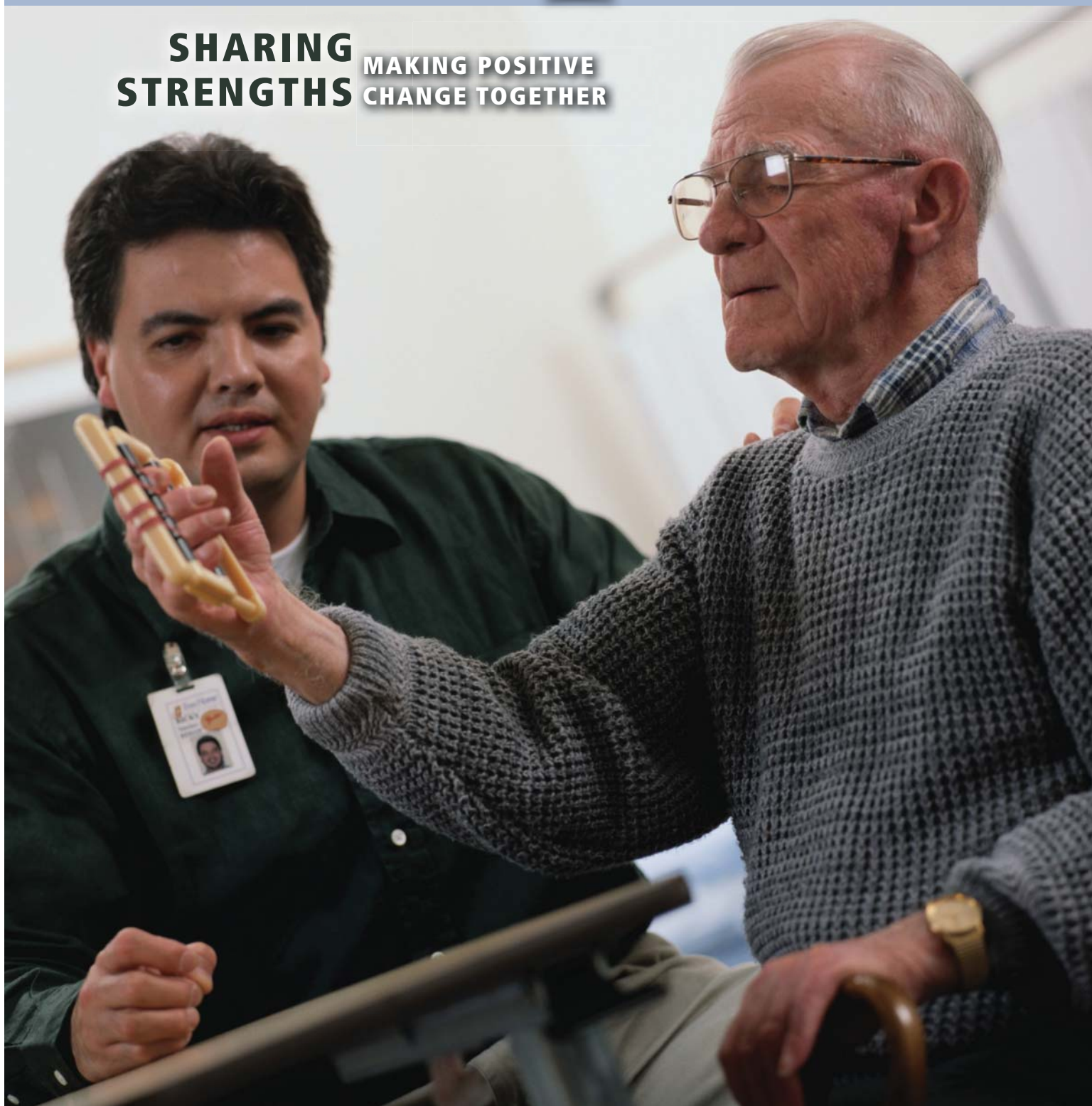


THE Report

**SHARING
STRENGTHS** MAKING POSITIVE
CHANGE TOGETHER



Help make positive change together

by REID JOHNSON

Organizing to Win. That was the theme of this year's BC Federation of Labour convention held in Vancouver at the end of November. Much of the convention focused on the ways our labour movement is working to bring issues important to working people into our everyday interactions and discussions with our family, friends, and co-workers.

And why is that important? Because the decisions that are made at the municipal, provincial and federal levels are important to our everyday lives. HSA members, including the four who were elected to their local councils in the recent municipal elections, know that.

As the convention was winding up, the federal government started to spin into a political and constitutional turmoil that, at publication time, hadn't been sorted out. The issue that prompted the opposition parties into negotiating amongst themselves for an agreement to form a coalition government was an arrogant, blame-the-worker, anti-democratic economic statement made by the Harper government. In the face of a world-wide economic crisis, Canadians were told to stay the course, and that the best way to settle the Canadian economy would be to sell off public assets, attack pay equity legislation, place a cap on federal public employees' wages and remove their right to strike.

In addition, the government proposed the best way to stimulate the Canadian economy includes a plan to quit funding political parties, undoing election financing legislation that previously leveled the political playing field by restricting campaign financing by third parties, such as corporations and unions.

The issues may seem distant from the issues that are important to your individual lives: issues like pursuing an education, working at a job you enjoy, supporting your family economically and emotionally, and being an active member in your community.

But they aren't at all disconnected. What happens in Ottawa or in Victoria or at your local municipal hall affects your community and your work.

If collective bargaining rights are stripped away for one group of workers, there is no guarantee you won't be next. If government infrastructure spending declines, the impact is on your schools, your roads, your parks, and your hospitals. That's why the labour movement across the country organized to support a coalition government – as a way to send a strong message to the minority Conservative government that workers' collective bargaining rights were hard fought for and worth saving, and that the national economy needs more than a cursory tweaking in the face of a worldwide economic crisis.

The BC Federation of Labour's theme of *Organizing to Win* wasn't just about electoral politics, it's about working together to win rights for working people. The campaign for an improved minimum wage continues, as do efforts to improve



Reid Johnson, HSA president

health and safety on the job for all workers. These are among the many issues as a labour movement we must continue to work on in order to win improvements for all working British Columbians and their families.

Whether we do that by talking to our neighbours about the issues we face at work, or we do that by supporting and electing politicians at the municipal, provincial, and federal levels who understand our concerns and our issues, it's critical that we engage in our political system.

The decisions and directions of the provincial government affect most HSA members where they work – the public health care and social services sectors. That's why it's important to engage in our political system. With the next provincial election just around the corner, I encourage all HSA members to make sure your candidates know about the services you deliver, and what they can be doing to improve the delivery of health care and social services in your community. **R**

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HSA RUNS, WALKS, AND WHEELS FOR THE CURE



PATRICIA SAYER PHOTO

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Vancouver BC V5R 4H1

News

BCAA drops waitlist insurance

BCAA dropped a controversial insurance plan in October after a membership survey and public outcry revealed broad opposition to its August trial. The insurance would have allowed buyers to bypass the medical waitlist – in many cases by getting treatment in private clinics and the US – for certain medical procedures after 45 days.

Reports say BC Health Minister George Abbott told BCAA the insurance contravened BC's *Medical Protection Act*, but the agency says membership opposition was the main reason for abandoning the plan.

"We won't shorten waitlists by letting some people jump into the private sector; that would only encourage more private services and drain the public system of needed human resources," says HSA president Reid Johnson. "The solution to this issue lies in the public sector, and we can start by seriously dealing with things like staff shortages that contribute to longer waiting times for patients."

Labour reacts to the shutdown of Parliament

On December 4, the President of the Canadian Labour Congress reacted to the shutdown of Parliament by the Prime Minister, saying it will cost people their jobs and delay much-needed action to confront the economic crisis.

"Our country is standing on the edge of an economic crisis. People are losing their jobs and watching their retirement savings evaporate. While governments around the world are taking action to stimulate their economies our Prime Minister has shut Parliament down. This is not what the country needs. We need Parliament to get to work," said Ken Georgetti.

Georgetti compared the Prime Minister to an employer trying to avoid signing a collective agreement.

"He's acting just like one of those bad bosses when he can't get his way at the bargaining table. Instead of working for a solution, he shuts the doors and locks everyone out. Our democratically-elected Members of Parliament just got locked out of their jobs. The majority of them want to go to work for the good of the country. The majority of them want to support an economic plan to save jobs and protect our economy. Now they can't do that because the Prime Minister has shut our democracy down," Georgetti said.

He said Canadians are going to lose their jobs because of what the Prime Minister has done.

"How many factories and mills are going to close? How many people are going to lose their jobs? How many people are going to be denied Employment Insurance and forced to watch their pensions disappear while the Prime Minister plays politics? This is a sad day for Canada," he said.

Unions win bonus for community social service workers

Community social services workers will receive a new bonus early next year thanks to the efforts of the Community Social Services Bargaining Association of Unions (CSSBA).

The bonus is expected to equal about 1 per cent of each employee's earnings in 2008. It will be based on reported income on the T4 income tax form, issued by employers by the end of February, 2009. All employees of Community Social Services Employers' Association (CSSEA) agencies who earned income in 2008 will receive a bonus.

Employers will distribute the bonus cheques

by the end of March 2009, accompanied by a letter from HSA.

This bonus will be paid from a \$3.9 million surplus in the Early Incentive Payment fund negotiated in 2006. A unique feature of that settlement was an audit, demanded by union negotiators, to ensure that any surplus was directed back to workers in the sector.

CSSEA employers rejected earlier union proposals to use this surplus bonus money to increase wages or sick pay to address the acute recruitment and retention crisis in the sector. Bargaining for a new collective agreement in the community social services sector will take place in early 2010.

HSA offers election campaign school

HSA is holding a non-partisan election campaign school for members who are interested in working on election campaigns or running for political office. The school will focus on the provincial election scheduled for May 12, 2009.

If you want to help elect representatives who will support public health care and community social services, or are considering running for elected office some day, then HSA's election campaign school is for you!

The campaign school will be held February 19 and 20 at HSA's office in Vancouver.

This workshop is designed for HSA members with little or no experience in electoral politics, and will discuss the various roles that HSA members could play during the pre-election and election periods. Workshop topics will include:

- The nomination process
- Campaign positions (who does what)
- Nomination campaigns

Continued next page



NEED HELP?

HSA's experts are available to help.

- 1. Contact your steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board.**
- 2. For regional labour relations issues, or if your steward can't help, contact the HSA office and speak to a labour relations officer: toll free 1.800/663.2017, or 604/439.0994 in the Lower Mainland.**
- 3. For all provincial, national, or union policy issues, contact your elected Regional Director (listed inside back cover).**

News

- How to get involved
- Overview of election campaigns
- How HSA can support members to run or work in elections

Nomination campaigns and election planning is well underway for the provincial election, but there will still be many opportunities for HSA members to get involved. Come to HSA's election campaign school to find out how you can make a difference in your community.

Interested members should contact their steward for an application form, and return it to the union office by February 2, 2009.

For further information about the campaign school, contact Carol Rivière at the HSA office.

16 days of activism for human rights

Through the union's Committee for Equality and Social Action, HSA supported the *We Can* campaign to end violence against women. The campaign kicked off in Vancouver with a dinner November 25 featuring guest speakers Mona Mehta of Oxfam Great Britain, Sandra Moran, of Guatemala's Women's Sector of the Civil Society, and Robert Fox, executive director of Oxfam Canada.

The 16 days of activism against gender violence is an international campaign. This year, it ran from November 25, the International Day Against Violence Against Women, to

December 10, which is International Human Rights Day. These dates were chosen symbolically to link violence against women with human rights violations.

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

This year's theme was *Human Rights for Women – Human Rights for All*, connecting gender violence to the 60th anniversary of the *Universal Declaration of Human Rights* on December 10th, 2008, bringing the issue of women's rights to the forefront of the celebration.

OHSAH seeks discussion forum participants

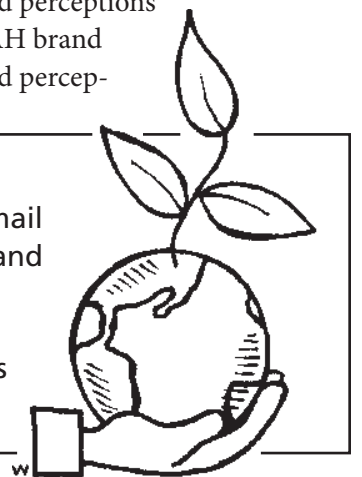
The Occupational Health and Safety Agency for Healthcare (OHSAH) in BC is in the process of reviewing its branding strategy to ensure that communications with its stakeholders regarding OHSAH, its programs, and its services are effective. OHSAH is assessing:

- Opinions and perceptions of the OHSAH brand
- Opinions and percep-

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*.



tions of OHSAH's programs and services

- Effectiveness of OHSAH's communication

As part of this assessment, OHSAH has asked Angus Reid Strategies, one of Canada's premier market research companies, to conduct online discussion groups with its key stakeholders.

OHSAH is looking for people who would be willing to participate in these online discussion forums. Each forum will take place over two days, but you can enter and leave at your convenience. Your participation entails typing answers to questions and interacting with other OHSAH stakeholders. In total, you will spend about 45 minutes each day interacting in the forum over the two-day period. The online discussion group will take place on Tuesday, January 13, and Wednesday, January 14, 2009. To thank you for participating, you will receive a \$75 honorarium.

Your participation will be completely voluntary and confidential. Results from this research will only be provided in aggregate, and no participants will be revealed.

If you are interested in participating, contact Tavish MacLean at Angus Reid Strategies either by email (tavish.maclea@angus-reid.com) or telephone (604/647.3279). Angus Reid will contact you if you are one of the randomly chosen participants selected for the research.

Marty Lovick, HSA's representative at OHSAH, encourages HSA

members to take part. "This is an extremely important step in improving OHSAH's communication strategies and we would very much appreciate your participation and feedback."

For further information contact Marty Lovick through the HSA office.

Canadian labour movement urges boycott of Petro-Canada

The President of the Canadian Labour Congress announced a country-wide consumer boycott of Petro-Canada in October. The boycott is part of a campaign in support of 260 Petro-Canada workers who have been locked-out of their jobs at the company's Montreal refinery.

"Canadians should not support any company that has the gall to wrap itself in our flag and use our maple leaf as part of its logo while it abuses its workers, ignores their rights as Canadian citizens and breaks the law by using scab labour. Shame on Petro-Canada."

Georgetti says the unions, provincial and territorial federations of labour, and local labour councils that make up the Canadian Labour Congress have agreed to support the Petro-Canada boycott. In the coming days they will ask their combined membership of over 3.2 million working people to avoid doing business

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

March 8: International Women's Day

<http://www.un.org/womenwatch>

March 21: International Day for the Elimination of Racial Discrimination

www.un.org/depts/dhl/racial

April 7: World Health Day

www.who.int/en

April 22: Earth Day

with Petro-Canada until the labour dispute in Montreal is resolved.

"We invite all Canadians who share our values of fairness, respect for the law and respect for the rights of working people to join us. Wherever possible, if there is an alternative to doing business with Petro-Canada, please make use of the alternative products and services. If Petro-Canada wants to hurt these workers, then we'll see how they feel when 3.2 million workers return the favour," Georgetti said. **R**



RETIREE BENEFITS FOR PSYCHIATRIC NURSES

New protection for retirees in Nurses' Bargaining Association

You may be eligible for a retiree benefit from the Nurses' Bargaining Association. This information pertains to you if you are a retired or soon to be retired HSA registered psychiatric nurse.

The Nurses' Bargaining Association has set aside one per cent (1%) of salary for the purpose of protecting post retirement group benefits and indexing for retirees. As a newly-retired member of the Nurses' Bargaining As-

sociation, you may be eligible for assistance with your Medical Service Plan premium beginning in 2009.

To be eligible for the retiree benefit, you must have retired as a member of one of the unions that make up the Nurses' Bargaining Association (HSA, BCNU, or UPN) under the Provincial Collective Agreement and be a member of the Municipal, Public Service or Canadian Blood Services Pension Plan.

In order to ensure that the Nurses' Bargaining Association has your name registered, please send the following information to the addresses noted below:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Retirement: _____

Employer at Date of Retirement: _____

PENSION PLAN & BENEFIT INFORMATION

I am a member of:

Municipal Pension Plan ☐ Public Service Pension Plan ☐ Canadian Blood Service Pension Plan ☐

I am enrolled/intend to enroll in the following health plans as a retiree:

Extended Health ☐ Dental ☐ MSP ☐ None ☐

SEND THIS INFORMATION TO:

BCNU
Attention: Nancy Eriksson
4060 Regent Street, Burnaby, BC V5C 6P5
Fax: 604.433.7945

SEND COPY TO:

HSA
Attention: Sharon Link
300-5118 Joyce Street, Vancouver, BC V5R 4H1
Fax: 1.800.663.6119 (toll free) or 604.439.0976 (lower mainland)

For members of the Public Service and Canadian Blood Services Pension Plans, keep your MSP bill statements. In order for the NBA to reimburse you for a portion of your MSP premium, you will have to submit your bill twice a year. DO NOT SUBMIT THEM AT THIS TIME. We will be sending out further information.

CONTRACT INTERPRETATION

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

Compassionate leave

Q: I am a part-time dietitian working for the Northern Health Authority under the Health Science Professionals contract. My mother has passed away, and I need to travel to Ontario to be with my family and help with funeral arrangements.

How much compassionate time am I allowed? Do I need to provide a death certificate? Is my leave pro-rated because I'm part-time?

A: Members are entitled to paid compassionate leave to deal with the death of a family member or relative. (The definition of 'relative' is outlined in the collective agreement. Members may also be granted paid time for travelling.

One commonly cited arbitration states that the purpose of compassionate leave is "to provide an employee with time off without loss of pay to meet and deal with a personal tragedy, make necessary funeral arrangements and support and provide after care for the deceased's survivors as well as to provide the necessary private time to deal with personal grief."

The time off for compassionate leave does not have to be consecutive and does not have to be at the time of death. The leave is for the purpose of grieving and the process of grieving for each individual is different.

Full-time and part-time employees are entitled to 21.6 hours for compas-

sionate leave. This summer, HSA won an arbitration case on behalf of members confirming that compassionate leave is not pro-rated for part-time employees. For members covered by the Health Science Professionals contract, Article 20 – Special Leave provides an additional 7.2 hours as described in that article.

If travel is required, an additional 14.4 hours with pay are available under this article and an additional 7.2 hours under the Article 20 – Special Leave provisions. This time can only be claimed for travel on days when the member was scheduled to work.

When travel is required, the maximum amount of paid time off when there is a death in the family is seven days. This includes three days of compassionate leave plus one day special leave. Travel time of up to three days is available: two days under this article plus an additional day under Article 20 – Special Leave.



The employer is obliged to honour requests for compassionate leave, and must make every effort to grant additional compassionate leave of absence without pay if requested by the member.

It is not necessary for a member to prove that she requires the time off. Generally speaking the purpose of these provisions of the contract is to ensure that members do not lose income because of the time off required to grieve a death in the family. Compassionate leave is not available if a member is on an unpaid leave of absence.

Similar provisions apply for HSA members covered by the Nurses', Community Social Services, and other contracts. See your contract for specific details, and consult your steward if you have any questions. **R**



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

PUBLIC PRIVATE PARTNERSHIPS

Economic crisis one more reason to reject P3s

by BEV PAUSCHE

While governments around the world direct billions of tax dollars into corporate bailouts, the BC government is pushing dependence on the private sector to build hospitals, long-term care facilities, schools, roads, bridges and other public infrastructure.

Public-private partnerships (P3s) result in higher debt, due to higher private borrowing costs, extra service fees for the public and lower quality services. Handing over control of our public services to the corporate sector means we have less say in how the services are delivered and the corporation cuts corners to deliver higher profits. Patients and citizens become customers and taxpayers become tenants.

Given all the coverage of the financial crisis, it's hard to believe we haven't seen much attention devoted to how government programs and services are exposed to debt and private capital by P3s.

They're starting to talk about it in the UK, where the Private Financing Initiative (PFI) model has been used for decades to finance, build, operate and manage a whole host of public services formerly owned and managed by the public sector. Canada's P3s system is modeled on the British PFI.

UNISON, one of the UK's largest public sector unions, released a

report in September 2008 that raises questions about public services and infrastructure being tied to volatile market conditions.

The report authors maintain that because government always retains the obligation to provide the service, they may be left to clean up the mess in the event of economic failure.

Anatomy of a P3

In the UK, and now in Canada, the public services industry uses private debt financing to profit from providing public services. Companies group together to form consortiums that collaborate to finance the project, but they may also design, build, manage and operate all or part of it. Currently, this "finance, design, build, operate and manage" format is very popular in BC's health care sector.

Government ledgers don't show large outlays of cash for health care infrastructure, so they can claim a 'balanced' budget. Instead, they pay the private partner a fee to lease the

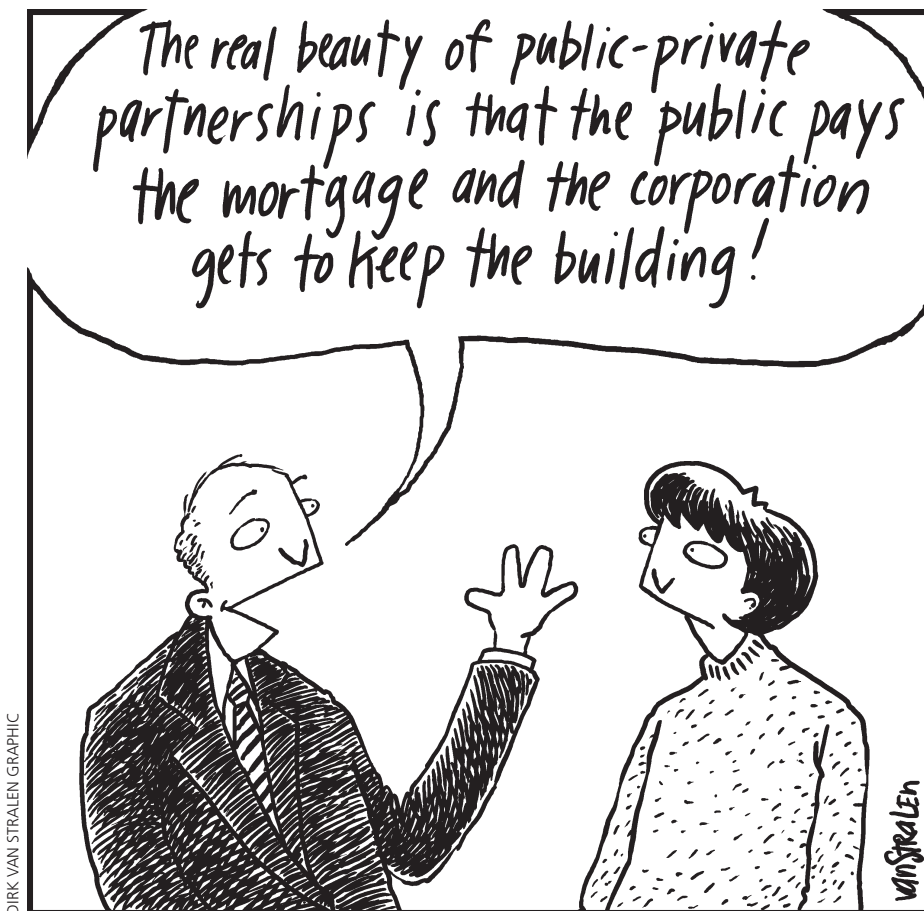
services and the company keeps labour costs and quality at a minimum to maximize profits for their shareholders. The private "operation and management" in P3 health care facilities in BC has been limited so far to providing support services, such as housekeeping, laundry, food and security services. In several jurisdictions, however, the private partner also operates and manages some of the diagnostic, clinical and rehabilitation services that are provided by health science professionals.

No accountability

Negotiations between the public sector and the private partner are confidential to protect corporations bidding on the contract from unfair competition.

One of the main reasons governments give to justify the use of P3s is that they are cheaper and transfer risk to the private sector: cost-overruns are supposedly the responsibility of the private partner and in return, the government pays a fixed cost for the project or service over many years.

Even though taxpayers can be on the hook for years, the public has no input into the process and is rarely privy to any of the details until the deal is signed. In the UK, the public has access to most of the information in the final P3 contract, as well as to



- Gordon and Leslie Diamond Health Care Centre
- Primary Health Care Access Centres (Vancouver Coastal Health)
- Prince George Gateway Residential Care Facility
- The Surrey Outpatient Facility
- Royal Jubilee Hospital Patient Care Centre
- Kelowna and Vernon Hospitals Project
- Residential Care and Assisted Living Capacity Initiative (VIHA)

ongoing financial and operational information during the term of the contract. In BC, very little of this information is available to the public, so it's almost impossible to determine whether taxpayers are actually receiving value for money. Even information that's necessary to evaluate the quality of the services provided by the private partner is often considered a commercial secret.

The bottom line

In fact, this is often not the case. "Flawed, Failed, Abandoned," a March 2005 report published by the Ontario Health Coalition found that on the Abbotsford Regional Hospital and Cancer Centre, the government spent more than \$7 million in administrative costs to pursue projected

savings of \$3 million. Construction costs skyrocketed from \$210 million to \$355 million and the annual operating lease more than doubled from \$20 million to \$41 million. Legal and consulting fees for the deal were budgeted at \$24.5 million.

P3 health care projects in BC

In British Columbia, Partnerships BC is steering the way for private companies to profit from public services. According to the organization's website, the following health care P3s are either completed or underway:

- Abbotsford Regional Hospital and Cancer Care Centre
- BC Cancer Agency's Centre for the North
- Fort St. John Hospital Project

According to Partnerships BC's 2008/10 – 2010/2011 service plan, virtually every major and long-term care facility in BC will be a P3: "*for capital projects where the province contributes \$20 million or more, the public private partnership model is considered the base case unless there is a compelling reason to do otherwise.*"

The BC Health Coalition has launched a postcard campaign to tell the provincial government to stop wasting health care tax dollars on public private partnerships (P3s) and they need your support to get their message out.

If you're concerned about the consequences for BC's health care system, please take a moment to tear out the card attached in this issue of *The Report* magazine, and send your comments to Premier Campbell. **R**

Regions weigh in on issues across the province

Regional meetings were held around BC this fall to review issues that the union has been working on, get input on current regional issues, and plan for the year ahead.

A priority for HSA during the past year has been implementing the Bill 29 settlement agreement reached with the Health Science Professionals Bargaining Association.

Settlements were reached with each of the health care bargaining associations after the Supreme Court of Canada declared that parts of Bill 29 violated the *Charter of Human Rights and Freedoms*.

The settlement provided \$3 million to fund redress and professional development for members adversely affected by the legislation, and a process was finalized in the fall for disbursing the funds to affected members.

The agreement also led to the development of an expedited process to deal with classification grievances, which is already helping to address the backlog of these grievances.

HSA has also actively pursued the opportunity provided in the settlement to initiate regular meetings about health care initiatives with senior government officials, as well as senior management from each of the health authorities.

The union is using these meetings and other avenues to address the shortage of health sci-

ence professionals. These shortages are a major cause of the numerous workload issues reported at regional meetings throughout the province. In one meeting, a steward reported that her department was continuously operating at or below essential services levels, and co-workers are now documenting the situation for presentation to management.

"A strong health care system is good for the patient, and that's the message we're taking to the employer. It is essential, from a bargaining point of view, to document how staff shortages are affecting your particular chapter and department," HSA President Reid Johnson told members.

"Keep track of overtime and record the number and length of time that vacancies are unfilled so that we can present the strongest possible case for the employer to take action."

The union's organizing efforts were also discussed, including a recent win at the Burnaby Centre for Mental Health, where employees voted 100 per cent in favour of joining HSA.

As part of HSA's renewed focus on organizing, members were introduced to HSA's new organizing website. Go to www.joinHSA.ca to find out more.

At many of the meetings, major concerns were raised about new employer attendance management programs.



HSA's position is that members already have access to a good union/employer funded program called the Early Intervention Program (EIP) which was negotiated in the last collective agreement. If management is circulating its own literature on employer-sponsored programs, please report it to HSA head office.

The labour relations report focused on preparation for upcoming bargaining. HSA has hired three new researchers to get ready for negotiations, including a costing specialist. Staff will also be assigned to do advance preparation for bargaining, including investigating ways to address workload problems and classification issues.

The morning of the second day at region-

al meetings was dedicated to HSA's strategic planning process. Regional meeting participants were divided into several small groups to provide input about HSA's future direction, vision and mission.

Results of those sessions will be merged into themes and shared with the strategic planning committee. A report on the strategic plan will be made to HSA's annual convention in April.

Elections were also held in odd-numbered regions. The new members-at-large will take on responsibilities upon conclusion of the April 2009 convention. **R**

See the union's chief steward at your facility to hear more details about discussions at the regional meeting in your area.

"A strong health care system is good for the patient, and that's the message we're taking to the employer. It is essential, from a bargaining point of view, to document how staff shortages are affecting your particular chapter and department."

— HSA President Reid Johnson

Below: HSA stewards and activists met around BC to review current union concerns. Members enjoyed sharing experiences and ideas to protect the rights of HSA members, as well as efforts to protect health and social services for British Columbians.



Safety training for new and young workers now just a click away

by LAURA BUSHEIKIN

Monique had never had a serious injury before. She'd put herself through college by working as a food server, and although she'd often ended up with sore feet and an ache in her lower back, she'd been told that sort of thing was just part of the job. So when she threw her back out lifting a patient in her third week at her job at a residential care facility, it took her by surprise.

The missed work, the pain and limited mobility, and the demands of ongoing physiotherapy were even more unexpected.

To anyone familiar with the statistics on new and young worker injuries, however, Monique's story is not surprising at all. In all fields, not just health care, new and young workers are a much higher risk of injury than workers of other ages. According to WCB/WorkSafeBC:

- Each working day in BC, 46 young workers are hurt on the job;
- Three of these workers are permanently injured every week;
- Almost 20 per cent of serious injuries and fatalities involving young workers occur in the first month on the job.
- Young workers average 3.5 time loss WCB/WorkSafeBC claims per 100 full-time equivalents, compared to 3.1 claims for the entire workforce.

The message for anyone concerned with occupational health and safety is crystal clear: young and new workers have specific needs that must be addressed.

With this goal in mind, The Occupational Health and Safety Agency for Healthcare (OHSAH), a provincial agency made up of un-

ions and employers, in collaboration with various stakeholders including HSA, has created an on-line OH&S module to orient and train new and young health care workers.

The module is an online educational tool accessible via the OHSAH website for no charge. Its interactive format, vibrant graphics and practical approach are specifically designed to be interesting and educational for new and young workers in the healthcare sector.

As well as educating workers about the types of hazards they can face at the workplace, and of ways to eliminate or reduce these hazards, the module trains workers to be aware of their health and safety rights and responsibilities, and of their employer's legal responsibilities in this area.

The category "new and young workers" includes experienced health care professionals who are new to a particular job site, who have come from another country and culture, as well as young (under 25) people who have never worked before.

Marty Lovick, HSA Safety Officer, was a member of the working group that created the module. He says a convergence of factors led to its creation. "It was serendipity. Several things happened at the same time," says Lovick. In July, 2007, WorkSafeBC implemented new regulations requiring employers to orient and train new and young workers in workplace hazards before they face the hazard.

"So training expectations have gotten stronger," says Lovick. "As well, we're seeing more and more

Safety training module for new and young health care workers

<http://kat.ohsah.bc.ca/lms>

healthcare happening, with new people coming in needing training. The figures in healthcare remain high for musculoskeletal injuries. So [we said] let's make a resource that can help," says Lovick.

"OHSAH was a natural choice to do this project because of its role as a clearinghouse on best practices and its ability to take on a leading role on offering training modules and research initiatives for the benefit of healthcare in the province.

"We set out to put together a generic module by asking ourselves, what would an employer want to do, when someone new walks in the door, to meet WCB expectations about safety?"

Sometimes employers see these kinds of requirements as a hindrance, says Lovick. "But they have to understand that there is a law saying they have to do something. And if you give them a way to do it that is fairly painless, it helps the employers see that it actually is in their best interests. It's a win-win situation.

"The module can assist smaller employers who don't have a program, and also can be integrated into an already existing OH&S orientation program at larger organizations," says Lovick.

The on-line format makes the module cost-effective and easily accessible. However, the module shouldn't be seen as a replacement for face-to-face communication, says Lovick. Site-specific and hazard-specific training are essential.

The module and its contents are relevant to all HSA members, not just young and new workers, says Lovick. "All workers are at risk when a new worker doesn't know what they are doing. Clients and patients are safer when staff are safer." The module can take pressure off experienced workers who may wonder when, and how, to step in when they see a new colleague engaging in po-



The on-line format makes the module cost-effective and easily accessible. However, the module shouldn't be seen as a replacement for face-to-face communication of safety issues.

tentially unsafe practices.

With the new OHSAH module, workplace injury prevention is now just a click away, providing an easy way to change stories such as Monique's:

"So when Monique started work at a residential care facility, she was happy to receive training in occupational health and safety. She learned not just how to prevent injuries and illness on the job, but also what her rights and responsibilities were in this area." A less dramatic story, perhaps, but much more satisfying! **R**

If you have a safety concern at your workplace, talk to your occupational health and safety steward, or contact Marty Lovick at the HSA office.

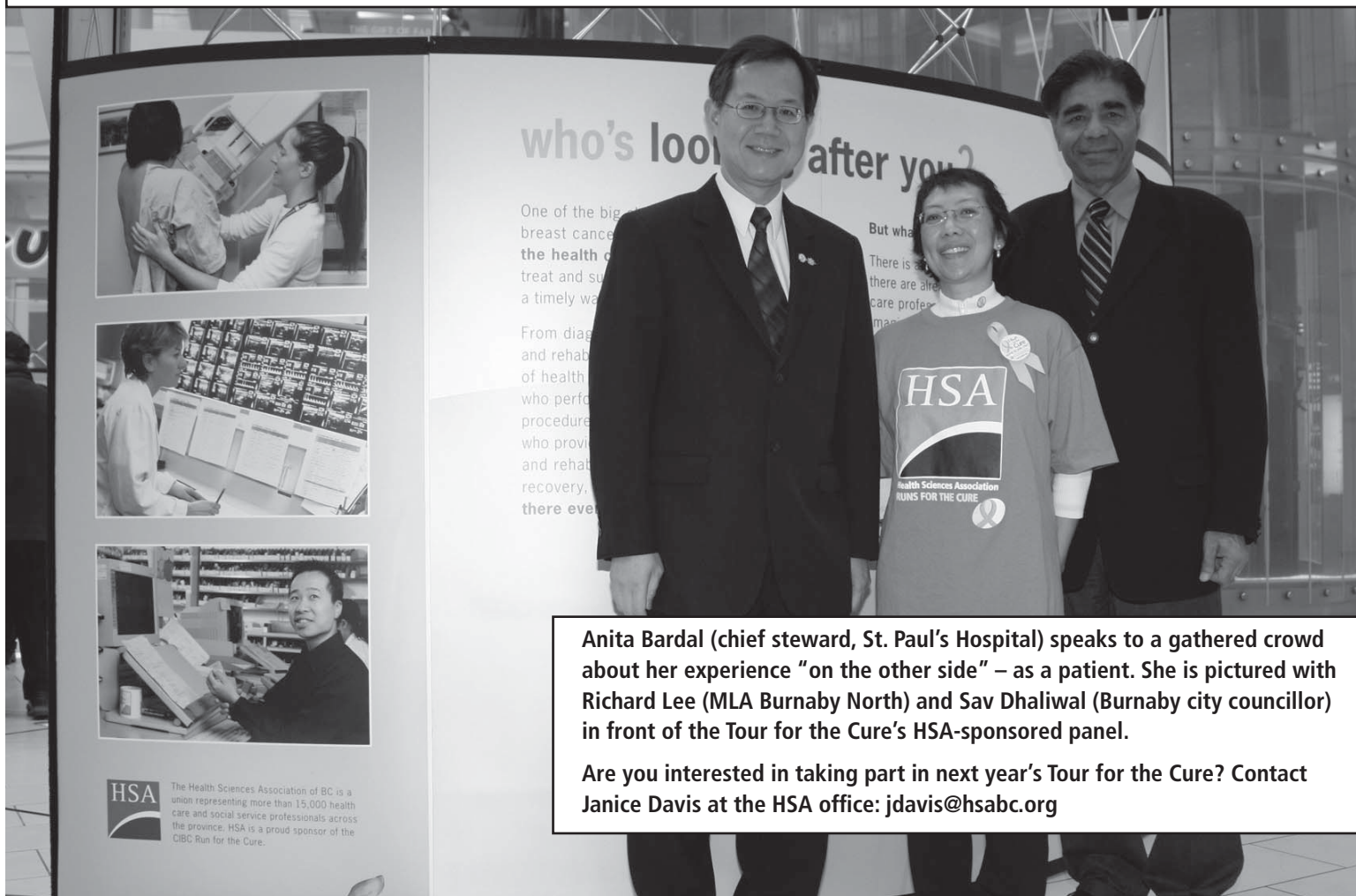


Several HSA members from around the province participated in the 2008 Telus Tour for the Cure this fall, appearing at shopping centres alongside breast cancer survivors and provincial government representatives. This fall marks four years of HSA sponsorship of the event.

The Tour for the Cure features interactive displays and health information to highlight ways to reduce the risk of breast cancer, create awareness about the importance of early detection, outline current treatment options and provide the latest research and statistical information on breast cancer.

HSA members who spoke at the ceremonies raised HSA's profile in throughout BC and highlighted the need to recruit and retain health care professionals who diagnose, treat and support recovery from breast cancer.

Tour for the Cure: HSA members promote breast cancer awareness



Anita Bardal (chief steward, St. Paul's Hospital) speaks to a gathered crowd about her experience "on the other side" – as a patient. She is pictured with Richard Lee (MLA Burnaby North) and Sav Dhaliwal (Burnaby city councillor) in front of the Tour for the Cure's HSA-sponsored panel.

Are you interested in taking part in next year's Tour for the Cure? Contact Janice Davis at the HSA office: jdavis@hsabc.org



The Health Sciences Association of BC is a union representing more than 15,000 health care and social service professionals across the province. HSA is a proud sponsor of the CIBC Run for the Cure.

Running for the cure, rain or shine

HSA members across the province ran for the cure October 5. Clockwise from top left: Victoria team, Nanaimo team, Abbotsford team, Smithers team, Prince Rupert team, Vancouver team, and Prince George team.

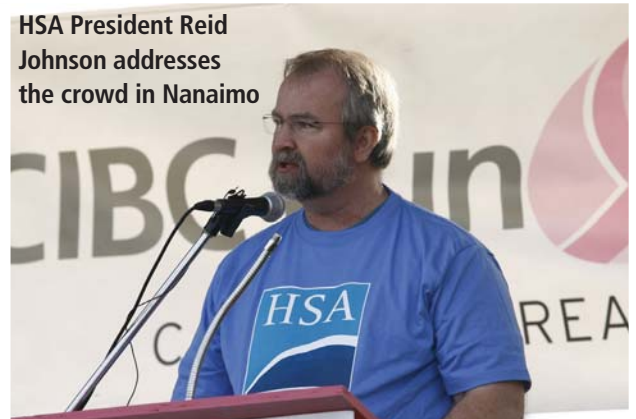


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HSA runs for the cure



HSA President Reid Johnson addresses the crowd in Nanaimo

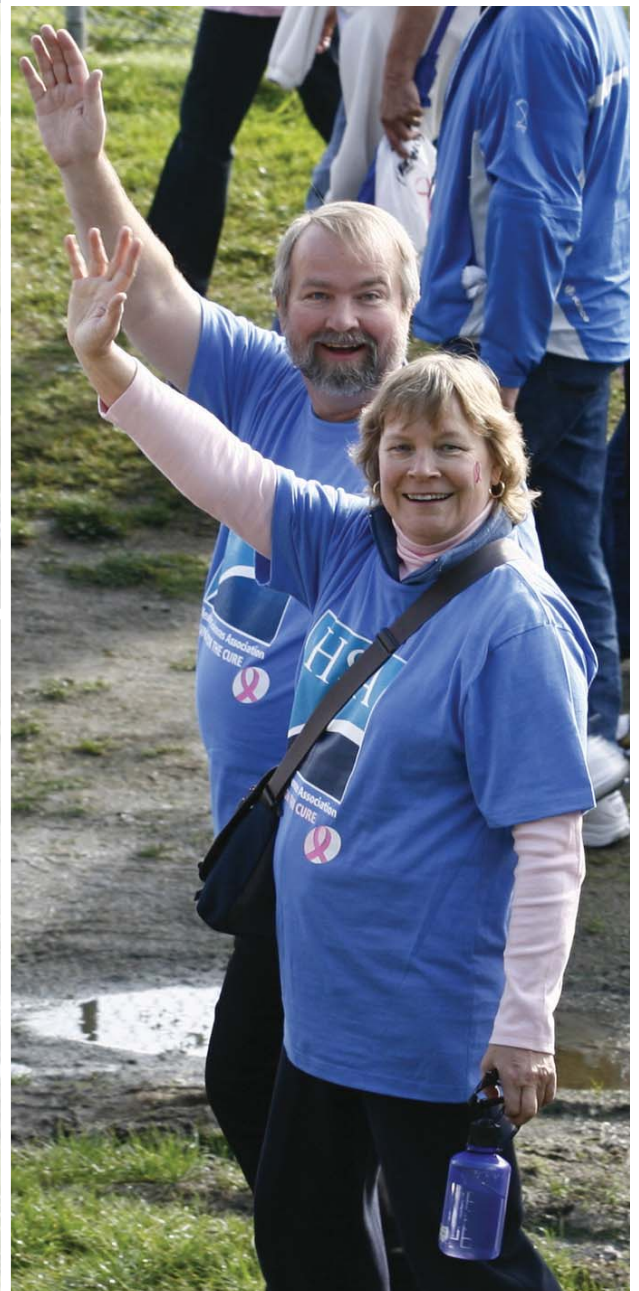
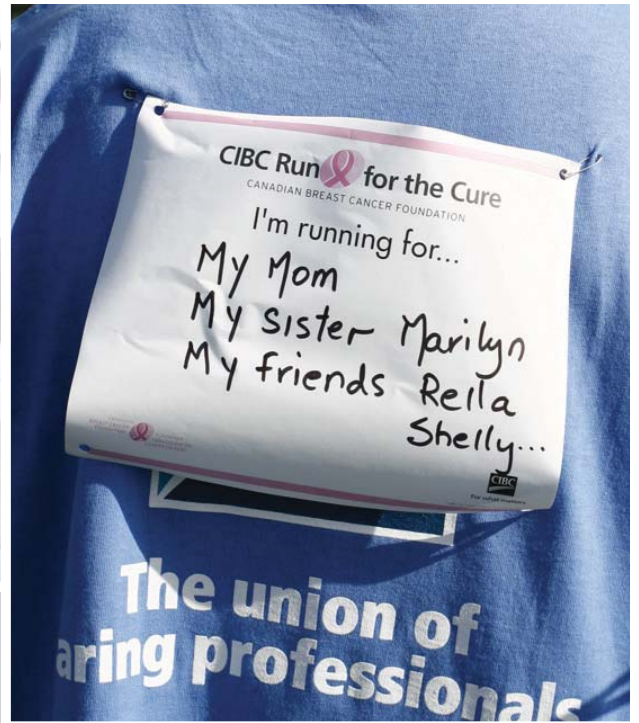


Hundreds of HSA members from all across BC took part in the Run for the Cure as part of HSA's provincial team. HSA members are critical in the diagnosis, treatment, and recovery of breast cancer patients. The Health Sciences Association is a gold-level sponsor of the Canadian Breast Cancer Foundation's Run for the Cure in BC.





HSA activists Anita Bardal (right) and Rachel Tutte both underwent treatment for breast cancer this past year



Activism inspires run for council

by BEV PAUSCHE

Alison “Ali” Gaul, a child life specialist and mother of two young children, ran for council in Esquimalt November 15, winning a spot on council to represent her community. On two of November’s wettest days, Gaul was out door knocking in Esquimalt, surprising many residents with her determination and energy.

“Lots of people took one look at how soaked I was standing there, and said – ‘well, I can see you’ll certainly work hard – I’ll vote for you.’”

Gaul has always watched politics and attended both the BC Federation of Labour’s Summer Institute for Union Women and HSA’s campaign school, thinking she might want to help on someone else’s campaign. She never thought she’d be running herself.

Her decision came when the previous council voted to close a local elementary school and the Archie Browning Sports Centre, which her seven-year old daughter, Grace, uses to pursue her dream of figure skating.

The decision was made on a Monday night and her daughter came home from school in tears on Tuesday afternoon. “Mommy, please fix this,” pleaded Grace. Gaul reassured her daughter

she’d do her best and told her she’d always be able to skate, even if it meant driving 100 kilometres.

“I thought to myself, ‘if these kinds of decisions can be made without my knowledge – someone who walks by the facilities every day, who uses them on a regular basis – then something is definitely wrong.’”

Gaul began her fight by serving on the sports centre’s audit committee, where she discovered that there was not a reasonable rationale for the closure. Knowing she needed community support, she spoke to another concerned parent about getting more people involved.

Together, they co-founded the Esquimalt Residents Association, sending 50 e-mails to residents in June, 2007. By September, they had had their first AGM and elected a board.

“By January, there were 250 people getting our newsletters and bulletins. We got 400 people to come out to talk about the impact of the decisions on the community. They did close the school, but we had the decision on the arena overturned.”

People were inspired by Gaul’s commitment, and many asked her to run for a spot on council. Eventually, that’s what she decided to do, joining 12 other new candidates in a bid for a spot on the six-member council team.

“From the minute I called a friend, telling her I was going to run, I was overwhelmed with the support I had in the community,” says Gaul. “I told her – as I’ve told many others – I need you

“We advocate for people all the time in the workplace, and the concerns I hear on the door-step are the same ones I hear on the job.”

– Alison Gaul, newly-elected Esquimalt city councillor

Alison Gaul, a child life specialist, won a seat on Esquimalt city council.



there before and after this – if I win, I need you to help guide my decisions.”

Her campaign materials, website and photos were impressive, thanks to help from two of her friends, a designer and a photographer.

A former local politician told her, “I’m retiring, but I believe in you,” and handed over all his old signs.

Gaul used the \$200 she received from HSA’s Political Action Fund for her campaign to revise them.

Gaul believes that HSA members, as advocates in health and community care, have lots to offer as politicians at every level of government.

“We advocate for people all the time in the workplace and the concerns I hear on the doorstep are the same ones I hear on the job,” says Gaul.

The next council has a lot of big issues to tackle, but Gaul believes she can do it with the support of the people around her and an open-minded approach on the part of the incoming mayor and council.

“We have to earn the trust of the local community by consulting broadly within six months. We need to develop a plan that reflects the values of the community and then stick to it.”

Gaul certainly has drive, energy and passion — qualities that are sure to help her succeed in her new role. **R**

Municipal election drew candidates from HSA ranks

At least eight of the candidates who ran for election on November 15 were HSA members, several of whom applied for and received support from HSA’s Political Action Fund. HSA congratulates all candidates on their campaigns.



RE-ELECTED: Annette Glover, a medical laboratory technologist at Royal Inland Hospital ran as the incumbent for

Trustee in School District #73 Kamloops/Thompson. Glover was a steward from 2001-2006 and won the Madden Memorial Scholarship in 2006.



ELECTED: Joyce McMann is family place coordinator of the Family Place program for Campbell River Family Services.

She ran for Trustee in School District #72, Campbell River and has been a member of HSA since 2004.



Brigid Kemp, a program coordinator at South Okanagan Women in Need Society, ran for Trustee in School District #67,

Okanagan/Skaha. She is currently a labour council representative and the chief steward for her chapter.



RE-ELECTED: Deborah Munoz, a diagnostic neurophysiology tech at Prince George Regional Hospital, ran for a position on Prince George City Council.

Since 2002, Munoz has attended numerous education seminars, including the Canadian Women’s Voters Congress Women’s Campaign School, HSA’s election campaign school and the BCFL Women’s Conference.



Ron McIntyre, a pharmacist at VCHA Vancouver Acute, ran for city council in North Vancouver City.

He has been an HSA member since 1979.



Sophia Woo, a community mental health worker at Vancouver Community Mental Health Service, ran for Trustee in School

District #39, Vancouver. She attended the Canadian Women’s Voters Congress Women’s Campaign School in 2008. She is the OH&S steward for her chapter and served as a general steward from 2000 to 2002.



Tom McMahon, an addictions outreach worker at Chilliwack General Hospital, ran for a spot on Chilliwack City Council. He has been a member of

the union since 2007.

LETTERS

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

Ongoing dialogue key to solving issues with interdisciplinary teams

First of all, thank you to the three HSA members who responded to my articles on interdisciplinary teams by writing letters to *The Report* (Letters to the editor, Vol.29 No.4). I have had conversations with other members from my worksite (a community health centre) and with members from the local hospital, and I thank them also for taking the time to talk to me and share their thoughts on what I wrote, and what they see happening in health care. My hope in writing the articles was to confront the tension that exists among HSA members (and our colleagues in

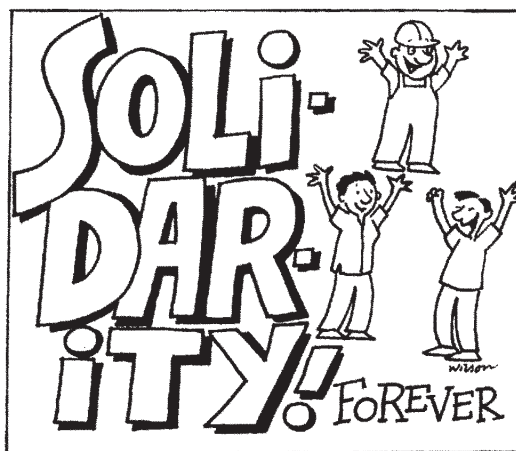
the nursing union) which resulted from policies of the employer. Whether members agree with me or not, I hope we are ready to move beyond recrimination and onto strategies to undo the damage to health care teams caused by the poor implementation of program management.

I'll begin by responding to the letter from S. Walsh of R.W. Large Memorial Hospital ("*Health science professionals deserve respect*"). It is my belief that simply pitting ourselves against other health care

professionals, or allowing ourselves to be put into some kind of a competition with our colleagues, will not achieve the outcomes we want. It is important that we continue to identify attacks on the health science professions. But it is crucial that we find arguments and strategies to challenge the decisions made by the employer when those decisions neglect the crucial role played by health science professionals on the health care team. I agree with Walsh's statements

that assuming one profession can take on the skills of another profession with minimal training, makes no sense at all. Walsh's critique of the actions of the government, Health Employers' Association of BC, the health authorities, and some members of the nursing profession, is comprehensive. What I didn't see in the letter was a strategy to respond. What do we do about what is happening? What actions would Walsh propose to HSA in its official capacity through the Board of Directors, and to HSA members at health care sites throughout the province? My suggested strategy is that HSA members educate themselves about interdisciplinary teams and how they function in the health care setting, in order to use that knowledge to challenge employers, managers, and colleagues who don't seem to have understood the point of program management. I understand the frustration Walsh expresses, but I don't understand what it means to "no longer take the high road."

R. Gunn ("*Industry*")



What do you think?

Read Maureen Ashfield's two-part analysis of interdisciplinary teams in the last two issues of *The Report*. You can read them online at www.hsabc.org. Continue the dialogue with a letter to the editor: e-mail yukie@hsabc.org

LETTERS

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vendors adding to woes") identifies the delivery of health care services by private agencies as another facet of the ways in which interdisciplinary teams are undermined. In my role as a continuing care case manager in a community health centre, I have worked with home support supervisors and community health workers who were employed by the health authority and others who worked for home support agencies contracted by the health authority to provide exactly the same services. The level of communication and care planning for our clients with private agencies was rarely as strong or clear as it was with our colleagues who were also health authority employees. I hadn't been thinking in that direction when I wrote the article, but if indeed we continue this discussion, Gunn raises the possibility that the employers' strategy of program management is difficult to maintain in a setting where services are being contracted out.

Finally, I hope that I met Bobbie Preston's expectations (*"Analysis of inter-*

disciplinary team conflict appreciated") in the second article (*"Part 2: A five-point approach to effective interdisciplinary teams"*).

My goal in that piece was to introduce the basics of interdisciplinary teams in order to give HSA members a starting point when thinking about their own settings, and their own experience of the challenges to their professions. The nature and philosophy of interdisciplinary teams, and the many specific combinations and permutations of interdisciplinary teams found in our work settings, need further investigation and development by HSA members. Finding ways to get the discussion onto the table with our employers is crucial.

Most importantly, we need to move beyond being stuck at the point where we feel both frustration with what is happening to our health science professions and just generally angry and blaming of one other health care profession.

Maureen Ashfield
Continuing care case manager, North Shore Community Health Services

Respiratory therapist thanks union for support, expertise

I would like to take this opportunity to express my gratitude to the Health Sciences Association and to say thank you to some of the incredibly talented and caring individuals that it has working for it.

Several months ago I unexpectedly found myself in the enormously difficult position of suddenly being held responsible for all of the ills afflicting a service that I had helped build, lead and advocate for, for over seven years. While scapegoating is not uncommon in the current healthcare environment, it does not make the process any easier to bear – and after a 23 year career of working hard to support patient care and advocating for respiratory therapy practice in British Columbia, it was one of the most devastating things I've ever had to go through.

From the beginning of the nightmare, the chief steward for VGH, Faith Uchida, was supportive, knowledgeable and able to empathize with what I was going through. She prepared me for the meetings and through her poise, allowed me to remain focused on the issues and be able to put the situation in perspective. Having her with me through the initial meetings, which were so very difficult, was life and

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LETTERS

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sanity saving. Although this occurred around the time that Dani Demitlika was officially away from the office, I was aware that Dani was in the background, working on my behalf. I've worked closely with Dani over the years and she is someone whom I trust and respect tremendously. Again, knowing that she was in the background, helping to bring perspective to the issues and being unequivocal in her support for me was invaluable and so greatly appreciated.

Finally there is Stephen Hutchison, who was brought in to work with

Faith and me through the meetings with human resources. His knowledge, professionalism and calm approach to the situation, despite the shock of finding myself in the circumstances that I was in, allowed me to consider things logically and make requests of the organization that I would not otherwise have been able to do. In other words, he gave me the courage to speak up



for myself and to ask for what I needed to move on and tell the organization what they needed to hear.

All three of these individuals worked hard to support, and more importantly, protect my rights as a health care provider. They sought to achieve resolution on what was eventually described as an organizational failure to support the department leadership and always kept my best interests as their primary focus.

Often HSA members will query where their dues are going and make statements that the union has never done anything

for them. I've never taken this stance, recognizing the value of a union on the employer/employee relationship and the value that it provides to the individual member. Having the support of HSA and the combined knowledge and expertise of people like Faith, Dani and Stephen proves what an integral and significant service that HSA provides; it should not ever be underestimated or undervalued by the members nor should it ever be taken for granted.

Elizabeth R. Goodfellow
Respiratory therapist,
Vancouver General
Hospital, 12th & Oak site

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

IN MEMORIAM

Devoted HSA member will be missed

by BEV PAUSCHE

HSA member Anu Tirrul-Jones, an occupational therapist who specialized in pediatrics at the Prince George Child Development Centre, passed away in a tragic car accident while on the job on September 16, 2008 at the age of 58.

She is survived by her loving husband of 35 years, James Tirrul-Jones, son Kristjan Tirrul-Jones, brother Jaak Tirrul and mother Hilja Tirrul.

Anu first became a member of HSA in 1988 and spent the latter part of her career doing community outreach work with a broad spectrum of clients, including developmentally delayed toddlers and teenagers with multiple handicaps. She worked for the Queen Alexandria Centre and the Comox Valley CDC, before moving to the Child Development Centre in Prince George in 2001. Llaesa North, who worked with Anu at the Prince George CDC several times per year, said Anu's great listening skills and years of experience provided her with a huge toolbox to assist families.

Co-workers describe Anu as a clever and gifted thinker, who always had something to add to conversations in the workplace, whether on a personal or professional level.

She had a unique ability to provide an overarching picture of a situation, and often brought a completely new perspective to an issue, which helped her find ways for children to succeed, no matter what hand they were dealt in life. She was a great asset to the CDC and her warmth, generosity and natural ability to put people at ease will be missed by all her co-workers.

Born in Belgium of Estonian parents, Anu moved to Northern Ontario as a child, later earning degrees from the University of Toronto, the University of BC and the University of Alberta.



PHOTO COURTESY TIRRUL-JONES FAMILY

**Anu Tirrul-Jones, occupational therapist
Prince George Child Development Centre**

Memorial services were held for Anu on September 24, 2008.

A Foundation has been set up in her name at the Prince George Child Development Centre. Members interested in donating can contact the Anu Tirrul-Jones Foundation, 1687 Strathcona Avenue, Prince George, BC V2L 4E7. **R**

Providing security in traumatic times

by YUKIE KURAHASHI

When the phone rings in the night, it might be the police. Or a social worker. Or the hospital where an abused woman has been admitted for treatment.

“And a lot of times the women call themselves – often just to talk,” says Julie McKee, a night-time counsellor at Victoria Women’s Transition House.

McKee has been up all night. In addition, this chilly morning in the drizzle, she has just participated in the BC Breast Cancer Foundation’s Run for the Cure in Victoria.

But her eyes are bright as she continues to describe her work.

“So, if anybody other than the woman calls on her behalf we might get some basic information, but generally we ask to speak with the

“My role at night is to give the women and children a sense of safety. Nighttime can bring anxiety to women who have experienced trauma, and it is important to have a calm, safe environment.”

woman,” she says. “Once we’ve spoken with the woman and are clear that she meets our mandate, and that we have space, we arrange for a time for her to come to the shelter.

“And then she comes. And where it goes from there depends on where she’s at.”

Describing the specifics of her work is a delicate business. As she answers questions about her workplace, McKee carefully weighs her words, protecting the safety of her clients

and colleagues as well as the overall goals of the transition house itself. She is careful and kind – but underneath lies an ardent strength.

“The first thing to know about working in a transition house is there is no typical day,” she says. “Different women bring different energy to the house. Sometimes our crisis line can be quiet, and other times very busy at night.

“My role as I see it at night is to give the women and children a sense of safety. Nighttime can bring anxiety to women who have experienced trauma, and it is important to have a calm, safe environment.

“Often if a woman is having trouble sleeping, it can help to debrief what is on her mind or to work on relaxation or grounding strategies,” she says.

“I believe my work is about new beginnings,” McKee says.

“I get to watch people bring new beginnings into their lives. Each woman’s vision of their personal change will be different. Whether an individual woman chooses to live independently or return to her partner, she has created a new beginning for her life,” she says.

“If she returns, she hopefully knows that she has a supportive place to return to if she chooses to leave again, and that the women who work at the transition house will not judge her decision to return to her partner.

Julie McKee

Women’s counsellor
Victoria Women’s Transition House

"It is about empowering women who have had their power stripped away to regain control of their lives. That is very powerful."

While she was at the University of Victoria working on her Bachelor of Social Work degree, McKee was already taking an interest in working to prevent violence against women.

"While I was in university I started to take a close look at society and community with a gender focus, and it became clear to me I wanted to be part of work that focused on issues of violence against women and poverty," she says. "I started volunteering on the crisis line at the Women's Sexual Assault Centre and later volunteered for the Sexual Assault Response Team."

McKee began working with Victoria Women's Transition House after doing a practicum for the Family Violence Project, which is a counselling program for men who are abusive to their partners. "I interviewed and offered support to the women who had partners in the program," she says.

McKee also works part-time at Margaret Laurence House, a second stage housing resource for women with children who have left abusive partners. "Women can stay there for a longer timeframe so I am more involved in their family lives for a longer period of time," she says. "The women are out of the initial crisis and often really ready to consider what they want for themselves and their children. It is a great job."

McKee acknowledges that despite her expertise and years of experience, her job can sometimes be difficult – both professionally and emotionally. "For example, many people ask me why so many women stay in abusive relationships. This is an important and complex issue," she says, explain-

ing that a full exploration would fill a library.

She emphasizes that it's important not to judge. "Likely all of us at sometime have known women in our lives who are being abused by their partners. One of the important things you can do as a support person is to educate yourself around this question. When you have understanding of this question, you will have a better understanding of the woman you are trying to support."

McKee offers help to people who want to help. "Through the crisis line, I am always happy to speak with people who are supporting abused women – as long as we're not busy with the women themselves," she adds. "If you need concrete information and support, I'm

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Real help: Julie McKee is a night-time counsellor at Victoria Women's Transition House.

YUKIE KURAHASHI PHOTO

Continued from previous page

Providing security

here. It is very emotional to know that someone you care about is being hurt.”

Victoria Women’s Transition Society is an acknowledged leader among transition houses, with a reputation as a well-resourced shelter attracting highly-experienced, well-educated, passionate staff.

“I think that women who come and work at transition houses are not there for any other reason than they really care about women who have experience abuse, whether physical, emotional, or psychological. And I think that that is the number one reason that people come work here,” McKee says.

“They want to be part of this movement; they want to be working on violence against women. And the shelter is such a first stop place for women who are leaving an abusive situation.

“To be there in that crisis moment is a profound and privileged place to be. I think that more than anything else, women come to this work because they really feel passionate about the issue.

“I love my job because my co-workers are insightful, creative and knowledgeable women. The support I receive from both the women’s counselling staff and the children’s team is tremendous,” she says.

“The women who come to the shelter inspire me regularly with their strength, wisdom and resourcefulness. I learn from them as much if not more as I am sure they learn from me.” **R**

ETHICAL INVESTING

Union strives for morally responsible investing options

by BRUCE MacDONALD

At the 2008 Convention, delegates passed the following resolution:

Therefore be it resolved that HSA inform the membership through an article in The Report explaining how it invests, criteria for investing and policies regarding ethical criteria when investing.

As directed by delegates at convention, we are in a continuing process of re-examining and rewriting our ethical investment policies. This is very complex, as it is about every value we hold. We think this will always remain a living document that needs continuing updates as new issues arise in world and union events.

The climate and approach regarding ethical investments has changed over the years. There have been major changes in philosophy and outlook. It is no longer considered

Re-examining and rewriting the union’s ethical investment policies is very complex, as it is about every value we hold. We think this will always remain a living document that needs continuing updates as new issues arise in world and union events.

legally or morally essential that all boards with financial responsibilities place return on investment at the very top of their agenda. It

is now clearly recognized that ethical concerns may trump financial concerns, and this does not violate the group investors' interests or rights.

Many issues arise:

1. the "Nestlé example:" Is it necessary to reject all Nestlé subsidiaries because the parent company has policies, such as the baby formula controversy in Third World countries, that are ethically abhorrent?
2. If we adopt too "fundamentalist" an ethical position, are we tying the hands of our financial advisers?
3. If we reject all participation in companies with any questionable practices, we may lose the ability to make change from within.
4. Regarding a position on alcohol, if we refuse outright to invest in alcohol producing companies, as our policy has dictated, does that affect our policies regarding serving alcohol at HSA events?
5. Regarding nuclear power: it now appears, at least to some union activists, that nuclear power will be a necessary part of a larger strategy to combat climate change. Do we want to continue the policy of non-investment in nuclear power? The "no nukes" policy has become fairly standard as an ethical policy, and this is the policy followed by our financial advisers at VanCity.
6. We have members in for-profit health care, but we wouldn't invest in for-profit health care. We would advocate that these members' jobs be moved to the public system.

At our November board meeting, the directors reviewed and adopted revisions to HSA's investment policy. This policy reflects standard ethical benchmarks as practiced in the ethical investments industry at the present time. We have added a few ethical practices we as a health care union feel it is important to have.

We have changed some of the wording in the policies, stating that we do not "knowingly invest in companies with significant involvement in . . . weapons, nuclear power, the production of tobacco products, for-profit health care, gambling, pornographic materials, or asbestos."

We determined that we would not exclude investments in companies producing alcohol, as some ethical investment policies do. We also do exclude, through HSA's and VanCity's ethical screening policies, "companies whose operations have been the subject of significant controversies related to treatment of employees, use of child labour, degradation of the environment or relationships with indigenous people."

Twice a year, the Finance Committee reviews the entire HSA investment portfolio. We work with VanCity Investment Management on updating our ethical stance as needed. The committee believes this twice yearly portfolio review provides adequate monitoring of the ethics of our investments, allowing for changes in a fast-changing area.

The board of directors certainly welcomes input from all HSA members. With 16,000 members, we may not be able to satisfy everyone, but we think we have developed a policy that accurately reflects HSA values while recognizing the complex and changing financial world we live in. **R**

Bruce MacDonald is a social worker at Royal Columbian Hospital, and is HSA's secretary-treasurer. He represents Region 3 on HSA's board of directors.

ACROSS THE PROVINCE

Let's get involved to make a difference

by MARG BEDDIS

If we learned anything from the recent Canadian federal and US national elections this fall, it's that turnout and democratic involvement has a dramatic affect on the outcome.

In the United States, increased voter involvement contributed heavily to the historic election of America's first black president at a crucial time in that nation's history. In Canada, democratic involvement was at its lowest ever – and as a result, just 20 per cent of the population voted for our current minority government.

Many people believe that all politicians are 'crooked', and that their personal involvement in the process will have no impact on policy as a result.

But, as someone who has been involved in the political process since the age of nine, having worked on many campaigns, I believe we guarantee poor politicians only when we don't make our voices and opinions heard.

Barack Obama knew that to win, he

It is our job to get involved, not only at election time, but before an election and afterwards.

needed to engage voters who had never gone to the polls before. Millions of people who felt their vote did not make a difference came out to support him. He now has a chance to implement positive change – and those who elected them expect it.

That's because exercising our democratic rights isn't just about the ballot box



Marg Beddis
Region 7 Director

or turnout. As citizens of a democracy, we enjoy the right to get involved in the electoral process at any time, and can have an impact before, during and after the results are in.

We have just had an opportunity to exercise our vote again to elect representatives for local government. All this election fever might lead some people to turn down the volume as May 2009 and the provincial election approaches. But we have to remember that engagement is the only way to ensure our voices are heard.

We hold the power to keep our politicians accountable and on track, whether they represent us on school boards, city councils, parent advisory councils or in Victoria and Ottawa. It is our job to get involved, not only at election time, but before an election and afterwards.

This means paying attention, meeting the people who are running, and asking them to uphold the principles that are important to you and your family. You're entitled to know who among the candidates not only shares your values, but is ready and willing to defend them when it matters.

Attend all-candidates meetings or arrange to meet them privately. Ask them directly to explain their position and tell you how they will act to protect the public services you depend on.

After all, they are applying for an important job and a good interview is crucial to finding the right candidate. That's especially true for political office because it's difficult to fire them and often impossible to undo bad policy later on.

I encourage all members to become involved as much as possible in the provincial election to make a difference in your community. After watching Michael Moore's health care documentary *Sicko*, the message that stuck with me was something one of the people interviewed in Europe said: the only way government listens well is when the government is scared of the electorate, not the other way around.

Let's make it happen. **R**

Marg Beddis is a dietitian at Surrey Memorial Hospital. She represents Region 7 on HSA's Board of Directors.

HSA members encouraged to participate in provincial election

The May 12, 2009 provincial election will have a critical impact on the wages and working conditions of HSA members, and on the health care and social services that HSA members provide.

HSA is not affiliated with any political party, but provides Political Action Fund support to members to run for office or work on election campaigns, where the candidate and the political party involved (if any), demonstrate support for:

- a) a positive role for the public sector;
- b) the principles of the Canada Health Act;
- c) collective bargaining for public sector employees; and
- d) progressive occupational health and safety legislation.

Members running for office or working on campaigns can apply for up to 20 days of wage replacement to carry out campaign work before, during and after the 28-day "campaign period."

This wage replacement may count as an election expense against the constituency's campaign spending limit, so members must have the approval of the campaign's financial agent and campaign manager before applying for Political Action Fund support.

The application form is available on the HSA website, and on your union bulletin board. The deadline for the first round of applications is Friday January 23, 2009. For further information, please contact Carol Rivière at the HSA office. **R**

Protecting your choice with a new agreement

by MAUREEN HEADLEY

The question of when membership in a professional body can be required by the employers has been in dispute a number of times. Ultimately this issue may need to be resolved in collective bargaining.

In the interim the union and Health Employers' Association of BC (HEABC) have developed a process to maintain the status quo and resolve any disputes that might arise before the next round of bargaining.

Licensure or certification?

Clearly, there are certain professions which require licensure, registration or certification in order to be able to engage in professional practice in BC. *Licensure* is required by law where a regulatory body permits individuals who possess the necessary credentials and/or qualifications to engage in a particular occupation or profession and/or to use a particular title. Examples would be HSA's registered psychiatric nurses, physiotherapists and psychologists. Membership within a professional association may not be required in all cases of licensed professions.

Other HSA members must possess necessary *certification*. Certification is a process to ensure individuals have achieved entry-level competency (skills, knowledge, education) to practice their profession.

Certification is not intended to assure appropriate professional con-

duct or continued competency once an individual is deemed certified and practicing. It can be a one-time process (i.e. once certified always certified) or an on-going process where certification must be maintained by meeting specified criteria such as annual continuing education credits or clinical hour requirements. Examples would be early childhood educators and public health inspectors. Again, membership within the professional association may not be required.

Protecting your choice

With the exception of cases where licensure or certification requires membership in the professional association, the union has always fought to protect employees' right to choose whether they join their professional association.

The union recognizes that there are many benefits to membership. Professional organizations are an excellent resource for the advancement of the profession and its members' interests. HSA appreciates the respective professional organizations our members belong to, and we routinely meet with leaders of the professional organizations on the



Maureen Headley, Executive Director of Legal Services and Labour Relations

many interests we have in common.

While we encourage members to belong to their professional organization, we do not agree there should be a requirement to maintain membership as a criterion that must be met before being considered for a vacant position.

New agreement with HEABC

There were a number of outstanding grievances on this issue resolved during 2006 and 2007. The parties decided to address the issues under a policy grievance.

However, it was determined that a mediation process would be more useful to assist the parties to agree to general guidelines until the matter could be bargained.

The discussions between the parties revealed that in addition to the

more typical scenarios where licensure or certification was required by statute or regulation, the HEABC also had some instances of educational initiatives where an accrediting body required the facilities' program staff to maintain membership in their professional associations.

There were a limited number of these examples and it was agreed that this scenario was akin to a requirement imposed by statute or regulation.

The following agreement has been reached with HEABC:

1. Where there is an existing requirement imposed by statute, regulation or an accreditation body it will be maintained. In those cases the employer has not

historically carried the costs and this will not change. The types of situation that is understood by the union and HEABC to require membership outside of licensure or certification body have typically arisen in the context of educational initiatives that require membership of program staff. If a similar situation arose the union has agreed that an employer may require membership.

2. However in all other cases, if an employer requires membership in a professional association, the cost of the membership will be borne by the employer.

Of course the union and the employer may not agree whether

the requirement being imposed by a third party is of the same type as that contemplated in point one above. In such cases, the union and the HEABC have agreed that arbitrator Joan Gordon has jurisdiction to assist the parties up to and including expedited arbitration.

We hope that this agreement will clarify the situation for members and employers alike.

Prior to collective bargaining in 2010 we need to identify educational initiatives or other programs in the industry which may require membership but which fall outside the licensure or certification scenario. **R**

Maureen Headley is HSA's executive director of legal services and labour relations.

The following represents the union's understanding of the agreement:

Employees in disciplines covered by licensing statute (eg pharmacists, physiotherapists) or by a certifying body (eg public health inspectors and early childhood educators).

- Members required to enrol and pay college or professional body fees.

Employees currently required by an employer to belong to a professional body to ensure that an employer may maintain existing accreditation by an educational accreditation body.

- Members required to enrol and pay college or professional body fees.

Employees in a discipline not regulated as set out above who are required by employer to join their professional body.

- Member is required to enrol; employer pays fees.

Although HSA has tried to identify all categories, we can't be certain the list is complete at the time of this article. If there are other circumstances identified that do not correspond to the above, the parties will meet to identify a solution. In the event of a dispute, the agreement provides the arbitrator, Joan Gordon, will provide a ruling.

Organizing Institute exhilarating and inspiring

by BRENDAN SHIELDS



Music therapist Brendan Shields participated in an intensive workshop on union organizing.

The entire course on union organizing was presented just as an organizing campaign would unfold. Even the hours of the course were set up to mimic the long work hours of an organizing campaign: 9am to 9pm.

At the end of October I had the pleasure of attending the BC Federation of Labour's Organizing Institute for a three-day intensive course on organizing. This session was held on Vancouver Island in Parksville, and I attended with a fellow HSA member Jennifer Hayes (radiation therapist and steward at the Fraser Valley Cancer Centre) and HSA staff member Derek Wong.

The school started with a meet and greet on the first evening and then it was hitting the books first thing the next morning. We were introduced in the morning to the head facilitator John Weir and six co-facilitators / organizers gathered from the wider labour movement.

The entire course was presented just as an organizing campaign would unfold. Even the hours of the course were set up to mimic the long work hours of an organizing campaign: 9am to 9pm.

The first day began with the research techniques that must be the foundation of any organizing campaign and it built from there. One of the strengths of the course was the varied and different perspectives on organizing offered by each facilitator.

Just for the fun of it, our instructors set us a task on the first morning that for lunch and dinner we had to make sure that we did not sit at a table with the same person once over four different sittings. With six tables for 30 participants this was a feat of organizing in itself.

The entire course culminated at the end of the second day when we

were split into two groups, and we actually ran a mock organizing campaign in the hotel. All the facilitators retreated to their rooms with scripts of imaginary employees at an imaginary hotel and the two groups had to do cold calls to convince them about the benefits of joining a union.

The goal was to persuade them to sign union certification cards and file a certification with the mock labour relations board by 9pm sharp. It was a frantic three hours – and I am sure that many guests at the hotel were wondering who all these crazy people were running all over the hotel.

Both groups learned a great deal from the experience, and both applications for certifications were accepted – with a few constructive comments from the board chair.

Overall, the course was a wonderful learning experience, very practical, and relevant. I personally look forward to putting what I have learned into use for HSA in our future organizing campaigns. **R**

Brendan Shields is a music therapist and HSA steward at the Burnaby Centre for Mental Health and Addictions.



Health Sciences Association The union of caring professionals

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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THE Report



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HSA's BOARD OF DIRECTORS back row from left:
Bruce MacDonald, Heather Sapergia, Val Avery,
Marg Beddis, and Kimball Finigan. front row
from left: Reid Johnson, Rachel Tutte, Thalia Vesterback,
Suzanne Bennett, Agnes Jackman, and Joan Magee.



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Happy holidays, from all of us

In past years, the Health Sciences Association has marked the holiday season with cards of thanks and greetings to activists, colleagues, supporters and suppliers. It's our way of thanking you for the work you do with us throughout the year.

This year – as we have done in recent years – the HSA instead made a financial contribution to the Food Banks Canada – BC Branch.

The association works towards province-wide distribution of goods, helping support families throughout the province year-round. You can find out more about the Canadian Association of Food Banks at www.cafb-acba.ca

Thank you for your support, and please accept my best wishes for the holiday season on behalf of the HSA Board of Directors and staff.

In solidarity,

Reid Johnson, HSA President



Health Sciences Association of BC
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