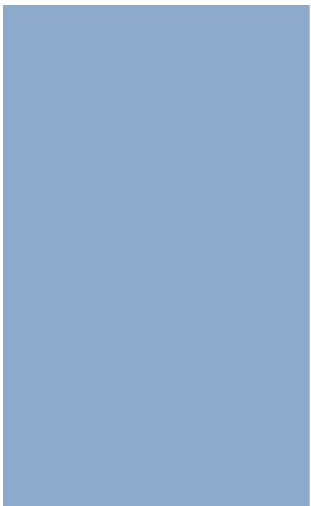


# THE Report



**HSA**  
**A VISION  
FOR  
CHANGE**



## Working together to overcome daily economic challenges

**IN JUNE, I JOINED WITH** BC Government and Service Employees' Union President, Darryl Walker, at a community meeting in Nanaimo to hear from members of the community about the impact of the economic situation on regular people.

The meeting was part of a nation-wide campaign organized by the National Union of Public and General Employees (NUPGE) in cooperation with its component unions across the country. The tour is called the *Cut Me A Slice Bread and Butter Tour – A people's response to the economic crisis*.

Ordinary Canadians of all political leanings have been attending similar meetings and presenting their opinions on how best to respond to the economic challenges facing the country. Forums, meetings and town hall gatherings are being held in all parts of Canada.

The purpose of this campaign is to offer everyday Canadians an opportunity to have a say on what we feel needs to be done to help us through these difficult economic times.

Politicians and policy makers need to hear from Canadians and find out how exactly we are being affected and what can be done to help us through this economic downturn.

In Nanaimo, Leslie Clarke of the Nanaimo Women's Centre talked about the failure of governments to support the most vulnerable in our communities.

"Most of us feel vulnerable in a declining economy. For those on income assistance... they can't survive without this fragile patchwork. People cannot survive on what they get on income assistance or minimum wage. These women are like warriors. They get up in the morning and start piecing it together for another day.

"All women's centres lost core funding in 2004. Since then we've struggled. What this means in these economic times, when we need it the most, is that we have the fewest resources."



Johnson

A COMMUNITY  
ACTIVIST TOLD  
THE MEETING  
THAT MORE  
THAN 50 PER  
CENT OF THE  
POPULATION OF  
NANAIMO LIVES  
IN POVERTY.

A community activist told the meeting that more than 50 per cent of the population of Nanaimo lives in poverty. Fifty per cent of jobs in Nanaimo are part time, while 15 per cent of the population lives on wages under \$10,000 a year, not including people on income assistance or pensions.


Meeting participants repeatedly spoke about the need for an increase to the minimum wage. A representative from the Vancouver Island University Students' Association wanted to ensure that governments understand that affordable and accessible education is necessary to stimulate our economy. As he said, healthier communities are built on education.

### THE STORIES WE HEARD

in Nanaimo, and the stories that have been told over and over again in communities across the country are compelling us to tears, but, they also must inspire us to action.

Our national union has organized this campaign with the assistance of all its provincially based unions because we feel this is a way we can assist individuals to have a voice at a national level.

When the tour concludes, NUPGE will compile all the material gathered from across the country into a report that will be presented to federal, provincial and local governments.

Please have your say in this people's response to the economic crisis by visiting the campaign website at [www.peoplesresponse.ca](http://www.peoplesresponse.ca) 

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

**"The resolutions affect all of the members. I have to educate my union members regarding what happened here and how it might affect our bargaining for the next few years" - WILLIE BENIG HSA CONVENTION DELEGATE, PAGE 14**

## CONVENTION 2009

### A vision for change

Protecting and enhancing  
health care and social services

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### THE FRONT COVER

Delegates to HSA's 38th  
annual convention shared  
stories and ideas for  
protecting health and  
social services all across BC.

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## POLITICAL ACTION

## HSA supports member involvement in the provincial election

by CAROL RIVIÈRE

Long hours, hard work, great people and the satisfaction of working to elect a candidate who cares about the same issues – these are only some of the impressions of HSA members who received support from the union's Political Action Fund to participate in the recent provincial election.

Members worked for different parties, and had different reasons for getting involved. For Anne Davis, a transition house coordinator in the Comox Valley, a major motivator was the connection between government policy and her clients' daily struggles.

"Every day, in my workplace, I see women who cannot get legal representation for family court matters involving abusive ex-spouses. I see people with mental illnesses living lives of quiet desperation as they try to access food services because paying rent eats up their entire welfare cheque. I see people who are employed at \$8 an hour and are living in their cars, and I see children growing up in poverty," said Davis. "Every one of those situations is the result of political decisions that have been made in this province and election



Mo Norton



Marg Beddis



Joan Magee

"...I see women who cannot get legal representation for family court matters involving abusive ex-spouses..."

Anne Davis, transition house worker

time is an opportunity to do something about it."

Receiving Political Action Fund support allowed several HSA members to work full-time on campaigns, and take on major roles. Maria Tokarchuk, a registered psychiatric nurse from Kelowna, was the assistant campaign manager for three candidates in her area. "The HSA funding helped tremendously, as I was able to devote full time hours to helping on the campaign," said Tokarchuk. "This was especially helpful to the three constituencies in Kelowna as they ran a joint campaign out of one office, and there was a shortage of those willing or able to take on major roles. I couldn't have done as much while still working."

Political Action Fund support was essential to Region 6 Member-at-Large Mo Norton, who ran for election in North Vancouver-Seymour. Said Norton, "I could not have even considered being a part of this campaign without this support from the union." Norton also noted that as a candidate, she used many of the

skills acquired at union workshops, including HSA's Election Campaign School, the BC Federation of Labour's Summer Institute for Union Women, and the CLC's Harrison Winter School.

Several members commented on the benefits to HSA when members participate in election campaigns. "It gives HSA visibility within the political arena," said Region 1 Member-at-Large Irene Hobbins, who worked on a campaign in Nanaimo. "Connecting with the people who have influence is an important aspect of our role as union activists," noted Tilly Hiscock, a cardiology technologist who worked in Surrey-Tynehead.

Some members were pleasantly surprised to find that they acquired skills and information they can apply in their professional work. Region 7 Director Marg Beddis worked on a campaign in Surrey-Fleetwood: "As a dietitian I am always trying to understand what people really mean when they discuss the food they eat. The campaign I worked on had

volunteers who brought in food. This gave me a chance to ask the folks preparing the food and those knowledgeable about the items, questions about the preparation and the ingredients used. It was very valuable from that perspective: an avenue of experience I had not anticipated.”

Some of the candidates members worked with won, some lost – and one did both. Region 8 Director Joan Magee worked in Cariboo Chilcotin. “On May 12 we were ahead by a mere 14 votes, but we were confident that, as in the 2005 election, the mail-in and absentee ballots would widen the gap. But on the recount it was discovered that one of the polls had made an error, and we lost 77 votes. It is hard to be so close and lose – especially because I know how hard our candidate worked for all of his constituents over the past four years. He really did earn another term.”

Whether they won or lost, many members noted that they are already working towards the next provincial election in 2013. HSA will be working with them – providing opportunities for campaign training and involvement in the political process. **R**

*HSA would like to hear from all members who participated in the provincial election. Please send an e-mail to [criviere@hsabc.org](mailto:criviere@hsabc.org) telling us about your experience.*

*For more information about how to get involved, contact Carol Rivière at the HSA office.*

## Kevin Falcon faces challenges in new cabinet post, say health science professionals

### BC'S MINISTER OF HEALTH

Kevin Falcon faces immediate challenges in his new job, HSA President Reid Johnson said in June after Premier Gordon Campbell appointed a new cabinet.

“In early June, it was revealed that health authorities are facing financial pressures that could result in reduced services and increased user fees for British Columbians. In a growing province and where we’re seeing increasing acuity in the patients in the health care system, we need a focus on improving access to health care services – not reducing access,” Johnson said.

He said Falcon needs to heed the direction of British Columbians who have repeatedly said a strong public health care system is a priority.

A further challenge in health care is the ever-growing crisis in the ability to recruit and retain highly skilled and specialized health science professionals who deliver the critical diagnostic, clinical, and rehabilitation services to patients alongside doctors and nurses.

“I will be seeking a meeting as soon as possible with Minister Falcon and the new Minister of Advanced Education Moira Stilwell to discuss with them the need to address immediately the crisis in recruitment and retention of the highly skilled health science

professionals our health care system depends on,” he said.

“HSA has worked closely for the past several years with Moira Stilwell through our mutual partnership in the continuing fight to end the life limiting effects of breast cancer. She understands the need for human resources planning, and now that she has responsibility for advanced education, I am optimistic some of the training and recruitment challenges in the health care system can be addressed,” Johnson said.

## HSA magazine takes top national award

### AT A NATIONAL CONFERENCE

In May, the Canadian Association of Labour Media awarded its highest honour to *The Report*, the magazine for HSA members.

*The Report* won “Best Overall Publication” demonstrating the best combined use of writing, graphics, design, and editorial content and judgement. The category includes all local, provincial, and national union publications produced by staff, including federations of labour across Canada.

The issue submitted for adjudication was the October / November 2008 issue, which included a column by HSA President Reid Johnson opposing the gag law (Bill 42). In recent years, CALM judges have recognized HSA with awards for best writing, excellence in layout and design, best feature article, and breaking barriers to widen union participation. **R**

## DAY OF MOURNING

## Remembering those injured and killed on the job

by TARYN HUBBARD

**H**undreds of people gathered in front of the Vancouver Art Gallery April 28, the 25th annual National Day of Mourning, to honour all of the workers in British Columbia who lost their lives or were injured on the job.

“We are remembering sisters and brothers, friends, relatives and co-workers who were injured or killed unnecessarily on the job,” said Bill Saunders, president of the Vancouver & District Labour Council. “I say unnecessarily because we know that not nearly enough is being done to prevent workplace accidents or injuries. We know that most, if not all, of them are preventable.”

In 2008, 160 workers in BC were killed while on the job. To honour those lost, 300 people marched 160 coffins around the block and then carefully placed each coffin down in long rows in front of the steps of the gallery.

Unsafe work sites affect all professions. Health care work sites are no exception. Last year, three health care professionals died on the job



HSA President Reid Johnson and HSA activist Mo Norton present a wreath at the Day of Mourning Ceremony in Vancouver.

and many people in the health care field are frequently faced with violence in their workplace, according to WorkSafeBC reports.

Yet, cases of violence against health care workers often go unreported.

“There is a history of health care workers thinking that they need to be heroic in some ways,” said HSA president Reid Johnson. “When you are assaulted or threatened some people still have the idea that it’s part of the job. We have to change that culture and encourage people to think that violence is not necessarily part of the job.”

Educating HSA members about their rights is one key to reducing violence towards health care professionals, said Johnson. But, regulations must be enforced in order to keep vulnerable health care workers safe.

“There also has to be enforcement. If people are not managing

the way they are obligated to then WorkSafeBC and the like have to really enforce the regulations. That’s not happening,” he said.

Speakers at the Day of Mourning rally emphasized the need for tougher government restrictions on employers, proper on-the-job training for employees, and an older minimum work age for young people.

Doug De Patie, father of Grant De Patie who was killed in March 2005 for trying to stop someone from stealing gas at the gas station he worked at, spoke about the difficulties he has faced trying to get more regulations that ensure employee safety.

“I thought [all] along that we were working with WorkSafeBC. I can see that we are obviously not working against them, but we are having to demand that they protect workers,” De Patie said. **R**

## BOARD OF DIRECTORS

### HSA members acclaim five regional directors

#### **Suzanne Bennett**

##### REGION 1 DIRECTOR

HSA members in Region 1 have again acclaimed Suzanne Bennett as their representative to the HSA board of directors.

Suzanne has been the Region 1 Director since 2006. She is the first HSA member from the community social services sector to serve on the board.

Suzanne is a youth addictions counsellor at the John Howard Society in Courtenay. She has been a member of HSA since 1998 and served as chief steward for five years.

Suzanne was elected as a member-at-large in 2003 and served on the union's Resolutions Committee. Currently Suzanne is chair of the Committee on Equality and Social Action. She has served on the Education and Resolutions Committees, and as the union's Vice-President. She is also a Labour Council Representative to the Campbell River & Courtenay Labour Council.

#### **Bruce MacDonald**

##### REGION 3 DIRECTOR

HSA members in Region 3 have once again acclaimed Bruce MacDonald as their representative to the HSA board of directors.

Bruce is a social worker at Royal Columbian Hospital in New Westminster. He has been a member of HSA since 2000.

Bruce was first elected to the HSA board of directors in 2006 and currently sits on the union's Finance committee, and also serves as the union's Secretary-Treasurer.

Prior to serving on the board, Bruce was a member-at-large and chief steward for Royal Columbian Hospital. He was also a union activist in both the United States and Japan.

#### **Kimball Finigan**

##### REGION 5 DIRECTOR

HSA members in Region 5 have acclaimed Kimball Finigan, a radiation therapist at the Vancouver Centre of the BC Cancer Agency, as their representative on the HSA board of directors.

Finigan has been an HSA activist since 2002 serving as steward, assistant chief steward and chief steward at the BCCA. He has been a member-at-large serving on both the resolutions committee and the committee for equality and social action. He is also the current HSA constituency liaison for Vancouver-Mount Pleasant.

Currently he sits on the Resolutions Committee, Finance Committee and Constitutional and Organizational Policy Committees.

**Suzanne Bennett**  
Region 1 Director



**Bruce MacDonald**  
Region 3 Director



**Kimball Finigan**  
Region 5 Director



**Marg Beddis**  
Region 7 Director



**Janice Morrison**  
Region 9 Director



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**Marg Beddis**

REGION 7 DIRECTOR

HSA members in Region 7 have re-elected Marg Beddis, a dietitian at Surrey Memorial Hospital, as their representative on the HSA board of directors.

Since becoming an HSA member in 1991, Marg has been active as a steward, assistant chief steward and chief steward for Surrey Memorial Hospital. She has also served as a member-at-large, and on several HSA committees, including Occupational Health and Safety, Political Action, Equality and Social Action, and Resolutions. Marg has also been an HSA Constituency Liaison in Surrey.

Marg continues to serve as a Steward at Surrey Memorial Hospital. She also chairs the Education Committee, and serves as an LTD trustee.

**Janice Morrison**

REGION 9 DIRECTOR

HSA members in Region 9 have acclaimed Janice Morrison, a physiotherapist at Kootenay Lake Hospital, as their representative on the HSA board of directors.

Since becoming an HSA member in 1990, Janice has been a steward, assistant chief steward, and chief steward at Kootenay Lake Hospital, as well as a Member-at-Large. She previously sat on the Committee for Equality and Social Action, and the Political Action Committee, and currently serves on the Trial Committee.

She serves on the union's Committee on Equality and Social Action as well as the Constitutional and Organizational Policy Committee. **R**

**Think Pink week  
September 14-18**

The Health Sciences Association is one of three regional sponsors of the Canadian Breast Cancer Foundation's Run for the Cure. This year's run takes place on Sunday, October 4.

To prepare for the run HSA's Run for the Cure committee encourages members to participate in Think Pink week.

During the week of September 14 to 18, all HSA members who register to participate on HSA's Run for the Cure team are eligible to win an early bird cash prize of \$100. All HSA members who register and raise \$150 before Sept. 1 will receive a pedometer. To register, go to [www.hsabc.org](http://www.hsabc.org) and follow the links.

**2010 should be a year  
to showcase health care  
in British Columbia, not  
cut the service patients  
depend on**

**TAKING A TOUGH STAND** on health care budgets will hurt British Columbia at a time it wants to shine, said HSA President Reid Johnson in a news release in mid-July, after Health Minister Kevin Falcon told health authorities to trim \$360 million.

Earlier in July, Falcon was singing the praises of the fast-tracked breast cancer diagnosis clinics in

the Lower Mainland as a key to early diagnosis and treatment of breast cancer.

But, thanks to his edict to health authorities released July 15, health authorities across the province are being forced to plan for dramatic reductions in service – including diagnostic services like lab, x-ray, MRI, ultrasound, CT and nuclear medicine.

"Early diagnosis is a key to prevention," Johnson said. "If health authorities cut their diagnostic budgets by as much as one-third, as has been suggested, there will be major repercussions to the health of British Columbians.

"Just because you aren't diagnosed, doesn't mean you're not sick. The longer it takes to get a diagnosis, chances are you will be sicker and require more complex and expensive treatment and rehabilitation," Johnson said.

Johnson called on Falcon and the health authorities to meet with the unions representing health care workers as soon as possible to consult on alternative approaches to meeting tight budgets, without compromising the health of British Columbians.

**R**



## INTERNATIONAL

### Mourning latest Colombian murders

**I**n late June, the National Union of Public and General Employees (NUPGE) was saddened to learn of the murders of two more trade unionists in the Arauca region of Colombia.

Pablo Rodríguez Garavito and Jorge Humberto Echaverri Garro, teachers with the Asociación de Educadores de Arauca (ASEDAR), were brutally murdered by unknown gunmen.

NUPGE joins other labour and human rights organizations, as well as ASEDAR, in condemning these murders and mourning the loss of these two leaders.

The ongoing murders highlight the unending human rights crisis taking place in Colombia.

Unfortunately, Canada is currently considering legislation to implement a Canada-Colombia Free Trade Agreement (CCFTA) despite growing opposition to the deal because of human rights abuses in the South American country.

Human rights organizations have repeatedly condemned the Harper Conservative government in Ottawa for proceeding with the deal, despite the crisis that is unfolding without any intervention – if not the outright complicity – of the Colombian government.

#### Liberal opposition wavering

Until recently, Canada's opposition Liberal Party appeared poised to

support the deal. However, in the face of rising pressure to oppose the deal, the Liberals have shifted their position to demand an independent human rights assessment of the situation prior to a vote on the agreement.

NUPGE president **James Clancy**, in a letter to Ignatieff, writes that it is "deeply inappropriate" for Canada to sign an agreement with the brutal Colombian regime of President Alvaro Uribe.

"I am asking that your party join with the New Democratic Party and Bloc Québécois in opposing this agreement," Clancy notes.

"I am sure, given your background in international human rights issues, that you appreciate the severity of the human rights crisis in Colombia. The scope and magnitude of the violence is deeply troubling and the suffering of the Colombian people immense," he says.

NUPGE participated in an international solidarity mission to Colombia during the summer of 2008. Leaders of four Canadian public sector unions met with a broad range of labour, aboriginal, Afro-Colombian, peasant and civil society organizations.

#### 'Horrible list'

"The overwhelming opinion of these organizations was that free trade with Colombia will lead to worse human and labour rights abuses and further devastation of communities at risk," Clancy's letter says.

"These leaders reached the conclusion that a free trade agreement will not help the Colombian people.

It will only exacerbate an already horrifying list of human and labour rights abuses that are shocking the world. It is deeply inappropriate for the Canadian government to ignore the pleas for assistance from some of the most persecuted and embattled people in the world," Clancy writes.

"Canada can, and should, play a leadership role in ensuring that a just and sustainable peace is achieved in Colombia. As an expert on international human rights I know that you appreciate the seriousness of this matter. I urge you and your party to oppose the proposed agreement."

With Parliament recessed for the summer it is expected that Bill C-23, to implement CCFTA, will be voted on in the fall. Opponents of the agreement are urging Canadians to keep up the pressure.

With the New Democratic Party and Bloc Québécois having announced that they will vote against the agreement the focus is on the Liberals to similarly take a stand. **R**

*HSA is a component of the National Union of Public and General Employees.*

*See also the colour insert from the Canadian Labour Congress in this issue of The Report.*

## Coral Coupland

*Recreation Therapist  
Cumberland Health Centre  
and Lodge (Region 1)*



“This is my fifth convention and I’m finding it excellent as usual. There’s lots of discussion, pertinent and important information. People are engaged and really curious about what’s going on, so I’m impressed again.

I am the only chief steward on my site so I feel that as a representative from a small community I can speak as their voice and take the information back to them.

I am a recreation therapist with the geriatric population. What excites me about my job is just maintaining and making improvements in the geriatric population, to improve them physically, mentally, socially and cognitively. It’s just their overall health.”



TARYN HUBBARD PHOTOS

### A VISION FOR CHANGE

## Working to protect and enhance health care and social services

Scores of TV, newspaper, and radio reporters converged on HSA’s 38th annual convention held in April, just two weeks before the provincial election campaign. The media observed as keynote speaker Carole James praised convention delegates for their commitment and passion in caring for the health and social welfare of British Columbians.

James, leader of the New Democratic Party, highlighted the importance of health science and community social services professionals. In raising the profile of HSA members, she emphasized the critical need to continue expanding training opportunities – and to continue efforts to recruit and retain these highly trained workers in the face of increasing vacancies and retirements.

### Caring professionals making a difference

Earlier, in a standing ovation address, HSA President Reid Johnson thanked delegates for their commitment to positive social change – especially as they work with patients and families during a sudden economic downturn.

“Working with some of the most vulnerable in our province – either in health care or in community social services – you know

more than most British Columbians what effect a tough economy and limited social resources can have on families,” he said.

“When we look around us at people who are going through tough economic times, in a province with the highest child poverty rate in Canada; at seniors who are living with inadequate home support, and limited access to the supported living and residential care that they need; at low wage workers who are forced to get by on the lowest minimum wage in the country; when we look around at all that, we know that we are impoverished if we don’t do our part to make a difference.

“And that’s what inspires me,” he said. “And I know that I speak on behalf of all of the board of directors. This inspires us to continue to examine the work that we do, how we do it, and how we can do it better. And it’s that focus that drives all of us in the union to make real and tangible strides for our members.”

### Victories for HSA members

Johnson reported to delegates the latest developments in the union’s work on members’ behalf following the labour movement’s victory over Bill 29.

“This time last year I reported to you that HSA had closed a chapter on Bill 29: the legislation that ignored the process of collective bargaining, and gave license to reach into negotiated agreements and make arbitrary changes,” he said. “After the



Biomedical engineering technologist Paul Kuwabara takes part in lively convention debate.

### Cathryn Wheeler-Bishop

*Physiotherapist*

*Lions Gate Hospital (Region 6)*



“I think we come to the convention to network with all the other stewards, find out what’s happening in their regions, and we find out if what’s impacting us is impacting people in other regions as well. And, I always find that the AGM regenerates me and reminds me of why I became a steward. We have great resources here. We get a chance to talk to them. I always walk away knowing that I’m going to do more when I get back to my place of employment.

I love my job. I’m a physiotherapist in a specialized program and the reason I like my job is because we have a great team. Our rehab department has managed to stay a department. I have good resources to go to and good support when I’m at work. That’s not true of all departments.

This conference was about finding out why our bargaining fell through. Our members are incredibly worried about not having a chance to get in on the bargaining. We were just told that we were going into bargaining. There was a chance that our contracts could be extended. None of us had an input in it. Then it was even worse when it fell through. I think we are all very worried. We are worried about our future in 2010.”



### Rhonda Owens

*Medical Laboratory Technologist  
Mackenzie & District Hospital (Region 10)*



**“This is my first convention and I’m learning** a lot and everyone is really welcoming and friendly. It’s been a very good experience all around for me.

I came to learn more about the union and what our role is and how we go about doing it. Our site has not really had a union presence in many years. I’m learning more, which I will share with everyone else once I get back.

My favourite part about my job is the patient contact. I’m a lab tech in a small hospital, so we do have patient contact. I get to see patients when they first come in and when we take their blood they generally tell us what’s wrong with them because we’re there. We see their test results and we usually see their treatment and the test results afterwards. I love seeing the whole picture of how the patient is doing.”

Supreme Court of Canada struck down that legislation, we entered into negotiations with the provincial government to address the damage that was done to our members.

“We achieved a \$3 million settlement supporting members covered by the health science professionals’ provincial agreement who had suffered financial loss as a result of that contract breaking legislation,” he said.

“We also succeeded in getting funding for professional development for all health science professionals, nurses and community social services workers,” he said, adding that disbursements had already begun.

“Registered psychiatric nurses and health science professionals are already receiving payments to support a variety of professional development activities – from professional upgrading to participation in professional development conferences,” he said.

“And this spring, agreement was reached on a professional development fund for HSA workers working under the community social services contract.”

### An important step forward

Johnson added that the union had won a key strategic advantage as part of the Bill 29 negotiation process. “We also carved out a space at the government and employer decision making tables



**Long-time union activist and dietitian Lai-lin Harvalias told fellow delegates that recruitment and retention remain key issues facing health care. Delegates applauded her announcement that she is retiring this year.**



Even during breaks, delegates gathered around display tables and took advantage of opportunities to share ideas and experiences.

for HSA,” he said. “This is the first time in our history that we’ve gotten that level of access to the employer and to the government. That’s where the decisions are conceived of and made, and that’s where we wanted to make sure HSA had a voice.”

Johnson reported that this had already created opportunities for HSA to work with employers on issues affecting union members. He listed three examples.

“One of them is the issue around on-call work,” he said. “After several attempts to get traction on this issue with employers, this year I’m pleased to report we’re moving forward. HSA is working with the Northern Health Authority on a project to look at the risks of excessive on-call work. Our goal is to assess the risks as identified by our members,” he said.

Second, he described a research project with ultrasound technologists. “This research project is in Fraser Health with WCB / WorkSafeBC,” he said. “We have been in continued negotiation and discussion about the high injury risk in this profession. More than 90 per cent of ultrasound technologists suffer workplace injury and disability because of the nature of their work. Now, a practical workplace-based project is in place to address this serious issue.”

Johnson said a third initiative is a pilot project to support ill and injured members to return to work. This project is a partnership with the BC Nurses’ Union and the Vancouver Coastal Health Authority.

## Osita Hibbert

*Physiotherapist*

*Royal Columbian Hospital (Region 3)*



“This is my first convention. I’m a new delegate. I was recently asked to be a joint occupational health and safety committee member as well as do my training to become a steward. My parents worked in health care and were HSA members. I have just always wanted to become involved in the union that’s supporting my practise. I wanted to find out what it was all about as well as network with people. I heard that it was a great opportunity and, so far, it has been a great experience.

I love helping people, supporting people and working as a team is very important to me as well. It’s the best way for me to put all of my experiences and knowledge into practise, but the best part of my job is taking care of the patients and hoping that we can return them to their best functions so they can go home.”

### Willie Benig

*Medical Radiation Technologist  
CML Healthcare (Region 3)*



I did find a lot of interesting things in the conference, especially the resolutions being presented by different facilities and hospitals and the annual report regarding the finances of the union. The commentary of different people and different members from all over the Lower Mainland, the Interior and the Island is also interesting.

The resolutions affect all of the members. I have to educate my union members regarding what happened here and how it might affect our bargaining for the next few years. Then, I have to educate them on what's new and could affect them in their next contract.

I have been doing my job for 25 years. I did CT and MRI too. I find it interesting because I try to help people, especially those who are in need. They need to know why they are sick.

### Looking towards the future

"Whether it's the nuts and bolts of union representation and collective agreements that reflect the kinds of working conditions providing the dignity and respect you deserve, or whether it's broader strategies about how we ensure our health care and social services meet the needs of our communities, as a union – and as union members – in fact, as members of our communities – we all have a responsibility to make the contributions we can to determine the future that we'll be proud to leave behind to those who come after us," he said.

"When I was elected president of HSA two years ago, I set three objectives. I believed that it would help HSA chart a course for the future. Number one: raising the profile of our members. Number two: taking an active role in the continuing need to protect and enhance medicare," he said.



### Retiring Rice issues warning

David Rice, regional director of the Canadian Labour Congress, called on Prime Minister Harper to meet with labour leaders and stop bullying workers; he criticized the federal government for legislating away the rights of women in the federal public sector to file pay equity complaints with the Canadian Human Rights Commission. Rice urged Harper to stop making auto workers the scapegoats for problems in auto sector. This was Rice's last address to HSA convention delegates, as he is retiring later this year.



“Number three: amplifying HSA’s voice through our partnerships in other organizations in the broader labour movement and the community. Over the past two years, I’ve heard time and again from members that those objectives are indeed important to you.

“And that by developing a strong base from which to work, we can establish a vision of where we should be going as a union. I believe that we can do that.” **R**



## Public service cuts wrong says Sinclair

Jim Sinclair, president of the BC Federation of Labour, warned that the BC government’s announced 30 per cent cut to the public service was exactly the wrong decision in face of the recent economic downturn. He urged delegates to keep fighting to fix the workers’ compensation system in BC, which over the last eight years has been continually eroded and curtailed.

## Trevor Whyte

*Respiratory Therapist  
Surrey Memorial Hospital (Region 7)*



I think it was a good experience for everyone involved. A lot of things that needed to be addressed were, and we have made some progress on issues pressing our union.

I got more involved with the union last year. I was told that if you want to complain about the union you have to see what happens and go to the convention. When I went to last year’s convention I saw that a lot of good things were happening and I was hoping to be a part of those things and I also participate by doing career fairs in high schools as a representative of HSA. I teach the students about our members.

I find that every day at my job is different and you never know what’s going to happen. I find that if there is a level of intensity that really pushes you to become better and stronger at your job so you can meet the demands. At Surrey, respiratory therapy can be a very physically and mentally demanding job. We are required to multi-task in very intense situations. I quite enjoy it.”

**Norah Lirag**

*Clinical Social Worker  
Centre for Ability (Region 5)*



“I think it’s nice for all the stewards and the new delegates to see the process in the larger context of what happens behind the scenes of the union. I love that every year about convention: to be able to see the big picture and get out of our work sites and the specific issues that we deal with day-to-day as a steward is really nice. This year in particular with the direction of where the contract extensions went, it’s been really nice to have the solidarity of having everyone together.

I am a clinical social worker so I work in a community setting with families that have children with significant disabilities. My client work is extremely rewarding. The system that we work within can be really challenging. So, again, coming back as a steward representing all the members at my work site, convention leads me to be more political in my work with families and encourages me to support them in advocacy efforts to support them in getting what they need out in the community and MLAs and MPs. This forum gives me tools and strength which increases my capacity as a social worker.”

“There’s no point in putting the machine in there if we don’t have the people to run the machine. You’re critical to the system and we’re going to improve that.”

## James commits to fight private care and long wait times

by TARYN HUBBARD

New Democratic Party leader Carole James announced her commitment to cutting wait times and improving people’s access to the provincial health care system at the 38th annual HSA convention held in Vancouver over April 24 and 25 just prior to the recent provincial election.

“Wait times have to be shortened. Charging patients and encouraging for-profit care isn’t an answer. We know we have a severe shortage of doctors, nurses, health sciences professionals, so pulling them out of the public system and putting them into the private system isn’t going to decrease wait times. It will increase wait times, as we have seen,” she said to the room full of HSA delegates from all over the province.

James said the NDP’s platform included a wait time guarantee in the treatment of five areas: cancer, cardiac, hip and knee, cataract and diagnostics.

The number of hip and knee surgeries has increased dramatically in recent years due in part to BC’s aging population.

“We now have the highest average wait time for an MRI. We have exceeded the recommended waiting time for diagnostics and we have the highest average wait times for cardiac surgery,” James said.

She also vowed to take action to train, recruit and retain more health care professionals.

“There’s no point in putting the machine in there if we don’t

have the people to run the machine. You're critical to the system and we're going to improve that," she said.

James also said she would focus on developing new specialized treatment centres, although she did not mention where in BC these centres would be built.

"We are going to open up four new public diagnostic centres equipped with new MRI and CT equipment and the people, again, to run those machines to help people get the health care services that they need," James said. "As you know, the line-up starts with diagnoses, continues through surgery and afterwards."

As of February 28, 2009, 158 patients were waiting for cardiac surgery, 368 patients were waiting for cancer services, 12,746 patients were waiting for cataract surgery, and 1,540 and 3,317 patients were waiting for hip and knee replacements respectively, according to the Ministry of Health Services.

The NDP was not elected as government in the May election, but health critic Adrian Dix and the NDP have promised to continue to make health care a priority in the coming years. **R**



Keynote speaker Carole James raised the profile of HSA members, highlighting the importance of solving recruitment and retention issues throughout the province.

## Shannon Breeze

*Registered Psychiatric Nurse  
VIHA South Island (Region 2)*



“It’s the interaction of the people at the convention, offside, within the groups, within the education, within the focus groups and within the hallways where you learn a lot.

It’s also about networking. People have different ideas and different areas and you can take those back and utilize them.

I’m a registered psychiatric nurse and there’s no normal day. After 27 years, I learn new things every day. I have new experiences every day. We learn new ways to manage people or group behaviours, including group behaviours that include your managers. It’s just never ending.

I keep coming to the conventions to make change. We have to change the health care system. There’s a few issues, violence being one of the biggest for psych nurses these days. And, we just have to keep learning in order to make it better.”



TOWARDS A POVERTY REDUCTION PLAN

## Delegates examine health and social costs of poverty

by TARYN HUBBARD

**A YEAR AGO BRIGID KEMP VISITED** a woman at her home the day after she was discharged from the hospital. The woman had just endured six months of operations and could not physically stand up. Kemp found her in her BC Housing apartment sleeping on the floor with nothing but a blanket to comfort her. She had no money for a proper chair, let alone a bed. Kemp works with older women at the South Okanagan Women in Need, a non-profit society in Penticton that helps abused women and their children. She said she encounters situations like this all the time, but that doesn't make it any easier for her to accept it.

Stories like Kemp's filled the room during a special lunch-time panel at the HSA's 38th annual convention. The panel featured five speakers and focused on the negative effects poverty has on the health and well-being of the people who are forced to survive on less in a province as wealthy as British Columbia.

Poverty influences health in different ways. Whether not having enough money affects the food people eat, or the places people live, or the self esteem a person has, poverty takes its toll on everyone involved.

### Health and social costs of poverty

The Canadian Centre for Policy Alternatives (CCPA) recently completed a study on poverty in BC called *The Time is Now: A Poverty Reduction Plan for BC*. Researchers found that BC has the highest number of children living in poverty, the worst record of housing affordability, and that many people living with incomes under the poverty line are employed.

Seth Klein, the director of the BC office of the CCPA, said one reason many people in BC suffer from poverty is due in part to the low minimum wage.

"When we talk about the breadth of poverty in BC, it's not a welfare story. It's a low wage story. Three and a half



TARYN HUBBARD PHOTO

Delegates to HSA's 2009 convention heard from a panel of fellow members about the health and social costs of poverty. From left: HSA president Reid Johnson (panel host), Sarah Moreau (social worker, Prince George Regional Hospital), Sangam Grant (support worker, Positive Women's Network), Debra Gillespie (social worker, Vancouver Island Health Authority), Brigid Kemp (program coordinator, South Okanagan Women in Need Society), and Seth Klein (Director, BC office of the Canadian Centre for Policy Alternatives)

per cent of British Columbians rely on social assistance. But, the poverty rate is 13 per cent. A majority of poor children have at least the equivalent of one parent working full year, full-time in the paid labour force. When it comes to really tackling child poverty, the minimum wage is where the rubber hits the road," he said.

Klein said poverty in BC can be reduced if the provincial government implements a poverty reduction plan that uses a set of time lines and sticks to them.

"There is nothing inevitable about poverty and homelessness in a society as wealthy as ours," he said.

Yet, health science professionals working in acute care as well as social services workers in community settings see first hand how the poverty of their clients affects their health.

Panelist Sangam Grant works at the Positive Women's Network as a support worker helping women who live with HIV. PWN is an organization in Vancouver that provides HIV-positive women throughout the province with support, education and resources. Grant said she has seen how poverty correlates with the poor health and mental well-being of the women she works with who live in Vancouver's poverty-stricken Downtown Eastside neighbourhood. Fifty per cent of the women Grant works with are Aboriginal and many of the Positive Women's Network members are dealing with issues of addiction and homelessness, she said. Dealing with HIV, Grant

said, is just one of the many issues plaguing her clients.

"One of the things about HIV is you have a lower immune system. Stress, as we all know, is a killer," she said. "A lot of women feel they don't have a right to their rights."

While Grant works closely with women in Vancouver's Downtown Eastside, panelist Sarah Moreau works as a social worker in Prince George and she sees how poverty can be a factor in how people get treatment in smaller communities.

"People coming in from small rural or remote communities are displaced. They are displaced in the hospital. They don't know the hospital system. Families don't understand the system. There is still the perception out there that 'my loved one is coming to a hospital and you're going to fix them.' If you can't fix them then they are going to stay in the hospital and that's just not happening," Moreau said.

Most patients do not have the extra money to hire someone to provide private home support, which also hinders their ability to get better, she said. In addition, some of the facilities in remote areas do not have services to support different health challenges, she said. Moreover, some health care professionals fear that the increased privatization of hospitals and clinics will further reduce people's access to treatment.

"There is no law or policy in BC that requires facilities to provide services at the lowest rates. For example, for-profits charge \$50 to label your clothes when you come in the door and it's no choice. They will charge you \$200 if you say you want a room change. They will charge varied cable rates up to \$50 a month. If you want occupational therapy or physiotherapy, you will be paying \$60 to \$90 per hour for a contracted physiotherapist. There's nothing on staff for you," said Debra Gillespie, who is the coordinator of social work for five residential care sites in Victoria.

Health and poverty are directly related and it's time for a change, Klein said. "Justice is about political and legal change that sets concrete targets and then mobilizes all levels of society to get the task done. That, to me, is what's captured by the poverty reduction plan."

After she found her client sleeping on the floor, Kemp didn't sleep well that night. After speaking with someone at a nearby transition house, she found people to donate a bed and a chair to the woman who had no furniture in her home.

"Canada is one of the few countries that doesn't have such a thing as a national housing strategy. We talk about health care. How about under the Canadian Health Act we put that funding back in and ensure that it only goes towards non-profit, public healthcare provincially?" Kemp asked. **R**



## The Door Is Open

By BART CAMPBELL

Written by an HSA member, *The Door Is Open* is a compassionate, reflective, and informative memoir about three-and-a-half years spent volunteering at a skid row drop-in centre in Vancouver's downtown eastside. In an area most renowned for its shocking social ills, and the notorious distinction of holding the country's "very poorest forward sortation area of all 7,000 postal prefixes," Bart Campbell dismantles our hard-held notions about poverty, the disenfranchised, substance abuse, and the nature of charity.

*The Door Is Open* is one man's story of a transformative journey into the complicated and complex world of poverty.

Bart Campbell's essays about the downtown eastside of Vancouver and his experiences there as a soup kitchen volunteer have appeared on CBC's *Morningside*, and in *Next City*, *True Life*, *Canadian Forum*, and frequently in *The Vancouver Review*. A "non-fictional" excerpt from Bart's historic novel about the 4,000 Relief Camp Strikers who occupied Vancouver in the spring of 1935 appeared in *Canadian Geographic Magazine*, spring 2001. Campbell donated two copies of his book to be given as prizes to the audience of the poverty panel at HSA's convention.

Campbell, an HSA member, lives in Vancouver and works as a medical laboratory technologist at Burnaby Hospital.

*The Door Is Open* is available from Anvil Press (\$16): [www.anvilpress.com/Books/the-door-is-open](http://www.anvilpress.com/Books/the-door-is-open)

# HSA Committees support union's work

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

## **Committee on Equality and Social Action**

**Suzanne Bennett** (Chair & Region 1 Director)

**Janice Morrison** (Region 9 Director)

**Irene Hobbins** (Region 1)

**Mike Trelenberg** (Region 3)

**Mary Lou Iceton** (Region 8)

**Yukie Kurahashi** (Staff)

## **Constitutional & Organizational Policy**

**Kimball Finigan** (Chair & Region 5 Director)

**Janice Morrison** (Region 9 Director)

**Heather Sapergia** (Region 10 Director)

**Rebecca Maurer** (Staff)

## **Education Committee**

**Marg Beddis** (Chair & Region 7 Director)

**Agnes Jackman** (Region 4 Director)

**Rick Lascelle** (Region 3)

**John Sawicz** (Region 4)

**Charles Wheat** (Region 10)

**Leila Lolua** (Staff)

## **Elections Committee**

**Suzanne Bennett** (Chair & Region 1 Director)

**Marg Beddis** (Region 7 Director)

**Carol Riviere** (Staff)

## **Executive Committee**

**Reid Johnson** (President)

**Val Avery** (Vice-president & Region 2 Director)

**Bruce MacDonald** (Secretary-treasurer & Region 3 Director)

**Jaqui Hofman** (Staff)

## **Finance Committee**

**Bruce MacDonald** (Chair, Secretary-treasurer & Region 3 Director)

**Kimball Finigan** (Region 5 Director)

**Joan Magee** (Region 8 Director)

**Cathy Davidson** (Staff)

## Why, “O Canada”, why?



On June 8, 2007, Prime Minister Stephen Harper announced that his government would re-focus foreign policy on Canada's own “neighbourhood”, the Americas region. Canada would build trade ties with governments that shared “our fundamental

values of democracy, human rights, the rule-of-law, and good governance”. When Canada started trade negotiations with the government of Colombia — the worst human rights violator in the “hood” — Canadians were shocked!



Harper wanted to lend a helping hand to Canadian mining and oil companies. They stand to benefit most from the deal.

He also wanted to support President George W. Bush, who was trying to promote his own free trade deal between the U.S. and Colombia.

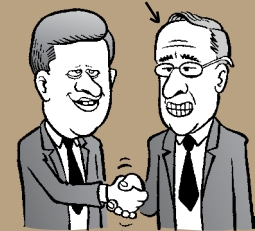


Democrats in the U.S. Congress refused to pass the deal. They were worried about the shocking numbers of trade unionists being killed in Colombia, and the Colombian government's failure to investigate and convict the murderers.

Meanwhile, negotiations on Canada-Colombia free trade were secretly completed behind Parliament's back. No-one saw one word of the text...



Colombian President Alvaro Uribe Vélez



...until a flashy signing ceremony in Lima, Peru on November 21, 2008!

**Should Canada ratify a free trade deal with the worst human rights violator in the Americas?**

# Top ten reasons why Canada should cancel Harper's “free trade” deal with Colombia



## 1 Colombia is still the most dangerous country in the world for unionized workers!

More labour leaders are killed in Colombia every year than in the rest of the world combined! Trade unionists are terrorized to put a chill on union organizing. This keeps unions weak and wages miserably low. It benefits businesses' bottom line and keeps Colombia attractive for foreign investment.

### The deadly statistics

- Over the past 25 years, more than 2,685 unionized workers have been murdered
- 474 have been killed since President Uribe came to power in 2002
- Thousands more men and women, rank and file union members and leaders have been threatened or abducted
- 41 unionists were murdered from January to November 2008, an increase of 71% from the year before.



Who is being targeted? Prime targets are activists who are trying to organize or join a union and bargain collectively, or who are engaged in industrial disputes or in fighting privatization. They are teachers, prison guards, agricultural, food, and health care workers, and others from almost every sector.



### Colombia's Paramilitary Death Squads

They have been called many things: self-defence militias, vigilantes and narco-mafias. But they are most commonly known as Colombia's “paramilitaries” or simply “paras” and they are intimately linked to the government. They have committed heinous crimes like chain-saw massacres to terrorize peasants, Indigenous and Afro-Colombian communities into fleeing from their resource rich lands. Almost four million Colombians have become refugees in their own country. It is the world's worst humanitarian crisis after Sudan. The paramilitaries stole title to millions of hectares of their victims' land paving the way for foreign investment in mining and oil, and agribusiness growing African palm.

Who is killing these union organizers? Most of the murders are committed by **paramilitary death squads**. Paramilitaries are illegal armies that fund their operations through Colombia's illegal drug trade and illegal contributions from some companies like Chiquita Brands International. The “paras” have been classified as a “terrorist organization” by the Canadian government, along with other armed groups such as the FARC leftist guerillas.



## 2 Colombian labour law is not up to ILO snuff

A union-busting culture dominates Colombian society. Colombia's labour laws stifle unions and workers' rights. Recently, in order to show it is doing something positive, the Colombian government passed two labour code reforms, one on the right to strike and one on "associative labour cooperatives". But even with recent changes, they still do not come close to International Labour Organization (ILO) minimum standards. Colombian workers face huge legal and bureaucratic obstacles to register a union and to bargain collectively. Some say it's easier to form an armed group than a trade union in Colombia!

These anti-union laws, plus the violence and terror directed at unionized workers, have helped keep Colombia's rate of unionization at less than 5%. With its huge informal sector and high unemployment rate (officially 11%), it means that only one in every one hundred workers can negotiate a collective agreement — **the lowest of any country in the western hemisphere!**



### Colombia's "labour cooperatives" — not what you might think!

Hundreds of thousands of Colombian workers have no choice but to join "associated labour cooperatives". These are not the worker-owned and -run cooperatives that we know in Canada. These "co-operatives" have been created and are controlled by management. Workers in a particular company are considered to be "associates" rather than "employees" and are not covered by labour laws. Worker-associates are not allowed to strike or bargain collectively and have few benefits. They face unregulated, long hours of work for miserable wages and often unsafe working conditions, especially in rural areas. And they can't bargain a better deal. This affects low-skilled rural workers as well as health care workers, professionals and others.

## 3 Impunity for the killers — not enough is being done to bring them to justice

Very few of the crimes against unionized workers and other civilians have been investigated. Even fewer of those responsible have been convicted. This is called **impunity**. The victims are often accused of being "guerrilla sympathizers". Their murders are then not questioned. Ninety-seven per cent of the murders of union activists remain unsolved.



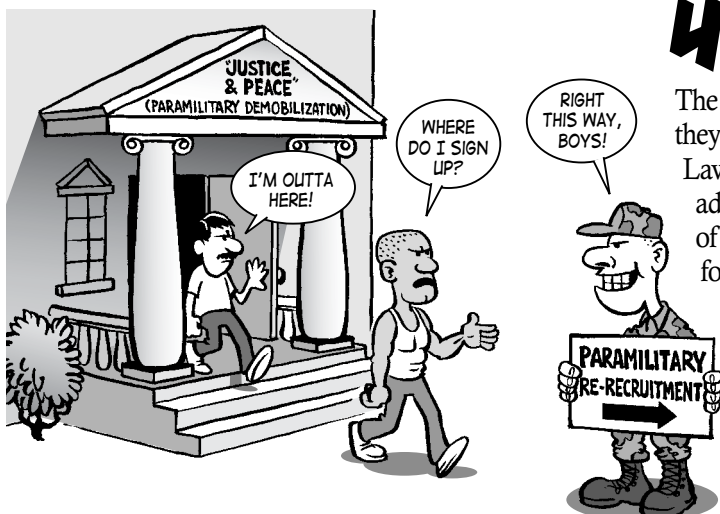
### Shady justice for killers of unionized workers

The Colombian government insists it is making progress in bringing the killers to justice. But they are not actually doing very much.

- Some killers were tried in absentia, and are still on the loose.
- In nearly all cases, the person tried was the hired gun, not the author of the crime.
- Judges have been named and removed just when they start their investigations.

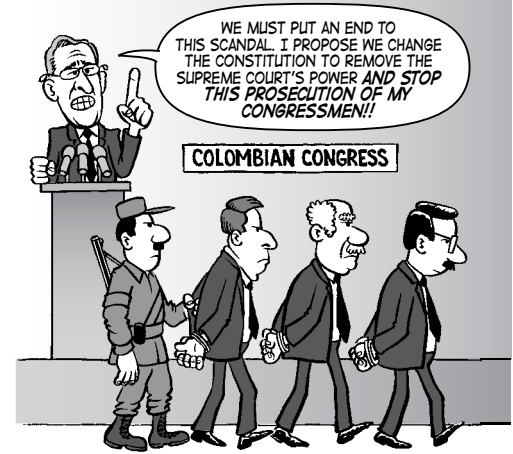
## 4 No justice, no peace

The government insists that it has "demobilized" the paramilitaries so they are no longer a threat. Under a program called the "Justice and Peace Law", paramilitary combatants were supposed to hand in their arms and admit to their crimes in exchange for reduced sentences. But thousands of the "demobilized" have simply walked away from the program and formed new, deadly groups like the *Águilas Negras* (Black Eagles), who terrorize the poor and anyone who dares to dissent from Uribe's security plan. The Black Eagles even sent a nasty threat to the Canadian Embassy in Bogotá. This is a far cry from Colombians' demands for a process that exposes the truth of paramilitary crimes, delivers justice and ensures reparations to the victims.



## 5 Shocking government ties to paramilitaries

Today, 62 mafia-like, ex-paramilitary, drug-trafficking, criminal networks control economic activities and political institutions in 23 of Colombia's 31 provinces. Violence and insecurity prevail in the countryside. Colombia's independent Supreme Court (one of the country's few bright spots these days) has launched a series of ground-breaking investigations into paramilitary presence in the Colombian Congress. More than 60 Congress members from Uribe's coalition — 20 percent of the Congress — are being investigated for crimes like collaboration with paramilitaries, getting rich from drug trafficking and collusion in election fraud. Thirty of them have been indicted.



## 6 Army and government implicated in Crimes Against Humanity

In a suspicious move in August 2008, Uribe extradited 14 jailed paramilitary bosses to the United States on drug trafficking charges, a much lesser crime than their crimes against humanity. These criminals are now, conveniently, out of the way of Supreme Court investigations into their links with Uribe's and his officials' involvement in atrocities. The International Criminal Court of the Hague is looking into these events.

"How will Colombia ensure that the chief perpetrators of crimes against humanity will be brought to trial — including those who have been extradited, political leaders and members of Congress?"

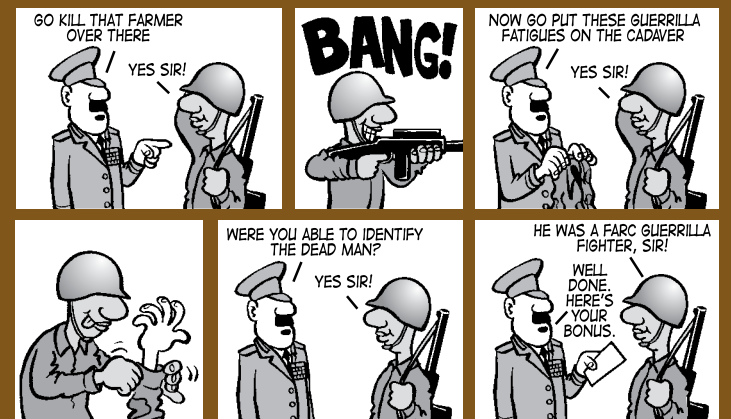
**International Criminal Court of the Hague  
Letter to Colombian Government,  
August, 2008**

In November 2008, the world was outraged to learn that 27 high-ranking army officers were accused of a horrifying crime known as "false positives". This involves the soldiers' kidnapping and executing innocent civilians, dressing them as FARC guerrillas and claiming they were killed in combat. This practice developed in response to the President Uribe's demands for results in fighting the FARC insurgents and offers of bonuses based on a body count. These revelations are just the tip of the iceberg in a series of charges of army involvement with executions, extortion, ties to drug traffickers and other crimes against humanity.

Colombia's security forces are engaged in "widespread and systematic" killings of civilians.

**UN High Commissioner  
for Human Rights  
November, 2008 Report**

### HOW TO COMMIT A "FALSE-POSITIVE" — COLOMBIAN ARMY STYLE



## 7 Diverse Colombian peoples say NO!

Colombia's unions have said "no" to the NAFTA model because it will cause more unemployment, poverty, and hunger. Signing a "free trade" deal with Uribe will signal that state terrorism and killing trade unionists is okay.

Colombia's parliamentary opposition, the Alternative Democratic Pole (PDA), opposes "free trade" because it will annex the economy to multinational corporations. For example, it will provide new land grabs for Canadian mining companies that get powerful new rights but not responsibilities.

The Indigenous Council of the North of Cauca carried out a popular referendum in 2005 in which 98% said "no" to free trade. In October 2008, tens of thousands of people protested the free trade model, linking it to the death of mother earth.

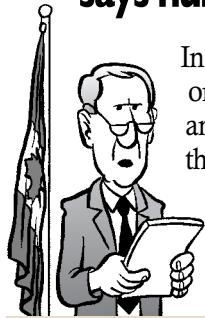


## 8 More trade and investment can hurt — not help — human rights

Independent human rights organizations such as Human Rights Watch and others warn that this deal could actually undermine the struggle for democracy in Colombia. Without international pressure, the Colombian government will have no incentive to make improvements in human rights.



## 9 Canada's parliamentary trade committee says human rights assessment first!



In 2008, Parliament's Standing Committee on International Trade (CIIT) undertook an in-depth study called Human Rights, the Environment and Free Trade with Colombia. They even went on an official mission to Bogotá to hear first-hand what people thought. The CIIT report said:

"The Committee recommends that an independent, impartial and comprehensive human rights impact assessment should be carried out by a competent body, which is subject to independent levels of scrutiny and validation; the recommendations of this assessment should be addressed before Canada considers signing, ratifying and implementing an agreement with Colombia."

**Recommendation #4 To the Government of Canada  
International Trade Committee (CIIT)**

## 10 Barack Obama says YES to workers' rights!

In the final presidential candidates' debate in the 2008 U.S. election, Senator Barack Obama said:



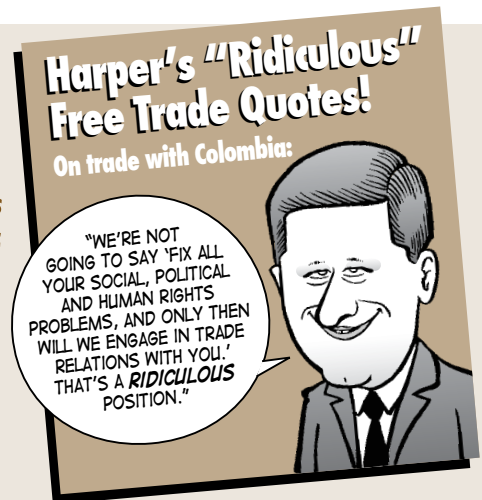
## Human Rights before free trade!!!

Colombians want justice, peace, security and prosperity but the conflict and human rights violations continue. A parallel labour side deal will do little, if anything, to guarantee workers their rights or protect their lives. Two years ago, regarding trade with China, Stephen Harper said: **"I think Canadians want us to promote our trade relations worldwide. . . but I don't think Canadians want us to sell out our values, our belief in democracy, freedom and human rights. They don't want us to sell that out to the almighty dollar"**. But that is exactly what the proposed trade deal with Colombia will do.

### Tell your Member of Parliament that Canada must:

- Protect our values, our belief in democracy, freedom and human rights and not sell them out to the almighty dollar through a trade deal with Colombia
- Put the Colombia deal on hold until there is effective prosecution of killers of civilians including unionized workers, and enforcement of minimum ILO standards on the rights of workers
- Implement the recommendations of the CIIT report to carry out an independent assessment of human rights violations in Colombia BEFORE ratifying and implementing any deal.

**For more information and to find your Member of Parliament visit: [www.canadianlabour.ca](http://www.canadianlabour.ca)**



### **Occupational Health & Safety Committee**

**Heather Sapergia** (Chair & Region 10 Director)  
**Rachel Tutte** (Region 6 Director)  
**Larry Bryan** (Region 5)  
**Doug Brydle** (Region 7)  
**Donna Mason** (Region 9)  
**Marty Lovick** (Staff)

### **Political Action Committee**

**Rachel Tutte** (Chair & Region 6 Director)  
**Joan Magee** (Region 8 Director)  
**Anna Morton** (Region 2)  
**David Noga** (Region 6)  
**Mo Norton** (Region 6)  
**Carol Riviere** (Staff)

### **Presidential Issues Committee**

**Val Avery** (Chair, Vice-president & Region 2 Director)  
**Bruce MacDonald** (Secretary-treasurer & Region 3 Director)  
**Suzanne Bennett** (Region 1 Director)

### **Resolutions Committee**

**Val Avery** (Chair, Vice-president & Region 1 Director)  
**Kimball Finigan** (Region 5 Director)  
**Michelle Walls** (Region 1)  
**Sharon Eggertson** (Region 2)  
**Cheryl Greenhalgh** (Region 3)  
**Nadine Soukoreff** (Region 4)  
**Aaron Wilson** (Region 5)  
**Anita Bardal** (Region 6)  
**Jim Kelly** (Region 7)  
**Wendy Reilly** (Region 8)  
**Gwen DeRosa** (Region 9)  
**Marcela Navarro** (Region 10)  
**Maureen Headley** (Staff)  
**Rebecca Maurer** (Staff)

### **Run for the Cure**

**Agnes Jackman** (Chair & Region 4 Director)  
**Val Avery** (Region 2 Director)  
**Feriba Rasool** (Region 4)  
**Brent Jeklin** (Region 7)  
**Kevin Towhey** (Region 8)  
**Janice Davis** (Staff)

### **Trial Committee**

**Rick Lascelle** (Region 3)  
**Ken Brake** (Region 7)  
**Shawna Ryall** (Region 7)  
**Jose Qadir** (Region 8)  
**Terry Beard** (Region 10)  
**Rebecca Maurer** (Staff)

### **Upcoming events**

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

September 21: International Day of Peace  
[www.internationaldayofpeace.org/](http://www.internationaldayofpeace.org/)

October: Women's History Month  
[members.shaw.ca/whnbc/index.htm](http://members.shaw.ca/whnbc/index.htm)

October 17: Day for the Elimination of Poverty  
[www.makepovertyhistory.ca/en](http://www.makepovertyhistory.ca/en)

### **Long Term Disability Trustees**

#### **LTD Trust #1**

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

#### **LTD Trust #2**

**Reid Johnson** (President & Chair)  
**Bruce MacDonald** (Secretary-treasurer & Region 3 Director)  
**Joan Magee** (Region 8 Director)

#### **LTD Trust #3**

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



# Members at large

## YOUR REPRESENTATIVES 2009/2010

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

### REGION 1

**Irene Hobbins**  
Haven Society  
Women's Support Worker

**Michele Walls**  
Comox Valley Child Development Centre  
Infant Development Consultant

### REGION 2

**Sharon Eggertson**  
Victoria General Hospital  
Dietitian

**Anna Morton**  
Queen Alexandra Centre  
Social Worker

### REGION 3

**Cheryl Greenhalgh**  
Royal Columbian Hospital  
Medical Radiation Technologist

**Rick Lascelle**  
Ridge Meadows Hospital  
Respiratory Therapist

**Mike Trelenberg**  
SHARE Family & Community Services  
Youth Worker

### REGION 4

**Feriba Rasool**  
Richmond Hospital  
Cardiology Technologist

**John Sawicz**  
Vancouver General Hospital  
Biomedical Engineering Technologist

**Nadine Soukoreff**  
Vancouver General Hospital  
Occupational Therapist

### REGION 5

**Larry Bryan**  
Haro Park Centre  
Registered Psychiatric Nurse

**John Christopherson**  
BC Cancer Agency - Vancouver Cancer Centre  
Social Worker

**Aaron Wilson**  
Centre for Ability  
Community Living Coordinator

### REGION 6

**Anita Chan**  
St. Paul's Hospital  
Medical Radiation Technologist

**David Noga**  
St. Paul's Hospital  
Biomedical Engineering Technologist

**Mo Norton**  
North Shore Community Health Services  
Program Support Clerk

### REGION 7

**Doug Brydle**  
Surrey Memorial Hospital  
Biomedical Engineering Technologist

**Brent Jeklin**  
Langley Memorial Hospital  
Medical Radiation Technologist



HSA members at large 2009 / 2010: (standing, left to right) Mary Lou Iceton, Mo Norton, Wendy Reilly, Gwen DeRosa, Jim Kelly, Charles Wheat, Dave Noga, Sharon Geoghegan, Aaron Wilson, John Christopherson, Anna Morton, John Sawicz. (seated, left to right) Marcela Navarro, Brent Jeklin, Larry Bryan, Kevin Towhey, Mike Trelenberg, Nadine Soukoreff.

**Jim Kelly**

Chilliwack General Hospital  
Addictions Counsellor

**REGION 8**

**Mary Lou Iceton**

Kelowna General Hospital  
Speech/Language Pathologist

**Wendy Reilly**

100 Mile District Hospital  
Recreation Therapist

**Kevin Towhey**

Royal Inland Hospital  
Medical Radiation Technologist

**REGION 9**

**Gwen DeRosa**

Columbia View Lodge  
Registered Psychiatric Nurse

**Donna Mason**

Golden & District General Hospital  
Medical Laboratory Technologist

**REGION 10**

**Marcela Navarro**

Prince Rupert Regional Hospital  
Medical Laboratory Technologist

**Charles Wheat**

South Peace Child Development Centre  
Residential Care Worker

# Inflation protection

## PENSION PLAN CAN PROVIDE INFLATION PROTECTION FOR FORESEEABLE FUTURE

by DENNIS BLATCHFORD

**I'm thinking about retiring in the next few years, but I'm concerned about how all the bad economic news in the last year will affect the Municipal Pension Plan in the future. Will my pension be secure?**

Certainly 2008 was not a stellar year for investment returns for any pension plan, and 2009 will likely be no better. In fact, we may be entering an extended period of poor returns as economies around the world struggle with the fall-out of the banking meltdown. For the Municipal Pension Plan, the strategy is to continue to focus on long-term results through a well-diversified portfolio, positioning the Plan to absorb the current market downturn, and preparing for a more favourable investment climate in the future.

Notwithstanding current or future market conditions, the basic pension benefit is guaranteed for life. Once you are retired and your monthly pension benefit has been calculated, you have no reason to be concerned about the security of your basic pension benefit. However, if economic conditions don't improve, the level of health and welfare benefits and inflation protection are likely to be affected.

**Do I need to be concerned about the viability of the Plan to provide me inflation protection into the future?**

The Municipal Pension Plan does not guarantee inflation protection for retirees. The inflation adjustment account, which is funded through contributions from members and employers, is not fully funded. In fact, the funding shortfall (the amount needed to fully guar-

antee inflation protection) stands at several billion dollars which is an ongoing concern for trustees. To date, retirees have enjoyed full indexing since inflation protection was first introduced in the late 1970s.

In the current environment of low inflation, the Plan can continue to provide full inflation protection for some time. However, should inflation start to rise, the ability to pay full inflation protection will be in question – particularly if high inflation is coupled with poor investment returns. In that scenario, something would have to give in order to preserve inflation protection for future retirees.

**Are you saying I could lose my inflation protection?**

As someone approaching retirement, you are not likely to see significant changes to inflation protection during your life time. Current projections estimate that there are sufficient reserves to pay inflation protection for several decades. However, as younger plan members expect similar benefits 30 years from now, trustees will be tasked with ensuring that inflation reserves last well beyond mid-century. To meet those commitments, a reduction to inflation adjustment benefits may be necessary to ensure equity for future Plan retirees. For trustees, it is one big balancing act. **R**

**Do you have questions for HSA's pensions & benefits advocate?  
Contact Dennis Blatchford at [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org)**



# Education leave

EDUCATION LEAVE HAS ALWAYS BEEN AN IMPORTANT PART OF THE AGREEMENT

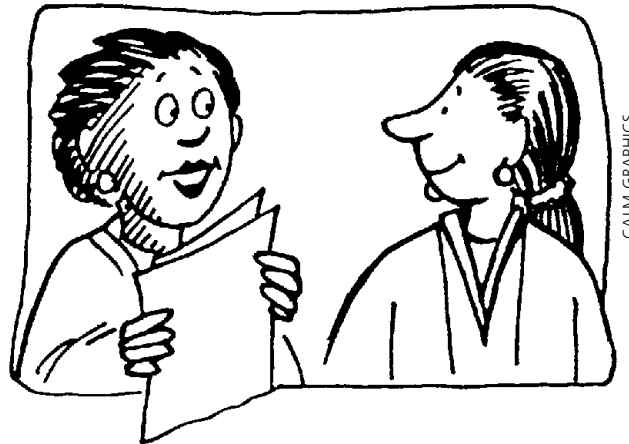
by JULIO TRUJILLO

**I thought I was entitled to Education Leave under Article 17.02 of the health science professionals' agreement, but my employer tells me they didn't budget any money for it this year. Is this right?**

No it isn't right. Education leave has always been a very important part of the collective agreement negotiated between the union and the Health Employers' Association (HEABC). The costs for education leave are assessed as part of your total compensation package, just as other benefits are – such as health and welfare.

In a way, it is really no different than sick leave in two ways. First, the amount of time required for a given department is not exactly known ahead of time. Second, some individuals will use the leave and others won't in any given year. However, these types of variable expenses can be anticipated in budgetary processes using previous years and industry averages as guidelines. It would be just as fiscally irresponsible to budget \$0 for education leave as it would be to budget \$0 for sick leave for next year's budget.

The education leave provision for health science professionals does contain a clause stipulating that this leave will be "...subject to budgetary and operational restraints." That the budgetary and operational restraints must be *bona fide* necessities is not stated but is implicit in that wording. If an employer attempts to invoke this clause to deny a member's request, the member would require proof that restraint is justified – and that it is being applied in an equitable fashion to any other budget line item. For example, we would not consider budgeting \$0 for education leave while budgeting \$50,000 to



Know your rights: questions and answers about your collective agreement rights

upgrade furniture a good enough reason. These types of discussions are commonly part of the grievance procedure initiated after a request is denied. **We strongly encourage members to contact their steward and/or the HSA office whenever they are faced with a denial of an education leave request.**

## Is education leave a paid leave from work?

It is partially paid by the employer up to their maximum contribution of 36 hours paid per agreement year.

The employer will pay your wages under education leave for half the time that you're attending the course (including travel time, if applicable). You are responsible for the other half, which can be unpaid or you can (more typically) use vacation or overtime banks for your portion.

## What about expenses like meals, accommodations, tuition, registration, course materials etc?

Your employer will pay those expenses, but only up to a maximum of \$600 per agreement year. Note that this can also be used to pay for correspondence or distance education courses.

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**It wasn't my idea to go on this course: my employer wants to send me. Do the same rules for pay and expenses apply?**

No. This is a different case and is covered by a different part of article 17, under 17.04.

If your employer asks or requires you to attend a course, this is treated as work – not leave – and as such, all provisions of the agreement relating to work days apply. Your employer will pay all expenses and all of your wages. The only difference is that the overtime and shift differential provisions of the agreement do not apply.

There is also a special circumstance of employer-initiated education leave that is triggered when the employer pays you 156.6 hours or more (roughly 22+ days) for attendance at an employer-approved program. In this case, you are required to work for at least one year (subsequent to the completion of your training) for that employer, or for any other employer covered by the health science professionals' agreement.

Similar provisions apply for registered psychiatric nurses covered by the provincial nurses' agreement. If you are covered by the community social services, community health, or other HSA agreement, contact your steward or the union office for more information. **R**

This column is designed to help members use their collective agreement to assert or demand their rights and fair working conditions. Feel free to send your questions to the editor: [yukie@hsabc.org](mailto:yukie@hsabc.org). Don't forget to include a telephone number where you can be reached during the day.

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## Current disputes

This is a listing of the 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](http://www.bcfed.ca)

**Construction and Specialized Workers' Union, Local 1611 - VS - Funeral Division of the Service Corporation International (Canada) Limited (SCIC) (Vancouver, North Vancouver, Burnaby)**

Major Issues: Wages, Benefits, Classification  
Commenced: June 9, 2009

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

Major Issues: Wages, Compensation, Classification  
Commenced: April 1, 2009

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

Major Issues: Wages, Job Security  
Commenced: December 15, 2008

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

Major Issues: Seniority, Benefits, Concessions  
Commenced: July 25, 2001



HSA's 'rolling strikes' in 2001 asked specific job groups – diagnostic, treatment, recovery – to take graduated job action. This strategy garnered national media attention, raising the profile of HSA members and professions.

# A Proud History of Caring

THE UNION OF CARING PROFESSIONALS CONTINUES STRONG TRADITION OF  
ADVOCACY ON BEHALF OF MEMBERS IN HEALTH CARE AND SOCIAL SCIENCES

**In 1996, for HSA's 25th's 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 and social services union in the province representing workers in more than 115 different occupations. The following is part two of an update to that original historical overview, covering the years from 1996 to the present.

In 1994, the organizing model of trade unionism was adopted at three facilities. The name refers to a system developed by the American Federation of Labour in 1988, replacing the "top down" style of unionism whereby stewards and labour relations officers assist members, to one in which members themselves solve many of the problems of the workplace. By 2000, members at nine facilities were trained in the advocacy and facilitation techniques required for the organizing model.

As the decade closed, HSA's activism encompassed broadening areas of concern. The union was an observer in the massive protest in Seattle during a meeting of the World Trade Organization on November 30. In her president's report in the November-December 1999

issue of *The Report*, Cindy Stewart wrote: “The mounting concern, rising to a level that brought thousands of people into the streets around the world on the opening day of the WTO talks, is indicative of the fear that people have about increasing globalization, unfettered market practices, and the implications for democracy, the environment and human rights.”

Having chafed under government restraint in the latter 1990s, members were seeking substantial wage gains in 2001. Frustrated by the employer’s refusal to engage in meaningful talks, HSA members launched a series of “rolling strikes” between May and June that garnered national media attention and highlighted the various roles and critical importance of HSA professions.

The newly-elected provincial Liberal government legislated a cooling-off period in the dispute between the Paramedical Professionals Bargaining Association and the Health Employers Association. After weeks of stonewalling from HEABC, members’ frustration again boiled over – this time into defiance of Bill 2, the back-to-work legislation. They walked out July 23 for two days of job action that ended after the government petitioned the BC Supreme Court to find the health science professionals in contempt of a Labour Relations Board order prohibiting strike action.

### Members protest two-tiered wage proposal

What particularly galled HSA members was HEABC’s two-tiered wage proposal. Yet that was what the government imposed on August 7. “After that job action, we – through our national union and the Canadian Labour Congress – brought a complaint to the International Labour Organization [under the United Nations]. They investigated and sanctioned the Liberal government. It wasn’t enforceable, but certainly it recommended change,” Johnson recalled.

“That was really pioneering for HSA in that this ILO



HSA’s ‘rolling strikes’ in 2001 asked specific job groups – diagnostic, treatment, recovery – to take graduated job action. This strategy garnered national media attention, raising the profile of HSA members and professions.

sanction created an international stir and brought attention to this Liberal government. In many ways we’d matured as an organization when our executive met and ratified an illegal job action – and by the second day even more members were off the job. Our members are passionate about their jobs and their patients. They are slow to anger, but the employers and the government managed to force us to take a stand. Our willingness to stand up to them showed we’d come of age in some way. It was a proud moment in HSA’s history and another benchmark for us.

“After that, we negotiated a basic rollover contract in 2004,” Johnson relates. “We did get some basic contract language improvements that we wanted.” In 2006 the government settled a four-year agreement with several public sector unions to cover the period through the 2010 Winter Olympics. “We won a lot of really good things in that collective agreement. We got some reasonable wage increases but also they started to fix the wage split between our members, at our insistence.” Additionally, HSA joined the employer’s LTD plan and achieved “decent wage increases.”

With yet another lesson about political action under its belt, HSA moved forward in 2003, with the develop-

ment of a constituency liaison program that assigned individual members to develop relationships, share information, and lobby government and opposition MLAs. “Our members weren’t used to doing that,” said Johnson. “But we’ve seen the benefit in that individual MLAs are more educated about who we are and what we do.”

### Increasing political activism

Involvement in the political process as an important tool in educating decision makers continued. The July-August 2004 issue of *The Report* cites HSA board discussions regarding the union’s expanding role in political activism. HSA endorsed the BC Federation

announced in 2005 offering financial support to HSA members running in municipal elections.

In 2004, HSA joined with the BC Federation of Labour in a campaign against four years of cutbacks to benefits and occupational health and safety regulations of the Workers’ Compensation Board (now WorkSafe BC). That year, 134 workers died from injuries and illnesses caused at work. The campaign aimed to educate communities about the effects of the cutbacks.

Members continued to reach out into wider spheres of activism. In 2006, the year HSA celebrated its 35th anniversary, *The Report* carried an article from HSA activists Thalia Vesterback and Rachel Tutte urging members attend the upcoming World Peace Forum in Vancouver. “Acting with community support, cities and local authorities can effectively contest global militarism and curtail ballooning military budgets that starve local and regional governments of the resources necessary to provide quality housing, health, education, and community services,” they wrote.

“It’s been interesting to watch as our activists have seen the benefit of becoming more political,” Johnson observes. He credits HSA’s affiliation with the BC Federation of Labour, and the National Union of Public and General Employees (NUPGE) and through it to the Canadian Labour Congress for greatly increasing the union’s scope. “Through that we have influence on what our country does nationally and internationally. Also NUPGE belongs to Public Services International, and through that we have awareness and input into how public services are delivered and how public services unions are operating around the world.”

### Supreme Court rules Bill 29 unconstitutional

In 2002 the BC Liberal government imposed the no-



Val Barker, registered psychiatric nurse and chief steward at Lions Gate Hospital, participates in an HSA workshop geared to improve public speaking and advocacy skills.

of Labour’s campaign of member-to-member contact, subsequently entitled “Count Me In.” The board reported on the expanded membership of the union’s political action committee and endorsed a senior citizens’ campaign to defend medicare. A political action fund was



torious Bill 29, under which the government tore up existing contracts with health unions and handed large sections of public health care services to private corporations. Health care unions launched a challenge that made its way to the Supreme Court of Canada, which ruled several sections of Bill 29 unconstitutional. “Late in 2007, we started negotiations with the provincial government for compensation. By January of 2008 we had an agreement,” says Johnson.

Unions in the Health Sciences Bargaining Association – formerly the Paramedical Professionals Bargaining Association – negotiated a \$3-million settlement. “This was significant in that we achieved compensation for professionals whose jobs were contracted out and also funding to encourage professional development,” said Maureen Headley, HSA’s executive director of legal services and labour relations.

“Through this process, we achieved expedited arbitration of classification grievances. Processing these grievances has been tremendously tedious, and we had been frustrated for many years by slowness of the process. We also got semi-annual direct consultation with each of the health authorities. It’s a significant benefit not only to our members but to the health sector in that we are part of the solution – and we want our abilities to be called upon,” Headley said.

### Continued victories for HSA members

She says the union has achieved compensation and benefits that have “set the golden standard. We’ve had some significant victories that ensure people are paid appropriate to the grade. It’s very complex and sophisticated and it’s not a perfect system but we have a large and growing department that deals with these issues on a day-to-day basis.

“This has been developed over the past 30 years and it’s been streamlined somewhat.

We’ve lost some ground in compensation to Alberta

in recent years, but if you compare our provincial agreement to those across most of the country, you’ll find we stack up pretty well. We’ve managed to retain a classification system that’s an enviable system for a lot of other organizations, and we have a dispute resolutions system



HSA activists Mo Norton (left) and Rachel Tutte take part in a workshop designed for HSA delegates to local labour councils. In addition to networking and learning from each others’ successes, they learned effective lobbying techniques.

that the employers have tried to simply, but not simplify in a way that makes sense to us. We’ve held on tight. It’s not a perfect system but it’s turned out to be pretty valuable for our members.”

### Protecting and enhancing public care

HSA members have also brought value to an increasingly complex debate on health care in the province.

In 2006, the provincial government launched its Conversation on Health, a series of public meetings around the province. Well-known for its sympathies to privatizing health care – the opening session featured an address from outspoken private medicine advocate Dr. Brian Day – health policy experts suspected the

government was hoping its privatization plans would get public support. Yet the overwhelming message it received was that British Columbians liked their public system, and would protect it, while suggesting innovative improvements. Helping bring that message to the meetings were activists in HSA.

They, along with other unions and health care advocates, demonstrated outside the forums and gave presentations. Some 12,000 submissions later, the government's report acknowledged that the "vast majority" of British Columbians want health care to remain public but still indicated it would implement "reforms" to the system. "It is up to each and every one of us to continue to work to ensure that government's actions reflect the commitment to a public system so strongly and consistently expressed during the Conversation on Health," Johnson wrote in his column in *The Report*.

"The Liberals misread the public," Johnson asserts. "When the public learned what privatization had done in other jurisdictions, they said, 'That's not what we want!' and that came through loud and clear."

### **Broadening and strengthening ties**

In 2007 former HSA president Cindy Stewart ended 14 years of leadership with an announcement that she wouldn't seek re-election. In her regular column, she reflected on the growth of HSA's activism. "The evolution of member involvement and activity can be tracked through the decade, including the high profile showdown during the 2001 job action. It was a time that members needed to step forward in their communities and speak about the importance of the work you do."

"It is a genie that we will never put back in the bottle and marked yet another turning point for our union."

Reid Johnson was elected to the position at the 36th annual convention in 2007. A five-term regional director, and former secretary-treasurer of the union, Johnson said a key priority for the union should be to fight the labour shortage in the health professions through increased funding for training. In his first column, he praised HSA's growing activism and its participation in broader organizations such as the BC Health Coalition.

"We're a medium-sized union, 16,000 plus," Johnson notes. "Our voice is somewhat limited so we've been amplifying it through partners like the BC Health Coalition. We have staff and members who sit on their committees. We also sit on the board of the BC office of the Canadian Centre for Policy Alternatives. We chose to do that; we wanted to build our influence through the kind of research and campaigns the CCPA operates under."

### **Building strategies to protect care**

What does the future hold? In 2010 HSA returns to the bargaining table in a post-Olympic era and an anticipated continued economic downturn. "Given the current economic climate, collective bargaining is a challenge," Johnson admits. While that may put a downward pressure on wages and benefits, but there's also an urgent need for training and recruitment of health care and community social service professionals.

"The increase in vacancy rates for a number of our disciplines is growing. We have said that to address the shortage of health science professionals that the government has to have same political will that put higher levels of funding towards training for nurses and doctors."

"We used to be able to recruit from across the country for people to come to BC to work." But higher wages in other provinces and the well-known long hours leading to burnout are turning potential recruits off, says Johnson. "If you don't pay people for their expertise, qualifications, and the responsibility, then you're not going to attract the people to do the job."

Johnson worries about the government's recent move to add "sustainability" as a sixth principle to the five established for Canada's public health care. "By that you might as well read 'cap on public spending'. The rest you're going to pay for privately and the private providers are rubbing their hands."

"We are going to continue to be a voice in that debate and we'll continue to amplify our voice through other organizations." **R**



Charmaine Nathan, medical radiology clinical educator, St. Paul's Hospital.

MEDICAL RADIATION TECHNOLOGIST  
CHARMAINE NATHAN GUIDES STUDENTS  
THROUGH THEIR PRACTICUM YEAR

## A passion for education

by LAURA BUSHEIKIN

**AS MEDICAL RADIOLOGY** clinical educator at St. Paul's Hospital, Charmaine Nathan has a job that fulfills both her passions.

Throughout her 14-year career as a sonographer and medical radiation technologist, Nathan has moved back and forth from clinical work to teaching. She has always valued working with clients and a team in a medical facility, but no matter how fulfilling those positions have been, the calling to work with students has never gone away.

Her current position gives her the best of both worlds. Nathan oversees BCIT students doing their practicum year at St. Paul's. As well, she is

responsible for keeping St. Paul's X-ray technologists up-to-date with their ongoing education requirements.

"I'm still out there working in the tech field, and I work with students," says Nathan, enthusiastically.

She loves the challenge of preparing students to become confident and competent health care professionals.

"It's a very comprehensive program," says Nathan. "In the practicum year, BCIT does the didactic component, and I work in the clinical setting with them." At the end of their practicum, students need to be ready to step right into work in a variety of clinical settings.

"Sometimes people don't understand the magnitude of the job. It can vary from a plain hand x-ray to a multiple-vehicle car accident where there is trauma – that is not the time to be learning. So we go through scenarios with role-playing so that when there is trauma, they feel ready to deal with it," she says.

Currently she has six students at her site. She works alongside them, along with other technologists, as St. Paul's is a teaching hospital.

Teaching is more than passing on a skill set, says Nathan. Equally important is helping the students develop a calm and confident attitude. This is part of the art of teaching, something Nathan passes on through the way she treats her students. "I'm very supportive and don't make students feel uncomfortable," she says. "This is important. If you are working with someone who makes you uncomfortable, you will make mistakes.

"I'm really passionate about the students and about wanting them to learn and be engaged and treat people how you'd want to be treated. If I can parlay that then I can feel good about my job when I leave for the day."

**NATHAN SPENDS 60 PER CENT** of her time with the BCIT students; the rest is spent as the

clinical educator in the department. This includes orientation of new staff as well as the preparation and presentation of monthly educational sessions to her colleagues.

"For instance, I put together a PowerPoint presentation on the N1H1 virus, gently reminding people to wash their hands, looking at what can be done for pandemic preparedness. Also I've done sessions on occupational health and safety, and I educate them about changes in technology and train people in how to use new equipment."

Although more than half her hours are spent working with BCIT students, Nathan's position is entirely funded by Providence Health Care.

"It is in the best interests of a hospital to provide an educational base for students. More than likely these students will become employees. If you open your door they are more likely to step in. For instance, in my own case I came here for my final year, and I've worked here for 15 years. If Providence had not provided a clinical instructor I might not have come to work here," Nathan says.

These considerations are especially important these days. "The shortages in the medical radiation field are severe," says Nathan.

"Not a lot of young people know about this job or what the route is to get into it," she says. The public often doesn't understand how technically sophisticated and interesting the field has become.

"In the past ten years I've seen so much change; it's just exploded, and for the better. We're giving timely health care results back to patients. The diagnostic end with technology is so much more advanced. We don't use x-ray film anymore; it's all digital and computerized radiography. So anyone anywhere who has the capability to log on can view any diagnostic imaging done on a patient," Nathan says.

The government recognizes that there are shortages and are providing more seats to train

medical radiation technologists, she says. In addition to BCIT, two schools will be offering medical radiography programs: one on Vancouver Island and one in Prince George.

Nathan is an articulate spokesperson for the rewards of her job.

"I like the diversity of the different interactions with patients; I like the fact that I can do so many different things. I'm never bored. You always have to be thinking; you have to be precise. We like to produce good images. We take pride in our work, as x-ray technologists. Even with the simplest hand x-ray, I say, oh look at this, oh this is beautiful."

At the HSA convention, Nathan took a small but significant step to make her profession more visible. The experience piqued her interest in union involvement.

"It was the first union thing I went to. They had these pins for everyone saying 'I'm a....' and then their profession, OT, Lab Tech, that kind of thing. They had run out of pins saying 'I'm a Medical Radiation Technologist.' So I phoned up to suggest they make some."

The person she spoke to obviously appreciated Nathan's ability to advocate for her profession and talked to her about union activism.

Nathan laughs as she continues: "I was like, I just want some pins; they were like, you'll get a lot more than pins!"

After the phone call and conference, Nathan is enthusiastic about HSA. "I'm going to become way more involved," she says.

"It was interesting hearing what other people are dealing with in BC, not just in x-ray but in the whole healthcare industry. It makes me more aware. It's great to be informed. You have to have a voice and have a say," she says. It may well be that union activism becomes her third passion. **R**

Nathan loves the challenge of preparing students to become confident and competent health care professionals.



TARYN HUBBARD PHOTO



At this year's annual convention, HSA president Allen Peters received the David Bland Award.

RADIATION TECHNOLOGIST ALLEN PETERS WILL  
KEEP ADVOCATING FOR SAFETY IN THE WORKPLACE

## Award recognizes health and safety leader

by LAURA BUSHEIKIN

**ALTHOUGH HE APPRECIATES** receiving this year's David Bland Award for outstanding advocacy in occupational health and safety, HSA member Allen Peters has no intention of resting on his laurels.

In fact, for Peters, the award was a poignant reminder of the pressing need to keep advocating and educating to make workplaces safer.

"It was an emotional moment for me, because I know the award wouldn't exist if someone

hadn't lost their life in a work-related incident," says Peters, a medical radiation technologist at Nicola Valley General Hospital.

The award, presented to Peters at HSA's April convention, was created to commemorate David Bland, a vocational counsellor who worked at Richmond Mental Health Services. At the end of an otherwise ordinary workday in January 2005, Bland was stabbed to death in the parking lot by a former client.

"The incident is still very much in our minds," says Peters. "You think of yourself as being fairly safe in health care – yes, we have injuries but you don't think they'll be fatalities. So when there was a fatal injury, it sent a big message to the health care industry."

A dramatic incident can be a wake-up call, says Peter, but ensuring workplace safety is an ongoing, everyday process. "We need to continue to be vigilant, to stay informed, and to make sure programs are in place and people are accountable for their actions."

Peters has been doing just that for the last 20 years. It was a dramatic incident that motivated him to get involved in OHS activism.

"What started the whole ball rolling for me was the day I lost one of my co-workers in my department. It happened in a split second." The co-worker was injured while assisting a patient off an x-ray table and ended up on long-term disability.

"She had always really enjoyed her work and went from being an active contributor to health care to having her career wiped out in the flash of a moment," says Peters.

Peters sat on an OHS Committee when he was an HSA member at large for Region 8 and then went on to serve as co-chair for the Thompson Regional Joint Committee for Occupational Health and Safety. "It was the first committee that was overseeing operations at 11 different sites. We were looking at how to consolidate and

not duplicate what was being done,” says Peters.

Peters has worked in “virtually all positions possible in our health and safety structure,” according to HSA President Reid Johnson, who presented him with his award. These days, he is perhaps best known around BC as an educator for OHSAH (The Occupational Health and Safety Agency for Healthcare in BC), which he has been doing since the OHSAH program was established in 1999.

This position takes Peters all over BC to deliver two OHS programs – an introduction to OHS roles and responsibilities, and an advanced session.

“HSA can take pride in the fact that of all the facilitators have come and gone there are two originals who were there at the beginning and continue to deliver, and that’s me and [HSA member activist] Jackie Spain, who received last year’s David Bland Award,” says Peters.

Peters has been delivering these workshops for 10 years and has no plans to stop. He enjoys witnessing, again and again, the power of education.

“The concept is that knowledge is power and if we empower people to understand their rights and responsibilities around OHS they can do a better job at their own worksite,” says Peters.

Contributing to a safer workplace is easy, he says.

“It’s not complex. It starts with you. A good first step is to take an interest in the subject. Find out who the safety leaders are in your workplace and talk to them. Find out what it’s about. A lot of workers don’t know what their rights and responsibilities are in the workplace, so start with the basics: you have the right to know, the right to participate, the right to refuse unsafe work. Get a better understanding of what that means.”

If all you do is educate yourself, you are already making a difference, he says. “When you

learn more you will be in a better position to keep yourself safe and that will rub off on other people around you.”

**OHS PROVIDES A GREAT** starting point for union members to get involved, says Peters. “It has no political pegs attached to it; you are supporting every worker in the workplace. It’s not about ‘us and them’ but about us, in this all together seeking a solution. It allows people to contribute in a meaningful way in the workplace.

“And HSA does a very good job supporting safety activists by providing a solid base of training. And HSA recently produced an A-1 safety manual and put it on a memory stick so that anyone can plug it into their computer and have instant access to read about policies and procedures. HSA really stands behind the idea of education.

“I really want to give a special thank-you to all the HSA people who’ve come before me in terms of how much they’ve supported the OHS programs. Jackie Spain in particular has been a very sound leader over the years,” he says.

The establishment of the David Bland award is another way HSA shows its support for OHS advocates. Although Peters makes it clear that he is not looking for personal rewards for his activism, he does very much appreciate the award.

“When I travel across the province delivering workshops I sometimes come across people who were David’s coworkers and I talk about the award; they always say thank you so much for doing that. It’s very meaningful to honour his memory and keep his name alive in this way.” **R**

*Do you have a remarkable coworker?*

*Nominate them for a feature article in*

*The Report: email yukie@hsabc.org*

It was a dramatic incident that motivated Peter to get involved in OHS activism.



THE REPORT WELCOMES YOUR TYPEWRITTEN LETTERS.  
PLEASE KEEP THEM BRIEF (ABOUT 200 WORDS).

### Ensuring human rights in Colombia is relevant to all of us

Why, in a health care union magazine, is there a pull-out article on Canada's free trade deal with Colombia? What does that have to do with HSA? What does that have to do with me?

These are questions I ask myself as I ponder how to show you that our own rights as union members are linked to the rights of Colombian workers.

How can we choose to look the other way when our brothers and sisters in Colombia are being murdered? We are a union of caring professionals; do we not care about the health of Colombians as well?

Stephen Harper says that trade deals are not the place to be discussing human rights, but when we look at

the corporations that most benefit from those deals, we see the very source of the evil in Colombia. Free trade deals are not between the people of the countries to mutually benefit everyone; free trade deals are between Big Corporations. "Free" trade is anything but free.

Free trade is about selling your rights as an individual to the corporations that control trade. Come to think of it, for the price the Colombians got for their rights, maybe free trade is free.

We do need trade between countries; to boycott Colombia would be counterproductive. But trade needs to benefit the people, not just the corporations.

Sometimes it seems like the world is too big to understand everything that is

going on in it. Colombia, Haiti, Darfur, Afghanistan, the Congo – the list is long and the tragedy is deep. Many days, I wish to take the Blue Pill and make all the pain of the world go away. Except there is no "away," and to ignore the atrocities of the world will not end the suffering.

We are all more than complicit in the harmful deeds: our thoughtless patterns of consumption fund the human rights atrocities of the world. Every purchase I make has an impact somewhere. It may be good, or bad. It may affect the environment, or a child worker.

You vote at the polling booth, but you also vote with your wallet with every decision in your life. The responsibility is overwhelming, which is why it

is so difficult to even think about, never mind act.

To understand the world, you must go beyond mainstream media. There is a reason you are reading about this in a union magazine, and not hearing it on the evening news: the same corporations involved in the free trade deals also control the media.

And so you find yourself pondering free trade and human rights, while reading a health care union magazine.

I hope you will ask again: what does this have to do with me?

**Chris Semrick**

*Respiratory Therapist, Nanaimo*

*Regional Hospital,*

*Member at Large on HSA's*

*Political Action Committee*

### MOVING?

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

#### RETURN TO:

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Association of BC  
300 - 5118 Joyce St.  
Vancouver, BC  
V5R 4H1

#### OR EMAIL:

memberlist@hsabc.org

MEMBER # (AT TOP LEFT OF MAILING LABEL)

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## Maureen Headley

### So-called “associate memberships” undermine solidarity at a crucial time

**YOU MAY HAVE HEARD TALK LATELY**, or seen the ads in the paper, about what the BC Nurses' Union is calling “associate memberships.” In July, the Canadian Labour Congress found the campaign constitutes a raid in violation of the Canadian Labour Congress Constitution.

The campaign launched by the BCNU offers “associate memberships” to all health care workers although it is clear that the focus is on nurses; registered nurses, registered psychiatric nurses, and licensed practical nurses.

(HSA represents most RPNs following a labour relations board vote in 1995, in which registered psychiatric nurses voted decisively for HSA. Currently, most registered nurses are represented by BCNU, and most LPNs are represented by the Hospital Employees' Union.)

BCNU cannot legally represent “associate members” in bargaining. Still, there is a real concern that this is an attempt to interfere with the right and responsibility of other health care unions to represent our members. It is likely only the first step in a BCNU campaign to recruit members currently represented by other unions.

HSA is proud to represent many registered psychiatric nurses working in acute care, long term care, mental health and home support. RPNs are one of the founding disciplines of the Health Sciences Association and HSA RPNs have long chosen to be represented by HSA.

Bargaining in the health sector has an unusual structure. Bargaining is done by bargaining associations – groups of unions who hold certifications to represent categories of health care workers.



**Headley**

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MEMBERS.

Nurses who are members of HSA are represented by us in the Nurses' Bargaining Association.

There is no reason for any HSA member to sign up as an associate member of the BCNU. HSA already provides full representation – education, advocacy on issues like public health care, representation in grievance and arbitration proceedings, representation before the College of Registered Psychiatric Nurses, and representation at the bargaining table – all at a lower dues rate than most other health care unions, including the BCNU.

HSA's real concern about this campaign by the BCNU to sign up members of other unions is that it undermines solidarity at a time when our members need us to be working together to address common issues – issues like cuts to health funding, workload, shortages, services for sick and disabled workers, violence in the workplace and many, many others. HSA intends to stay focused on those issues. **R**

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



## Safety at work is first priority

**SWORN AT, SPIT ON, HIT, BITTEN**, stabbed... or worse! None of us accepted a career in health care to endure violence in our work – but that is the reality of what can happen when you are a health care worker.

According to CBC investigative reporter David McKie in his presentation to HSA's occupational health and safety conference last fall, health care workers across Canada are bearing the brunt of this significant workplace problem. At the same conference, a WorkSafeBC representative confirmed that the health care and community social services sectors account for 40 per cent of all accepted violence claims, not including the many unreported incidents.

Under-reporting of violence by health care workers may be due to several factors, including:

- perceived tediousness of the reporting process
- violence has become normalized and accepted as 'part of the job'
- self-blame... "I should have known better"
- employer "persuasion" against reporting in general.. e.g. there is no injury so why report?

The potential for violence is also addressed in the WCB Regulation and in our contracts. For example, in the health science professionals' contract, article 38.04 outlines the employer's responsibility to make information about a history of violent behaviour available. This parallels the WCB Regulation and the "right to know" contained therein.

The employer is required to perform risk assessments to ensure that controls are in place to minimize exposure to potential violence. Employers are required to have "working alone" policies in place that would cover all work areas, including risk assessments for clients' homes before staff visit. Working alone policies must be considered in the risk assessments.

One approach to violence reduction is the new stop sign posters that you may have seen at various facilities. These warn of the potential consequences of threatening behaviour or language. Another approach




Sapergia

IF YOU  
ENCOUNTER A  
SITUATION AT  
YOUR WORK THAT  
YOU BELIEVE HAS  
THE POTENTIAL  
TO CAUSE YOU  
HARM, YOU MAY  
HAVE THE RIGHT  
TO REFUSE  
THAT WORK.

that the violence committee in one health authority has discussed is to flag the charts of patients who have friends or family visitors who have exhibited inappropriate behaviour and language.

HSA has been working with other health care unions, employers and the Occupational Health and Safety Agency for Healthcare (OHSAH) to form Violence in the Workplace committees in addition to joint occupational health and safety committees. HSA is working to ensure that each health authority has its own violence committee. The health authorities' violence committees and the provincial violence committee are overseeing many positive changes to decrease the potential for violence.

**EMPLOYERS ARE RESPONSIBLE** for ensuring worker health and safety. They are also responsible for making sure that employees know what controls are in place to keep workers safe, including safety from violence at work, whether the threat of violence comes from clients, families, or other staff. If you encounter a situation at your work that you believe has the potential to cause you harm, you may have the right to refuse that work. Contact your supervisor and your safety steward to let them know your concerns. If you experience violence in your work, take appropriate measures for help. And don't keep it to yourself: report it. 

*Heather Sapergia represents Region 10 on HSA's board of directors, and is chair of the union's occupational health and safety committee.*



# 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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(from left) Agnes Jackman, Bruce MacDonald, Janice Morrison, Heather Sapergia, Rachel Tutte, Joan Magee, Suzanne Bennett, Marg Beddis, Val Avery, Reid Johnson. (inset) Kimball Finigan.



KIM STALKNECHT PHOTO

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# Working together: an economic recovery for all



MIRIAM SOBRINO PHOTO

**NANAIMO – In June,** HSA President Reid Johnson joined the National Union's Canada-wide campaign calling for a response to economic challenges ordinary people have been facing in recent months. A community activist told the meeting that

more than 50 per cent of the population of Nanaimo lives in poverty. For more, see Reid Johnson's column on page 2.

