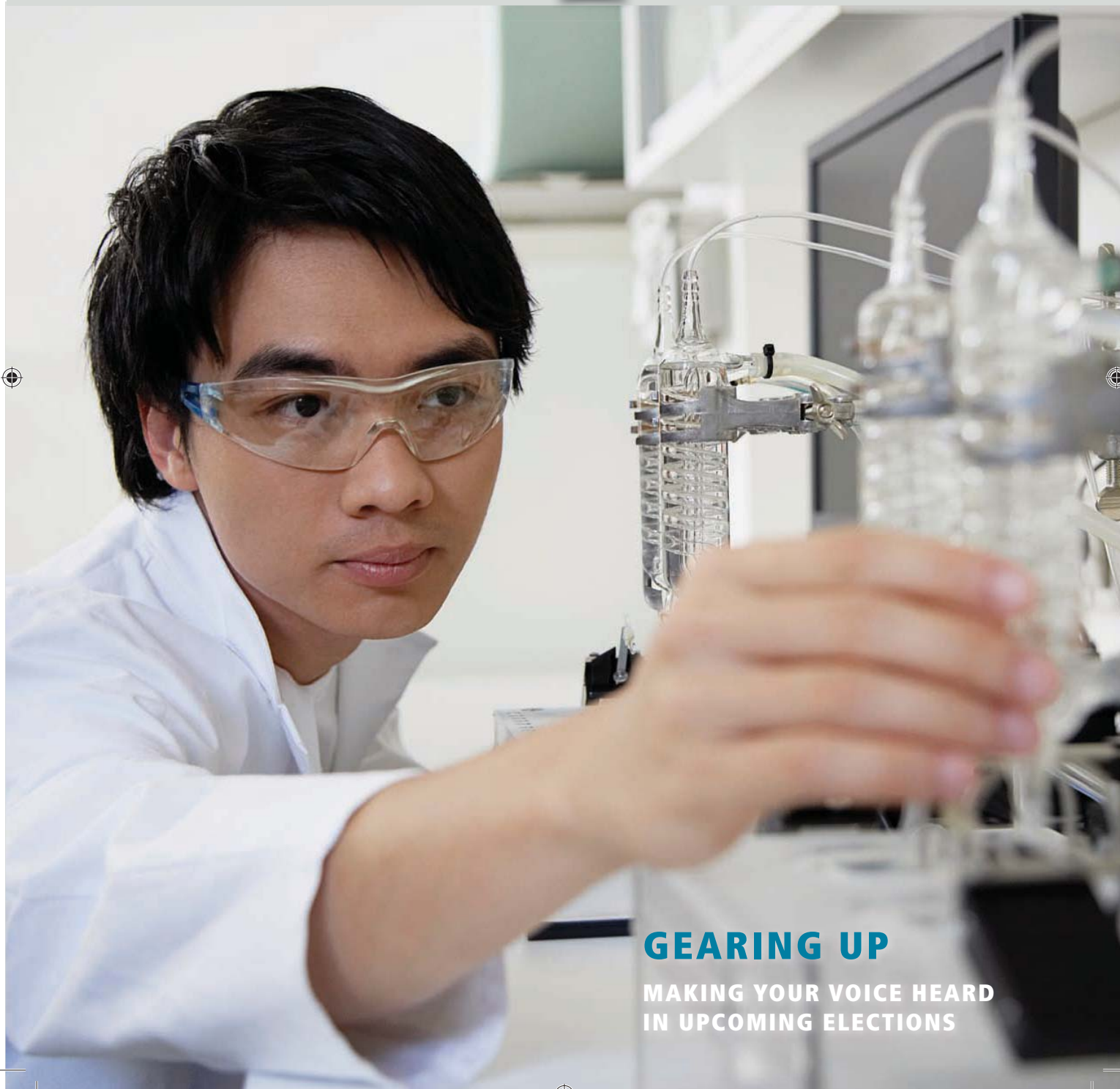


THE Report



GEARING UP

MAKING YOUR VOICE HEARD
IN UPCOMING ELECTIONS

MESSAGE FROM THE PRESIDENT

Get political to create vibrant communities

by REID JOHNSON

With the summer winding down, we find ourselves on the eve of important local elections across the province – set for November 15 this year. But why should HSA members care?

It's simple, really: we have a responsibility to do what we can to influence decisions about the community around us.

Whether it's at the workplace, as a parent, a partner, a team member, or any other community, we have a part to play in shaping our future.

As health care and community social service workers, it is particularly important that we take the initiative to develop an understanding of and a relationship with our local politicians. Many of them will move on from the municipal to provincial or federal levels where they will have a direct influence on public policy that affects our patients, our clients and our work.

As Canadian Labour Congress President Ken Georgetti says in promoting the national *Municipalities Matter* campaign: "The decisions made by local elected officials impact every part of our lives. Union members and their families rely upon a growing list of municipal services. The services we depend on daily, such as water, housing, childcare, transit, libraries, hockey rinks, parks, pools, support for immigrants and environmental initiatives are all part of a web of vital services that must remain in public hands.

"When public services are deregulated, neglected or privatized, the whole community loses.

"Privatization (P3s under another name) and contracting out not only hurts public workers, it usually ends up costing taxpayers more money for diminished services. Thousands of quality unionized jobs with wages and benefits also disappear when governments outsource them.

"So, whether we live in an urban or rural, small or large municipality, we depend on our local governments to stand up for the rights of working families and give us access to the services we need. We need to elect local politicians who will advocate on our behalf at both the provincial and federal levels for more money for our cities. This is not a debate the labour movement is having in isolation, this is a debate happening across Canada by all sorts of groups and individuals including the Federation of Canadian Municipalities (FCM)."

HSA has historically supported members to run or work in municipal elections through the union's Political Action Fund, and has provided information to members to promote their understanding of municipal issues and to motivate them to vote in these elections. This year, HSA's Board of



Reid Johnson, HSA president

Directors approved a recommendation from its Political Action Committee to continue that practice.

Participation in municipal elections takes many forms – from standing as a candidate, to lobbying candidates to support particular issues, to supporting campaigns by volunteering or donating, right through to exercising your right to vote on election day.

Through HSA's Political Action Committee and fund, the union will be working to provide you with the support and information you need to increase your involvement in the political process and to make informed decisions about the future for your local communities. **R**

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



THE Report

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THE FRONT COVER

Laboratory technologists are among many health science professions facing increasing staff shortages.

Publications mail agreement no. 4000 6822
Return undeliverable Canadian addresses to database department
Suite 300, 5118 Joyce Street
Vancouver BC V5R 4H1

News

Study confirms ultrasound technologists face high risk of injury

Over the years, HSA has published many stories and updates about injuries suffered on the job by ultrasound technologists.

In 1999 a province-wide survey revealed more than 90 per cent of our technologists have suffered pain and injuries related to performing their job.

As part of the union's effort to have the situation recognized by WorkSafeBC (WCB), the union asked Judy Village, one of Canada's leading ergonomists, to study the working conditions of our members.

The results of that study were published in the Fall 2007 edition of the *International Journal of Industrial Ergonomics*. The report confirms that risk factors for ultrasound technologists are associated with a high prevalence of neck and upper limb musculoskeletal disorders and recommends the development of effective control measures to reduce the risk of job-related injuries.

HSA has set up a WCB information page to provide members with basic information about how the WCB and its appeal systems work. Get your copy of the report from our office by sending an e-mail to webmaster@hsabc.org. We encourage you to share this report with anyone who may be interested, as it may also be useful to non-unionized imaging technologists who need help with their appeals.

Mental health and addictions workers join HSA

Health science professionals at the newly opened Burnaby Centre for Mental Health and Addictions (BCMHA) voted for unionization on July 4. A run-off vote was also conducted to decide whether BCGEU or HSA would be the representative union, and



CALM GRAPHIC

voting employees unanimously chose HSA.

The centre is located at the former site of the Willingdon Youth Detention Centre, but the organization is a province-wide resource operated by Vancouver Coastal Health. It opened as a 30-bed secure custody treatment facility and is slated for expansion to 100 beds by the end of 2008. The workers are covered under the HSPBA collective agreement.

At the time of certification, there were 15 health science professionals including concurrent disorders counsellors, clinical dietitians, occupational therapists, recreation therapists, recreational art therapists, mental health counsellors and social workers.

New sharps regulations take effect October 1

Beginning this fall, any medical procedure involving the use of a medical sharp requires a safety-engineered sharp device. Examples of these devices include:

- Scalpels with a locking retractable guard
- Blunt tip suture needles for sewing up muscle and fascia
- Lancets with a retractable sharp

The new regulations apply to all workplaces in BC, including medical offices, clinics and hospitals.

For more information, visit worksafebc.



com or call the Prevention Information Line at 1.888/621.7233.

Community services workers affected by workplace violence

NUPGE

A survey commissioned by the Ontario Public Service Employees Union (OPSEU) confirms that violence in the workplace is widespread among those who work in the community services sector. An earlier survey in BC documented similar levels of workplace violence.

OPSEU's Community Services Divisional Council represents more than 11,500 members, including those in Children's Aid Societies, developmental services, child and family services, child care, community agencies, corrections and child treatment centers. A total of 500 members were surveyed across Ontario.

The findings:

- More than four in ten community sector members (43 per cent) have been personal victims of violence at work over the past year. Of these, more than 90 per cent have been threatened, and almost three quarters have been subjected to physical attacks. Nearly half (48 per cent) have witnessed a violent act against a co-worker over the past year.
- Of those experiencing violence, 93 per cent reported that it came from clients, 29 per cent from co-workers and 25 per cent from a supervisor.
- Staffing issues (understaffing, inadequate funding and heavy workloads) are contributing factors to the violence, bullying and harassment.
- 55 per cent of overnight staff and 61 per cent of rotational shift workers experienced violence as compared to 33 per cent of workers who work the day shift. **R**

Current disputes

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

For more information, check the BCFL website at www.bcfed.ca.

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

Major Issues: Wages, benefits

Commenced: March 17, 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

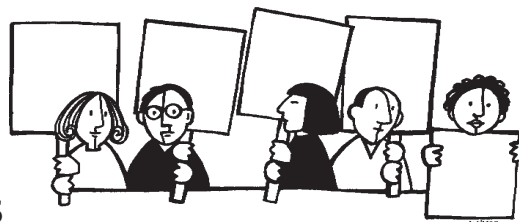
Commenced: July 25, 2001

SETTLED

International Union of Operating Engineers (IUOE) Local 115 - VS - Brandt Tractor (Province-wide)

HOT EDICTS

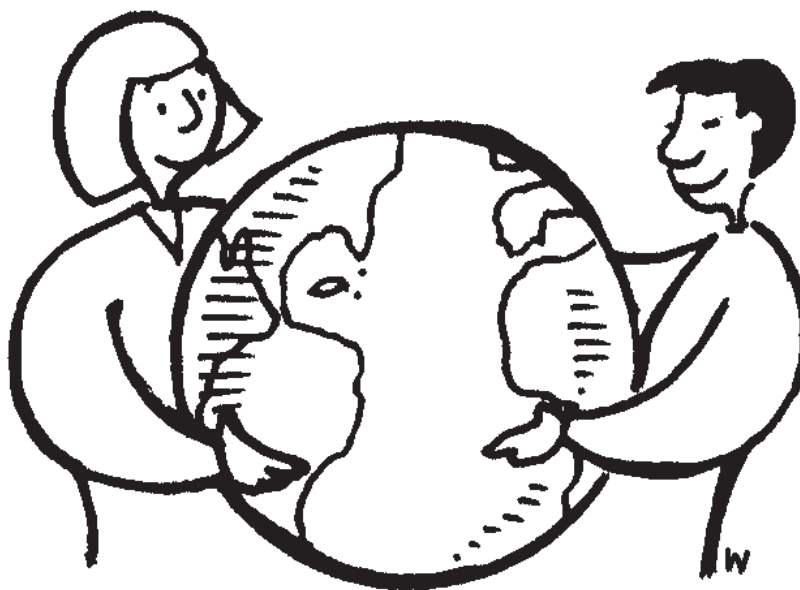
- United Steelworkers (USW) - VS - TimberWest (British Columbia)
- Construction and Specialized Workers' Union, Local 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)



BOYCOTTS

Horizon Milling & Robin Hood Brands - UFCW Canada
Non-Union Postal Outlets - CLC/BCFL - CUPW
Philips Electronic Products, Quebec - CLC - USW 7812





POLITICAL ACTION

HSA members prepare for upcoming elections at Women's Campaign School

by JOAN MAGEE

HSA recently gave me the opportunity to attend the 10th annual Women's Campaign School, held at SFU Harbor Centre May 30 to June 1. Organized by the Canadian Women Voters Congress, it is the longest running non-partisan campaign school of its kind in Canada, and prepares women to run for elected office or take on senior positions in election campaigns.



left: Joan Magee participated in this year's Women's Campaign School

The instructors were veteran women politicians and advisors from all parties, who shared practical skills and first-hand experiences from winning campaigns. Throughout the school, we had the opportunity to mingle and talk politics with women from all political backgrounds.

In introducing ourselves to the class, we were asked to describe an issue that we are

For us to have a more progressive society, it is important to have more women elected and involved in all levels of government.





passionate about. This gave me an opportunity to talk about why it is imperative to keep our health care system publicly funded and publicly delivered.

Mary Polak, currently Minister of Healthy Living and Sport, was present to hear me emphasize that the majority of BC citizens are against privatization of our health care services.

Dr. Moira Stilwell, who plans to run as a Liberal candidate in the next provincial election, was seated next to me and also heard my message about public health care. As a past president of the BC Breast Cancer Foundation, Dr. Stilwell made a point of praising HSA's commitment to the *Run for the Cure*.

During the next three days, we discussed why it's important to have more women candidates, and covered all aspects of political involvement. We discussed making the decision to run for office, how your life can change once you're elected and the many ethical questions that arise for candidates and elected officials. We learned how to win a nomination, run a campaign, fundraise and deal with the media.

A few participants changed their minds about running after they heard how your life can change if you are elected. I think, however, that those who do not plan on running, came away determined to volunteer in a campaign. I know I will use and share much of the information as I work on upcoming election campaigns.

There were many well-known speakers from different parties, and a plethora of information. None of the speakers agreed with their party's entire platform or every position their party took, but they joined the party that

My favourite speaker was Libby Davies, New Democrat MP for Vancouver East. She emphasized how important it is to just be yourself, stay true to your beliefs and always remember what originally made you run for office.

most closely reflected their values.

We learned a lot from the presenters, but we also learned a lot from each other. I know many of us will keep in touch, even though we support different political parties, and I know these connections may prove invaluable in the future.

All the speakers were inspirational and very knowledgeable, but I think my favourite speaker was Libby Davies, New Democrat

Continued next page

Women in politics: still too few

- Women make up 51 per cent of the population, yet the number of women in elected positions at the federal, provincial and municipal levels in Canada has stagnated at approximately 21 per cent for several years.
- Polling shows that women care about different issues. The United Nations says that a critical mass of at least 30 per cent women is needed before legislatures produce public policy representing women's concerns and before political institutions begin to change the way they do business.
- Canada ranks 47th in the world on the Inter-Parliamentary Union's *List of Women in National Parliaments*.



Continued from previous page

Women's Campaign School

MP for Vancouver East. She emphasized how important it is to just be yourself, stay true to your beliefs and always remember what originally made you run for office. She emphasized that once you are elected you are immediately caught up in a totally new and very different world, and have to rely on the people in your riding to keep you grounded.

I believe HSA was the only union to sponsor women to attend this session of the Women's Campaign School.

By the end of the school some participants had a more positive view of unions, because of their interaction with the HSA members who attended.

en's Campaign School. I know that by the end of the school some participants had a more positive view of unions, because of their interaction with the HSA members who attended. I was also one of the few women attending from outside the Lower Mainland, and think it was important for participants to see how a campaign has to be run differently in a rural



left: HSA member Sophia Woo also attended the recent Women's Campaign School. Woo is a Community Mental Health Worker at Vancouver Community Mental Health Services who is running for a Vancouver School Trustee position in the upcoming Board of Education elections.

RESOURCES

For more information about women in politics and the Canadian Women Voters Congress Women's Campaign School, see these online resources:

- Equal Voice: www.equalvoice.ca
- the Canadian Women Voters Congress: womenscampaignschool.org

area. It was also important for them to hear that the issues that matter to people beyond Hope sometimes differ from those that concern people in the Lower Mainland.

I highly recommend this fabulous course, and am proud that HSA supports members to attend it.

For us to have a more progressive society, it is important to have more women elected and involved in all levels of government. To take this step, women need the kind of encouragement, support and knowledge provided by the Women's Campaign School. **R**

Joan Magee represents Region 8 on HSA's board of directors, and is a member of HSA's Political Action Committee.





HSA BOARD OF DIRECTORS

Board decisions reflect union goals

HSA's board of directors meets regularly to address arising and ongoing issues, and to make policy and governing decisions on behalf of HSA members.

- HSA's board of directors voted to become a "friend" of Canadian Doctors for Medicare, the voice of pro-medicare physicians promoting patient-centred, publicly funded health care in Canada.
- We have recently invited guests to HSA board meetings to share information about HSA's work. At the March board meeting Working Enterprises president and CEO David Levi and Jim Charlton, senior vice-president, investments, provided the board with a presentation and overview of the Access Fund. They gave an overview of their national campaign and are looking for assistance from the labour community to create awareness of the fund. At the June meeting, Peter Chapman, executive director of the Shareholder Association for Research and Education (SHARE) and Laura O'Neill, director of law and policy, updated the board on SHARE's work. SHARE is a social enterprise that coordinates and implements responsible investment practices. Since its creation in 2000, SHARE has carried out this mandate by providing active ownership services, including proxy voting and engagement services as well as education, policy advocacy and practical research on emerging responsible investment issues.
- The board approved a policy change so that HSA members who are executives of local labour council may attend external HSA-approved events, such as BC Federation of Labour conventions. The change provides wage replacement to facilitate their attendance. The policy will be revisited in 2009.
- Project Somos, which received funds raised by HSA's Committee on Equality and Social Action at this year's annual convention wrote to express its thanks for the \$3,100 donation – the largest financial contribution it has received to date. Project Somos is working to build an eco-sustainable village for orphaned and abandoned children near Antigua, Guatemala. The children will be raised in homes by a Guatemalan foster mother with other children.
- The board approved the Run for the Cure Committee's goal for Team HSA to raise \$35,000 – to match the union's contribution – in the 2008 *Run for the Cure*, which takes place October 5.
- A \$1,000 contribution toward the establishment of the Colya Kaminiarz Endowment Fund to support students in the respiratory therapy fields was approved. The fund was established by his colleagues and is a fitting remembrance of Colya, an HSA activist at Vancouver Hospital who passed away suddenly last year.
- Jessica Bowering, HSA legal counsel, was appointed as an alternate HSA trustee on the Municipal Pension Plan board.
- The board endorsed the Public Compensation Coalition, working to support and defend a publicly administered and employer-funded workers' compensation system because it is the best way to keep workers safe in their workplaces, and fairly compensated in the unfortunate event of workplace illness or injury. For more information, visit the website at www.publiccompensation.ca **R**

See inside cover for a list of HSA board representatives and their e-mail addresses.





Committees

SCHOLARSHIP WINNERS 2008 / 2009

HSA congratulates scholarship winners

The members of the 2008/2009 Education Committee are:

- 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)

For information about the work of this committee, contact Leila Lolua at 604/439.0994 or 1.800/663.2017.

Many scholarships and bursaries are available to HSA members and their children. Applications for 2009 will be accepted beginning January 2009. See HSA's website at www.hsabc.org for information.

Kelly Anderson

Daughter of Julie Lorette,
Medical Laboratory Technologist
Surrey Memorial Hospital

Felipe Araneda-Carrier

Son of Debora Munoz, Diagnostic
Neurophysiology Technologist
Prince George Regional Hospital

Dannika Bakker

Daughter of Connie Bakker,
Speech-Language Pathologist
Kelowna General Hospital

Meriha Beaton

Daughter of Lynn Beaton,
Respiratory Therapist
BC Children's Hospital

Shuo Cai

Daughter of Frank Cai,
Cardiology Technologist
Penticton Regional Hospital

David Soo Chan

Son of Nuey Soo Chan,
Medical Laboratory Technologist
BC Children's Hospital

Salina Dharamsi

Daughter of Azmina Dharamsi,
Pharmacist
BC Children's Hospital

Leah Drewbrook

Daughter of Christina Drewbrook,
Medical Laboratory Technologist
Royal Columbian Hospital

Joseph Fendick

Son of Sally Fendick,
Integrated Day Program Coordinator
Haven Society

Anthony Gagné

Son of Sheryl Gagné,
Health Records Administrator
100 Mile District Hospital

Devon Ghag

Son of Kashmir Ghag, Dietitian
Burnaby Hospital

Tami Higo

Daughter of Debbie Higo,
Dietitian
BC Children's Hospital

Kyla Jackson

Physiotherapist
Kelowna General Hospital

Meghan Lamont

Daughter of Anne Lamont,
Physiotherapist
Royal Columbian Hospital

**Caitlyn Lee**

Daughter of Cynthia Lee,
Medical Laboratory Technologist
Richmond Hospital

Christopher Macallum

Child Care Worker
North Shore Health

Adrian MacKay

Son of Carol Mullen,
Respiratory Therapist
Penticton Regional Hospital

Janneke Main

Daughter of Karen Main,
Medical Laboratory Technologist
Mission Memorial Hospital

Zachary McCaskill

Son of Shelly Fleck-McCaskill,
Health Records Administrator
Vancouver Hospital

Melissa Medjuck

Support Worker
Positive Women's Network

Nicole Meyer

Daughter of Mary Meyer,
Health Records Administrator
St. Joseph's General Hospital

Rebecca Molly

Daughter of Barbara Molly,
Medical Laboratory Technologist
West Coast General Hospital

Shauna Nielsen

Daughter of Valerie Nielsen,
Diagnostic Medical Sonographer
East Kootenay Regional Hospital

Emma Prestwich

Daughter of Leanne Prestwich,
Pharmacist
Royal Jubilee Hospital

Andrew Ross

Son of Janis Ross,
Cardiology Technologist
Prince George Regional Hospital

Shelby Snow

Daughter of Yvonne Snow,
Medical Radiation Technologist
Chilliwack General Hospital

Rochelle Stokes

Occupational Therapist
Sunny Hill Health Centre

Craig Tache

Son of Belinda Tache,
Health Records Administrator
Penticton Regional Hospital

Zachary Wilson

Son of Aaron Wilson,
Community Living Coordinator
Centre for Ability

Christine Yoneda

Daughter of Gabriele Yoneda,
Physiotherapist
St. Paul's Hospital

Aboriginal Awards

Elaine McGilvery
Stephen Mussell



CALM GRAPHIC



Committees

RUN FOR THE CURE COMMITTEE

Run, walk or wheel on October 5



Thalia Vesterback is chair of HSA's Run for the Cure Committee.

by THALIA VESTERBACK

HSA has been a supporter of the Canadian Breast Cancer Foundation CIBC Run for the Cure since 1997. Through the years we have developed a close relationship with the Canadian Breast Cancer Foundation BC/Yukon region.

This year, the board of directors voted to increase our sponsorship of the Run from \$25,000 to \$35,000. In acknowledgment of this increase, the CBCF BC/Yukon region renegotiated the level of recognition HSA will receive during the Run.

Our union is now a regional sponsor and the HSA logo will appear on BC run material. We are invited to participate in kick off and wrap up events around the province and at each run site we will have:

1. Prominent table locations
2. Guest speakers
3. Sole rights to distribute the pink ribbon tattoos

So what does this mean to you? For HSA to truly benefit from this increased recognition, we (the union members) have to get out there and take advantage of this opportunity to showcase who we are and the health care services we provide. Thousands of people across the province participate in the Run and HSA team mem-

bers stand out with our beautiful blue shirts.

The pink tattoos are always a big draw and give us a unique opportunity to tell our story while handing them out. There are ten run sites across the province:

- Vancouver
- Victoria
- Nanaimo
- Abbotsford
- Kelowna
- Kamloops
- Prince George
- Castlegar
- Golden
- Port McNeil

As well, last year's run committee member, Marcella Navarro, helped organize a run in Prince Rupert and they are planning to do the same again this year.

You don't need to be at a run site to participate. You can walk or run the five kilometres wherever you happen to be. Last year, Trail CT technologist Ellen Vallie walked the decks of her cruise ship. You don't have to be a HSA member to join the team either – everyone is welcome. Invite your friends, families and co-workers to come out.

Win a prize!

HSA and the CBCF offer incentive prizes for fundraising. From HSA:

- The top five HSA team fundraisers will win \$200 each

The members of the 2008/2009 Run for the Cure Committee are:

- 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)

For information about the work of this committee, contact Janice Davis or Miriam Sobrino at 604/439.0994 or 1.800/663.2017. See HSA's website at www.hsabc.org for information.





- Everyone who joins the team by early September (date to be determined) will be eligible for a \$500 early bird draw
- All team members will be eligible for another draw prize
- From CBCF:
- Early bird draw prizes include a draw for two Air Canada tickets anywhere in North America (July 31 deadline) or \$2500 Visa gift card (August 31 deadline)
- Depending on how much is raised, you can choose from a selection of prizes:
 - Raise \$300: choose from iPod buds, stainless steel water bottle, Urban Messenger bag
 - Raise \$700: choose from gourmet getaway and sports tote bags
 - Raise \$1000: choose from Swiss Army knife or New Balance shoes
 - Up to \$5000: there are various prizes for raising \$1500, \$2000, \$3500 and \$5000!

The top fundraiser at every site will win a pink Dyson vacuum cleaner and be entered into a draw for a two-year lease on a 2009 Hybrid vehicle.

Run Committee goals

The 2008 Run for the Cure committee set three goals for this year:

1. To raise \$35,000 (to match the \$35,000 sponsorship);
2. To encourage friendly local challenges between similar-sized run sites. For example, we are hoping chapters participating in Kamloops, Prince George and/or Kelowna will challenge each other to get out the

most participants;

3. To participate in *Think Pink Week* activities. This year, September 15 to 19 is *Think Pink Week*. Across the country there will be many “pink” activities that educate people about breast cancer and promote the Run. We would love to see as many chapters as possible set up pink HSA tables at their site, hand out pink tattoos and encourage people to come out for the run or donate.

This year the Run will take place on Sunday, October 5. I hope all of you will come out to walk or run the five kilometres or support those people who do. We always need people to help hand out pink ribbon tattoos at the HSA tables. HSA president Reid Johnson will be walking in Nanaimo this year – if you live on the island, please join Reid for the day!

Of the monies raised, 75 per cent stay in BC and support local initiatives (such as the *Tour for the Cure*, *Go Have 1* campaign), research (grants, BC Cancer agency, etc) and education, while 25 per cent goes to the national office.

For more information about joining or supporting the HSA team or *Think Pink Week* events, please contact the HSA office or any of the Run committee members. You can also e-mail me via the HSA website. Run site and fundraising information is available at: www.cibcrunfortheure.com.

See you in October! **R**

Thalia Vesterback represents Region 9 on HSA's board of directors, and is chair of the Run for the Cure Committee.



INTERDISCIPLINARY TEAMS

Examining solutions to friction caused by BC's program management formula

by MAUREEN ASHFIELD

Inspired by debate at convention this year, the original reason I felt so passionate about writing an article on interdisciplinary teams was my sense that somehow we needed to address a dynamic that appears each year at convention. Specifically, I noticed a resentment that simmers and periodically boils over towards nurses.

This past convention marked seven years since the BC Liberals imposed contracts in the health care sector. Nurses got premium increases while we saw our membership split along the lines of the As and Bs.

Following the expression of frustration towards nurses in general, there follows an immediate response that HSA has members who are nurses, which is then followed by expressions of guilt and remorse. Collectively, we seem to be stuck in our attempts to deal with the effects of our bargaining history and political context.

The context of frustration

The frustration many feel can be traced back to the imposition of unfair contracts, the devaluing of our professions and the unprecedented rise of nurses into decision-making and policy development positions. These issues make patient care more difficult and can't be fixed within the framework of contract negotiations.

HSA has been part of a strong labour response making strides toward righting the wrongs. But I believe we have been witnessing the employer's 'divide and conquer' strategy succeed for too long.



Maureen Ashfield, long-term case manager, trained as a social worker

In this first of two articles, I offer the following thoughts with the hope that they will become part of our collective attempt to confront the destructive influences that have created ongoing friction between HSA brothers and sisters and our nurse colleagues.

I'll begin with program management, which I view as a large-scale health care policy that drives the implementation of interdisciplinary teams at the local level. Hospital units and community health centres are examples.

In my own research on interdisciplinary teams, and in my recent experience as a team leader with a new manager and a program director who supported interdisciplinary teams, it occurred to me that patient care might in fact be enhanced by such an approach. That





did not square with HSA's response to, and my long-held position on, program management. So I looked into the issue further.

Program management in BC

In BC, the introduction of program management came with all of the worst elements of interdisciplinary team development: power imbalances among disciplines, poor implementation of new organizational structures across regions, turf wars generated by scarce resources, a clinical model of health care, government interference, and inequities in contract settlements.

Program management – as it was implemented in BC – was the antithesis of interdisciplinary team development. In too many examples across BC, the approach devalued HSA professions and allowed managers to regard our skills as interchangeable and easily replaced by other disciplines, such as nurses.

This approach ignored the need for discipline-specific education and development and removed discipline-specific clinical resources – for example, many chief paramedical positions were reduced in scope or eliminated, removing much-needed experience and leadership.

Here is the irony: interdisciplinary teams – and thus program management that is actually sustainable – depend on health care professionals who are strong in the skills and perspectives of their own discipline.

Interdisciplinary teams do not work when there is an underlying assumption that other members of the team are intimately familiar with the skills and knowledge of each discipline. In fact, in all the research I have read, the strength of the interdisciplinary team approach understands that team members are

well-versed and supported in their own field so that each member can actively participate in a collective discussion to provide the best response to client needs.

The ability to be flexible when working with other disciplines demands that each discipline maintains a sense of its own unique contribution to the care planning process; in other words, getting rid of chief health science professionals does not further the cause of program management.

Overcoming assumptions

Program management as it was implemented in BC – with interdisciplinary teams as the local incarnation – was riddled with assumptions that doomed it to failure, not to mention

The ability to be flexible when working with other disciplines demands that each discipline maintains a sense of its own unique contribution to the care planning process; in other words, getting rid of chief health science professionals does not further the cause of program management.

criticism and resistance from front line health care workers.

For example, management assumed that nurses were best-suited for leadership roles, that the best way to deal with team communication and cost efficiency would be to put nurses in as many positions as possible and

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Examining solutions

that nursing education automatically makes nurses the best generalists in all the specialties.

Furthermore, it is not possible to implement a major change in health care systems without helping allied professionals deal with changes in the day-to-day practice of their craft and relationships with their colleagues.

Communication key to an effective implementation plan

In my experience, there was little attempt to provide education about interdisciplinary teams and no real attempt to help us learn to communicate with colleagues from other disciplines to develop care plans that were interdisciplinary rather than multidisciplinary. For example, at one point there was a movement to have a single chart for clients, rather than several discipline-specific charts many of us used.

However, in many workplaces, the new approach was launched without training or opportunities to work together on the newly created chart.

Likewise, program management was introduced without solid plans to address group dynamics, conflict amongst team members, individual uncertainty and the sense of insecurity that usually accompanies major changes in how we work and interact with others.

Finally, in the political context of BC, it was difficult to avoid cynicism about the reasons behind program management: we suspected it was about saving money, not providing better care. Is it any wonder we ended up being suspicious of other professions?



What do you think?
Continue the dialogue with
a letter to the editor:
e-mail yukie@hsabc.org

Toward real interdisciplinary teams

The philosophy and values of interdisciplinary teams may provide us with a resource and perspective that we can use to move beyond repeating the same “nurses are the problem” or “the wage split is the problem” scenario every year at convention.

If an interdisciplinary team approach, which is at the heart of program management, is taken seriously by those who develop and direct health care policy, then there is no room for one discipline to claim any degree of superiority in terms of their contributions or assumed roles in the health care system – particularly with respect to leadership positions.

The corruption of program management – and poor interdisciplinary team development within that framework – may have set us back in our goals to provide good health care and relate as one professional to another (A's and the B's and nurses). But we cannot afford to get stuck there.

One way to get past being pitted against each other is to actually push back using the principles and values of interdisciplinary teams, as they appear in the research and are successfully demonstrated in many health care settings.

Stay tuned. In part II, I will provide a brief review of the characteristics, strengths, and challenges of interdisciplinary teams. What makes them work?

What research and analysis makes me believe that interdisciplinary teamwork benefits clients, patients and health care professionals – when it is done right?

My hope is to help provide a starting point for HSA members to discuss the impact of politics and health care policies with colleagues and managers. And in the end, I hope these discussions will result in a renewed respect for our contributions to the team and in better care for our clients and patients. **R**

Maureen Ashfield has a background in social work. She works as a long-term case manager at North Shore Health / Community Health Services.



FOCUS ON PENSIONS

Part-time workers may opt-in to pension plan

Q • What if I am working part-time? I was offered a job at another facility. What happens to my pension?

A • Part-time employees have the option to enrol if they complete two years of continuous employment and in each of two consecutive calendar years earn at least 35 per cent of the year's maximum pensionable earnings (YMPE), including overtime and other payments, exactly as for the calculation of contributions to the Canada Pension Plan.

Part-time employees can also be enrolled if the employer passes a resolution in accordance with the terms of a negotiated collective agreement.

Once enrolled, you must continue to contribute to the Municipal Pension Plan until termination of employment with that employer. If you move to another employer in the Municipal Pension Plan with a break in service of less than 30 days, you must immediately begin contributing for the new employment as well.

Any employee who has the option to enrol in the Municipal Pension Plan but chooses not to enrol must sign a waiver, which the employer keeps on file.

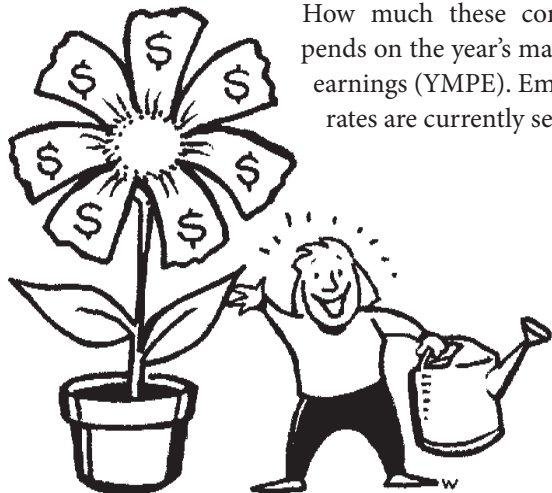
Q • How much does the municipal pension plan cost me?
• How much does it cost my employer?

A • As a member of the Municipal Pension Plan, you contribute both to this plan and to the Canada Pension Plan (CPP) through automatic deductions from your salary.

How much these contributions are depends on the year's maximum pensionable earnings (YMPE). Employee contribution rates are currently set at:

- 6.99 per cent of your salary up to and including the YMPE
- 8.49 per cent of your salary above the YMPE

Your employer also contributes to the Municipal Pension Plan on your behalf. Employers contribute at a rate based on the number of employees, their salaries, ages and occupations. The rate is updated annually.



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



CONTRACT INTERPRETATION

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

Portability of seniority and benefits when moving to a new job

Q I recently moved to Kelowna to be closer to my daughter and her family. Four months ago I resigned my position in Prince George. A month later – three months ago – I was hired as a casual at Kelowna General Hospital, then almost immediately posted into a full-time regular position.

I just heard yesterday from a colleague that I should have been able to keep all the sick leave credits I accrued at my old position at Prince George Hospital. Is this true? Are there other benefits that are portable between jobs? What are my next steps?

A In your case, your sick leave credits are not the only benefits that you are entitled to “port” to your new employer. When a member covered by the Health Science Professionals Provincial Agreement changes jobs, Article 29 allows you to port a variety of benefits, including:

- all sick leave credits;
- years of service for vacation entitlement recognized by the previous employer;
- the salary step (increment) and increment anniversary date;
- municipal pension plan and seniority (see Articles 9 & 10 for more details). Seniority was not portable prior to March, 1999.

Contact your employer's human resources department, or ask your steward for assistance.

Article 29 provides for a relatively seamless transfer of benefits to a new employer when a member gets a job at another facility covered by the collective agreement:

- within 90 days if hired as a regular employee, including temporary regular; or
- within 150 days if hired as a casual and then posts into a regular position.
- When a member is hired into a casual



position, she must ensure that her letter of employment states that she is seeking regular employment, or benefits may not be portable.

If the employer initiates a transfer under Article 10.08 – Temporary Assignment or the Health Sector Labour Adjustment Regulation Sections 3 & 4 – then the transfer is entirely seamless and all benefits and banks continue as if no transfer occurred. If your employer initiates a transfer under any of these provisions, please contact your steward.

If a member has not taken all of her vacation before changing jobs, then the employer will pay out the vacation time.

If the member would like to take time off, then she should postpone her start date or request an unpaid leave from the receiving employer in advance.

Medical, dental and extended health benefits start on the first day of the month following the date of hire. For example, if a member starts work for her new employer on May 5, her benefits start on June 1. Benefits continue until the end of the month when a member terminates her employment, so long as the



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





member starts the new position within 30 days of resignation from her previous employer, she will be covered without interruption.

The portability of severance allowance is addressed in Article 13.02 – Severance Allowance – says the allowance is portable if a member is hired at another facility within one calendar year. If a severance allowance has already been paid out, the mem-

ber does not have to serve another 10 years' qualifying period, but they will not receive severance again for any service which has already been paid out.

Long-term disability coverage is not continuous and special leave banks are not portable. When a member changes employers, LTD ceases on the last day of work and comes into effect the first day of hire into the new position. **R**

Health Science Professional Portability Guidelines

To port benefits, a member must terminate their employment relationship at the departing facility, Facility A.

A member who changes to casual status at Facility A will not be eligible to port benefits as

the employment relationship has not been severed. It is termination of employee status which triggers portability. A member could be rehired as a casual at Facility A, but would have no banks or seniority, similar to other new hires.

1. New employee at Facility B: Regular position at Facility A to regular position at Facility B within 90 days

Status at Facility A	Status at Facility B	Portability
Regular employee resigns from facility A	Employee is new to Facility B and is hired directly into a regular position within 90 days of resigning at Facility A	Yes

2. New employee at Facility B: Regular position at Facility A to casual position at Facility B to regular position at Facility B within 150 days

Status at Facility A	Status at Facility B	Portability
Regular employee resigns from facility A	Employee is new to Facility B, is hired as a casual employee and then posts into a regular position within 150 days of resignation at Facility A. (Expressed interest in regular work when hired as a casual employee and ensured this was reflected in letter of appointment.)	Yes

3. Concurrently working at Facility A as a regular and Facility B as a casual. Obtains a regular position at Facility B and resigns from Facility A within 90 days

Status at Facility A	Status at Facility B	Portability
Employee resigns from facility A as a regular employee within 90 days of obtaining a regular position at Facility B.	At the time of resignation from Facility A, the employee is a casual employee at Facility B. The employee posts into a regular position within 90 days of resignation from Facility A.	Yes

4. Concurrently working at Facility A and B as a regular employee

Status at Facility A	Status at Facility B	Portability
Regular employee resigns from facility A	Employee is a regular employee at Facility B at the time of resignation from Facility A. At the time of the request for porting her status as a regular employee at Facility B has not changed.	No; requirement for new regular work at Facility B is not satisfied.





WORKERS' COMPENSATION

HSA's WCB experts advocate for justice after workplace injuries

by CAROLE PEARSON

Hheavy work didn't cause Annemarie Bymoen's epicondylitis – it was a heavy workload created by understaffing and greater patient acuity. Bymoen is a medical imaging radiographer at Burnaby Hospital and also the owner of a personal training company who prides herself on maintaining excellent health through physical activity and good nutrition.

Bymoen has discovered that it is a challenge to avoid injuries in the work place. Since beginning her career in 1989, she has filed two Workers' Compensation Board (WCB) claims. After five years of dedication and with the aid of HSA's legal counsel, she won her first claim and is currently awaiting a decision on her latest claim, following an appeal hearing last month.

Bymoen filed her first WCB claim in 1995. She had been working at the hospital only a few years when she began experiencing headache, eye irritation, sinus pain, and breathing difficulties after just a few hours of working with x-ray film and chemical-filled developing tanks. She recalls, "I noticed every time my symptoms were acute, it was after a shift at work."

Historic win

Bymoen was diagnosed with chronic sinusitis, a symptom of what became more widely known as 'darkroom disease', caused by an overexposure to processing chemicals. When WCB rejected her initial claim, HSA's occupational health and safety experts began



Annemarie Bymoen was the first worker in BC to win a claim against "dark room disease," caused by an overexposure to film processing chemicals.

gathering enough evidence to convince the WCB appeal tribunal to recognize her darkroom disease as an occupational disease. In the end, the WCB appeal board recognized darkroom disease as an occupational respiratory disease. It was an historic win.

"I was the very first person in the province to win a claim for darkroom disease," Bymoen says proudly. "When the hospital ripped out that x-ray room and found the exhaust fan was installed backwards, that didn't bode very well for WCB. I had worked in that room for five years!"

She was eventually awarded a substantial one-time payment from WCB for her pain and suffering. To this day, though, she says she can't get near cleaning chemicals without getting quite sick.

When her position as picture archiving and community systems/radiology informa-



tion systems (PACS/RISK) coordinator was eliminated five years ago, the only vacancy available to her was back on the front line. She says, “I couldn’t believe how much the workload had changed in four years.”

She found more patients (about one-half) needed assistance to move from their wheel chairs or stretchers. Compounding the problem, she says, there were far more obese patients and more showing up with infectious diseases.

At first, she was not fazed by the work, thinking that she would just simply “jump back in”. Bymoen believed that because she was so physically fit, the new workload would not be an issue; however, it did not take long for her to learn otherwise.

Lower staffing levels, but higher workload

Her job consisted of supervising weekends and working the following Monday and Tuesday.

Weekend work can be challenging, as the staff are expected to meet the needs of inpatients, emergency, operating room, ward portables and any emergency interventional procedures that are approved.

With only three people on staff, it requires careful time management and constant decision-making. Because the staff is reduced on these shifts, it can mean more patient exams and lifting per individual.

With patient acuity and obesity increasing, the job demands more physical output

Continued next page

Activism still raising awareness

by CAROLE PEARSON

Annemarie Bymoen (formerly Budau) has been HSA’s “poster girl” for the *Run for the Cure*. She spent five years as a union steward for her colleagues at Burnaby Hospital. For two of those years – from 2003 to 2004 – she was particularly active in promoting the event. “I did promos for the event in our workplace and at HSA conventions,” she said.

HSA is a gold-level sponsor of the Canadian Breast Cancer Foundation’s annual Run for the Cure, which raises funds to support breast cancer research plus programs to prevent, detect, treat and find a cure for breast cancer.

For Bymoen, the *Run for the Cure* is an important cause on two levels. “I had a lot of friends whose moms had suffered and survived breast cancer. I knew first-hand how it affected them and their loved ones. It is a devastating thing to learn you have breast cancer. I tried my best to empathize with my friends, their concerns and fears touched my heart,” she explains.

“And, at the time, I performed mammograms and as such, met a lot of women who, although were not related to me, shared all that they were experiencing mentally, physically and emotionally. Like everyone who works in health care, we are there for all the right reasons. We are thoughtful, caring, compassionate individuals who respect all our patients and want to make a difference in their lives. These women’s stories were real and the *Run for the Cure* was one of the many ways I could contribute.”

Bymoen participated in the run, but directed most of her energy into raising awareness and support among HSA members while attending conferences. Although she handed over the role of steward to her colleague Jennifer Cameron, her legacy with HSA and the *Run for the Cure* lives on. She laughs, “My co-workers were saying, just the other day, that it was kind of neat they were still using my poster after four years.”

That’s a pretty good run. **R**



Continued from previous page

Increasing workload, fewer staff

for health care workers. There is not much time to rest in between patient exams, since completing one exam means the beginning of another. Breaks and lunch cannot be skipped, as they are the only time you are resting.

After two years into the job, Bymoen became aware of a dull ache in her elbow. She says, "I wasn't the only one complaining about elbow pain, but I was the only one that realized that I needed to do something about it."

At first, she admits she wasn't concerned, "Like a lot of health care workers, I thought, it's not a big deal. It will go away. However in one day that all changed. I was pulling a plate out from behind a patient and a sharp pain shot through my elbow and at that point, I knew something was wrong. So, that's when the whole WCB claim began."

Diagnosed with epicondylitis, which is a repetitive strain injury, Bymoen's specialists advised her to take a leave from work. She took a month's sick leave and then came back on a graduated return program.

"Actually, I felt pressured to return to work since there is a shortage of employees and also never truly felt 100 per cent supported. Had I refrained from returning for three months, the injury would have had time to heal closer to 100 per cent."

Injury affects life at home

She found her repetitive strain injury also interfered with carrying out tasks outside of work.

On two occasions while lifting a drinking glass, her grip weakened and the glasses dropped to the floor.

Trying to "one-arm" her household chores, Bymoen found she could only use one arm to unload the dryer and dishwasher. She could

no longer train her clients effectively with her business or carry out her own fitness endeavors. "I could not take care of my own physical needs, which in turn sent me over the edge," she says.

It was HSA's labour relations staff that advocated on Bymoen's behalf for both WCB claims. "They are very knowledgeable people who will support you until you win!!! HSA truly values and cares about the well-being of their members. It is unfortunate that health care employers do not genuinely share the same sentiments."

Today, Bymoen says her elbow is better but she still experiences dull aches. Until another position becomes available to her, Bymoen often finds herself trading away or giving up her Sunday shifts to ensure she is not working the most physical shifts on a continuous basis. This also allows her to spend one day with her family. As a weekend supervisor, Bymoen ensures her staff get help with lifting and take their breaks – steps to lessen their chances of similar injuries.

To workers who have excuses for working despite pain, she says, "I tell them they're silly not to file a claim. You're not helping your colleagues if you don't. And you have to have a life outside of work. If you can't go home and carry out your everyday tasks and duties because of your job – in the end it will only be you that suffers."

"I am quite proud of what we do, and I love my career – and that's why I'm there. It offers so much diversity. I recognize that there will be challenges in any job – for us, it's increasing patient acuity and workload. However, a job shouldn't leave you feeling mentally and physically stressed at the end of the day. No job should do that." **R**





HSA to hold special safety conference this fall

HSA will be offering an Occupational Health and Safety (OH&S) conference in Richmond on November 20 and 21, directed specifically at issues affecting HSA members.

Connections: Advocating for a Safe and Healthy Workplace will be of particular interest to OH&S Stewards who have completed Basic Safety Steward training at HSA, but all members are encouraged to apply. A conference of this type is a first for HSA and we are excited about the potential for networking and education, with a focus on the major OH&S topics of the day.

Part of the agenda, which is currently in development, will cover violence in the workplace, enforcing health and safety rules in a health care setting, an overview of musculoskeletal risk factors and breakout sessions on exposures/biohazards, working safely in the community, and worksites in private homes.

Several excellent speakers have also been invited, including plenary speakers from WorkSafeBC, Judy Village, a leading ergonomic researcher, to discuss the results and implications of lab and ultrasound



CLAIRE KUIJNDZIC GRAPHIC

studies done for HSA, and Larry Stoffman, to make a presentation on asbestos and occupational disease.

Space is limited, so please watch for application information in early fall. **R**

Information session on infectious diseases in high-risk communities

WorkSafeBC is hosting a half-day information session for social service and community care workers and employers. The focus will be on current and emerging trends in infectious diseases – including MRSA and TB – in high-risk communities.

Time and place:

Tuesday, October 14, 8 am to noon

Alice MacKay room, Vancouver Public Library

350 West Georgia, Vancouver

The session is free, but registration is required. A continental breakfast will be provided. The deadline for

registration is Monday, October 6. When registering, provide the participant's name, organization, and email address.

Contact:

Heather Middleton

email: indlabsr@worksafebc.com

Phone: 604/276.3235

Registration is not restricted to employers and workers in social services and community care. Please forward this invitation to other employers, workers, or associations whom you feel could benefit from this session. **R**
HSA supports members' participation through education funding for travel and other expenses. Contact Leila Lolua at the HSA office for more information.



NEW TECHNOLOGY

Team delivers gift of life

by CHERYL GREENHALGH

Timing is everything, particularly when a life is on the line. When 'Evelyn' suffered a major stroke, she needed the best medical team and the best equipment to halt and, ideally, reverse the damage. She had all that, but the critical moment really came down to her nine-year-old granddaughter.

One weekend morning just before Christmas last winter, Evelyn, 76, was babysitting her three granddaughters. When she was suddenly unable to speak or move her right side, her granddaughters knew something was wrong. The nine-year-old, thankfully, had the presence of mind to call 911 right away.

A stroke patient must get to the hospital within a few hours of any symptoms because the acute stroke intervention procedure needs to be done within four hours of the onset of





stroke for there to be any chance of reversing the damage.

Since it was a weekend, radiologist Dr. William Siu, registered nurse Anne Lee, and myself, the x-ray technologist, were off-duty. But when we're on call, we're never more than a half hour away.

When Evelyn arrived at the Emergency room, a CT scan showed a clot in her left middle cerebral artery. She was rushed to us in Interventional Radiology, where an angiogram indicated a severe narrowing at the origin of the left carotid artery, with an extensive blood clot extending from her neck into the left middle cerebral artery. Time was of the essence.

Anne and I got Evelyn prepped and on the table and ready to go. Dr. Siu arrived and we started the procedure.

He used our new state-of-the-art Philips FD20 x-ray machine for the angioplasty. He put a catheter into the femoral artery and threaded it up through the aorta into the carotid arteries in the brain.

We then injected x-ray dye and took pictures. At that point we could see that a clot and a narrowing was restricting blood flow to a part of her brain.

In the past, our old x-ray angiography machine enabled us to document clots and

narrows but it did not provide enough fine detail to actually allow our doctors to do anything to fix the problem. Now we have the technology to allow them to insert a catheter into the clot, inject drugs to dissolve it, and put stents in to open up the narrowing.

With Evelyn, the procedure took less than 60 minutes. She went from us to the neurology ward for recovery and follow-up, and was released within a day or two.

It was really gratifying, because it was the first interventional procedure of this type that both Anne and I participated in and it was completely successful. It was especially nice to know that Evelyn made it home for Christmas.

We all have our roles in the procedure; we do the things we're trained to do. It's not unlike an operating theatre where health professionals support the surgeons. We work as a team and support each other.

Evelyn had a complete recovery and has been back to visit us with her granddaughters several times, particularly on the anniversary of her stroke. She's absolutely amazed at how much her life was in danger one day, then how her symptoms were mostly gone the next.

It's really nice that she makes a point to come by to say hi, bring us chocolates and thank us for what we've done. **R**

left: The Interventional Radiology team at Royal Columbian Hospital uses their expertise and state-of-the-art equipment to treat acutely-ill patients. right to left: Dr. Will Siu (radiologist), Anne Lee (registered nurse), and Cheryl Greenhalgh (x-ray technologist)

Cheryl Greenhalgh is a medical radiation technologist at Royal Columbian Hospital. Reprinted courtesy of InFocus magazine, published by the Fraser Health Authority.



MEMBER PROFILE

Helping at-risk youth choose the right path

by CAROLE PEARSON

Hanging out at the mall is part of Miranda Blomquist's job. As a youth outreach support worker with the John Howard Society North Island in Courtenay, it's important to go to places where youth congregate. "It's a busy job," she says, "but that's what I like about it."

Going to parks, community centres and shopping malls that are popular youth hang-outs is just one part of her job – but an important one. "Because I'm where they are, they accept me a little bit more, rather than going to a counselling office."

As a youth outreach support worker, Blomquist's role is to guide at-risk youth in the right direction. If they have addiction problems, she tries to get them into alcohol and drug counselling. With those who have

people," she says, "is because I could have easily gone down that same path myself. My family never had a lot of money and I grew up in an addicted family. Knowing that I could have gone either way makes me have compassion for other people that might find themselves in that situation."

Blomquist has worked with the John Howard Society for five years. Prior to her current position, she was employed at the Campbell River John Howard Society's *Oasis* residential program for girls, which provides help for those who are going through the youth justice system. She has been a youth outreach worker for two and a half years, and is also an activity worker with the *180 Degree* program, a detox and stabilization program providing positive activities for youth.

She also works as a staff member of *Safe Care*, a program directed at youth at risk for sexual exploitation or who have been sexually exploited. Part of her job involves going into the schools and speaking to students about the risk factors for recruitment. She also collaborated with other service professionals to establish *Community Against Sexual Exploitation of Youth* (CASEY).

During her studies at Trinity Western, Blomquist volunteered at the Union Gospel Mission in Vancouver's Downtown Eastside. Through activities like handing out mugs of

"My dream job would be to work with homeless adults. But what I like about working with youth is there's lots more hope."

housing issues or are in need of family mediation, she refers them to the Ministry of Children and Families. "They can call me if they need help with housing, looking for a job, or a personal crisis – and I can pick them up for coffee and have a chat."

Blomquist was born in Courtenay and graduated from Trinity Western University in 2003 with a B.A. in psychology and a certificate from its human services program. "The reason I decided to work with impoverished





hot chocolate to people who came in from the streets, Blomquist came to realize almost all the people she met had some history of abuse in their past, including alcoholism, addictions or mental illness. “That’s where I started to understand the root causes of poverty, because although the stories were all different, they were all basically the same in the end.”

“The best part about my job is being able to have an effect on people’s lives and knowing I can be a positive role model to youth,” she explains. “My dream job would be to work with homeless adults, but what I like about working with youth is there’s lots more hope. They have more of their life ahead of them, so there’s more time for them to turn their lives around and do something great with their lives.”

A new steward for her facility, Blomquist recently attended her first HSA convention. “I was very impressed with the professionalism of it and enjoyed meeting the members from all over, including the ones in our regional area which is North Island,” she says. It was also an opportunity to learn about the other professions represented by HSA. “As a community social services worker,” she says, “I need to know what goes on in the hospitals.”

Blomquist says another high point of the convention was the presentation by Seth Klein, the BC Director of the Canadian Centre for Policy Alternatives, who spoke on the topic, “Poverty and Inequality in BC: Implications for Health.” She says Klein’s speech was “phenomenal.”

Miranda Blomquist
Youth Outreach Support Worker
John Howard Society

“Poverty is one big area of personal concern for me,” says Blomquist, “and being an advocate for people, especially for those who don’t have a voice to do it for themselves.”

Speaking out on behalf of others is the role of an advocate. She says, “The government needs to pour more funding into programs that are working on the root causes of poverty and homelessness: addictions, mental illness, abuse, those types of things.”

There should also be more money put into building low-income housing, another “gap” Blomquist sees in our communities. These are all big changes that need many voices to speak out to get government action.

That’s why, for Blomquist, the HSA convention was just further proof of the combined strength that comes with being in a union.

“The biggest thing I came away with is the power in numbers. In every union, we have a united voice and that has more sway than one individual voice.”

Miranda Blomquist would like to see policies that address the root causes of poverty



HSA activist awarded for excellence

by LAURA BUSHEIKIN

Although he couldn't have known it, youth and family counsellor Lee Chernoff was already preparing for his career while in elementary school. And he clearly chose well: Chernoff was declared a Healthcare Hero earlier this summer.

"When I was about 11 or 12, I would check out mental health textbooks from our local library and copy the chapter quizzes in advance of reading," he said. "Once I had studied the text thoroughly, I'd sit the exam at grandma's kitchen table with her acting as a proctor. I still have definitions memorized from those early pseudo-exams!"

His early fascination has translated into a career as a Youth and Family Counsellor on a 10-bed child psychiatry unit at BC Children's Hospital, where he has been employed for the past 11 years.

Until fairly recently "youth and family counsellor" was not recognized as a profession, Chernoff said.

"This is a newly emergent profession in BC, one which was formally recognized as meeting paramedical criteria by the BC Labour Relations Board in 2006. This decision marked our entrance as a group into HSA," he said, clearly pleased. He can also be proud – he had an instrumental role in achieving this decision, through his role as BCCH communications representative during the campaign for reclassification.

Once that campaign was successful, Chernoff accepted the role of HSA steward.

Lee Chernoff
Youth and Family Counsellor
BC Children's Hospital

"Joining the community of fellow health science professionals in HSA has been akin to a professional homecoming," he says. "There are certain virtues that we all share – compassion for one – otherwise we wouldn't be doing the work we do. [We also share] a commitment to excellence in our respective health science occupations and sustained advocacy for public health care."

Chernoff's own commitment to excellence and advocacy earned him an Excellence in BC Healthcare Award as a Healthcare Hero in June of this year. The award is presented by the Health Employers' Association of BC to "recognize the efforts of healthcare employees who provide quality care and support to the people of this province." Chernoff was nominated by his colleagues at BCCH.

The nomination expresses his team's appreciation of Chernoff's leadership: "As our elected delegate, Lee documented and articulated our aspirations to both management and our trade union, facilitating the lengthy process that ended with the fortunate result of our reclassification as paramedical professionals," it states. It also praises Chernoff's commitment to the clinical development of his profession, and above all, it commends his work with his young clients.

"Lee fosters opportunities for profound, sustained and life-long change. The positive impact of this hopeful process on children's developing self-esteem, self-determination and hope for the future cannot be overstated," writes Chernoff's co-worker, Douglas Herasymuk.

The children Chernoff works with range from five to 12 years old. They are challenging cases.

"These are the most acute kids in the province; they are referred down to us after ex-



hausting community mental health. About 60 to 70 per cent struggle with ADHD and have a co-occurring mood and/or anxiety disorder. Many, additionally, have deficits in the areas of language and learning. All have significant behavioural challenges, often including aggression, that have been interfering with their success at school, home and in the community. Early intervention is critical as the course of these conditions and degree of disability tends to worsen with age.”

Typically, a child stays in the unit for one month. Chernoff says his goal during that time is to create “practical, measurable change in the child’s level of functioning through contingency management, skills training, and psychoeducation – all within the context of a therapeutic relationship that fosters trust, respects individuality, and honours patients’ rights.”

The youth and family counsellors at BC Children’s Hospital also work closely with parents and caregivers to give them skills for better relationships with their child.

Chernoff loves the challenges and rewards of his job. “Each new child and family poses a unique clinical challenge. Behavioural assessment and crafting individualized treatment interventions are akin to solving a puzzle by configuring the pieces in such a way that a positive future comes into view. Being able to be a small part of fostering that future is deeply satisfying,” he says.

It can also be emotionally exhausting. Chernoff is mindful of the risk of vicarious

“Lee fosters opportunities for profound, sustained and life-long change. The positive impact of this hopeful process on children’s developing self-esteem, self-determination and hope for the future cannot be overstated,” writes Chernoff’s colleague.

trauma and burnout. “One of the greatest challenges arises from the expectations a clinician brings to their work. The Serenity Prayer, widely used in AA circles, articulates an essential aspect of that wisdom which a mental health professional must seek to constantly cultivate if she or he is to have productivity and longevity in the field.”

Chernoff developed much of that wisdom early in life. His mother, Donna Widsten, is an HSA member and a psychiatric nurse who managed a family care home throughout Chernoff’s adolescence.

Continued next page

Lee Chernoff listens attentively to fellow workshop participants at a union steward training session. He was recently awarded an Excellence in BC Healthcare Award for his work with youths.



Continued from previous page

Youth counsellor receives award

“The people who came to live with us were fully integrated into our family life,” he says. “Most suffered with a chronic schizophrenic illness and came from seriously traumatic backgrounds. We ate together, did chores together, spent holidays and, occasionally, argued – as all families do. These years were pivotal in shaping my understanding of the humanity and dignity of people with serious mental illness as well as exposing me to the real challenges and occasional heartbreak that the road to rehabilitation can hold.”

Chernoff remembers being stimulated by the literature his mother read. “There were many books around, from Freud’s *Interpretation of Dreams* to Berne’s *Games People Play*, and books on social deviance. I felt like a kid in a candy shop.”

His early love of studying mental health has not abated. His move to night shift was partly motivated by his desire for more study time.

“I try to study diligently, to keep up on the literature, and also to be a clinical resource for the team. My passion is for evidence-based practice. In the provision of mental health therapy, there’s often a tendency for things to be driven by personal philosophy or theoretical training rather than by what is the best evidence for treating different problems. Continual reform needs to be made in closing this critical gap between the best empirical research available and day-to-day clinical practice.”

In some ways, not much has changed for Chernoff since the days when he sat for self-directed exams at his grandma’s kitchen table.

The big difference now is that his passion and diligence are creating positive change in the world, improving his clients’ lives and enhancing the professional recognition and clinical development of his peers. **R**

Join BCFL’s youth network for info, events



The BC Federation of Labour is starting a provincial network of young people from across the province. As part of this network, you will receive information about upcoming activities focusing on young workers, as well as information on events in your region.

Would you like to be part of the youth network? To receive e-news on young worker events across the province, email your name, address, union affiliation, cell and home phone numbers to: dsykes@bcfed.ca. Phone 604/430.1421 to find out more.

The personal information you provide will be used for the purposes of your participation in the young worker network. **R**



STRENGTHENING MEDICARE

Better mental health care will shorten wait times

The National Union of Public and General Employees (NUPGE) says Canada's mental health system must be brought into the mainstream of Medicare to provide better care for millions of Canadians and to help shorten the waiting time for care.

Short wait times: a national mental health strategy is the sixth in a series of NUPGE publications outlining "10 steps to ensure we get more and better care – faster."

"Research tells us that about one in every ten Canadians over the age of 15 years will at some point experience a mental health problem, including alcohol or substance abuse," the latest pamphlet says. "The social and economic costs to Canada associated with a growing prevalence of mental health conditions cannot be understated."

Inadequate access to mental health services means that more people must rely on emergency rooms and hospitals, often when another form of intervention would be better, the publication says.

"Not only is this often not in the best interests of the person experiencing a mental health problem, it also means that wait times for other patients become longer," it adds. "There needs to be a national strategy to assist in the creation and funding of community-based services, staffed by mental health professionals, available at all hours-from coast to coast."

The pamphlet is a component of NUPGE's *10-Step Plan* for improving and expanding public health care services as a way to return to short wait times and improving the health outcomes for Canadians. The 10 proposals for health care renewal are steps aimed at bringing new thinking and knowledge into the sys-



tem, a system that already performs well generally but could, and should, perform better.

If these proposals were acted upon, Canadians would see wait times reduced significantly and the health care system placed on a more sustainable path.

NUPGE encourages union members and the general public to use these pamphlets to inform family members, neighbours and friends of the next steps that can and should be taken in the evolution of Canada's successful but unfinished Medicare system.

"It is time that mental health services be brought into the mainstream of Canada's public health care system," the union argues. "We will all benefit!" **R**

HSA is a component of NUPGE. Download NUPGE's series of health care publications at www.nupge.ca/publications.

The National Union of Public and General Employees encourages better care and shorter wait lists through improved mental health care.



LEGAL SERVICES AND LABOUR RELATIONS

Key arbitration win protects rights

by MAUREEN HEADLEY

HSA's legal team has been working hard to clarify several outstanding issues and grievances on behalf of the membership and is happy to report that the results will have a positive impact on many members.

If you're a regular part-time employee, a recent arbitration win confirms your right to compassionate leave for scheduled work days. Work on the Bill 29 Settlement Agreement means members with outstanding HSP classification grievances can expect faster resolutions. Finally, if you're a research assistant at the BC Cancer Agency, a joint review process is underway to determine the appropriate classification structure.

Upholding members' rights

Here's more detail about the work we've been doing to uphold your rights:

The employer tried to reduce compassionate leave for part-time employees, arguing that leaves should be pro-rated.

Arbitrator Emily Burke rendered a decision on May 20 in a grievance involving a part-time employee's claim for compassionate leave. Her ruling affirms the right to compassionate leave pay for part-time employees.

The issue was whether the grievor, a regular part-time laboratory technologist at Eagle Ridge Hospital, was entitled to com-

passionate leave for scheduled work days lost or whether, as the employer argued, she was only entitled to a pro-rated amount of leave based on her FTE.

The union argued that a clear reading of the collective agreement language entitles an employee who otherwise qualifies for compassionate leave to compensation for loss of income for scheduled work days. The employer called evidence of bargaining history to support its argument that the omission of compassionate leave from the list contained in Article 3.2 of pro-rated benefits for part-time employees was a mistake and wanted to add compassionate leave to the list of pro-rated benefits.

HSA argued that compassionate leave is an income protection benefit, rather than a service-based benefit. Former HSA executive director Maureen Whelan testified as a union witness.

Here is an excerpt from page 22 of the arbitrator's decision:

In my view, the language as presently framed allows for the Union's grievance in this case. I do not find the negotiating history sufficiently clear to establish a mistake such that rectification should be granted. Rather, the language and structure of the collective agreement sup-





ports the Union's view that the benefit is not prorated, but rather arises when it impacts on scheduled work days. This in itself is a limiting parameter that may arise due to the irregular circumstances that create the need for such a clause. I find the parties have agreed as per Article 15 that regular employees, including regular part-time employees will be compensated for scheduled work days lost due to compassionate leave. The circumstances of part-time employees will determine the individual entitlement.

Hearing dates anticipated for classification grievances

Pursuant to the Bill 29 Settlement Agreement, HSA met with HEABC and Health Authority officials to discuss the process of expedited arbitration for member-initiated HSP classification grievances.

Ten per cent of the original 69 member-initiated grievances are now resolved or close to resolution. HSA is aiming to conclude all the remaining Stage 3 meetings by this fall. HSA will inform each grievor about the expedited arbitration process once hearing dates have been confirmed.

BCCA: Joint Classification Review

HSA and HEABC entered into mediation in April and successfully established a joint review process for research assistants employed at BC Cancer Agency. The parties conducting this process are HSA and the Provincial Health Services Authority. The process will determine the appropriate classification structures for bargaining unit research assistant positions, affecting some 120 members.

Region 5 director Kimball Finigan serves on the joint steering committee, which will



Maureen Headley
Executive Director of Legal Services
and Labour Relations

oversee the process, problem-solve, and communicate with our research assistant members. A joint fact-finding committee will review documents, interview certain RAs and their managers, prepare a report of agreed/disputed facts and recommend changes to the RA classification structure and/or individual employee assignment within that structure.

Arbitrator Joan Gordon remains available to assist the parties and, if necessary, hear and determine unresolved issues if the parties are unable to reach agreement.

The process is scheduled to conclude by February 2009. **R**

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



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*.



ANNOUNCEMENTS

Upcoming events

HSA's Committee on Equality and Social Action encourages awareness of these upcoming dates and events.

September 21: International Day of Peace
www.internationaldayofpeace.org/

October: Women's History Month
members.shaw.ca/whnbc/index.htm

October 17: Day for the Elimination of Poverty
www.makepovertyhistory.ca/en

CoDevelopment Canada plans delegation to Americas Social Forum

CoDevelopment Canada is organizing a small delegation to attend the 3rd Americas Social Forum in Guatemala in October 2008.

HSA's Committee for Equality and Social Action supports the work of CoDev, an organization that links Canadian unions and community groups with counterparts in Latin America.

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





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.



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See pages 12-13 for more information on prizes available to HSA participants.

ABOVE: At last year's Run for the Cure in Castlegar, Thalia Vesterback (left), chair of HSA's Run for the Cure Committee, applied a pink ribbon tattoo on activist Janice Morrison. HSA is a gold-level sponsor of the Run for the Cure.

