy about convention is connecting with other members from all over the province and hearing their concerns at their jobs. The resolutions bring those concerns forward and action is put into place for a better work environment and a better world to live in. It is true democracy at its best as people have the freedom to speak for their cause and then we vote on the issue.

Carmen-Anne Menegozzo (right)
Medical laboratory technologist
Campbell River Hospital

I have been coming to HSA conventions in various union capacities, from member to delegate, steward to HSA staff member, since the early 1980's. I am proud to be a member of a union that concerns itself with issues such as poverty, universal child care, public health care systems and minimum wage. I am proud to be a member of a union that reaches out to support non-profit organizations that strive to make our world better for those less fortunate than ourselves.

The convention resolutions this year that resonated with me were the ones dealing with workload and the recruitment and retention of trained health professionals. Living in a rural area, we have difficulty attracting new staff members. Many of my coworkers will be eligible to retire within the next five years. Very few are considering returning as casuals after retirement. They are just too tired from the pressures of working in a heavy workload environment. The government needs continued pressure to increase the number of "seats" in post-secondary institutions in order to keep pace with the ever increasing number of vacant positions.

RALLY AGAINST FOR-PROFIT HEALTH CARE

Convention delegates took part in a rally against for-profit health care. The rally called attention to the BC government's moves to ease the increase of for-profit health services in BC. Convention delegates were joined by various allies: concerned seniors, the BC Health Coalition, MLAs Adrian Dix and Raj Chouhan, as well as members from sister health unions BCNU and HEU.





Mo Norton

Program support worker
Central Community Health Centre, North Vancouver

Being part of the HSA family has given me a voice in politics – as a Constituency Liaison, in the labour force – as a delegate to Vancouver & District Labour Council, and in health care issues.

This is my third convention, and they just keep getting better. It was different to have Reid at the helm – and he did a great job! His sense of humour and his easy style made him a pleasure to listen to.

It makes me proud to be part of such a supportive and giving union. The resolutions were well thought out and brought about interesting discussions.

I am really enjoying the *Contract Interpretation Manual* that we received. It is informative and user friendly. Good job! I always appreciate the educational opportunities that I have gotten through HSA. They are very helpful, and allow me to be a better chief steward.



Chris Whyte

Social worker
St. Paul's Hospital

I find that every year I leave convention renewed and re-inspired to be a unionized health care professional. Convention reminds me of the community I work in, and makes me proud to be part of it. It spurs me to dig deeper into my values and to explore issues I might not otherwise have thought about.

I was reminded this year of how important it is for us to be aware of and voice our opposition to increasing privatization of health care. Our guest speaker brought home this message, that we must raise our voice continually in opposition to the subtle and insidious ways in which our public system is being dismantled. We need to be conscious of this as both health care

providers and as consumers, meaning we need to bring our awareness into our communities and into the ballot box as well.

This year, I was pleased to see Reid take the 'helm' of the 'ship' HSA which is indeed 'charting its own course.' I thought he did a great job.

I was glad to see the strong social action themes of several resolutions, including our decision to provide additional funding for political action.

This year I also attended the public speaking workshop prior to convention, and although I'm trying hard, I still notice my voice quivers when I get up to the mike. I guess it's all in my head! I'm really not nervous, honestly!



Leslie Connie (left)
Medical radiation technologist
CML HealthCare

Four years ago we at CML Healthcare in Victoria joined HSA, and I became a fledgling steward. Since then I've learned an amazing amount about what the union takes on at all levels of our work, our society and our government.

It is a delight to see and meet so many strong, determined, energetic people working for the same goals I believe in. It is exciting to see how many new, young delegates are taking up union roles in their work places. And it is comforting to know that HSA is fighting hard to make sure employers, governments and educators start increasing training with adequate funding, and serious recruitment in all the technical disciplines as soon as possible so that we all can get the care we need in a timely fashion in the future.

In short, I leave convention and return to work feeling strengthened, empowered, encouraged and supported.

Mary Gibson
Medical office assistant
CML HealthCare

This is my first convention and I must say I found it very eye-opening. I had no idea just how much the union did, not just in terms of labour relations and bargaining but in education, social action, and benevolent work.

I found the whole convention to be very well organized and very interesting. I was particularly moved by the CESA lunch and the speaker, Seth Klein, who spoke on the profound impact that poverty in Canada has on all our citizens.

In terms of workplace concerns, one that I am interested in as an OH&S steward is workload, which is a constant problem where I work. I received all sorts of interesting information and advice at convention on this.

And something that particularly impressed me about convention? How many really good dancers there are in this union!

"I was reminded this year of how important it is for us to be aware of and voice our opposition to increasing privatization of health care."

Gold-level sponsorship for Run for the Cure

Delegates to the 2008 Convention approved a budget change to increase the union's annual contribution to the Canadian Breast Cancer Foundation's Run for the Cure to \$35,000. The donation makes HSA a Gold-Level Sponsor and exclusive labour sponsor at all BC run sites. Kathy McGarrigle (second from left, BC Breast Cancer Foundation) congratulated Reid Johnson (left, HSA President) and HSA's Run for the Cure Committee: from right, Janice Davis (staff), Agnes Jackman, Ellen Lee, Marcela Navarro, and Thalia Vesterback (chair).





Brigid Kemp
Older women's liaison / social worker
South Okanagan Women in Need Society

This is my 5th convention and I really enjoy attending. It gives me a chance to connect with others within my field of work, with others in the health care community and the wonderful HSA staff and seeing the funny side of our president.

I particularly appreciated hearing Marie-Claude Prémont giving her analysis of the Chaoulli decision.

Listening to Seth Klein is always an eye-opener and this time was no different. Making the links between health and poverty was especially important, as I work with older women, mostly on fixed incomes – either a small pension or even smaller provincial disability pension – and affordable housing waitlists are two to three years.

Attending the public speaking workshop

helped me garner different techniques when addressing the public or groups. As always there was a “hands on” element, which helped me focus on the tasks at hand – getting the point across, in a manner the other side would understand.

Within the resolutions and discussions with other HSA members, it's good to know that workload, workplace stress and fatigue are being addressed and that HSA has the tools for us as workers to take some action to address these issues. It is really important for me to share this with my co-workers, reminding them of the long-term health implications when such issues are not addressed.

We can and do make a difference, in our unions, in our workplaces, in our homes and in our communities – because we do it together.



CANADIAN CENTRE FOR POLICY ALTERNATIVES

Seth Klein from the CCPA's BC office gave convention delegates a sneak preview of an in-depth report on poverty in BC. The report found that the government's claims of fewer social assistance claimants is misleading. The reduction results not because people find employment and get off the rolls, but because the government has made it extremely difficult for disenfranchised residents to qualify.

See www.policyalternatives.ca for more information; watch for coverage in the next issue of *The Report*.



GREETINGS FROM THE BC FEDERATION OF LABOUR

BCFL President Jim Sinclair encouraged delegates to join the minimum wage campaign.

Currently, the income of a minimum-wage earner is far below the poverty line, even with full-time work. BCFL is lobbying to raise the minimum wage to \$10 per hour, and to scrap the so-called "training wage" of \$6 per hour.



David Williams

Radiation therapy service technologist
BC Cancer Agency / Cancer Centre for the Souther Interior



Once again convention was a blast! To me, convention has always and will always be about the delegates. While issues and the future direction of the union are the primary purpose of convention, it is the delegates that bring their passion for the issues that provide the other delegates the information required to form an informed consensus on future direction.

It is truly inspiring when, with quavering voice, a new delegate stands up to a microphone and declares their inexperience, to speak with emotion about the difficulties the clients they support have in receiving the services that they need. It is also rewarding when, having spoken to an issue, delegates indicate that your

words caused them to re-evaluate their position or educated them about something they were unaware of.

Coming from a smaller chapter where issues arise on a more individual basis, it is enlightening to gather information on some of the big picture issues. The discussion regarding the Security and Prosperity Partnership resulted in my education which I was able to pass on to members in my home chapter, leading to discussions that would not have normally been held.

Convention and bargaining proposal conferences are the most important union activities behind job action. I strongly recommend that everyone attempt to attend at least one. I know I will be going back.

PROFESSIONAL PROFILE

Enriching recreation therapy for a culturally diverse facility

by LAURA BUSHEIKIN and YUKIE KURAHASHI

Jo-Ann Tisserand's job as a recreational therapist at Talarico Place in Castlegar is rewarding: in a facility where approximately 75 per cent of the residents are of Doukhobor heritage, each day brings rich cultural exchange.

As well, many of the programs she coordinates have an inherently heart-warming appeal – for instance, pet therapy, where dogs visit the facility, and gardening therapy, where residents not only work in the garden but also harvest, process and serve up the results.

But what Tisserand values most of all is seeing the residents' faces light up as a result of her programs. "It's the smiles," she says, simply, her dark eyes also smiling. "It's the way they still love life and still feel useful even though they're obviously older and might

"Some of the people are very low functioning and don't really react to a lot. But when they put their hand on the therapy dog, they react right away – they'll smile or pet the dog. Big smiles."

not be in great health.

"Many times people become so isolated in their homes before they come to a residential setting. Their mobility decreases, they don't have a driver's license, they are unable to walk. For a lot of these ladies, that's how they got around – they walked everywhere – so as soon as their ambulation started going down, they were isolated in their homes." For such people, the activities and outings Tisserand organizes can feel like a return to life.

"I really find it fulfilling when someone who was so unhappy starts laughing and smiling and really enjoying themselves."

While the smiles are Tisserand's most immediate reward, she also appreciates the therapeutic value of

the activities in improving the health of residents. Recreational therapy differs from just plain recreation, she says, in its focus on a specific outcome. The discipline has been part of the North American health care system since the 1940s, and has proven to deliver measurable improvements in cognitive, physical and psychosocial status.

"Recreation is a great motivator because for the most part it's something they want to do. For instance, when we go out on the bus, there's stairs. We have only four wheelchair spots on the bus but we have 12 ambulatory spots, so it really motivates them to go up the stairs of the bus because they want to go out."

Recreational therapy is most directly therapeutic in a one-on-one format targeting a client's individual needs.

"If someone is working on something specific, you design a program around that outcome. For example, if someone in short-stay really wanted to go home, but to do that they needed to be able to walk stairs, we could design a program around that," says Tisserand.

However, with 54 long-term residential beds (as well as four short-stay beds and two palliative/respite beds), Talarico Place is primarily a long-term care facility. For these residents, recreational therapy mainly takes the form of group programs aimed at maintaining quality of life.

"We do outings twice per week – we'll take them to restaurants, we'll go shopping at the malls, we go to community events, things like that. And of course Bingo: everyone does it. We do a group fitness class, we have bowling, and have a horse racing game which they love. We have church services that come in that we facilitate, and music groups that come in," says Tisserand.

The pet therapy program, run by St. John's Ambulance, is extremely popular, she says.

"It's really neat because some of the people are very

Jo-Ann Tisserand
Chief Steward
Recreation Therapist
Talarico Place

low functioning and don't really react to a lot. But when they put their hand on the dog, they react right away – they'll smile or pet the dog. Big smiles – there are some people who barely ever smile. And when they see the dogs they get really excited and really happy.”

In planning programs, Tisserand needs to consider the needs of the many residents in the facility of Doukhobor heritage.

The Doukhobors are descendants of Russian religious dissidents who immigrated to Canada in the late 19th century, and until recently lived in tight-knit communities, preserving their language and traditions.

Some of these traditions contribute to Tisserand's programming; for instance, the Doukhobor focus on self-reliance means they are great gardeners, which helps maintain a strong gardening program.

“We start in the spring by sowing seeds – tomatoes and cucumbers and flowers. Then we plant them in the garden, and they'll help with the weeding, and one resident who is very functional will do all the watering throughout the summer. And then we harvest. They like to have the cucumbers and tomatoes cut up at lunch,” says Tisserand. “And we have one lady who likes to can tomatoes from our garden.”

The Doukhobor community also brings challenges.

“Many of them don't speak English very well, and they resisted sending their kids to school – so many don't read or write,” says Tisserand. This makes some programming more difficult. For instance, an activity involving reading excerpts from newspapers to stimulate conversation didn't work with

the Doukhobors because of literacy and language barriers.

“And they also have a shared history of sadness,” says Tisserand. “I'm not sure if you've heard about how the Doukhobor children were forcibly taken away from their parents. Well, these are the parents whose children were taken away.”

Interaction between the Doukhobors and the English-speaking residents involves negotiating not just language but also cultural differences. For example, the Doukhobors are pacifists, so they do not observe Remembrance Day. However, many of the other residents are veterans, and this leaves only a small group to attend celebrations in their honour.

“It's an interesting mix,” says Tisserand. Although Tisserand loves her job, it has its frustrations. “Because of the crunch with staff there's only two of us and we're both part time. As the other departments – like nursing or physio – get smaller, they start wanting you to take on things that other departments might have done, such as porting

residents from their rooms to meals, helping in the dining room, serving coffee and tea, helping them butter their toast.”

“I can see more and more of that coming our way. We can do that, but that means we're not going to have time to do something else more enriching. A highly trained professional assessing and providing recreational therapy is of immeasurable value to residents. But currently, there's little time for preparation or research or building new programs or doing more one-to-one activities.”

At the same time, Tisserand stays motivated by appreciating the improvements in overall physical function, mood and motivation associated with her programs, and most of all by enjoying, every day, the smiles on the faces of her clients. **R**



YUKIE KURAHASHI PHOTO

As a recreation therapist, Jo-Ann Tisserand helps enrich the lives and improve the health of residents at a long term care facility in Castlegar.

ACTIVIST PROFILE

Lab tech encourages growth through union activism

by LAURA BUSHEIKIN

With her characteristic modesty, it might be understandable for medical laboratory technologist Nancy Banks to ask, “What, why write about me?” when approached about being profiled in *The Report*. With over 30 years of HSA activism behind her, Banks says she has participated on more HSA committees than she could possibly list but she says that is simply a part of being an involved union member.

However, she sees this profile as yet another opportunity to support the union.

“I feel very honored to have this chance to talk about how rewarding union involvement is. I’ve wanted to see more people get involved so they too can get the benefits that I got from HSA. The union doesn’t run without its members getting involved and learning from it,” Banks said.

Banks is the Laboratory Quality Management Coordinator for the Kootenay Boundary region of Interior Health, a position that combines her background in health sciences with skills she obtained from a Quality Management Certificate program at the University of Manitoba.

She says HSA involvement helped her develop the leadership skills needed for this position.

“This is a regional position where I provide Quality Management service and resources for the lab sites in the Kootenay Boundary. I also present our recommendations to Interior Health Lab Steering Committee and other related working groups or committees. So I have to make sure I am short, concise and to the point,” she says. This is where her HSA training and experience help her out.

“My professional association gives me the academic background, but for me to be involved in leadership, the union gave me that,” says Banks. Over the years, she has received a variety of training from HSA: occupational health and safety, leadership for women, facing

management, and supervisors in the workplace, for instance, as well as attending the Canadian Labour Congress Winter School.

“I have to thank HSA for all the excellent resources they have. The education they provide is superb; it is very high caliber. The instructors have always been very knowledgeable, very dedicated,” she says.

“The skills and concepts I’ve learned apply not only to work, but to all aspects of my life,” says Banks, who is also active in community groups such as the Nelson Mental Health Support Group.

“My latest education was most useful. This was the CLC Winter School, which had to do with parliamentary procedure. We learned how to run an organized meeting, how to stay on task, how to do public speak-

“ I realized the interconnection people had. I saw how valuable it was to pass information on and get information. The union was the core that let us connect with each other. ”

ing, how to get your point across in a short length of time, how to concentrate on a topic and not get sidetracked. It was very, very useful for me,” she says.

Banks became an HSA member in 1975, when she worked at Penticton Regional Hospital. She hadn’t thought of herself as much of a union person until she moved to Prince George in 1977. At her workplace, she

Nancy Banks

Laboratory Quality Management Coordinator
Kootenay Boundary Region, Interior Health

was increasingly noticing potential safety hazards and she wanted to do something to help.

“There was a position open for an HSA Occupational Health and Safety Steward. I saw a need and thought this was one area I could help my staff in my site. Then I realized it could help not just in my site but within my region. I went to meetings and workshops and met other safety stewards. I realized the interconnection people had. I saw how valuable it was to pass information on and get information. The union was the core that let us connect with each other. I saw this as a big plus,” she says.

As she learned about HSA, Banks’ interests widened. “I saw the huge scope that is available for members, and I realized that occupational health and safety was just a stepping stone. I took some local Labour Council courses which got me more into union activism. I went to steward training, and advanced steward training, and became a site steward. I’ve also been a member-at-large for a few years in the Prince George area. I’ve been on committees such as education, occupational health and safety, the pension committee...it’s a very long list,” she says.

Banks moved to Nelson to work as chief technologist at Kootenay Lake Hospital in December, 1999. The area already had a lot of effective union activists, so Banks decided to step back a bit. Currently, she

doesn’t hold any union position, but she stays involved by attending regional meetings and annual convention.

Banks is also an enthusiastic supporter of Run for the Cure and has participated several times.

“It’s important, because of how much breast cancer touches our lives, through our loved ones, our friends, people we see in our lives and people we see in our work. We see the women coming through, and we are all cheering them on.

“Breast cancer is so in our face. It’s important we support the Run for the Cure because who knows to whom breast cancer will fall on next. Both my mother and grandmother have had it, so that’s why I feel it so closely,” she says. “It’s great that HSA is so involved with the Run for the Cure and that more and more members are signing up for the run.”

Banks says she’ll participate in the Run again and is also looking forward to continuing her union activism. She says she would consider running to be a member-at-large again, because she likes being able to participate in the provincial committees and learning what works and what doesn’t in the regions.

“And occupational health and safety, which is

where I started way back when, is still a topic very dear to my heart. When I notice things are not being done right I still approach the supervisor or management and make a suggestion or say this is a topic we need to review. It’s always in the back of my mind,” she says.

Thirty-some years on, Banks still has the same passion and the same commitment for union activism she had when she started, now strengthened by over three decades of training and experience. **R**



YUKIE KURAHASHI PHOTO

Nancy Banks has been a union activist for more than 30 years. She encourages members to take advantage of educational opportunities offered through HSA, and to help advocate for safe and fair workplaces across BC.

Retired members returning to work have options

Q: Although I retired last year, I am considering returning to work to offset staff shortages in my former workplace. What are the implications for my municipal pension?

A: If you currently receive a Municipal Pension Plan pension payment, are under age 69 and have gone back to work for an employer under the Municipal Pension Plan, this column contains important information for you. (Under the *Income Tax Act*, you cannot contribute to a registered pension plan past the end of the year in which you turn 69.)

If you are receiving a pension from the Municipal Pension Plan (MPP) and are re-employed by an employer under a different pension plan, your pension continues unaffected. If you are eligible to join your new employer's pension plan, you make contributions and accumulate service with the new plan.

If you are receiving a pension from the MPP, are re-employed by an employer under the MPP and are eligible to contribute to the plan (see Option B1 for an explanation), you must make some decisions that could affect your pension payments.

When you return to work, you must complete the *Re-employment of a Retired Member Declaration* to indicate your decision about your pension (see options box), and you must submit it to Municipal Pension Services within 60 days of returning to work. Not submitting the form within 60 days, regardless of whether you are eligible to contribute at re-employment, means that you automatically revert to the default option: that is, you will not be eligible to contribute to the plan and you will continue receiving your pension.

Also, please give a copy of the *Re-employment of a Retired Member Declaration* to

your employer so that they know if and when to deduct contributions from your pay.

The declaration is available from your employer and is on the plan's website under the "Retired Members" tab, or contact Municipal Pension Services to request a copy.

If you return to work with an employer under the MPP and are eligible to contribute to the plan, you have three options:

Option A: Continue receiving your pension, no contributions (default option)

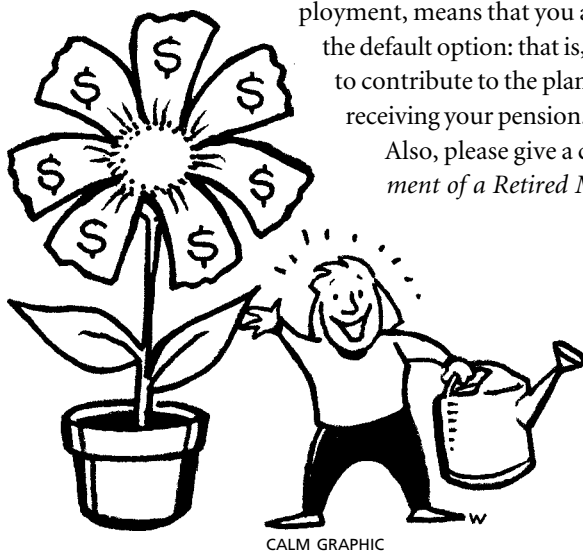
With this option, you remain a retired member of the pension plan and continue to receive your pension. You also receive an income from your employer.

Choosing this option means that you will never be able to contribute to the MPP again as this decision cannot be changed and it applies to all future employments with any employer under the MPP.

Option B1: Stop receiving your pension, contribute again

You can contribute to the plan once you are eligible. You are eligible if you are a full-time, permanent employee, or if you are a part-time employee and have completed two years of continuous employment and, in each of two consecutive calendar years, have earned at least 35 per cent of the year's maximum pensionable earnings.

There may be other situations in which you are



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

Cotinued from previous page

Results of a decision to not repay your pension

Option B1

You decide to not repay (with interest) the pension you have already received.

Result

When you retire again, your new pension will be based on the combined salary and service from your original pension, and salary and service you earned while re-employed.

The period of time you received pension payments will be factored in and will be used to determine your new pension entitlement. This means that your age for pension calculation purposes will be reduced by the length of time you received a pension, which may cause a reduction in your pension even if you are age 60 or over.

When you re-apply for your new pension:

- you can select a new pension option
- you can select a new beneficiary

Option B2

You decide to repay (with interest) any pension you have already received

Result

When you retire again, your new pension will be based on the combined salary and service from your original pension, and salary and service you earned while re-employed.

Any pension reduction that applied to your original pension may be reduced or eliminated.

When you re-apply for your new pension:

- you can select a new pension option
- you can select a new beneficiary

eligible to contribute. See the Municipal Pension Plan's *Guide for Plan Members* or speak to your new employer for more information.

Once you start contributing to the plan, you become an active member and your pension stops. You receive your last pension payment in the month you begin making pension contributions.

If you were enrolled in the MPP post-retirement group benefits plan (for example, extended health or dental), these benefits also stop. Also, the plan will no longer collect and submit your Medical Services Plan premiums.

Once you choose Option B1 on your declaration, you cannot change your decision as long as you are working at the job you have when you make your decision.

Option B2: Stop receiving your pension, contribute again, and re-pay all pension benefits

This option allows you to repay all pension payments received to date with interest (see the table for the effect this will have on your pension payment).

As in Option B1, you can contribute to the plan if you are eligible to enroll. Once you start contributing to the plan, you become an active member and your pension stops. You receive your last pension payment in the month you begin making pension contributions.

Municipal Pension Services will determine the amount you must repay. Once you receive word that you are eligible to enroll, you will have 60 days to make the payment in full. Not paying on time means

that you will automatically revert to the default option (Option A) and will once again start to receive your original pension.

If you have post-retirement group health benefits through the Municipal Pension Plan, these benefits also stop.

Also, the plan will no longer collect and submit your Medical Services Plan premiums.

Once you choose Option B2 on your declaration, you cannot change your decision as long as you are working at the job you have when you make your decision.

If you choose to contribute again, your choice not to repay (Option B1) or repay (Option B2) could significantly affect your future pension benefit, as described in the table above. **R**

Committees

COMMITTEES 2008 / 2009

HSA Committees support union's work

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

Constitutional & Organizational Policy Committee

Marg Beddis (Chair & Region 7 Director)
Bruce MacDonald (Region 3 Director)
Kimball Finigan (Region 5 Director)
Susan Haglund (Staff)

Committee for Equality & Social Action

Agnes Jackman (Chair & Region 4 Director)
Joan Magee (Region 8 Director)
Anna Morton (Region 2)
Brendan Shields (Region 3)
Mary Lou Icton (Region 8)
Pam Bush (Staff)

Education Committee

Suzanne Bennett (Chair & Region 1 Director)
Agnes Jackman (Region 4 Director)
Shahzina Karim (Region 4)
Brent Jeklin (Region 7)
Charles Wheat (Region 10)
Leila Lolua (Staff)

Elections Committee

Joan Magee (Chair & Region 8 Director)
Val Very (Region 2 Director)
Rebecca Maurer (Staff)

Executive Committee

Reid Johnson (President)
Suzanne Bennett (Vice-President & Region 1 Director)
Bruce MacDonald (Secretary-Treasurer & Region 3 Director)
Jaqui Hofman (Staff)

Finance Committee

Bruce MacDonald (Chair, Secretary-Treasurer & Region 3 Director)
Kimball Finigan (Region 5 Director)
Marg Beddis (Region 7 Director)
Susan Haglund (Executive Director of Operations)
Peggy Lavigueur (Staff)

Occupational Health & Safety Committee

Heather Sapergia (Chair & Region 10 Director)
Joan Magee (Region 8 Director)
Larry Bryan (Region 5)
David Noga (Region 6)
Gwen Derosa (Region 9)
Marty Lovick (Staff)

Political Action Committee

Rachel Tutte (Region 6 Director)
Joan Magee (Region 8 Director)
Heather Sapergia (Region 10 Director)
Chris Semrick (Region 1)
John Christopherson (Region 5)
Mo Norton (Region 6)
Carol Riviere (Staff)

Presidential Issues Committee

Suzanne Bennett (Chair, Vice-President & Region 1 Director)
Bruce MacDonald (Secretary-Treasurer & Region 3 Director)
Thalia Vesterback (Region 9 Director)

Resolutions Committee

Suzanne Bennett (Chair, Vice-President & Region 1 Director)
Kimball Finigan (Region 5 Director)
Sharon Geoghegan (Region 1)
Sharon Eggerston (Region 2)
Mike Trelenberg (Region 3)
Nadine Soukoreff (Region 4)
Aaron Wilson (Region 5)
Anita Bardal (Region 6)
Doug Brydle (Region 7)
Wendy Reilly (Region 8)
Donna Mason (Region 9)
Marcela Navarro (Region 10)
Maureen Headley (Staff)

Run for the Cure Committee

Thalia Vesterback (Chair & Region 9 Director)
Val Avery (Region 2 Director)
Katherine Kwan (Region 4)
Tanya Shaw (Region 7)
Kevin Towhey (Region 8)
Janice Davis [Miriam Sobrino] (Staff)

Strategic Planning & Organizing Committee

Elizabeth Robinson (Chair)
Reid Johnson (President)
Suzanne Bennett (Vice-President & Region 1 Director)
Bruce MacDonald (Secretary-Treasurer & Region 3 Director)
Rachel Tutte (Region 6 Director)
Thalia Vesterback (Region 9 Director)
Maureen Headley (Executive Director, Labour Relations & Legal Services)
Susan Haglund (Executive Director, Operations)
Miriam Sobrino (Director of Strategic Communications & Member Development)
Dennis Blatchford (Executive / H.R. Coordinator)

Trial Committee

John Christopherson (Region 5)
Maureen Ashfield (Region 6)
David Williams (Region 8)
Janice Morrison (Region 9)
Jackie Spain (Region 9)
Dennis Blatchford (Staff)

Long Term Disability Trustees

LTD Trust #1

Reid Johnson (President & Chair)
Val Avery (Region 2 Director)
Joan Magee (Region 8 Director)

LTD Trust #2

Reid Johnson (President & Chair)
Bruce MacDonald (Region 3 Director)
Joan Magee (Region 8 Director)

LTD Trust #3

Reid Johnson (President & Chair)
Val Avery (Region 2 Director)
Marg Beddis (Region 7 Director)



Workers ignored, critics muzzled

by JIM SINCLAIR

Thanks to fixed date elections, we know British Columbians will head to the polls on May 7, 2009. We also know the Campbell government will spend millions of taxpayer dollars, supplemented by millions of dollars from corporate donors, in an attempt to convince voters that the Liberals deserve full credit for the “booming economy.”

They’ll suggest this is some sort of golden age of their making and conveniently ignore the influence of high commodity prices, low interest rates and migration.

That is not all they will ignore.

Widening gap between rich and poor

They’ll ignore census data just out that shows BC’s rich getting richer, our poor getting poorer and the middle class barely hanging on. The truth is, life is tougher for the vast majority trying to find affordable housing, education, childcare or a decent paying job.

Campbell and the Liberals will ignore the plight of the homeless and continue to spend less money on public housing than

country and have gotten worse during Gordon Campbell’s two terms in office. But, don’t expect to see any provincial initiatives to reverse those numbers in the next year.

Flush with a 54 per cent salary increase Premiere Campbell will ignore the more than 100,000 British Columbians who earn \$8 an hour thanks to a minimum wage he froze back in 2001. The Premier and his MLAs, who voted themselves a 29 per cent pay raise, will ignore tens of thousands of British Columbians and dozens of municipal councils which have endorsed a \$10 an hour minimum wage that is protected by an annual cost of living increase.

This government will ignore the deepening crisis in our forest communities. The

Premier will shrug his shoulders while mills close, 10,000 workers are laid-off, raw logs are exported, saw dust is imported back and mills are dismantled and shipped overseas to be reassembled to produce lumber and foreign jobs. Clear across the province forest work-

ers, their families and their communities have been abandoned.

The government will ignore the crisis in childcare and refuse to restore the funding it cut from homecare which enriches the lives of the elderly, relieves hospital over-

crowding and provides aid to family members who are stretched this as they try to look after older parents.

This government will also ignore its critics. Worse still, it will attempt to stifle and censor them.

Bill 42: legislative gag

Bill 42, which is being rammed through the legislature, will gag critics for five months before the next election. This law goes to new anti-democratic lengths to stifle free speech.

This government doesn’t want teachers to comment on education or speak out about school closures. It’s afraid of what health care workers might have to say about the conditions in our hospitals or what forest workers might have to say about they devastation in their industry. It simply can’t tolerate free speech when it comes right down to it.

We all know how this government treats workers and the less fortunate during tough economic times. We saw it first-hand during Gordon Campbell’s first term as he cut services to those who most needed them and gave tax cuts to those who least needed them.

His second term has given us an opportunity to see how he treats people during relatively stronger economic times. Nothing much has changed.

With one year to go until the next election, British Columbians will be bombarded with good news announcements as the government tries to polish its record. This government needs to be held accountable for the people and communities that have been left behind, not the “booming economy” their media barrage will be trumpeting. **R**

The government will try and muzzle its critics, but a year is a long time in politics. *Jim Sinclair is president of the BC Federation of Labour.*

This government doesn’t want teachers to comment on education or speak out about school closures. It’s afraid of what health care workers might have to say about the conditions in our hospitals.

any other province. BC has at least 5,000 people without a roof over their heads. The number could be as high as 10,000. The Campbell government will focus instead on a new roof for BC Place.

BC’s poverty rates are the worst in the

CONTRACT INTERPRETATION

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

Age discrimination and work injuries

by SARAH O'LEARY

Q: I read Maureen Headley's Executive Director column in the last issue of *The Report* with great interest. She explained that it is now illegal in BC to deny someone the right to work just because they have turned 65. She outlined what this means with respect to our union obligations and collective agreements.

How will this affect my right to compensation from the Workers' Compensation Board / WorkSafeBC? If I continue working after 65, am I still covered?

A: The *Workers Compensation Act* spells out the entitlements of injured workers to wage loss benefits and pensions.

If you continue to work past the age of 65 and are injured in the course of your employment, you would be entitled to wage loss benefits just as anyone else would.

However, when your condition has resolved as much as it is likely to – they call this “reaching a plateau” – the WCB must then assess you for a permanent disability pension, or a permanent functional impairment award.

Prior to the new Workers' Compensation legislation passed by the Liberal government in 2002, injured workers were entitled to pensions for life. Gordon Campbell put a stop to that, legislating that all pensions now end at age 65.

What does this mean for older workers?

This limiting provision – which was the same in virtually all the provinces – was challenged in a number of jurisdictions across Canada on the basis that it was discriminatory to those workers who had continued working beyond age 65. In order to avoid this kind of legislative challenge, the new *Workers Compensation Act* now states that a pension ends



at age 65 unless:

- (ii) if the Board is satisfied that the worker would retire after [age 65, and in such a case, it will end on] the date the worker would retire, as determined by the Board.

What this means is that the standard rule now is that all pensions end at age 65 *unless there is evidence to indicate that you would have kept on working after that date.*

Therefore, a word of advice for those who continue or plan to continue to work past the age of 65: make sure that your intentions are known by your employer and anyone else with whom you live and work. You may even want to put your planned retirement date (if you have one) in writing in order to be able to prove that you would still be on the job. Just bear in mind that if you are close to or past the usual retirement date, every bit of evidence you can produce to prove your long term plans will be helpful. **R**

For help filing a WCB report or claim, contact your steward. For more information, or if you feel your WCB claim has been unfairly rejected, contact Sarah O'Leary at the HSA office for assistance.



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

MEMBERS AT LARGE 2008 / 2009

Elected representatives ready for action

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

Region 1

Sharon Geoghegan
Youth Justice Resource Worker
John Howard Society

Chris Semrick
Respiratory Therapist I
Nanaimo Regional General Hospital

Region 2

Anna Morton
Social Worker
Queen Alexandra Centre for Children

Sharon Eggertson
Dietitian
VIHA - South Island (VGH & RJH)

Region 3

Brendan Shields
Music Therapist
George Derby Centre

Mike Trelenberg
Youth Worker
SHARE Family & Community Services

Region 4

Katherine Kwan
Medical Radiation Technologist
Vancouver Hospital (12th/Oak Pavilions)

Nadine Soukoreff
Occupational Therapist
Vancouver Hospital (12th/Oak Pavilions)

Shahzina Karim
Social Worker
Vancouver Hospital (UBC Pavilions)

Region 5

John Christopherson
Social Worker
BCCA - Vancouver Cancer Centre

Aaron Wilson
Community Living Coordinator
Centre for Ability

Larry Bryan
Registered Psychiatric Nurse
Haro Park Centre

Region 6

Mo Norton
Program Support Clerk
North Shore Health

Anita Bardal
Medical Radiation Technologist
St. Paul's Hospital

David Noga
Biomedical Engineering Tech
St. Paul's Hospital

Region 7

Brent Jeklin
Medical Radiation Technologist
Langley Memorial Hospital

Doug Brydle
Biomedical Engineering Tech
Surrey Memorial Hospital

Tanya Shaw
Respiratory Therapist
Surrey Memorial Hospital

Region 8

Wendy Reilly
Recreation Therapist
100 Mile District Hospital

Mary Iceton
Speech/Language Pathologist
Kelowna Chapter

Kevin Towhey
Medical Radiation Technologist
Royal Inland Hospital

Region 9

Gwen DeRosa
Registered Psychiatric Nurse
Columbia View Lodge

Donna Mason
Medical Laboratory Technologist
Golden & District General Hospital

Region 10

Marcela Navarro
Medical Laboratory Technologist
Prince Rupert Regional Hospital

Charles Wheat
Residential Care Worker
South Peace CDC (Dawson Creek) **R**

HSA Members at Large: back row from left: Aaron Wilson, John Christopherson, Sharon Eggertson, Marcela Navarro, Chris Semrick, Doug Brydle, Maureen Ashfield. front row from left: Brent Jeklin, Brendan Shields, Larry Bryan, Mike Trelenberg, Gwen DeRosa, Mo Norton, Charles Wheat.



Improved communication key to technological improvements

by SUSAN HAGLUND

Delegates at this year's convention debated a resolution calling for HSA to routinely budget to provide all chapters with electronic communication, including hardware and software. While the resolution was defeated, in part due to the cost such a capital investment would demand, it may be useful to look back to see from where we have come and how we have developed our current steward communications infrastructure.

Back in 1990 – almost 20 years ago – HSA had a large, diverse network of stewards around the province supporting small to large chapters. There was reliance on “snail mail” and couriers to circulate information as efficiently as possible. In times of great rush, phone fan-outs were used to

HSA's website not only has general information open to all visitors, it also has secure access, member-only pages, stewards-only pages, plus personalized regional area news based on personal choice.

push information out rapidly.

Back then, HSA allocated a significant proportion of its budget for postage and courier costs, in addition to publishing costs for the materials and bulletins sent out to stewards.

Turn-around times were reasonable for that time, but reflected inevitable lags associated with

paper-based surface services.

Then in 1991, HSA made a momentous – and innovative – decision to implement a network of fax machines to enable the union office and chapters to stay in touch more efficiently. HSA committed to purchasing 125 fax machines, thus establishing the existing fax network for all chapters – a first for a union.

Enhanced by surface mail, courier and telephone networks, HSA led the way in keeping chapters in touch without delay. The union's staff programmed a small fax machine in the office with all steward fax numbers and sent bulletins – one at a time. This system was so effective that it quickly became the envy of other unions. Because our stewards always had the latest and most accurate information, even members of our sister health care unions regularly sought out HSA stewards and bulletin boards for breaking news.

After the annual steward elections, outgoing stewards would ship their assigned fax machine back to the union office, where technical staff serviced them, and redeployed them to new stewards.

And remember the rolls of slippery thermofax paper that curled up and eventually faded over time? Plain paper fax machines gradually replaced the original models – and many of those are still in use at chapters.

Since HSA's early fax network days, 411 machines have found homes with HSA stewards and the same basic service remains in place. However, over the past few years, there has been a gradual reduction in the number of fax machines, as more and more stewards switch to internet-based communication instead.

To move this telecommunications shift along, HSA's board of directors approved a major policy change in 2005. For any site with more than 700

members, HSA provides computer equipment and tools on request. For chapters between 500 and 700 members, the steward can apply to the Finance Committee for such equipment and support.

Last year, delegates to convention directed HSA to investigate and report on the feasibility of an option to receive “mailings” via email only. This year, Resolution 33 raised the bar yet again by identifying an interest in providing a computer to each chapter.

When we look around, we see already in the workplace and in everyday life a radical shift from paper-based to digital transactions: job postings, scheduling, bulletins, on-line resources and reference materials, among others.

The HSA website is a huge source of information to members. As new features and functions are added, site traffic grows exponentially.

The current HSA site not only has general information open to all visitors, it also has secure access, member-only pages, stewards-only pages, plus personalized regional area news based on personal choice.

The new website has also enabled HSA to provide current union policies to members quickly and efficiently, something that was simply not feasible even two years ago.

The HSA website also allows us to collect email addresses from members and to have members sign up for the “email only” option for bulletins and mailings. Not only does it save paper, money, and staff time, it also gets you

information faster than waiting for paper to arrive!

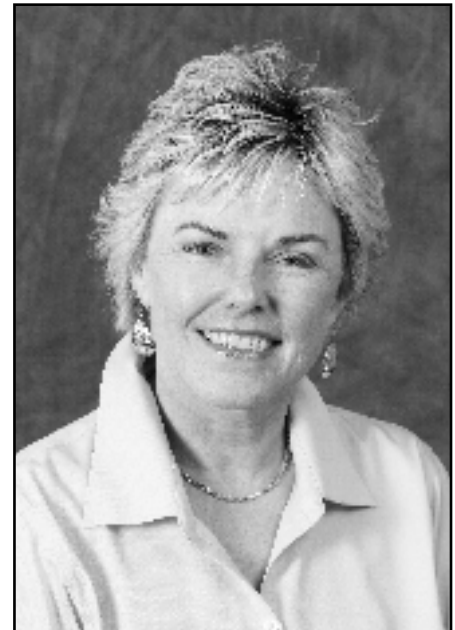
(By the way, if you have not yet done so, please do sign up for this option. Remember, though, to provide your home or personal email address only. The union discourages the use of employers’ technology for union business and communication.)

A large number of stewards have already voted for their preferred method: they have shipped back their fax machine and provided an email address instead!

As we move towards email and web-based communication, HSA now sends “faxes” directly from the website to members who have provided personal email addresses. Gone are the days of the single outgoing fax machine dialing endlessly... Interesting aside: any faxes that arrive at head office are automatically converted to email attachments and arrive to the recipient in the office without paper.

HSA continues to shift resources from paper-based routes to developing, maintaining and expanding electronic resources. As a result, staff continue to expand routes to distribute information and to ensure members have access to information on demand.

Over the years, HSA has shifted a higher proportion of its budget to electronic communication (vs paper/surface based communication). Increases in technology staff have resulted in HSA developing a leading edge electronic communication network, from fax and voice distribution to email only options. The web site is currently undergoing yet



Susan Haglund
Executive Director of Operations

another migration, this time to a next generation ASP.NET framework to expand functionality yet again. So, as HSA continues to evolve its technology, even the term ‘fax’ itself is no longer a single, clear cut method. Rather, the lines blur as technologies converge.

The underlying impetus behind all of the union’s efforts is to ensure HSA’s stewards and members have the best and most efficient methods of communications. **R**

Susan Haglund is HSA’s Executive Director of Operations. Sign up for email-only communications by emailing memberlist@hsabc.org with your name and preferred home email address. Include “paperless option” in your subject line.

LETTERS

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

Letter to Marg Beddis, Region 7 Director

Occupational health and safety is an important and necessary component of our work lives. HSA does a wonderful job of supporting and educating union stewards to help us advocate on behalf of our colleagues.

I would like to see continued support of the union's OH&S activities, as well as continued focus on important areas such as violence in the

workplace, working alone, and risks faced by new workers.

Other issues of concern include general growth in workload due to chronic staff shortages, as well as lack of relief for sickness and requested leaves. This is wearing on members, who are called upon to fill in the gaps of coverage over and over again with little help arriving.

Our families are concerned over the impact of doing extra on-call shifts and overtime.

Overtime has become the norm. Recent changes to the language concerning insufficient time off have had negative effects. It is almost impossible to qualify for the six consecutive hours off in the narrow timeframe.

Excessive workload impacts members' ability to do a good job and preserve personal health, as workers are being called upon to work longer, harder, faster, and smarter.

Only our members can say,

"no more." HSA needs to continue giving us the tools to voice our concerns in an environment where we just arrive, do our work, and leave with no energy to fight for improvements in our worklife and our patients' lives – quality of care is vitally important, yet exhausted staff have reduced opportunity to advocate for innovation or better care.

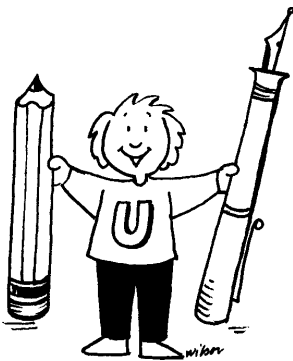
I want to thank you for your leadership and willingness to take on the job of director for Region 7, and represent us at the board and other tables.

Deb Cline

Chief Steward &

OH&S Steward

Fraser Canyon Hospital



CALM GRAPHIC

**We welcome your letters!
Email your representative on
HSA's Board of Directors, or write
to the editor at yukie@hsabc.org**

THE Report

EXECUTIVE DIRECTORS

Maureen Headley, Labour Relations & Legal Services
Susan Haglund, Operations

MANAGING EDITOR

Miriam Sobrino

EDITOR

Yukie Kurahashi



www.hsabc.org



Health Sciences Association
The union of caring professionals

HSA BOARD OF DIRECTORS

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



President
◀ Reid Johnson
Social Worker
The Centre for Ability
[webpres@hsabc.org]

Vice President & Region 1
Suzanne Bennett ▶
Youth Addictions Counsellor
John Howard Society
[REGION01@hsabc.org]



Region 2
◀ Val Avery
Physiotherapist
VIHA (South Island)
[REGION02@hsabc.org]



Secretary-Treasurer & Region 3
◀ Bruce MacDonald
Social Worker
Royal Columbian Hospital
[REGION03@hsabc.org]

Region 4
Agnes Jackman ▶
Physiotherapist
George Pearson / BC Rehab
[REGION04@hsabc.org]



Region 5
Kimball Finigan ▶
Radiation Therapist
BC Cancer Agency (Vancouver)
[REGION05@hsabc.org]



Region 6
◀ Rachel Tutte
Physiotherapist
Providence / Holy
Family Hospital
[REGION06@hsabc.org]



Region 7
◀ Marg Beddis
Dietitian
Surrey Memorial Hospital
[REGION07@hsabc.org]

Region 8
Joan Magee ▶
Medical Technologist
Cariboo Memorial Hospital
[REGION08@hsabc.org]



Region 9
Thalia Vesterback ▶
Medical Radiation Technologist
Kootenay Boundary
Regional Hospital
[REGION09@hsabc.org]



Region 10
◀ Heather Sapergia
Medical Technologist
Prince George Regional Hospital
[REGION10@hsabc.org]



Speaking out against for-profit health care



Addressing a rally held during the union's 37th annual convention held in Burnaby, HSA President Reid Johnson calls on members to work together to resist health privatization through community action and engaging in the political process. See coverage starting on page 12.



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