

THE Report

**HSA: STRONG
COMMUNITIES**



Members lead the way to political participation

by REID JOHNSON

Count me in. Three simple words that express the need to get involved. And the three simple words that the BC Federation of Labour has chosen as its slogan for an intensive campaign to encourage union members to get involved in this spring's provincial election campaign.

Whether it's the 25,000 jobs lost in the forestry sector over the past eight years in British Columbia, the notoriety of being the Canadian province with the highest poverty rate, or the dubious distinction of having, effective June 1, 2009, the lowest minimum wage rate in the country, there are important issues that affect us all.

For HSA members, the increasing demands on our strapped health and social services sectors hit us at work as well as at home and in our communities.

On May 12, we will all have an opportunity to make a difference with our vote at the ballot box, but the *Count Me In* campaign is about more than just showing up on election day. It's about taking the time now to get to know the issues, get involved in discussions about alternatives, and talk to family, friends, coworkers and neighbours about the issues that matter in our day to day lives.

HSA has a mandate, created and confirmed regularly by delegates to the union's annual convention, to provide information about political parties' position on issues that matter to members of the union – each and every one of whom is involved in the caring professions. That policy directs

the union to provide all HSA members with accurate information on political parties' position on critical issues during elections, including – but not limited to – health care and other public services, free collective bargaining, employment security, and workers' right to strike.

For the past several years, delegates to HSA conventions have led the union into taking an increasingly proactive and activist approach to developing ways for members to get involved in grassroots campaigns as well as the political process.

From supporting progressive organizations such as the BC Health Coalition and Canadian Centre for Policy Alternatives, which are raising the level of debate around important social policy and economic issues, to supporting members through education and wage replacement to get involved in grassroots and political campaigns, HSA continues to work to amplify our union's voice and influence.

The BC Federation of Labour's Count Me In campaign is being adapted by unions in varying ways – from unions who have a mandate from their members to support a particular party and work to sup-



Reid Johnson, HSA president

port partisan campaigns, to unions like HSA, which has a policy barring endorsement of political parties, but clear direction from the membership to educate members about the issues in election campaigns.

I encourage you to take your responsibility seriously, and take an extra step in your election activity. If you didn't vote in the last election, take that first step and vote. If you voted, take the next step: attend an all candidates' meeting and learn more about the issues, or show your support for a group that's organizing around a particular issue, or volunteer a few hours to the candidate that you want to see representing you in the legislature.

Without your participation, your voice cannot count. **R**

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



YUKIE KURAHASHI PHOTO

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THE FRONT COVER

In community social services and in health care, HSA members play a critical part in building healthy communities across BC.

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News

March to support Vancouver hospital housekeepers

On April 9, HSA participated in a march from the Vancouver General Hospital to the offices of the Vancouver Coastal Health Authority (VCHA) to show support for hospital housekeepers.

The employees are trying to negotiate collective agreements with three private sector employers hired by the VCHA — Aramark, Sodexo and Compass.

HSA president Reid Johnson joined other BC labour leaders, including Jim Sinclair, president of the BC Federation of Labour, to support the workers.

Ambulance paramedics on strike in BC

HSA asks members to respect picket lines wherever they are encountered in the current dispute involving ambulance paramedics across British Columbia.

After the paramedics reached a legal strike

position in early April, picket lines went up at five main locations, including the provincial and regional headquarters of the BC Ambulance Service in Victoria and regional headquarters in Vancouver, Kamloops and Prince George.

Essential service legislation ensures that ambulances stay on the road but paramedics may refuse administrative or other duties. They are represented by the Canadian Union of Public Employees (CUPE).

Although so far the paramedics' strategy has been to picket only administrative offices, picket lines may eventually be erected at facilities where HSA members work.

Members who encounter a picket line are urged not to cross the picket line. HSA members are protected under the collective agreement against disciplinary action for failure to cross a legal picket line.

Should you encounter a picket line, contact your HSA steward. If you cannot reach

Below: HSA President Reid Johnson speaks in support of hospital housekeepers at a march and rally on April 9.

PHOTO COURTESY HOSPITAL EMPLOYEES' UNION



your steward, you can call the HSA office at 604.439.0994 or 1.800.663.2017 (24 hours) for advice.

HSA members are encouraged to support the efforts of CUPE 873 ambulance paramedics by visiting their website: www.saveourparamedics.com

Nurses overwhelming ratify provincial contract extension

In early April, members of the Nurses' Bargaining Association, including registered psychiatric nurses who are members of the Health Sciences Association, overwhelmingly ratified an extension of the provincial collective agreement. The overall margin was 96 per cent in favour.

The retention and recruitment agreement provides labour market adjustments of three per cent on April 1, 2010 and April 1, 2011. These market adjustments were proposed to help retain nurses by keeping compensation competitive.

Now that the agreement has been ratified the association looks forward to beginning the ongoing work that will lead to improvements in members' working conditions, and hopefully help recruit and retain more nurses.

The agreement establishes a top level Joint Quality Worklife Committee (JQWC) to address key nursing practice concerns, consisting of equal representation from the union and provincial government/health authorities.

The bargaining association will be pushing hard for implementation of specific measures to address workload, health and safety and violence prevention. The JQWC will also discuss enhanced disability management, a

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

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.

Canadian Union of Public Employees (CUPE) 873 - VS - BC Ambulance Service

Major Issues: Wages, benefits, concessions

Commenced: April 1, 2009

Canadian Union of Public Employees (CUPE) 2254 - VS - Grand Forks Public Library Association

Major Issues: benefits, contracting out, seniority, work hours

Locked out: January 20, 2009

United Food & Commercial Workers Union (UFCW) 1518 - VS - Extra Foods (Maple Ridge)

Major Issues: Job security, wages

Commenced: December 15, 2008

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

Major Issues: Wages, benefits, concessions, seniority

Commenced: July 25, 2001

BOYCOTTS

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

SETTLED

- **UNITE HERE! 40 & Aramark - General Motors Place**
- **UFCW Canada Horizon Milling & Robin Hood Brands**

Continued from previous page

Short Term Illness and Injury Plan (STIIP), use of agency nurses and staffing processes, a health and welfare benefit review and supervisory capacity (Levels 2 and 3).

HSA welcomes new members at Bella Coola Hospital

In late March, six health science professionals at Bella Coola Hospital joined HSA. The new members work in the laboratory, x-ray, social work, and physiotherapy.

HSA organizer Janice Davis said the union is very excited to welcome the new members. "They joined because without a union contract, they had difficulty recruiting or retaining health science professionals in this small isolated town," she said. "This underscores the increasing value of the health science professionals' provincial contract. We're proud these members chose us for the wages, benefits, and security that we've successfully won over the years."

Bella Coola General Hospital provides basic acute care, long term care, and other medical services, and is operated by the United Church of Canada.

Government gag law overturned definitively

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In late March, the Campbell government's "gag law (Bill 42)" which was intended to silence third parties in the months leading up to the May 12 election was definitively overturned in the BC Court of Appeal.

The law had been ruled unconstitutional the previous week at BC Supreme Court, but the government had applied for a stay. The

Supreme Court rejected that application, and the government then took the matter to the Court of Appeal, where it was likewise rejected.

Several BC unions – the Canadian Office and Professional Employees' Union, the BC Teachers' Federation, the Canadian Union of Public Employees (BC), and the BC Government and Service Employees' Union – launched the legal action to overturn the law. The judge agreed with the unions' argument that the limits and the time period imposed were excessive and unconstitutional. The provisions and limitations of Bill 42 will now only be in effect during the formal writ period of the election, from April 14 to the May 12 election.

While the Campbell government sought to place strict limits on third party spending, they made no effort to control corporate donations to political parties.

This was due largely to the fact that business donates directly to the Liberal party, while third parties like unions tend to develop issue-based advertising to raise awareness on pertinent policies and issues, like health care, environment, education, and social services.

The gag law was brought into effect largely because unions and other non-government organizations have been so effective in calling the Campbell government to account. The government clearly wanted to silence any opposition, and the courts agreed that this was out of bounds.

Continued page 11

More than 40 Lower Mainland CML Healthcare workers met in March to elect stewards for their newly-expanded consolidated certification of 158 members at 13 locations. Members elected Willie Benig (right) as their chief steward, and Gina Maguire (left) as their assistant chief steward. Both are medical radiation technologists. Look for more coverage in upcoming issues of *The Report*.



BARGAINING

Discussing improvements to health sector contracts

by MIRIAM SOBRINO

For a non-bargaining year, discussions around health care collective agreements have been the focus of considerable attention in the first few months of 2009.

Having identified significant problem areas – such as disability management, and benefits and support for sick and injured members – HSA started early in the year working with other health care unions to talk about joint approaches to those issues.

In those discussions, it became clear that the BC Nurses' Union was very quietly engaged in discussions with government about extending the 2006 to 2010 contract by two years – they were negotiating some terms on wages and other areas to carry the contract through to 2012.

In February, the BC Nurses' Union tacked a bargaining conference onto their already

Stewards from around the province were called to a briefing meeting, and they endorsed the mandate to enter into negotiations for a contract extension.

scheduled annual convention and received a mandate to go to the table to negotiate a contract extension.

Throughout February and March, the BCNU, through the Nurses' Bargaining Association, negotiated terms and condition of the contract extension, and on March 16,



reached a tentative agreement to extend the contract by 24-months, providing a three per cent labour market adjustment in 2010 and in 2011. HSA members covered by the collective agreement voted on the contract extension, and on April 8 the Nurses' Bargaining Association reported the agreement had been accepted by a majority of nurses.

HSA's chief negotiator and labour relations and legal services executive director, Maureen Headley, had already begun the process of preparation for collective agreement discussions. The initial research indicated there may be some benefit in assuming the BCNU's model of pursuing a contract extension in favour of waiting until the 2010 bargaining contract cycle and an uncertain economic future.

The Board of Directors agreed, and gave the bargaining team, which included board representatives Val Avery and Joan Magee, a mandate to enter into those discussions.

Stewards from around the province were called to a briefing meeting, and they endorsed the mandate to enter into negotiations for a contract extension.

After an intense period of discussions throughout February and March, nothing emerged that gave either HSA or the employer a framework upon which to negotiate an extension of the collective agreement.

The discussions were extremely productive, but it was clear that there was no mandate at that time for the employer to enter into wage discussions with health science professionals.

Significant agreements were reached, however, on the establishment of three committees that will give HSA a voice in important issues in the health care system.

- Short term injury and illness plan (STI-IP): To have policy discussions around short term illness plans.
- Long term disability: To have policy discussions around a seamless illness and disability management system in health care. This includes participation in a rehabilitation pilot project at Vancouver Coastal Health Authority.
- Joint Quality Worklife Committee: This committee will look at all the quality of

worklife issues including workload, professional development, retention, and health and safety issues among others.

“We are pleased to have agreed to participation in these committees. The nurses have agreed to similar committees, and we felt it imperative that HSA be in on the discussions in the early stages, instead of being forced into systems and policies developed without our participation,” Headley said. **R**

In late March, HSA President Reid Johnson described the process to a special meeting of stewards and activists from around the province.



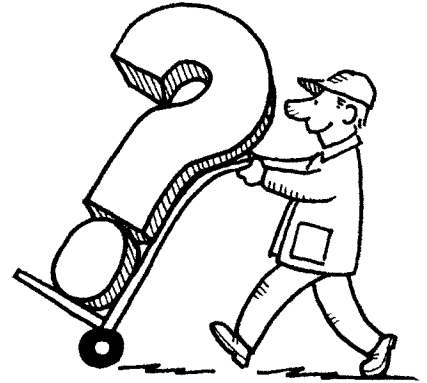
YUKIE KURAHASHI PHOTO

CONTRACT INTERPRETATION

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

Refusing unsafe work

Q I work in a transition house in a very small community. One of our clients has a partner who was charged with assault with a deadly weapon. He is now out on bail. He followed my co-worker to the local grocery store and said that if the client did not drop the assault charges, he would take matters into his own hands. We immediately contacted the RCMP. Our occupational health and safety steward asked our employer to schedule extra staff for the night shifts, but they have refused. What should we do? Can the union help?



A Yes. If you feel unsafe at work, contact the union right away. HSA's labour relations and workplace safety experts can help you establish an effective violence prevention strategy. A safe workplace is a fundamental right for all workers.

Further, the obligation to refuse unsafe work is a worker right which is fundamental to the successful prevention of occupational accidents, violent incidents, and disease.

BC's *Occupational Health and Safety Regulation 3.12* prohibits the "carrying out or causing to be carried out any work process or operate or cause to be operated any tool if that person has reasonable cause to believe doing so would create an undue hazard to the health and safety of any person."

This wording means the worker must avoid any work or the use of any equipment that would be a hazard to you, or to any person around you. There is also an obligation on the supervisor to not 'cause' any unsafe work to be carried out.

Even when all attempts at prevention and hazard control have failed, if a worker believes that she is at risk by continuing to perform the duties of the job, that worker is entitled to walk away from the hazardous or dangerous work without experiencing any kind of penalty, discrimination, or retaliation, as long as the worker follows the procedure for refusal of unsafe work as set out in the *Occupational Health and Safety Regulation 3.12*.

The theory behind giving this right to workers is that workers know better than anybody whether a particular set of factors or circumstances create a hazard.

Your labour relations officer will work with you and your steward to walk you through the process for refusing unsafe work, including proper investigation procedures and notifying WCB / WorkSafeBC.

In many workplaces, unsafe working conditions do not just appear. Generally, workers know if something is unsafe yet may feel powerless to fix it. Contact your union – we're here to help. **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

News

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Survey on quality of women's lives

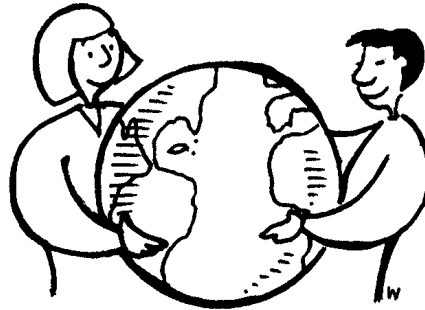
NUPGE

Although all working people report they are suffering from more stress related to balancing responsibilities at work and at home, the greater burden is falling on women. Statistics reveal that women bear the brunt of duties associated with child care, are the primary caregivers for the elder care of aging parents, and are responsible for the majority of household chores.

Now with an economic crisis of global proportions occurring, additional stressors will be placed on women. Studies show that during economical downturns, women suffer higher degrees of stress and often suffer more financial and employment consequences of a depressed economy.

It is no surprise that women are reporting the highest levels of stress, stress-related illnesses, burnout and depression ever recorded. The impact of the situation reaches far beyond the workplace, home and personal well-being of women.

As demands increase, it becomes extremely difficult for women to find the time to volunteer in their community, get involved in their union or run for political office. Many union women report that they would be more actively involved in their lo-



cals or run for office if they had more time.

The National Union of Public and General Employees (NUPGE) has been following this issue for several years. As a strong advocate of women's equality and women's leadership, NUPGE is undertaking a project to identify the issues and raise awareness of the problem.

In order to identify the issues, the National Union is conducting a survey which is directed to both union and non-union women.

Please take a few minutes to complete this survey and give voice to an issue that affects so many Canadian women: www.nupge.ca/node/800

HSA offers scholarships for 28th Western Region Summer Institute for Union Women in Los Angeles

The 28th Annual Western Regional Summer Institute on Union Women will be held August 11-15, 2009, at the University of California, Los Angeles. The five-day residential program brings together 150 participants from the United States' and

Canada's western regions for exciting workshops and speakers on the history, struggles, and achievements of working women.

This year's theme, "Women Workers of the World Unite," speaks to the inclusion of participants who represent not only labour unions but also workers' centers, community groups, and other organizations that focus on social and economic justice issues.

In addition to hosting participants from Canada, they have also extended an invitation to workers from Mexico to build tri-national solidarity for a global social justice agenda.

The Western Region Summer Institute for Union Women offers an intensive week of learning within a supportive environment where union women can develop skills as workers, activists and leaders.

The Institute celebrates the solidarity of union women across boundaries of age, race and nation. It is designed to create a positive learning experience for women to develop new skills and provide an opportunity to network and have fun in a safe relaxed atmosphere.

There will be a series of in-depth courses, workshops, solidarity and fun!

HSA provides scholarships for members interested in participating in the five-day institute. Scholarships

Continued page 38

Education fund available for HSA members covered by HSPBA agreement

In January of 2008, the Health Science Professionals Bargaining Association successfully negotiated an agreement to resolve issues flowing from the Supreme Court of Canada decision that certain sections of Bill 29 were unconstitutional. HSA made professional development for our members a priority. As a result, the final agreement included a fund for professional development education for all HSPBA members.

HSA is now accepting applications for funding for professional development education.

Professional development that could be considered for funding includes:

- upgrading (e.g. diploma to baccalaureate, baccalaureate to masters)

HSA wants to see as many members benefit from this opportunity as possible. That means that the priority will be to provide bursaries that cover all or part of tuition, program fees, and educational materials.

- changing from a current area of practice to a different specialty
- specialty training

- training in a different health science discipline
- upgrading language or writing skills
- upgrading computer skills
- professional development education conferences
- leadership/management courses relevant to a particular discipline
- courses designed to enhance personal/professional skills within an area of practice

If training you are planning to take is not specified on this list, you are still encouraged to apply. HSA's objective is to support your professional development.

We will consider courses commencing on or after February 1, 2008.

HSA wants to see as many members benefit from this opportunity as possible. That means that the priority will be to provide bursaries that cover all or part of tuition, program fees, and educational materials. The bursaries will not cover wage replacement.

The deadlines for application are March 15, 2009, July 15, 2009, November 15, 2009, and March 15, 2010.

Please fill out and submit the application form (following two pages) prior to the application date closest to the start date of your program. **R**

If you have any questions, contact Sharon Link at email: slink@hsabc.org, or by phone at 604.439.0994 (Lower Mainland) / 1.800.663.2017 (toll free in BC).



Health Sciences Association The union of caring professionals

In January of 2008, the Health Science Professionals Bargaining Association successfully negotiated an agreement to resolve issues flowing from the Supreme Court of Canada decision that certain sections of Bill 29 were unconstitutional. HSA made professional development for our members a priority in those settlement discussions. As a result, the final agreement included a fund for professional development education for all HSPBA members.

Most professional development programs will be eligible. For example:

- upgrading (eg diploma to baccalaureate, baccalaureate to masters)
- changes from current area of practice to a different specialty
- specialty training
- training in a different health science discipline
- upgrading language or writing skills
- upgrading computer skills
- professional development education conferences
- leadership/management courses relevant to a particular discipline
- courses designed to enhance personal/professional skills within an area of practice

If training you are planning to take is not specified on this list, you are still encouraged to apply.

This educational fund is only available to HSA members covered by the health science professionals bargaining association. The fund does not apply to wage replacement, but other expenses (books, etc) will be considered.



HSPBA BILL 29 EDUCATION FUND – for HSA members

APPLICATION DEADLINES:

July 15, 2009 ☐
November 15, 2009 ☐
March 15, 2010 ☐

Select the application deadline date closest to the start date of your course/program.
Courses will only be considered if they commence after Feb. 1, 2008.

If you require more space, attach a separate sheet.

CONTACT INFORMATION:

Name: _____

Worksite: _____

Are you an HSA member? yes / no Are you a member of other union(s)? If so, which? _____

Job title / discipline: _____

Home address: _____ City: _____ Postal Code: _____

Work tel: _____ Home tel: _____ E-mail: _____

COURSE / PROGRAM INFORMATION:

Course / program: _____

Educational institute / program sponsor: _____

Course / program start date: _____

Course / program completion date: _____

(Attach a course / program outline and/or a brochure or calendar describing courses, times, credits etc.)

Indicate (estimated or actual) expenses for tuition / course fees and books for a period of one year:

Tuition / course fees: _____ Books: _____

(Successful applicants will be required to submit proof of enrolment/registration and payment of expenses prior to receiving funding. Travel and other associated expenses will not be reimbursed.)

OTHER FUNDING:

Describe why you are applying for funding. What are your career goals? How would your education contribute to your professional practice and/or career advancement? (200 words max)

Have you requested funding or time off from your employer for this program of studies? If not, why? If denied funding, indicate why. You are expected to seek funding available under the collective agreement (see Article 17) prior to receiving funding from the HSPBA Bill 29 education fund.

If you received or anticipate receiving any funding from any other source (eg employment, government, association, or other bursary) provide details:

I confirm that all of the information provided is correct to the best of my knowledge:

Signature: _____

Date: _____

Fax, e-mail or regular mail your completed application form to HSA's office:

Mail:	Sharon Link Health Sciences Association of BC 300 – 5118 Joyce Street, Vancouver, BC V5R 4H1
E-mail:	slink@hsabc.org
Fax:	604.439.0976 (Lower Mainland) or 1.800.663.6119 (toll free in BC)
Inquiries:	604.439.0994 ext.543 (Lower Mainland) or 1.800.663.2017 ext.543 (toll free in BC)

Priority will be given to educational programs that will improve employment security or future employment opportunities. How does your application meet these criteria?

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE

KEEP THEM BRIEF AND TO THE POINT: ABOUT

200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

Celebrating election of pro-medicare president for the Canadian Medical Association

As a union that contributed generously last year to Canadian Doctors for Medicare, HSA played a key role in one of the most important recent events in the effort to improve public health care in Canada. As you may have seen from recent media coverage, Dr. Jeff Turnbull has been elected by Ontario physicians to assume the post of President of the Canadian Medical Association in 2010. That will formally occur in August of this year at the CMA's annual meeting

in Saskatoon.

Dr. Turnbull is an outstanding physician and social activist, a member of the Order of Canada, and an unhesitating champion of a strong, publicly funded medicare system. His victory is a victory for all Canadians who want to protect and improve Canada's most cherished social program.

Members of Canadian Doctors for Medicare were part of a wide coalition of physicians and medical students who came together in recent months to show leadership and to campaign for Dr. Turnbull, and to challenge the tone and direction of the Canadian Medi-

cal Association. CDM was able to play its role because of the support of its contributors, especially those from the labour movement. HSA can be proud of the part you played, and I want once again to thank you for your support.

Dr. Turnbull's victory caps a year of significant achievements for CDM, but we know that the struggle is far from over. In a period of serious economic difficulty, Canadians will need to rely on their public health care system more than ever. CDM in turn will need to appeal again for support from unions and other organizations that share our

commitment to health care for all Canadians based on need and not ability to pay. I hope that you will consider a further contribution for 2009.

In the meantime, let's take a moment to savour the victory of Dr. Turnbull: a victory in fact for all Canadians. You helped make it possible. On behalf of the members and Board of Directors of Canadian Doctors for Medicare, my deepest thanks.

Danielle Martin, MD,
CCFP, Board Chair
Canadian Doctors for
Medicare

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/worksites(s)

New home address

City

Province

Postal code

Home tel. ()

Work tel. & local ()

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at www.hsabc.org.

RPNs benefit from HSA advocacy

by LAURA BUSHEIKIN

After more than 25 years as a registered psychiatric nurse, Val Barker is not shy about pointing out that her profession hasn't always got the respect it deserved. But she's even more keen to explain that things have improved for RPNs over the years – thanks in part to decisive representation by HSA and the efforts of the union's RPN activists, like Barker herself.

“When I first started out, RPNs had a very limited role in health care. It was almost as if we were subordinate to RNs; for instance, we couldn't work a night shift without an RN present. RNs were held in greater esteem and the wisdom of the day was that they had greater skill levels – but I never observed that,” says Barker.

In the mid to late '80s, RPNs went through quite a transformation, she says. “Our roles in health care expanded. I remember at that time I did some work in a long-term care facility; that was almost unknown then. The director had never even met an RPN before!” Since then she has seen a steady improvement in RPNs' status, opportunities and conditions.

“The union has been great at supporting a broader utilization of RPNs in the health care system,” she says.

The first big grievance HSA launched on behalf of RPNs was for recognition when an RPN was in charge of a ward. There have been many more fights HSA has waged on behalf of RPNs, ensuring that this specialty is recognized as the caregiver of choice in the mental health field.

Barker has worked at Lions Gate Hospital since she first started working as an RPN in 1983, after completing training at Douglas College. Over the years she has consistently



PHOTO COURTESY VAL BARKER

Val Barker, psychiatric nurse and HSA activist

spoken up for her profession.

“For instance, sometimes nurses come over from neurology to work in the psych ward. They have no specialized training in psychiatry – they just get a two-hour orientation, and they work alongside the RPNs as if we're all the same.

“I asked management if she would assume an RPN could go over to neurology and work alongside RNs in the same way; after all, I know how to give meds and how to give a needle. She said of course not.” This double standard doesn't serve RPNs, clients or facilities well, Barker said. RPNs get 900 hours of

Val Barker

Registered psychiatric nurse
Lions Gate Hospital

psychiatric training; an RN gets 90 – the two positions are not interchangeable.

Barker often finds herself educating other health care workers about her specialty. When she worked on the emergency ward, other staff would marvel at her ability to deal with the psychiatric clients.

“People would come in screaming, yelling and carrying on, and I could calm them down – my colleagues would ask, how do you do that? I’d answer, well, I see a stretcher coming in, with blood spurting everywhere, a real crisis, and half an hour later the situation is stable, so I can ask you the same thing. The answer would be similar: it’s skills, education, experience, knowledge. And confidence. Your confidence translates to the patient and reassures them.”

The key to working successfully with a psychiatric patient, she says, is to develop a therapeutic alliance.

“That takes skills in listening and observation, and compassion. You need to treat these people with respect as humans.

“Also, you need to be a strong advocate for the client. People with mental health issues usually are marginalized by poverty and limited opportunities, so you need to access resources for them. As well, you need commitment. These are people who are not necessarily getting better, ever. People come back; they relapse; it’s often a chronic condition. Now I’m seeing some of the children of clients I’ve seen in the past,” Barker said.

Over the years, Barker has seen management deepen its understanding of what RPNs offer, and has worked with management to create programs that best use RPN skills. Indeed, she says program development is one of her passions and she is proud of the programs she has helped shape – in particular,

the Bridge Program, in which she is currently working.

Barker initiated the discussion that led to this program being created. About seven years ago she had picked up some extra work at Surrey Memorial Hospital psychiatric outpatient services, and was inspired by a program there.

“They had a model of nursing where they had intake, outreach, and short-term therapy and did it all with six staff on a seven-day-a-week rotation. It was efficient, effective, and provided quick follow up for clients. I started

“The union has been great at supporting a broader utilization of RPNs in the health care system. HSA has advocated for us as specialized health care providers, and fought hard to expand our job opportunities.”

to talk about it at Lions Gate,” she said.

The Bridge Program has streamlined psychiatric treatment and cut waiting lists for community outpatient therapy – from upwards of a year down to three weeks.

“When we first started, the waitlist for outpatient psychiatry was unmanageable,” Barker said. “A year is too long to wait. What we do at the Bridge Program is the initial triaging and screening of all adult psychiatric patients. We see 90 per cent of the people referred to psychiatry. We do the the assessment, and decide what services they require – whether it’s outpatient, or other services in the community.

“We also do the short term crisis management. This has been a great success. The wait

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A PROUD HISTORY

Continuing to build our future

by DAN KEETON

In 1996, for HSA's 25th anniversary, freelance labour reporter Dan Keeton researched the landmarks in the union's formation and development. The history was published in *The Report* as a four-part series, describing HSA's start as an association of nine health science professions, and the union's growth into the third largest health care union in the province representing more than 115 different occupations.

The following is an update to that original historical overview, covering the years from 1996 to the present.

ON MAY 23, 1996, delegates to HSA's 25th convention had a lot to talk about. The previous year had seen a tumultuous revamp of health care delivery with the establishment of regional health boards, new bargaining associations that linked various unions in health care at several tables, negotiations for a provincial agreement, a strike vote, and a provincial election.

Delegates discussed a campaign to oppose downsizing at the Canadian Red Cross that threatened to cut positions and open the door to privatization of Canada's blood service. At convention, HSA's then-executive co-director Lisa Hansen predicted: "we will continue to need the assistance of a third party in future rounds of bargaining... we will continue to see unrealistic bargaining expectations [from the Health Employers' Association of BC] which include major concessions demands."

On June 8 of that year, health minister Penny Priddy enacted Bill 21 over the objections of the Health Employers' Association, codifying in law the recommendations for a master agreement by mediator Vince Ready.

It furthered the work of the 1993 Health Labour Accord governing the massive province-wide restructuring and covered provincial agreements for more than 75,000 health care workers in acute care and community-based facilities.

Hansen said the legislation didn't reflect everything HSA had sought but it protected gains made in 1993 regarding job security – and didn't include the employers' concessions. "There is a general recognition," said Hansen, "that the people who work in the system have a right to expect fair conditions and respect as care providers."

HSA started out in 1971 as an association of health care professionals who banded together when it became apparent they'd have to fight as a group to get respect from employers. For the first four years the union maintained a no-strike clause in its constitution. However, in 1975, frustrated by the employers' refusal to bargain respectfully, members voted to change the constitution to allow for the right to strike.

Over the years, HSA gradually increased its influence. And the union truly became an activist one when members voted to make the position of president a full-time job, according to current HSA president Reid Johnson.

"The watershed moment in terms of HSA being more of an activist union and less passive was really in 1997 when Cindy Stewart went from being a part-time president to a full-time president," Johnson said.

"It brought the members' perspective to the day-to-day administration of the union but

Continued next page

Former physiotherapist
Cindy Stewart became
the union's first full-time
president in 1997



In 1971, HSA began as an association of nine health care professions. Now the union represents more than 115 different occupations across the province, in acute care, long term care, and community social services.

Continued from previous page

HSA: a proud history of caring



In addition to contract interpretation, HSA activists learn leadership skills, advocacy, and strategies for maintaining occupational health and safety.

it also allowed more time and effort for the president to build relationships in the broader labour movement, to be more active in social advocacy, in policy development and the small-p political side of influencing decision-makers.”

The result was that from 1997 on, more members began to realize they could have an

More members began to realize they could have an effect on the policies governing their working lives, such as health, social services and budgetary policies.

effect on the policies governing their working lives, such as health, social services and budgetary policies. Being full-time allowed HSA’s

president to become a labour leader in the broader sense, with involvement in the BC Federation of Labour and on a national level through the National Union for Provincial and General Employees (NUPGE), as well as the Canadian Labour Congress (CLC).

HSA increased its lobbying efforts and let the government know it wanted a greater role in discussions on the direction of health care and community social services.

“The members saw that the world around them was changing – and they asked the president and the board to make more inroads into the political sphere,” Johnson said.

“I remember the first time we bought a table at an event for [then Health Minister] Penny Priddy. There was a lot of discussion about how appropriate that was for HSA.” But it was a very effective meeting, Johnson recalled, with the minister coming to understand HSA’s issues and signaling HSA’s new

role advocating for its members in the political arena.

An increasing number of members joined in local activities, becoming delegates to labour councils and lobbying local politicians and health boards.

“We started putting more resources into occupational health and safety and engaging in more advocacy,” including greater emphasis on workers’ compensation claims, Johnson said.

The pace of the activities reflects the union’s growth in numbers over the years, mirroring the expansion of the public health sector— despite government cutbacks – and new members choosing to join HSA.

“We’ve also become more active with the professional associations our members belong to,” says Johnson. “It’s in our constitution that we seek to build relationships with those associations. More and more we’re trying to find ways to work together on common issues.”

In its 25th year, HSA also became involved with the BC-Yukon Branch of the Canadian Breast Cancer Foundation’s Run for the Cure, the annual national fundraising event to support research to eliminate breast cancer.

It only makes sense, as then Region 8 director Maureen Ross wrote in the November/December 1998 issue of *The Report*: “85 per cent of our members are women. One in nine women is diagnosed with breast cancer, and breast cancer also strikes two per cent of men.

“Often it is HSA mammographers who make the first diagnosis; it is sonographers who assist with the biopsy that goes to the cytotechnologist who reads the slide.

“After the diagnosis it is HSA radiation therapists and pharmacists who plan radiation and chemotherapy treatment, HSA physiotherapists and occupational therapists who aid in the physical recovery of the patient, and

HSA social workers and psychologists who counsel the patients,” she noted.

In 1997 HSA became an official sponsor of the event and that relationship has continued and grown. Today, Johnson is a member of the Foundation’s Task Force 2020, which has that year as the target to ending the life-limiting effects of breast cancer. He chairs a working group on the healthcare workforce. HSA is also involved with Telus Tour for the Cure, which has brought tremendous profile about the work of HSA members in the breast cancer journey.

While HSA continued to build its profile as a health care advocate, the union continued to

Continued next page

In 1996, In its 25th year, HSA became involved with the Canadian Breast Cancer Foundation’s Run for the Cure, the annual national fundraising event to support research to eliminate breast cancer. The union is now a gold-level sponsor.



HSA: a proud history of caring

advocate for members.

In 1998, nine months of frustrating negotiations and a strike led to the appointment of mediator Brian Foley. His subsequent report formed the basis for a 1999 collective agreement accepted by 94 per cent of health science professionals represented by HSA. While adhering to the government's "zero, zero and

"Social services has been the poor sister for a long time. We've got hundreds of members in the sector who are woefully underpaid. The system is grossly underfunded. We're making some headway, but it's slow."

two per cent" formula, the contract defended the classifications system against employer-demanded concessions, improved language governing work hours and assignments, im-

proved seniority portability, provided money and improvements to Long Term Disability and extended care, and applied all provisions of the agreement to the members in community services.

That year HSA held the first bargaining proposal meeting of the community and social services employees in early May.. Members sought to narrow the wide gulf between wages paid in that sector and those for similar or equivalent jobs in the health care sector. HSA declared that a key objective in bargaining was "leveling" the wage gap, following on repeated promises by the provincial government to address the inequity.

Members in the social services sector had to strike for 11 weeks in their pursuit of that goal. By late May 1999, they reached an agreement that, in the words of HSA negotiator Julio Trujillo, was historic because it would remove the wage divide. The BC Liberal government would subsequently tear up this agreement, leading to anger and disappointment across the sector.

Johnson can testify to the wage gap. He saw his pay increase by 30 per cent after moving from a social work job in the community to one in a local hospital, doing essentially the same work. "Social services has been the poor sister for a long time. We've got hundreds of members in the sector who are woefully underpaid. The system is grossly underfunded. We're making some headway, but it's slow."

With a tradition of trade unionism growing, HSA members were increasing their expectations of how they could make a difference in and through their union. **R**

See the next issue of The Report for the conclusion of this historical overview.





Dan Reeves
Laboratory technologist

It is with great sadness that we announce the passing of Dan Reeves on Feb 24, 2009.

Dan Reeves spent his entire laboratory career at the Royal Columbian Hospital in New Westminster, BC. After attending BCIT, he went to RCH for clinical training and was hired immediately, first on the night shift, then the afternoon shift, and finally chemistry dayshift. He served on the HSA board of directors from 1986 to 1988.

Dan went on to obtain his advanced registered technologist certification in clinical chemistry and eventually assumed the position of core lab manager. This is the job he held until two years ago, when the sudden diagnosis of a brain tumour changed his plans.

At that time, Dan and his wife Christina decided to move to the Yukon – their planned retirement home. There Dan was able to enjoy fishing, a more relaxed life style, and life up north.

Dan will be greatly missed by his friends and colleagues in the medical laboratory community.

Maureen Louise Hughes
Ultrasound technologist

Born in Oshawa, Ontario February 18, 1954. Passed away in Victoria, BC, November 10, 2008.

Maureen passed away peacefully after a brief illness and courageous battle at Royal Jubilee Hospital with her loving mother at her side.

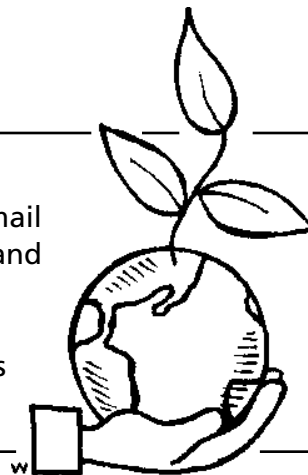
She will be lovingly missed and will live on in the hearts of her best friend and mother, Helen, her precious Tia, relatives, friends, and colleagues. Maureen has deeply touched the lives of many friends, colleagues, and patients.

Maureen graduated from BCIT as a general and cardiac sonographer in 1991. Maureen was highly respected in her professional and personal life and will be remembered for her deep compassion, sense of humour, vibrant personality, and classy sense of style. The world needs more people like Maureen. Heartfelt thanks to the staff and hospice at Royal Jubilee Hospital.

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*.



Patient advocacy key to social work

by LAURA BUSHEIKIN

The words ‘Northern British Columbia’ conjure up images of vast, sparsely populated landscapes; long harsh winters of ice, snow, cold, and howling winds; isolated communities with few amenities; tough, self-reliant people; and a strong First Nations presence.

For Sarah Moreau, a social worker at Prince George Regional Hospital (PGRH), these qualities colour her work every day – often dramatically.

“My job is exciting and challenging,” says Moreau, who is in her seventh year at PGRH. PGRH is an acute care facility under the authority of Northern Health, an area stretching from Quesnel (Prince George is included) to the Yukon border and from Haida Gwaii to the Alberta boarder, including Valemount. It is considered the hub of the Central Interior

and receives patients from as far as Bella Bella, Telegraph Creek, and Fort Nelson plus all the communities in between, says Moreau.

“The PGRH Aboriginal patient population is approximately 30 per cent,” she explains. “Many Aboriginal patients come from very small isolated communities – and some people think Prince George is isolated – where transportation can be an issue.

“Think of taking a trip from Prince Rupert to PGRH for medical treatment by car or truck: in the fall or spring, the fog is so thick you’re not able to see beyond the front of your vehicle for a good chunk of the trip; there might also be black ice on the roads.

“Winter brings the risk of avalanches; there are snow storms and white outs, and roads covered in packed snow and ice. And if you need help on the road, no one may come by for hours.” Or think of taking a trip from one of the Aboriginal reserves where you are travelling on a snow/ice packed logging road (with active logging trucks roaring by) and you are four hours away from a medical clinic (no hospital). Forget about your cell phone as there is no service.

After overcoming the daunting geographical hurdles, Aboriginal patients often encounter challenges due to cultural differences.

“There are often language barriers plus culture shock for an Aboriginal patient coming to PGRH, and then, for instance, being airvac’d to St. Paul’s for cardiac medical treatment, discharged in Vancouver – and the medical system expects that person to make



Sarah Moreau (left) with fellow Prince George union activist Roselyne Lambert represents colleagues at HSA's annual convention

Sarah Moreau
Social worker

Prince George Regional Hospital

their way back to the reserve on their own.”

Adapting her work to harmonize with Aboriginal culture is part of what makes Moreau’s job interesting. “For example, if I arrange for a family discharge meeting for a non-Aboriginal family, I can plan on two to five folks attending. When I plan for an Aboriginal family I can expect anywhere from five to 25 family members,” says Moreau. “Our meetings get quite cozy due to lack of seating space.”

Geography and cultural differences aren’t the only combination that pose challenges at Moreau’s worksite. The equation ‘aging population plus insufficient resources’ means the hospital is stretched past its capacity.

“Our region lacks income-g geared housing, assisted living and extended care beds. Our hospital is in crisis due to the large number of elderly patients who come in due to an acute medical situation.” When it’s time to discharge these patients, there can be nowhere to place them.

“The hospital crisis is such that from the emergency room to surgical floor to internal and family medicine, units are overflowing due to the lack of assisted living and 24-hour facility care beds in the community. It is the extended care patient nightmare,” says Moreau.

“These patients, now extended care clients, sit or are bedridden on the ward with no access to physio, occupational therapy or recreation. Some of the wards have a TV and VCR on which videos are played for a greater portion of the day. Some wandering patients can figure out how to sneak off the ward, take the elevator down to the main lobby and head out to the great outdoors trying to find their way back home.

“I am appalled by the way these elderly patients are expected to wait for up to a year for a ‘bed’ in an extended care facility without any quality of life on the ward.”

The situation is eroding health care worker morale, she said.

“I watch the overburdened medical staff become jaded, demoralized, stressed and desensitized.”

These problems stem from lack of foresight from the provincial government, says Moreau. “What was our present government thinking?” she asks indignantly. “Did they really think the population of BC would not

“Our region lacks income-g geared housing, assisted living and extended care beds. Our hospital is in crisis due to the large number of elderly patients who come in due to an acute medical situation.”

age, and, if we aged, we would not require any help at home to enable us to be independent for as long as possible?”

In spite of all this, Moreau says she loves her role as a hospital social worker. “I believe the hospital social worker is the buffer between a very harsh medical system and the patient. I see my role as being an advocate and/or a guide for patients to walk them through the

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Continued from previous page

Professional, caring work

medical system, which can be confusing, contradictory, dehumanizing and just plain disrespectful to people who are vulnerable because of their medical condition.

"What I love about being a PGRH social worker is the diversity of my job. I'm able to work with all types of patients and with all types of social issues – from helping someone get set up with income assistance, giving out community resources, to creating successful discharge plans. I just love when the plan comes together with the patient, and the community resources are available and accessible."

Moreau says she needs to keep reminding herself of these positive achievements, so that she doesn't get too dragged down by the frustrations of her job. "How do I stay balanced with a positive attitude when day after day the workload continues to increase with no end in sight? I constantly remind myself that I am only one person, I can only do the best I can on any given day, and I'd rather be working inside this system than be on the outside looking in."

An HSA steward from 2003 to 2008, Moreau used her advocacy skills to support her HSA colleagues working in a system that relies on individuals' commitment to providing the best care, but which can lead to workplace injuries, stress, and burn-out.

"HSA is a must for employees to be treated equitably and respectfully." **R**

"What I love about being a social worker in Prince George is the diversity of my job – from helping someone get set up with income assistance, giving out community resources, to creating successful discharge plans. I just love when the plan comes together with the patient."

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RPNs: caregivers of choice in mental health



list is now down to three weeks."

The program can take patients within several days of a referral. This means they can be effective with what Barker calls situational cases, where there is an immediate need to help a client with aggravated symptoms due to an employment, housing, substance abuse or relationship issue, or to adjust their medications.

Barker loves the autonomy her position gives her. "There are no hard and fast rules about how many times we can see people." She appreciates having a role where her skills are appreciated and put to their full use.

Barker is an enthusiastic union activist. She took on the role of steward in 2002 and has been chief steward since 2004. She said she values the opportunity to be part of finding solutions and making changes.

"I like being part of things rather than being a spectator. I like the ability to have dialogue with people who have authority and who make decisions, and knowing I can have some influence and share my ideas," she said.

Barker says HSA has consistently advocated for RPNs, and has been instrumental in RPNs gaining the recognition they now enjoy. "If we had joined BCNU there's a probability we would have been absorbed within that whole organization and been homogenized with it. HSA has advocated for us as specialized health care providers, fought hard to expand our job opportunities and for the application of psychiatric nursing in the health field." Thanks to these efforts, Barker is happy to see her profession get the respect it deserves. **R**

Committees

OCCUPATIONAL HEALTH AND SAFETY

Your feedback and involvement the key to better workplace safety

HSA's Occupational Health and Safety Committee:

- Heather Sapergia (Chair)
- Joan Magee
- Larry Bryan
- David Noga
- Gwen DeRosa
- Marty Lovick (Staff)

Toxic chemicals: exposure survey at Mission Memorial Hospital

In recent years, HSA activists at Mission Memorial Hospital have spearheaded efforts to call attention to a possible cancer cluster at their workplace.

Following an investigation of the site, BC's Occupational Health and Safety Agency for Healthcare (OHSAH) will be conducting a survey of past and current employees of Mission Memorial Hospital. HSA encourages you to participate.

For more information about the survey, contact OHSAH at:

Occupational Health and Safety Agency for Healthcare

phone (Lower Mainland): 778-328-8000

toll-free in BC: 1.877.328.7810

e-mail: info@ohsah.bc.ca

Study on costs and impact of work- related injury

The Occupational Health and Safety Agency for Healthcare is conducting a study on the economic costs and quality of life consequences of injuries on health care workers. The goal of this study is to find out how an injury affects a health care

worker – what are the financial costs and what are the changes to the worker's quality of life?

If you are injured at work between March and September 2009, you may receive a letter in the mail asking you to participate in this study. Participants will be asked to fill out a weekly report for at least 12 weeks, depending on the duration of the injury.

This study has the full support of HSA, BCNU, HEU, the Health Authorities, and the University of British Columbia. It is being funded by OHSAH and WorkSafeBC.

Please watch for mail you may receive from OHSAH, and participate in the study. You can help add to the analysis of the true costs of an injury. **R**



CALM GRAPHIC

Pension eligibility expanded for social services

by DENNIS BLATCHFORD

Q I'm a counsellor working in the community. I heard we
● will finally be eligible to join the Municipal Pension Plan
● next year. However, I've only worked here for five years,
and I can't decide if I would be better off joining the MPP
– or, on the other hand, trying to put money into my existing RRSPs.

Members working under the General Services and Community Living Services collective agreements will be eligible to join the Municipal Pension Plan effective April 1, 2010. Existing matching contributory RRSP plans will cease at that time.

A The Municipal Pension Plan
● provides real value to members
● whether they have long service or not. Members in the general services and community living services sectors will soon have the opportunity to join the plan in 2010.

Some may be faced with the decision to join the plan or carry on with their existing retirement saving plan - without the employer's financial assistance, and likely without administrative support, either. There are some important things to consider about the value of being in the Municipal Pension Plan – even with relatively short service.

While we would all like to be fully vested and receive the maximum pension available, the reality is that the average pension is based on 17 years of pensionable service – or roughly half that of a full pension.

One of the reasons for this average is the provisions in the plan that allow access to early retirement, thereby dropping the average length of service in the plan. Typically, plan members who elect to take early retirement do so at age 62, but bridging is available for anyone vested (that is, anyone who has a minimum two years of pensionable service) and who is over age 54. The plan's retirement bridging provisions allow for members who opt to take early retirement to collect an MPP pension before the

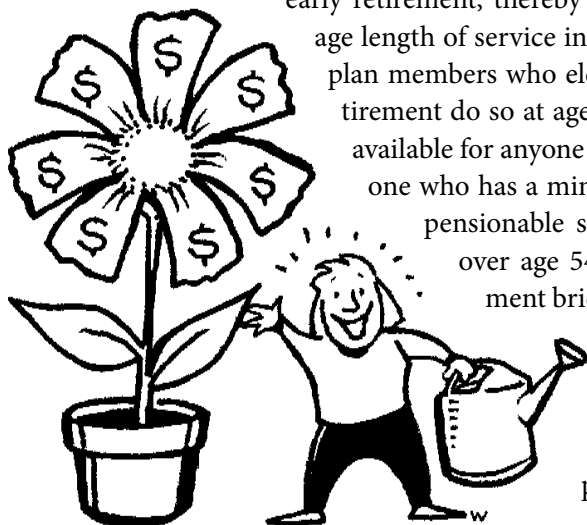
normal retirement age of 65. While the bridging payments end at age 65, when members are eligible to receive Canada Pension Plan, reduced MPP pension payments continue, supplementing the government pensions: CPP and Old Age Pension. The bridging provisions result in a lower lifetime monthly pension, but for some, that is a fair price to pay to reach their retirement goals.

Another tangible benefit of the Municipal Pension Plan is the inflation protection provided to retirees. While inflation protection is not guaranteed, and subject to available funding, it has been paid every year since the pension plan's inception in the mid-'70s, based on the full Canadian Price Index for the year. This has provided tremendous value over time to retirees – and based on current projections, inflation protection should be available for some time.

Like inflation protection, retirees also have health and welfare benefits that provide real value to retirees and their spouses. Again, these benefits are not guaranteed and have been subject to changes in coverage. However, they still represent a significant benefit to retirees and their spouses during their retirement years.

So, even with a relatively short period of service, your Municipal Pension Plan pension is good value in the long run. **R**

Do you have a question for HSA's Pensions & Benefits advocate? Contact Dennis Blatchford at dblatchford@hsabc.org.



Sustainable business practices examined

HSA's office in Vancouver has undergone an environmental audit by Green Workplace, a Vancouver company that helps organizations track their resource consumption, and offers solutions on how to curb that consumption.

Green Workplace focuses on immediate tangible impacts and design solutions that are easy to implement and quantifiable in terms of trees saved, waste diverted and carbon dioxide reduced.

In response to a resolution brought to HSA's annual convention in 2007, a staff committee was established at the union's head office to address green issues – with staff making recommendations for ways to improve sustainability in the office. The committee concluded that an audit of practices was integral to instituting practices that would make a difference.

The Green Workplace audit included an assessment of paper consumption and environmental impacts, and of the environmental impact of staff travel, including commuting as well as business travel.

Overall, the assessment found that HSA has good practices around the choices made on office paper, but recommends alternatives for some specialty paper which would include a higher percentage of post-consumer waste content paper. 100 per cent post consumer waste content paper has a relatively low environmental impact as it does not consume any trees.

The committee learned that the highest output of paper waste in most offices is in paper towels. The HSA office goes through three and a half trees and one third of a tonne of greenhouse gasses in paper towels alone each year. Green Workplace recommended a change to hand dryers to significantly reduce

paper waste.

An area for improvement is around The Report and other publications such as

the union's annual report distributed to all members on a regular basis. Green Workplace recommends HSA source paper with increased post consumer waste content. HSA has also offered members the option of receiving the regular publications by email to encourage a reduction of paper waste in communication to members.

In the area of travel, Green Workplace found that approximately 275 tonnes of greenhouse gas emissions are generated by HSA staff annually in to- and from-work commuting as well as business travel.

The consultants offer alternatives to personal automobile use for staff, including encouraging staff to use public transit, increased use of video- and tele-conferencing for meetings, the leasing or purchasing of high efficiency personal vehicles, as well as car-sharing alternatives for business-use car travel, such as membership in a car cooperative where employees would have access to vehicles as needed to conduct business.

In addition, the consultants offered discussion of the carbon offset system, where HSA would offset its emissions by contributing to an offset provider which invests in projects that prevent greenhouse gases from being emitted into the atmosphere. **R**



How will you vote?

by CAROL RIVIÈRE

On May 12, 2009 BC voters will decide in a referendum whether to continue electing MLAs using the current **"First-Past-the-Post" (FPTP)** electoral system, or to change to the **BC-Single Transferable Vote (BC-STV)** system.

HSA's board of directors believes this is an important issue, and encourages members to get informed about the choices and to vote in the referendum. To assist members, and as directed by a resolution passed at HSA's 2007 convention, this article provides websites where members can access information about this issue from a variety of sources with different perspectives.

Although HSA is providing information sources for **STV**, **FPTP** and **Mixed Member Proportional (MMP)** voting systems, the only choice on the referendum will be whether BC should continue to use FPTP or change to BC-STV. MMP is not an option in the May 2009 referendum.

Where can you find information?

Note: Live links to the following information sources are available on the political action page of the HSA website.

Neutral information sources

1. The **Referendum Information Office** has been established by BC's provincial government to provide neutral information to voters about the referendum: http://www.gov.bc.ca/referendum_info
2. **Wikipedia**
First Past the Post:
<http://en.wikipedia.org/wiki/FPTP>

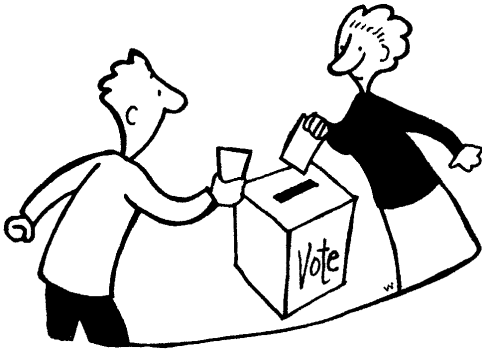
Mixed Member Proportional:
http://en.wikipedia.org/wiki/Mixed_Member_Proportional

Single Transferable Vote:
http://en.wikipedia.org/wiki/Single_transferable_vote
3. **Animated comparison**
An animated of how votes are counted in FPTP, MMP and Preferential voting systems like STV is available on the Electoral Commission of South Australia's website at: <http://www.ecsa.sa.gov.au/flash.htm>
4. **Elections BC map of boundaries**
A map showing the boundaries of the 20 electoral districts proposed under BC-STV is available on the Elections BC website at: http://142.36.238.17/bcgeocoder/comp2008_stv.php

Pro & con information sources

BC's provincial government has provided funding to one independent group on each side of the debate to conduct information campaigns supporting and opposing BC-STV.

1. **Proponent site:** Fair Voting BC (campaigning as British Columbians for STV): <http://stv.ca/join>
2. **Opponent site:** No BC-STV Campaign Society (campaigning as No STV): <http://www.nostv.org>



The approval threshold for implementing BC-STV is the same as in 2005, when a referendum on the same issue failed to approve implementing BC-STV by a narrow margin. For BC-STV to be adopted as our voting system, requires:

- At least 60 per cent of the total votes province-wide, and
- More than 50 per cent of the votes in at least 51 of the province's 85 electoral districts.

Both of these thresholds must be met for BC-STV to be implemented. **R**

Which electoral system should British Columbia use to elect members to the provincial Legislative Assembly?

The existing electoral system
(First-Past-The-Post)



The single transferable vote
electoral system (BC-STV)
proposed by the Citizens'
Assembly on Electoral reform



Sample ballot with actual referendum question

APRIL 28: DAY OF MOURNING

BC Federation of Labour calls attention to epidemic of occupational disease

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

According to the Workers' Compensation Board, in BC in 2008, 160 workers died as a result of a workplace incident including 76 from occupational diseases, many of them asbestos related.

"This is an epidemic. But, we know these numbers fail to reflect the true number of workers and families profoundly affected by these diseases," says Jim Sinclair, president of the BC Federation of Labour. "Too often these diseases go undiagnosed and unreported. As a result, injured workers aren't compensated and employers are not held responsible."

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

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

Workers in BC are also routinely exposed to hundreds of hazardous chemicals, often with poor training and dangerous exposure limits.

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

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

"We need a coherent program to make sure workers know what they're working with and ensure that they are safe on the job," Sinclair added. "We need to reverse this terrible death toll in BC and ensure that injured workers are fairly compensated and that employers are held responsible." **R**

For a list of Day of Mourning events in communities across BC, see the BC Federation of Labour's website: www.bcfed.com

Challenge ongoing erosion of workers' protection and compensation by questioning candidates

With the complicity and assistance of the provincial government, workers' compensation in BC has been steadily eroded and curtailed. HSA sponsored a team of compensation experts to investigate reductions that have occurred between 2002 and 2008. Their report, soon to be published, revealed a need for immediate action.

Why do elected Members of the Legislative Assembly continue to allow the rights of injured workers to be so drastically reduced? What are current election candidates willing to do to protect workers? HSA encourages you to find out by asking them.

Here are some facts regarding the erosion of workers' compensation in recent years.

1. The workers' compensation system dramatically changed in 2002, so workers are no longer compensated for full wage loss. Are you aware that the WCB is funded only by employers, not taxpayers, and these dramatic

assessments fall to one of the lowest rates in Canada, but at the same time, the WCB itself racked up historic surpluses – more than \$950 million in 2006.

3. Seriously injured workers, whose injuries mean they can never return to work, are routinely denied a wage loss pension. Since 2002, the WCB reduced these pensions by 88 per cent and while an average of 900 permanently injured workers a year typically needed these pensions, in 2006 only 30 workers qualified under WCB's new rules.

Are you also aware that the WCB policy which prevents permanently injured workers from qualifying for these pensions was deliberately passed to save the employers money, without regard to its devastating impact on a worker and his or her family, who are also dealing with a life-changing injury and loss of the ability to work?

4. The dramatic changes at WCB in 2002 included the power of the Board to "deem" that workers are able to return to work, with no regard for a worker's disability or the job market, but solely based on a computer and policy exercise. Therefore, a worker can be "deemed" as returned to work, even if the worker is not able to work or there is no job available which the worker can actually do.

The "return to work" designations are fictional. While the "virtual" return to work statistics are great public relations for the WCB, they hide the terrible fact that the Board no longer helps injured workers return to work, and has cut its vocational rehabilitation budget by over 98 per cent since 2002.

5. The philosophy and practice of the WCB has changed. It now calls itself "WorkSafeBC"

Do you agree that injured workers should receive compensation for their full wage loss during their time of temporary disability from work?

changes to reduce compensation were taken to save employers money, at the expense of injured workers?

2. In 2002, reductions in compensation benefits to injured workers was so dramatic and so sudden that not only did employer WCB

and it no longer presents itself as being about workers' compensation and rehabilitation. Rather, "WorkSafe" is generally disposed to deny claims from injured workers in an effort to protect the employer's Accident Fund. This attitude is often harmful to injured workers, who turn to the WCB for support and assistance in their recovery.

Given these dramatic changes which have hurt injured workers and their families, please comment on the following:

6. Do you agree that injured workers should receive compensation for their full wage loss during their time of temporary disability from work?

7. Do you agree that the WCB should resume an active role in real vocational rehabilitation and help injured workers return to work at real jobs?

8. Do you agree that all workers with a permanent injury should be assessed for the impact of their injury on their ability to earn, and that this assessment should be based on what the worker was able to earn before the injury and what the worker is able to earn after the injury. Do you also agree that the assessment should only consider real jobs that the worker can really do and which are reasonably available to that worker?

9. Do you agree that if a permanently injured worker suffers a loss of earn-

ing capacity, that worker should be fully compensated for this loss in the form of a loss of earnings pension?

10. Would you support legislative reform to section 23(3) of the *Workers' Compensation Act* to restore loss of earnings pensions as one of two types of pensions available to all permanently injured workers in BC?

11. Do you agree that the WCB should resume its former policies ensure that permanently injured workers continued to have a full compensation pensions over their lifetime, such as keeping a cost of living index in place and no cut-off at age 65?

12. Do you agree that the WCB should resume the payment of interest for any retroactive benefits, to provide an

The philosophy and practice of the WCB has changed. It now calls itself "WorkSafeBC" and it no longer presents itself as being about workers' compensation and rehabilitation.

incentive for the Board to make fair and timely payments to workers?

13. Would you agree that section 5.1 of the *Workers' Compensation Act* unfairly restricts the definition of psychological injuries? For example, section 5.1 sets criteria for the acceptance of psychological injuries which

is much more restrictive and even contrary to the standards and criteria used by Canadian mental health professionals and the American Psychiatric Association.

The restrictive criteria of section 5.1 results in many of the occupational hazards of emergency workers – police, firefighters and ambulance workers – being denied, when they have psychological reactions to incidents in their work environments.

14. Would you agree to providing legislative protection in the *Workers' Compensation Act* to chronic pain sufferers, given that the WCB now restricts their entitlement to 2.5 per cent disability, and denies that a permanent chronic pain disability can be reliably assessed as greater than this? All this is despite clear medi-

cal evidence and court rulings that a chronic pain disability can range up to 100 per cent disability including a 2003 case from the Supreme Court of Canada. **R**

You can help reverse cuts to workers' compensation. See related column next page.

Pursuing improvements to workers' compensation

by MAUREEN HEADLEY

Health care workers have the highest rate of injury of any group in BC, and changes to workers' compensation have meant injured HSA members have had to fight for compensation. HSA members have a great deal at stake.

During the past year, HSA sponsored a report with the BC Federation of Labour. A panel of legal experts in BC's workers' compensation field surveyed the provincial Liberals' changes to the workers' compensation system – and the resulting impact on injured workers and their dependents.

This report, which is to be published shortly, has produced some shocking facts about what has happened to protections for workers in this province. We hope that it will be useful in raising the awareness of candidates in the provincial election about workers' compensation issues and the need for immediate

Few people are aware of the steady erosion that has been inflicted on the system since 2001. An HSA-sponsored report produced some shocking facts about what has happened to protections for workers in this province.

amendments to the law and policy.

Few people are aware of the steady erosion that has been inflicted on the system since 2001. For example, those who are permanently disabled and living on their disability pensions now have their inflation adjustment set at one per cent below the cost of living, to a maximum of four per cent, no matter how



**Maureen Headley, Executive Director
of Labour Relations and Legal Services**

high inflation may be. This slipping behind the cost of living every year is already based on a reduced pension of 90 per cent of net pre-injury earnings, so workers are already losing 10 per cent of their net income.

Worse yet, only a small fraction of those who are so seriously injured that they can no longer earn a good living can qualify for the “loss of earnings pension” – the pension that compensates workers for the actual losses to earning ability. Between 2001 and 2007, the number of “loss of earnings” pensions awarded dropped by 90 per cent in BC. WCB / WorkSafeBC has reduced its expenditures on pensions by 50 per cent overall.

And if they are off the hook for pensions, WCB / WorkSafeBC has drastically reduced its efforts to retrain or assist injured workers to get back to work. With legislative and regulatory assistance from the provincial government, expenditures by the WCB /

WorkSafeBC on vocational rehabilitation between 2002-2005 declined by 98.8 per cent. This is a shocking figure.

Employers fund the workers' compensation system in BC in exchange for workers not suing them when deaths and injuries occur. However, as a result of compensation reductions in recent years, employers have saved many millions of dollars.

Compensation costs have not gone down because fewer workers are injured. Rather, with the reduced costs of providing for those who are injured or killed in the workplace, employers' assessments go down as well. Look at health care for example: while the injury rate actually went up between 2003 and 2009, the WCB / WorkSafeBC assessment rate for health care employers went down – from \$2.05 (per hundred dollars) in 2003 to \$1.56 in 2009.

At HSA, we see the casualties of workplace injury and occupational disease among our membership every day. We are doing our part to try and bring about the changes necessary to provide workers with some guarantees that you – and your dependents – will be taken care of if you are injured on the job. We encourage you to get out during the provincial election campaign and ask the candidates about their position on full compensation for workers. Let's try to bring this issue into the spotlight. **R**

Maureen Headley is HSA's executive director of legal services and labour relations. See previous page for a list of questions for candidates on WCB / WorkSafeBC. The expert panel on workers' compensation included HSA's Sarah O'Leary. Check HSA's website at www.hsabc.org to read the panel's report on the erosion of workers' compensation in BC.

With assistance from the provincial government, WCB / WorkSafeBC has been chipping away at workers' compensation:

- **arbitrarily reduced disability pensions by 10 per cent**
- **set inflation adjustment for disability pensions to one per cent below cost of living; in 10 years you fall behind 10 per cent**
- **curtailed "loss of earnings" pensions by 90 per cent**
- **reduced expenditure on pensions by 50 per cent overall**
- **reduced vocational rehabilitation by 98.8 per cent**

We encourage you to get out during the upcoming election campaign and ask the candidates about their position on full compensation for workers.

Perfect conditions to create positive change

by THALIA VESTERBACK

I've been watching with fascination and trepidation all the recent announcements and stories about the economic down turn from around the globe. It's been a perfect storm: speculative bubbles in commodity prices, the financial markets and institutions, and the US housing market – all collapsing at the same time.

What seemed to some like lucrative ideas during the good times have been proven incredibly irresponsible. And the bottom of this hole still hasn't been found.

So where we go from here? Governments around the world are scrambling to announce stimulus budgets. Dollar figures in the millions, billions and even trillions (once you add it all up) are being thrown around cavalierly. Economists are falling over each other to assert this recession will only last a year or two, or maybe five at the most.

It astonishes me that hardly anyone will publicly admit what the majority of us already realize: we require fundamental change to the way we operate our governments,

We can stop privatizing and selling our land and resources. Our land, water, minerals and forests are resources that should benefit and support everyone, not just a few.

corporations, and personal lives. After the richest period in the history of human civilization, we still have high levels of poverty, homelessness, infrastructure deficits and il-



Thalia Vesterback
Region 9 Director

literacy. We haven't eradicated social inequality, racism or sexism. I don't think anyone can say it's been a roaring success.

Over the past century – and especially since the early '80s – our economies have been based on corporatist, consumerist policies. And we are consuming our planet at an unsustainable pace. There has been little accounting for the ecology of the planet and making decisions based on what will last for many generations to come. To date, the stimulus announcements have been directed at “getting us through the rough patch,” until the markets get back onto their feet. Instead of leading a coordinated infrastructure spending plan that will create and sustain institutions to get all of us through this rough patch and future ones to come, governments

We can use this downturn to shake things up and all of us can participate. We are a democracy and our votes at all levels of government matter. Our purchasing power speaks volumes. Our every day choices have consequences.

are relying on individuals to do the “right thing” (i.e. spend money).

The government must re-invest in social programs that have served and protected Canadians well (as they were originally created, not some of the gutted versions we have today); these include Old Age Security, the Canadian Pension Plan, Employment Insurance, and public health insurance.

Governments have shifted to the right, focusing more on cuts to taxes and spending, and have downloaded social responsibility from federal to provincial to municipal levels. This has created patchworks of ineffective social programs, instead of standardized, coordinated programs that successfully and efficiently meet the needs of the citizens of this country. Corporations are more than happy to privatize the profits, yet want taxpayers to subsidize the losses.

We are at a crossroads in history. Governments can continue down the same road and pretend to be surprised when the middle class (or all of society) collapses. (A saying comes to mind: insanity is doing the same thing over and over and expecting different results.)

Or, we can plan for longevity. We can base our economies on the ecologic capacity of the planet and link economic policies to

social ones. We can pick a true measure of wealth (not just GDP) that incorporates all facets and costs of life.

We can stop privatizing and selling our land and resources. Our land, water, minerals and forests are resources that should benefit and support everyone, not just a few. And we can accept that sustainable growth can be zero per cent. But we need the leadership to do this – at all levels of government, in corporations and individually.

I know I sound rather grim but it is because I feel that way. However, I also feel hopeful: more hopeful than I have felt for a long time. Because we can use this downturn to shake things up and all of us can participate. We are a democracy and our votes at all levels of government matter. Our purchasing power speaks volumes. Our every day choices have consequences.

So please, get informed. Watch and read the news with a critical eye. Seek out different sources of information. Support businesses that hold the same values as you do. Look critically at your personal expenditures. And exercise your democratic privilege. **R**

Thalia Vesterback represents region 9 on HSA's board of directors.

News

Continued from page 11

include registration fees, transportation, accommodation, dependent care and wage replacement. In addition, HSA supports the participation of daughters of HSA members by sponsoring a scholarship to attend the Summer Institute for Union Women. Deadline for application is June 3, 2009.

If you would like more information about the Summer Institute for Union Women, or would like to apply for an

HSA scholarship, course information and application forms are available on HSA's website. If you require more information, contact Karin Herbert at the HSA office.

Community Social Services Awareness Month in BC

HSA is a sponsor of Community Social Services Awareness Month, declared in March across British Columbia.

The campaign to raise awareness of the importance of community-based social services is being supported by many community and labour groups, and by municipal councils throughout the province.

More than 30 councils passed resolutions recognizing the month and urging citizens to support the value and contribution that social services make to their communities.

The motions approved by municipal councils recognize that community social services "help improve the quality of life for everyone" and that "greater recognition and understanding of the critical role these services play in our communities is needed to ensure their continued availability and improvement."

The list of participating councils includes the following communities: Burnaby, Campbell River, Central Saanich, North Vancouver, Colwood, Cranbrook, Duncan, Fort St. John, Kamloops, Kelowna, Lady-

smith, Mission, Oak Bay, Parksville, Penticton, Pitt Meadows, Port Alberni, Port Moody, Powell River, Prince George, Richmond, Saanich, Squamish, Surrey, Terrace, Trail, Vancouver, Victoria, View Royal, the Village of Belcarra and Williams Lake.

A wide number of related events are also taking place.

They include the *Value of Community Social Services* public forums in Kamloops and Prince George, and a five km *Walk for Community Social Services* which took place in Victoria on March 28.

Many HSA members participated in the walk, including Suzanne Bennett, an alcohol and drug addiction counsellor at the John Howard Society. Bennett is the union's first-ever vice president from the community social services sector.

In the Lower Mainland, union members are also setting up display tables at local malls to raise awareness.

Community social services include child care, employment and housing support for people with developmental disabilities, specialized services for immigrant families, services for First Nations families, addiction services, support for women dealing with violence, and more.

For details, and information on newspaper and radio ads produced for this campaign, visit: www.CommunitySocialServicesMatter.ca

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

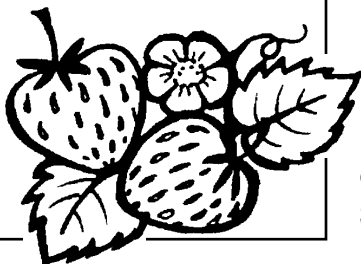
May 1: International Labour Day (May Day)

May 17: International Day Against Homophobia

www.homophobiaday.org

May 28: International Day of Action for Women's Health

June 21: National Aboriginal Day





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.



HSA: essential to healthy communities



REBECCA BISHOP PHOTO

This winter, HSA members all across BC saw themselves in local newspapers. They also saw large ads placed on the sides of transit buses highlighting the importance of health science professionals in the diagnosis, treatment, and recovery of patients.

This awareness campaign expands on a similar campaign first run in 2006 with great success.

From an association of nine health professions formed in 1971, the union has grown to represent more than 115 different occupations in health care and community social services.