

# THE Report



**H1N1** What you need to know to protect yourself and protect the public

# When the going gets tough...

**LIKE THE PATIENTS AND CLIENTS** we serve all across British Columbia, HSA members are facing some big challenges this fall. Travelling to meet with members at this year's round of regional meetings, I've had a chance to hear about these first hand.

It's clear to all that after years of wasteful spending during good economic times, and in spite of pre-election promises to protect our health care system, the provincial government is already making big cuts to the health services families and communities depend on.

People who are sick and in need of timely treatment are going to wait longer for diagnostic services like MRI, x-ray, ultrasound, nuclear medicine and laboratory results. That means they're going to get sicker, exacting a terrible cost on their children, their parents, their loved ones. Human suffering aside, the cost to the health care system in the long run will be greater, belying claims of fiscal responsibility.

And thanks to increased MSP premiums and the sweeping new HST, imposed with no public consultation, families are paying more, while getting less.

HSA is keeping a close eye on cuts across BC this fall, and we'll be speaking out to make sure the public is made aware of the impact.

**WE'RE ALSO PREPARING TO NEGOTIATE** a new contract with this government, and the conditions are difficult. While the provincial government insisted until quite recently the economy was healthy, even going so far as to try to get some positive coverage by offering a generous and pre-emptive contract to nurses, they are now adamant that wage increases and overdue improvements to workload and benefits are completely off the table.

It's a tough climate for bargaining, but we're fortunate to have a tough negotiator. I'm very pleased that Maureen Headley will be drawing on years of experience in the labour movement and in government as she leads our



Johnson

IT'S A TOUGH CLIMATE FOR BARGAINING, BUT WE'RE FORTUNATE TO HAVE A TOUGH NEGOTIATOR.

bargaining committee through the negotiations to come.

The first steps have already begun. Throughout the fall, members have been using regional meetings to voice their concerns, discuss proposals for bargaining, and elect delegates to November's Bargaining Proposal Conference.

Members I've spoken with have talked about a number of issues – wages, benefits, job security and workload – and HSA staff will be presenting papers on each to the delegates attending the Conference November 8-10.

**MEMBERS ARE CONCERNED** about the new swine flu strain. What will it mean for their jobs, their patients and clients, their own families? HSA has been working hard to get reliable information for our members, and

for the public.

I'd like to recognize the efforts of one particular member of our team: Sheila Vataiki, one of our senior Labour Relations Officers, has become instrumental in the effort not just to protect HSA members in the workplace, but to protect the public as well. Her work to settle important questions about the transmission of H1N1 has led to significant improvements to plans for protecting workers – like you – exposed to infected individuals in British Columbia and across the country. You can read more about this achievement, and learn more about the H1N1 virus and how it will affect you and your workplace in this issue of *The Report*. **R**

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

**“We needed to find out how to keep people safe.”**

- SHEILA VATAIKI, LABOUR RELATIONS OFFICER, ON GETTING ANSWERS TO H1N1 QUESTIONS, PAGE 12

**H1N1**

**Protect yourself  
protect the public**

What you need to know

The mask this woman is wearing  
doesn't offer adequate protection.  
Find out why.

**10**



**NEWS**

Delegates to plan bargaining . . . . .4  
 HSA takes on private clinics . . . . .5  
 Breakthrough ruling on  
 multiple-chemical sensitivity . . . . .6  
**Run for the Cure**  
 Photo spread . . . . .8  
 NUPGE'S 11th Leadership School . 15  
 Summer Institute for Women  
 inspires and disappoints . . . . . 16  
 Child care programs  
 produce economic bang . . . . . 18



Run for the Cure  
PAGE 8

**MEMBERS**

Profile **Christine Haessig**  
 Award recognizes leader  
 in her field . . . . . 20  
 Activist profile **Kelly Lewis**  
 Whistleblower  
 lands in BC . . . . . 22



Christine  
Haessig  
PAGE 20

**DEPARTMENTS**

**H1N1**

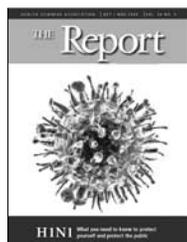
Protect yourself,  
 protect the public . . . . . 10  
**Pension Q & A**  
 Federal government  
 making it harder  
 to reach retirement age . . . . . 19  
 Current Disputes . . . . . 14  
 HSA Board Highlights . . . . . 24



H1N1  
PAGE 10

**COLUMNS**

Message from the president  
 Reid Johnson . . . . .2  
 Executive director's report  
 Maureen Headley . . . . . 25  
 Across the province  
 Val Avery . . . . . 26



**THE FRONT  
COVER**

The H1N1 virus  
is coming to your  
workplace - are  
you ready?

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

PHOTO: ISTOCKPHOTO

## BARGAINING 2010

## Delegates meet to plan bargaining strategy



PHOTO: YUKIE KURAHASHI

HSABC President Reid Johnson with Janice Morrison, Director for Region 10, at the regional meeting in the Kootenays. Delegates for the November Bargaining Proposal Conference were elected at regional meetings across BC in September and October.

**W**ith the Health Science Professionals Bargaining Association contract set to expire March 21, 2010, planning is underway to prepare HSA's priorities for the bargaining table. The upcoming Bargaining Proposal Conference November 8 – 10 will bring together 60 delegates elected at the regional meetings held in September and October, HSA Board Members and experienced staff.

"Delegates to this conference have

a very important job ahead of them," said Reid Johnson, President of HSA BC.

"These are the people who will determine which proposals will get priority, what the bargaining strategy will be, and who will represent HSA members at the bargaining table."

Johnson said that members attending regional meetings expressed concerns about wages, benefits, job security and workload. Discussion papers on these key issues will be presented at the Conference. **R**

### Budget fails to come clean on cuts to health care services says HSA

#### BRITISH COLUMBIA FAMILIES

will bear the brunt of the provincial government's failure to adequately fund health care, Health Sciences Association of BC president Reid Johnson said in response to the provincial government's budget introduced September.

"This budget means that British Columbians, who rely on our health care system, will pay more for less," Johnson said.

The government will introduce additional costs to individuals and families by increasing MSP premiums by six per cent starting Jan. 1, 2010 – and beyond, as the budget promises annual increases to the premiums.

The budget fails to outline the real impact on access to health care services for British Columbians, Johnson said. Health authorities have yet to release their service plans outlining more than \$300 million in budget cuts ordered by Health Minister Kevin Falcon in July.

"It's time for the Liberal government to come clean and stop downloading the responsibility for telling the true story about health care cuts

CONTINUED ON PAGE 7

## CAMPAIGNS

# HSA in showdown with private clinics

by CAROL RIVIÈRE

**IN JANUARY 2009**, a group of private for-profit clinics, led by clinic operator Dr. Brian Day, launched a legal challenge to the laws that protect universal public health insurance and equal access to health care in BC.

“This lawsuit may represent a crossroads for Medicare,” says HSA Region 6 Director, Rachel Tutte. “If the for-profit clinics win, it could open BC, and the rest of Canada, to American-style ‘pay or pray’ health care, and the huge private insurance companies that run health care in the U.S.”

As the recently elected co-chair of the BC Health Coalition, Tutte is solidly behind HSA’s support for the BCHC and other Medicare supporters’ application for standing to

“THIS LAWSUIT MAY REPRESENT  
A CROSSROADS FOR MEDICARE.”

participate in the lawsuit. “The provincial government is currently the sole defender of Medicare in this court case,” says Tutte. “Given the pro-private stance that’s been taken on many health care issues by the Campbell government and Health



PHOTO: CAROL RIVIÈRE

Heather Sapergia, Director for Region 10, Janice Morrison, Director for Region 9, and Rachel Tutte, Director for Region 6 discussed the private clinics campaign at the BC Health Coalition meeting October 1. Tutte is also Co-Chair of the BCHC.

Minister Kevin Falcon, we’re worried that the lawsuit could end up as merely a pillow fight between the provincial government and the private clinics, when what we need is a gloves-off, no-holds barred defence of Medicare. Public health care supporters like the BCHC must be able to participate in the case to ensure that the strongest possible case is made in court to defend Medicare against privatization.”

HSA is also looking at ways to support members’ involvement in

CONTINUED ON PAGE 7

### FOR MORE INFORMATION

Visit the BC Health Coalition web site for updates, news releases.

You can also send an e-mail to Health Minister Kevin Falcon urging him to defend public health care against private clinics:

[www.bchealthcoalition.ca](http://www.bchealthcoalition.ca)

## WORKPLACE SAFETY

# Breakthrough ruling on multiple-chemical sensitivities

## Appeal ruling recognizes condition affecting people exposed to workplace chemicals

**LENORE WAS SHOPPING AT RONA** with her husband when it happened. She can't remember the details, but she blacked out completely, and later was found wandering around in a confused state. Staff paged her husband to come help her.

Lenore (not her real name), is an imaging technologist at a large BC hospital. Back in the mid 90s, she was one of the first people in the province to work with the revolutionary new Magnetic Resonance Imaging machines that were appearing at that time. She, along with five other women, spent hours each day in a small room alongside the MRI

gastrointestinal tract problems and periodic cognitive impairment or "brain fog".

"An investigation revealed that a ventilation system intended to expel fumes from the film processor was actually blowing the fumes directly from the developing machine into the small room in which they sat," says Sarah O'Leary, an HSA WCB advocate.

The exposure left all six women acutely and permanently reactive to developing chemicals. They continue to work, but their careers have been significantly limited. While their own hospital accommodated

her students work in because of the chemicals and exposure to film.

But the problem doesn't stay at work. As Lenore discovered that day at Rona, she and the other women are suffering from multiple chemical sensitivity (MCS), a condition that leaves individuals sensitive to a variety of everyday chemicals – not just the ones involved in the original exposure. As a result, the six women can and do have severe reactions whenever they are exposed to scents or fumes of any kind. For example, when they board airplanes they must be cautious not to sit beside anyone who is wearing cologne. Other chemicals can affect them when at crowded events, in theatres, or visiting hardware stores. Building or road repairs may emit tar or other toxic fumes which will trigger a whole array of reactions.

HSA has raised the issue of MCS for years because many members have had these exposures while operating the high tech equipment used in imaging.

Working with HSA, the women fought for years to appeal the WCB decision to deny their chemical sensitivity. In 2006, after three days of oral hearing at the Workers Compensation Appeal Tribunal

AFTER ABOUT A YEAR AND A HALF, LENORE AND THE OTHER WOMEN STARTED TO REALIZE THERE WAS SOMETHING WRONG.

unit, operating the computer console that ran the MRI machine and working with patients.

After about a year and a half, Lenore and the other women started to realize there was something wrong. Previously healthy, they developed asthma and other breathing problems, flushing of the skin, watery, itchy eyes, dermatitis, rosacea,

them by removing film from their work area as much as possible and by prohibiting the use of scents of any kind, they have had to avoid going into hospitals where film continues to be exposed. As a board member with the Canadian Association of Medical Radiation Technologists, Lenore sets exams but can't actually enter many of the imaging areas

(WCAT), the WCB accepted their sensitivity to film processing chemicals. But it still refused to accept MCS and cover their reactions to other chemicals outside the workplace.

“The WCB has fought this tooth and nail, but now, if they get sick at the workplace due to film processing chemicals, the WCB covers them,” says O’Leary. “The big question remains: what if you black out at Rona due to exposure to fumes there, fall down and break your leg?”

HSA hasn’t given up, pursuing a second round of appeals for each of the women, and a recent breakthrough leaves room for optimism, explains O’Leary. In the past year, three of the HSA members have won appeals to have their MCS accepted as a consequence of the original exposure to processing chemicals at work. One more is awaiting her WCB decision and two have lost the MCS appeals.

“This is very significant because those who have their MCS accepted should now be covered if they are exposed to something outside the workplace,” says O’Leary.

Progress is slow, but steady, she explains, comparing the MSC fight to early skepticism about latex allergies.

“I remember when I started doing this work the WCB scoffed at latex allergy. They said it’s all in their heads. It takes a long time before it’s formally recognized as a diagnosis, and we’re getting there. We’ve come a long way in the last 20 years in terms of recognition of MCS.” **R**

## Private clinics harm public health

CONTINUED FROM PAGE 5

the BCHC campaign “Medicare: It’s Got Us Covered”, which will raise public awareness about what’s at stake in the lawsuit, and will provide ways to demonstrate support for public health care.

“The public need to understand that allowing the expansion of a parallel private system only the wealthy can afford to use actually harms the public system that everyone else has to rely on,” says Tutte.

“It will be critical for health professionals to help educate the public

about the important issues involved in this case,” says Tutte. “We need every member to talk to family and friends about what’s at stake in this case, to get the word out in their communities, and to help keep the pressure up on the provincial government to really fight for Medicare in this lawsuit.”

Members can find more information on the BCHC website about the lawsuit and the issues involved, as well as send an e-mail to Minister Kevin Falcon urging his government to pull out all the stops in defending Medicare. **R**

## Provincial health cuts will hurt families

CONTINUED FROM PAGE 4

to health authorities,” Johnson said.

“In July, Health Minister Kevin Falcon delivered an edict to health authorities to slash their budgets. Those cuts will result in dramatic service reductions – including diagnostic services like lab, x-ray, MRI, ultrasound and nuclear medicine,” Johnson said.

“In a poll conducted by Ipsos Reid this summer, 88 per cent of British Columbians agreed the provincial government should not make cuts to medical tests like lab tests, x-rays, ultrasounds, CT scans and MRIs during the economic downturn,” he said.

“British Columbians get it.

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. The success of our health care system relies on diagnosis, treatment, and rehabilitation services and the highly skilled health science professionals who deliver them,” Johnson said.

For HSA’s 16,000 health science professionals, the two-year wage freeze imposed by government will compound the continuing crisis in recruitment and retention of the health science professionals essential to the health care team. **R**



Top left: Tanis Blomly and friend;  
Lower left: HSA President Reid Johnson and  
Region 8 Director Joan Magee in Kelowna.

# Run for the Cure 2009

**IN RUNS HELD IN COMMUNITIES** throughout the province October 4, 168 HSA members, friends and family raised over \$22,000 for breast cancer research, awareness, and education.

This year, HSA sponsored “lunch-and-learn” meetings at many chapters. For a minimum donation of \$5 members and their colleagues enjoyed lunch and learned about the

Run for the Cure and breast cancer. Members also participated in Think Pink Week while they raised funds and awareness of breast cancer.

HSA team members donned their blue HSA run t-shirts to show solidarity and raise awareness about the work HSA members do in the fight against breast cancer. Volunteers staffed information tables at the Run sites and handed out the very popular pink ribbon tattoos while informing the public about the role HSA members have in the diagnosis, treatment and rehabilitation stages of breast cancer.

This year in BC, the Run for

the Cure was held in Abbotsford, Castlegar, Golden, Kamloops, Kelowna, Nanaimo, Port McNeill, Prince George, Vancouver, Vernon, and Victoria.

HSA has supported the run for the past 12 years. This year, members from across BC are encouraged to send in your photos for display in an on line gallery. To submit your photo, follow the links at [www.hsabc.org](http://www.hsabc.org).

*For information on screening mammograms, visit [www.gohave1.com](http://www.gohave1.com). To book a free screening, phone 604-877-6187 in the Lower Mainland or toll-free 1-800-663-9203.*



Top left: Region 7 Director Marg Beddis and friends at Abbotsford event;  
Top middle: Shannon Adamus;  
Lower: HSA members at Vancouver event.

PHOTOS: DAVID BIEBER, PATRICIA SAYER

The N95 is a NIOSH-certified, disposable, particulate filtering, half-face-piece respirator. Should you be wearing one?



# H1N1

Protect yourself  
Protect the public

It has many names. Pandemic influenza, swine flu. Novel H1N1 influenza strain. The media, which has been considerable since the first infections were reported has adopted the shorthand H1N1. Yet despite the growing coverage, most people don't know much about what it is, and how it will affect them.

**WHY ALL THE EXCITEMENT AND CONCERN?** The 2009 Novel Human Influenza A (H1N1) is a new strain of H1N1 influenza A virus that was first detected by public health agencies in March. The virus is a very unusual four-way combination of human genes and genes from swine viruses found in North America, Asia and Europe. It contains an influenza surface protein that up to now has only circulated in pigs. This means that human immune systems have never encountered the influenza protein employed by H1N1. We likely have no immunity to it. That's one of the crucial requirements for a pandemic.

Free from immune resistance, H1N1 will spread rapidly around the planet. That much is known. Much less is known about how it will manifest itself in the infected in the season to come. At this point, the majority of people infected suffer a mild form, with symptoms lasting up to seven days after onset. However, in some cases, infection can lead to serious illness and death. Complications tend to arise in people with diabetes, asthma, heart disease, cancer and in pregnant women. There may be some greater prevalence in First Nations and other indigenous

populations. Unlike seasonal flu, which normally takes a greater toll on the very young and the very old, H1N1 seems to spread most rapidly among people between 10 and 45 years of age, particularly women, while people born prior to 1957 seem to have some immunity.

Among adults, symptoms which require medical attention are difficultly breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, and flu-like symptoms which improve but then return with fever and a worse cough.

All of this could change, quickly. The medical community is watching the second wave of infections, which began in September, very closely, monitoring for signs of mutation that could herald a more serious illness. While

ALL OF THIS COULD  
CHANGE, QUICKLY.

CONTINUED ON NEXT PAGE

## HSA report leads to better protection for staff and patients

An HSA-commissioned report has resulted in dramatically improved protection for staff working with H1N1-infected individuals.

"It became apparent this summer that there was no consistent protocol across the province, let alone across the country, about the level of personal protective measures health care workers need to take to minimize the risk of spreading or contracting the virus," HSA President Reid Johnson said.

HSA and its national union, the National Union of Public and General Employees (NUPGE), acted on these concerns and commissioned the study by John Murphy of Resource Environmental Associates, Ltd., a firm that specializes in occupational and environmental health and safety.

"The report analysed the science and came to the conclusion that health care workers have a right and responsibility to make an assessment of the risk of spreading the infection, and to take appropriate infection control measures to protect themselves and their patients," Johnson said.

In mid-September, this standard was supported in a policy directive issued by BC's Chief Medical Health Officer Perry Kendall. Kendall has directed health authorities that health care workers who conduct a point of care risk assessment and conclude that personal protective equipment is required have a right to choose the level of protective equipment they use, including N95 masks to prevent aerosol contamination, in addition to gowns and gloves and other protective measures.



Ray Taylor was one of the stewards to attend an H1N1 orientation session hosted by HSABC on September 24.

flu activity seems to have begun earlier than in previous years, some comfort can be taken from the experience of Southern Hemisphere countries, which have just gone through their winter influenza season. Infection rates of 15 to 20 per cent were observed, about half the rate predicted just months ago. There's no sign, to date, that the virus is mutating to a more lethal form.

**HOW IS IT SPREAD?** Like seasonal flu, H1N1 is spread by person-to-person contact – direct or indirect contact with an infected person, followed by touching your eyes, mouth or nose. It can also be spread by airborne transmission, but there is some controversy about just how this occurs.

In June, with the scientific evidence at that time somewhat inconclusive, the Center for Disease Control (CDC) in Atlanta recommended N95 respirators for workers exposed to infected individuals, a decision based on caution in the face of uncertainty. A few weeks later, the Public Health Agency of Canada (PHAC) issued recommendations that surgical masks were adequate and N95 respirators should be issued in limited circumstances only.

Sheila Vataiki, senior labour relations officer for the HSA, started to get concerned.

“The jury on transmission was still out,” said Vataiki. “Was it spread by large droplets like saliva or mucus, or did it spread through a fine aerosol that would get

around surgical masks? The CDC had convened a panel of experts to make recommendations on the appropriate level of care by September, but in the meantime employers were deciding, based on the recommendations from PHAC, that workers would be fine with surgical masks.”

“We needed to find out how to keep people safe.”

Vataiki explains that this concern led HSA and the National Union of Public and General Employees to commission their own scientific study. Vataiki began working with John Murphy, President of Resource Environmental Associates, a firm that specializes in occupational health and safety. Murphy became a key resource for the HSA, which led other health care unions in questioning the existing assumptions about transmission and advocating for the provincial government to adopt a higher standard of protection.

“Murphy considered all the science, reviewed all the documents and concluded that evidence suggested aerosol transmission. The HSA then got down to work and pushed hard to get a higher level of protection.”

THE HSA THEN  
GOT DOWN TO WORK  
AND PUSHED HARD  
TO GET A HIGHER  
LEVEL OF PROTECTION.

PHOTOS: DAVID BIEBER

HSA's Sheila Vataiki worked with experts to convince the provincial government that N95 respirators were essential to preserving the integrity of the health system by protecting workers exposed to H1N1-infected patients.



Working together with the Occupational Safety Association of BC, the BC Nurses Union, the BC Government Employees Union and the Hospital Employees Union, HSA spoke out.

And it worked. While Murphy's report was not published until later, the provincial government relented in mid September, issuing a letter from Provincial Health Officer Perry Kendall that gives employees the right to make their choice about the level of protection they use – including N95s.

**PROTECT YOURSELF, PROTECT THE PUBLIC.** Employees have a responsibility to conduct point of care risk assessments to determine their own level of risk of exposure.

**POINT OF CARE RISK ASSESSMENT:  
3 simple questions about your workplace**

- Where are my opportunities for exposure?
- What tasks put me most at risk?  
From whom?
- Where am I performing these tasks? Are there other people with influenza-like symptoms present?

The assessment consists of three basic questions which help workers to recognize the parts of their daily routine that might bring them into contact with H1N1 and the people infected by it.

IF YOU THINK YOU  
NEED THE N95,  
AND YOU DON'T GET IT,  
REFUSE THE WORK.

“If after doing an assessment, you recognize that part of your job puts you within 2 metres of a patient or client

who is coughing and sneezing a lot, or you must pick up patients or clients from waiting rooms with other people who are exhibiting these type of symptoms, which are consistent with higher volume aerosol generation, you can choose to wear an N95,” says Vataiki. “And the employer is obliged to provide it for you.”

Fitting N95 respirators is not as simple as surgical masks. The respirator will not work effectively unless it forms a proper seal against the face, so fit testing is absolutely critical. Supply should not be a problem, Vataiki points out. “Fortunately, because the revised transmission rates are lower, there should be plenty of N95 respi-

CONTINUED ON NEXT PAGE

CONTINUED FROM PREVIOUS PAGE

rators available.”

And if an employer refuses to provide N95s, HSA maintains that members have the right to refuse work they believe is unsafe. This will trigger a dispute resolution process under WCB, but Vataiki says respirators will very likely have to be provided while the process is underway.

“The bottom line is this: If you think you need it, and you don’t get it, refuse the work.”

**VACCINATION.** As *The Report* goes to press, H1N1 vaccination is expected to begin mid to late November, but this could change so please look for updates on the [hsabc.org](http://hsabc.org) web site. HSA encourages all members to get the vaccine unless there is a medical concern. If that’s the case, employees need to get appropriate documentation to present to employers, because if you are not vaccinated and an outbreak is declared, the employer can exclude you from that work area.

“We prefer that people in that situation be redeployed, but if that’s not possible you may end up at home without pay,” says Vataiki.

Seasonal flu vaccination was put on hold earlier this fall, but will be offered in the new year. HSA strongly encourages members to get the seasonal vaccination when it is available. **R**

**H1N1 – WHAT YOU CAN DO**

- Do a point of care risk assessment for your workplace.
- Consider vaccination.
- Look for updates and resources at [hsabc.org](http://hsabc.org).

**RESOURCES ON THE WEB AT HSABC.ORG**

- Recent news stories
- Updates on vaccination and workplace safety
- Sample point of care risk assessment
- Directive to Health Authorities from BC’s Chief Medical Health Officer
- What employers are required to do

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

**Canadian Union of Public Employees (CUPE) Local 873 - VS - BC Ambulance Service**  
 Major Issues: Wages, Benefits, Concessions  
 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

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 - Wescon Enterprises Ltd. (Trivern) (Armstrong)**  
 Major Issues: Seniority, Benefits, Concessions  
 Commenced: July 25, 2001

# NUPGE's 11th Leadership School

by MARG BEDDIS  
DIRECTOR, REGION 7

**THE NATIONAL UNION** of Public and General Employees' 11th annual Leadership School was held August 22 to 28 on the north shore of Rice Lake, just outside Peterborough. I was joined by Val Avery, Director for Region 2 and Heather Sapergia, Director for 10. Lectures by Elaine Bernard, executive director of the Trade Union Program at Harvard University, provided the core focus of the school. During a series of six seminars participants discussed the two central themes: leadership and organizational change, and strategic choices for union leaders.

A number of guest speakers addressed topics related to the global economic crisis:

- James Laxer, political science professor at York University spoke about the economy;
- Linda McQuaig, author and journalist discussed neoconservative thinking;
- Carla Lipsig-Mumme, co-ordinator of the Labour Studies Program at York University addressed climate change;
- Larry Brown, national secretary-treasurer for NUPGE talked about pension issues;
- Michael Lynk, Associate Dean in the Faculty of Law at University of Western Ontario, discussed labour law;
- Erika Shaker, researcher at the Canadian Centre for Policy Alternatives spoke about privatization in the public education system;
- Patrick Brette, associate program director of the Public Works Program of Demos, a US public policy research and advocacy organization, made the case for communicating more effectively about public policy issues;



PHOTO COURTESY OF NUPGE

HSA Director for Region 7, Marg Beddis, was joined by Val Avery, Director for Region 2, and Heather Sapergia, Director for Region 10 and 27 senior elected officers and staff from NUPGE and its component unions – the largest number of participants to date, with representation from across the country.

- Oksana Wolfson, senior legal officer with the International Labour Organization, spoke about protecting and promoting labour rights; and
- Don Wells, Director of McMaster's Labour Studies program talked about corporate social responsibility.

This year's school saw the largest number of participants yet with 27 senior elected officers and staff from NUPGE and its component unions.

The school provided a unique opportunity to meet labour activists not only from across Canada but around the world, and to compare notes on the issues that we held in common – the economy and the attack on public services. **R**

# Summer Institute for Women ... disappoints

BY MIRIAM MARTIN

**THE 28TH ANNUAL** Western Region Summer Institute for Union Women was held in Los Angeles August 11 to 15. Attending as an HSA scholarship recipient, I learned a great deal – but not what you might expect.

I came away reminded of the tremendous hurdles that we face if we are to better the lives of working people around the world; not because of the failures of globalization and capitalism, but because of the disarray within the labour movement. We all talk about “working together,” but I believe it’s time to stop talking about it and return to our democratic roots by embracing discussion and disagreement.

Let me explain. While I met some amazing women – an organizer in Mexico’s maquiladoras, some inspiring Southern California labour leaders and a great group of Latina activists from Fresno – I was surprised that many of the delegates did not seem to understand the workings of the global economy and the role played by US corporations.

Comments made in small discussion groups, for example, betrayed such racist and heterosexist attitudes I chose to duck out of my group. Others complained that George W. Bush was “too communist” and that communism is rampant in the US.

Now, I believe wholeheartedly in co-operation and participation. I believe many voices, rather than one, lead to better decisions. But at the end of the day, decisions have to be made so we can move forward. That means engaged discussion followed by a democratic vote. Will the majority always make the “best” choice? No. Will the democratic vote always yield the most desirable result? No. But it is the only way for a large and diverse group to move forward united, and it is a core principle of the labour movement.

Perhaps the goal of the Summer Institute was not

to determine a direction or way forward, but I think it should have been. Other participants I’ve spoken to have expressed disappointment that “nothing concrete came of it.” Is it right for the labour movement all along the west coast of North America to spend hundreds of thousands of dollars to send delegates to a week long

I LEARNED A  
GREAT DEAL –  
BUT NOT WHAT  
YOU MIGHT  
EXPECT.

conference that does not result in some kind of direction or way forward? We have entered a world economic crisis unlike any seen before under capitalism. We discussed numerous issues and challenges for the labour movement. Why did we not set ourselves the goal of moving forward on one of them?

I believe that women have more to offer the labour movement than just respectfully listening to each other share our experiences. By falling into stereotypes of women as consensus-builders and idealizing the notion that “everybody’s ideas are equal,” we watered down the content of the Summer Institute to such an extent that it was impossible to learn anything from the program. I didn’t learn from the conference sessions because I was unable to engage in debate about issues I am passionate and informed about. The women I disagreed with learned nothing because their ideas were not challenged.

As women at this conference, we were intended to feel united by virtue of being women, and because we are all members of unions. If the labour movement – women or otherwise – is united on the basis of anything other than democratically-determined principles, the result will always be the lowest common denominator.

To win real improvements for working people around the world, we need to do better than that. **R**

# ... and inspires

by MARY LOU ICETON

**UNDERWEAR. GASOLINE. BATTERIES. YOUTH.** These four words changed my perspective on the world when I attended the Summer Institute for Union Women held August 11-15th at UCLA.

**UNDERWEAR:** Eva Padilla Carrera is a former maquiladora worker turned union organizer. Her struggle against the Hanes Corporation to bring rights to garment workers in Mexico was truly inspiring. In 2008, Eva founded the Worker's Support Center of La Laguna and trained more than 800 maquila workers in worker's rights and women's rights. The stories of the health and safety violations coming from these "factories" was appalling and will forever change my purchasing habits.

**GASOLINE:** Esperanza Gomez Villa organized gas station workers in Mexico City. She told us that there are 10,000 gas stations in Mexico City and that non-unionized workers work for tips, not wages. The gas station owners strive to employ only young, beautiful women who are given strict quotas of product to sell. If the quota is not reached, employees must pay the owners from their tips. Esperanza worked diligently to organize gas station workers and has dedicated her time solely to worker rights issues. Now, union gas station workers make \$5.00 per day plus tips, with no sales quotas, and have rights and safety procedures in place.

**BATTERIES:** The story of GP Batteries and cadmium poisoning of workers in China. Cadmium is a toxic chemical and once it has entered the body, it can take decades to flush out. High concentrations of cadmium in the body can cause kidney failure and acute physical pain in the bones and joints. Employees of GP Batteries in China were poisoned after management made workers



Young organizers from LA brought new perspectives

process cadmium with almost no protection. Their story is told in *Red Dust*, a documentary film that will be released later this year. More information can be found at the Globalization Monitor web site, located at [www.globalmon.org.hk](http://www.globalmon.org.hk).

**YOUTH:** An inspiring group of Los Angeles Latino youth presented a course chaired by the UCLA Labor Occupational Safety and Health program, the BC Federation of Labour, and Mexico's Commercial, Office, Retail, Similar and Allied Workers' Union. They shared their stories of working with peers to protect their health and know their rights. They made some useful suggestions to help organize and motivate young people in the labour movement:

- no long meetings – lectures are a bore
- move, don't sit
- give us something concrete to achieve
- we have the energy and the will to succeed

I knew about sweatshops and catastrophic working conditions before I went to this event. Now I know the women who fight to organize workers, and I am forever changed. **R**

# Child care programs produce big economic bang

**THE HARPER GOVERNMENT** should invest in child care programs as an effective way to stimulate the economy, says the Child Care Advocacy Association of Canada (CCAAC).

The association says a new study confirms that child care provides one of the largest - if not the biggest - boost to economic activity of any sector.

"Figuring out the best investment for tax dollars to stimulate the economy should be child's play for the government if it reads this important report," says CCAAC Chair Jody Dallaire. "As an economist, Prime Minister Harper should quickly realize that funding child care programs is not just the right thing to do for parents and children, but also the smart thing to do for Canada."

Dallaire says the study by the Centre of Spatial Economics on workforce shortages in Canada shows that any investment in the sector would practically pay for itself immediately while creating much-needed jobs. The study included an analysis of the estimated economic and social impact of child care programs.

"While the government is promoting its \$1,350 tax credit for home renovations, this study found that every \$1 million invested in the child care sector creates about four times more jobs than putting it into the construction sector," Dallaire notes.

The CCAAC says the study adds to a longstanding body of evidence that cannot be ignored: the public benefits of quality child care programs outweigh the public costs. Yet the Conservatives have dramatically

reduced spending on early childhood education and care to about \$600 million a year, down from \$950 million in 2006, it notes.

"We urge Prime Minister Harper to read this report and see for himself that investing in early childhood education and care not only benefits children and families but it also creates the maximum possible jobs while passing the most revenue to government. It doesn't get any better than this," said Dallaire.

The CCAAC works for the right of all children to access a publicly-funded, inclusive, quality, non-profit child care system. CCAAC is non-profit organization that is membership-based and regionally representative. **R**

OVER THE LONG  
TERM, EVERY  
\$1 INVESTED IN  
QUALITY CHILD  
CARE PROGRAMS  
RETURNS \$2.54  
IN BENEFITS TO  
SOCIETY.

## KEY FINDINGS OF CHILD CARE STUDY

- **Child care grows the economy.** Every dollar invested in child care programs increases GDP by \$2.30 – one of the strongest levels of short-term economic stimulus of all sectors, and far ahead of construction and manufacturing.
- **Child care creates jobs.** Investing \$1 million in the child care sector generates almost 40 jobs – at least 40% higher than the next closest industry and four times the number generated by investing \$1 million in construction activity.
- **Child care more than pays for itself.** Even in the short term, more than 90% of the cost of hiring child care workers goes back to governments as increased revenue and the federal government gains the most. Over the long term, every dollar invested in quality child care programs returns \$2.54 in benefits.

# Retirement age harder to reach

## TELL YOUR MP WHAT YOU THINK OF PROPOSALS TO DELAY RETIREMENT

by DENNIS BLATCHFORD

**I'm hearing reports in the media that the Harper government is considering changes to the Canada Pension Plan. How will those changes affect my retirement once I reach age 65 and draw my CPP?**

It is not clear at this time precisely how these changes will affect your retirement, but judging by the Harper government's proposals, Canadians in general should be concerned about these proposals from a public policy perspective. At a time when income security is a major concern for millions of households, it appears that the Harper government is trying to put the dream of retirement further out of reach for many Canadians.

Part of their package of proposed reforms for CPP would see bigger penalties for retiring early. Currently, you can draw CPP benefits at age 60 but lose about 30 per cent of the value of your pension for not waiting to age 65. Under the Harper proposal, those penalties would gradually increase beginning in 2012, and when fully implemented in 2016, would result in a 36 per cent penalty for drawing your pension at age 60.

The Harper government

IT APPEARS THAT THE HARPER GOVERNMENT IS TRYING TO PUT THE DREAM OF RETIREMENT FURTHER OUT OF REACH FOR MANY CANADIANS.

also proposes reforms that would induce older workers to delay retirement beyond age 65. Current rules state you must quit work in order to apply for CPP early retirement benefits. This would no longer be the case under the Harper proposals. Starting in 2012, you will be able to apply for and receive CPP benefits without having to quit your job. You and your employer will have to continue to pay CPP contributions until you reach your 65th birthday. In return, you can earn additional benefits when you turn 65 at a rate of 2.5 per cent of your income up to the maximum CPP pension amount (\$10,905 in 2009).

For the more than 6 million Canadians without a workplace pension plan or RRSPs, the CPP is the only real source of income security in retirement. Instead of strengthening the Canada Pension Plan to provide greater retirement security, the Harper government seems bent on having Canadians delay their retirement under the guise of "greater flexibility in their retirement choices."

Just like other important public programs like health care, the CPP is built on a national expression of our collective commitment to one another and to the fundamental principal that all citizens have a right to income security and dignity. We should be building on that commitment not eroding it.

### **Is there something I can do to stop these changes to CPP?**

Yes. A good way to express your concerns is to e-mail your MP. Your friends, co-workers and family members should also know about the Harper proposals. After all, this will affect everyone one day. A list of e-mail addresses for MPs across Canada can be found online at [webinfo.parl.gc.ca](http://webinfo.parl.gc.ca). **R**

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



PHOTO: DAVID BIEBER

CYTOGENETIC TECHNOLOGIST CHRISTINE HAESSIG

## Award recognizes leader in her field

by LAURA BUSHEIKIN

**“THE VERY FIRST TIME** I looked down a microscope I was immediately very interested,” says HSA member Christine Haessig. “From an early age, I always knew I was going to go to university and have a career in the scientific field.”

If that microscope could have shown Haessig the future, she would have seen not only that her childhood conviction was well-founded, but also that she would be publically recognized as a leader in her profession.

In June of this year, Haessig was presented the Outstanding Achievement Award during the awards banquet at the annual Association of Genetic Technologists (AGT) conference in Florida. She was, of course, thrilled. Even more so because Haessig, Technical Supervisor of the Cytogenetics Lab in the Department of Pathology at Vancouver General Hospital, knew just how prestigious this award is.

“The people who received it before me are really amazing,” she says. “After I won, one of them came up to me and said, ‘Welcome to the family.’ That’s a very special group to belong to.”

The Outstanding Achievements Award is the highest honour bestowed by AGT, an organization that operates mainly in North America but includes members from all over the globe. It recognizes an AGT member who performs above and beyond the call of duty. Haessig had been nominated twice in the past but seen the award go to someone else. She is only the second Canadian to receive this honour.

The criteria for the award are complex and extensive. “You have to be nominated by one of your peers; you need a letter from your director, and you have to write a letter yourself,” says Haessig. “You have to explain your history in the field, and your service to AGT. They look at your contribution to education [both in educational institutes and within AGT], development of new methods, and your publications. And they look at your own education.”

In all these areas, Haessig has an impressive track record. Since receiving her certificate in cytogenetics, she has twice returned to school, once for a post-graduate diploma in molecular genetics, and once, more recently, for healthcare management. She teaches in the cytogenetics program at BCIT, where she has chaired both the clinical instructors’ committee and the advisory committee, developed a student handbook on basic competencies, and has been involved in standardizing education at clinical sites. She

has published regularly over the years and most recently contributed a chapter on computer imaging to the AGT manual.

Within AGT she has directed two annual scientific meetings, served as membership director, sat on a number of committees and made presentations at AGT symposia. In the late 90s, it was Haessig who, recognizing the need for her professional association to respond to change, proposed changing the name from the Association of Cytogenetic Technologists to the present name, which enabled the organization to broaden its scope.

Haessig is passionate, and articulate, about the value of the type of involvement she models. She credits her father with giving her the drive to make an exceptional contribution to her field.

“When I was very young my dad said that whatever I decide to do in life, I need to be the very best I can be. He said, ‘Whatever you do, it doesn’t matter – be the best and don’t settle for average.’ I’ve really taken that to heart. The average person will get things done, but you have to go the extra mile.

“You can look at your career as a day to day job or you can try to get more out of it, which means doing extra.”

That extra, she says, is what makes her career exciting.

“If you’re curious about things and you want to improve things you examine them and make them better. And you want to share your work with others. That’s what AGT is about. You have this tremendous collaboration. It’s all about uplifting your field and promoting your professionalism.”

**CYTOGENETICS IS THE STUDY** of chromosomes. A cytogenetics lab analyzes blood, amniotic fluid and bone marrow specimens, yielding results that can determine why a woman may have trouble sustaining a pregnancy, whether or not a fetus is healthy, and if not, what the issues are.

The bone marrow tests determine if cancer of the blood is present, i.e. what type of leukemia, and thus what treatment would be best.

Cytogenetics lab work is unusually painstaking, says Haessig.

“Other types of technologies will have hundreds of specimens go through their machines in an hour; here we do everything by hand so we have three to five specimens per tech per week. You have to watch the cultures grow day by day and there is a lot of troubleshooting,” she says.

As a result, educational requirements are high. In order to apply for the 13-month Genetics Technology Program at BCIT, students need to have a Bachelor of Sciences degree. The program head interviews all the applicants and preselects a group to be interviewed by a panel of laboratory supervisors (Haessig sits on this panel). Only seven students from BC go into the program.

The program recently expanded to include molecular genetics as well as cytogenetics.

“This is a very dynamic field; things are changing quickly. The human genome project has really expanded the field and the technology has really developed,” says Haessig. “One thing I love about this field is that it is extremely dynamic and exciting. It’s always expanding.”

New technologies include Fluorescence In Situ Hybridization (FISH) and Comparable Genomic Hybridization (CGH) Array. “We are getting to the DNA level. But we are still analyzing chromosomes,” she adds.

Since that early look down her first microscope, Haessig has come a long way, although in a certain sense she’s still right there, practicing science and finding it very interesting. **R**

“THIS IS A VERY DYNAMIC FIELD;  
THINGS ARE CHANGING QUICKLY.”



PHOTO: YUKIE KURAHASHI

LABORATORY TECHNOLOGIST KELLY LEWIS  
STOOD UP FOR PATIENT CARE IN ALBERTA

## Whistleblower comes to BC

by LAURA BUSHEIKIN

**HSA MEMBER KELLY LEWIS** has no hesitation about describing herself as a “squawker.” In fact, she’s proud to be someone who speaks out when she sees an injustice.

“If I think something’s not right, I’ll stand up and say it’s not fair,” she says.

“When I had my evaluation at work, my manager commented that I was not afraid to put new ideas forward. I said, ‘You really worded that

nicely,’” she recounts with a delighted peal of laughter.

Speaking out doesn’t always yield immediate results, but it’s unquestionably worthwhile, she explains. “Everyone knows that the squeaky wheel gets the grease.”

Lewis is a laboratory technologist at Creston Valley Hospital. She is also an HSA Assistant Steward and was recently elected a bargaining proposal conference delegate for her region.

She moved to Creston in 2002 from Calgary, Alberta, where she was an active member of the Health Sciences Association of Alberta. Her experience there with the privatization of laboratory services gave her a great opportunity to, shall we say, find her voice as a ‘squawker.’

She had worked for years at the Calgary General as a laboratory technologist, specializing in microbiology, when a decision was made to combine all the lab services into one private lab called Calgary Laboratory Services (CLS). Lewis found herself working for a private employer – and was not pleased with what she saw there.

“We were told speed was more important than accuracy. That’s their idea of efficiency and that’s what private labs are all about. And that meant they were compromising patient care.

“I spoke up, so of course I was seen as a trouble maker. I just kept saying this wasn’t right, that wasn’t right, and this wasn’t right!” Lewis was very active in HSAA at that time, serving on the bargaining committee during the transition to the private lab and then acting as a “Rep” (the term used at that worksite for a Steward) at her new workplace. “It was a great way to stay informed about what was happening, especially when making a new collective agreement with CLS,” she says.

Although the union was strong, says Lewis, the challenges of providing an acceptable standard of patient care in the new lab could not be easily overcome. After a year and a half, Lewis

knew she'd had enough of the private sector and moved to the Public Health Lab of Southern Alberta, where she worked for four years before moving to BC for personal reasons.

**THE MOVE BROUGHT BIG CHANGES** for Lewis' working life. Creston Valley Hospital serves the local population of about 15,000 – a huge difference from Calgary General. Specialization was no longer an option; after a career focused on microbiology, Lewis needed to upgrade with refresher courses so she could fulfill a wider range of functions.

"I had to relearn how to draw blood because I hadn't done that since my initial training," she says with a chuckle.

Although at times she misses her specialty, Lewis really enjoys working at a smaller facility.

"It's different, and interesting. You see more of the whole picture. When I worked in big microbiology labs, I never ever, ever, saw a patient. Here you get to know the patients. They are not just a number or name on a Petri dish."

Because Creston is a small community, Lewis finds she often knows patients from social and community settings. This was unsettling at first.

"The first few times there was a critically ill person coming in to emergency who I realized I knew, it was really hard. When I saw them put the defib paddles on a friend of the family to restart their heart – that was huge for me. In the big centres you're more isolated from that kind of contact," she says.

Moving to Creston has meant a new union, and continued union involvement, for Lewis.

She became Assistant Steward in 2008, and in September she attended her very first HSA meeting in Nelson, where she was elected as a bargaining proposal conference delegate for Region 9.

"I hadn't actually planned to take on anything beyond the Assistant Steward; I thought I'd dip my toe in the water and then I ended up jump-

ing in with both feet," says Lewis with a good-natured laugh.

Lewis expressed no regrets about taking on more than she originally expected. She's firmly committed to speaking up in support of her profession and the well-being of her patients.

Lewis says her experience with HSA has been entirely positive. "People have been incredibly welcoming, and I'm really impressed with how I've been treated."

She would like to see HSA consider teleconferences for people such as herself who live in remote areas. She was an HSA member for several years before ever getting to a meeting, due to geographical challenges, she explains.

"For me to go west from here I have to go over the highest mountain pass in Canada. In the winter this pass is regularly closed because it is impassible – the stores run out of milk and eggs and fresh produce because they can't get delivered. Do you want to drive through that to go to a union meeting? No," she says.

Nonetheless, geography hasn't stopped Lewis from getting involved, which is surely good news for her fellow HSA members. **R**

*Do you have a remarkable coworker? Nominate them for a feature profile in The Report: e-mail [dbieber@hsabc.org](mailto:dbieber@hsabc.org).*

"WE WERE TOLD SPEED WAS MORE IMPORTANT THAN ACCURACY. THAT'S THEIR IDEA OF EFFICIENCY AND THAT'S WHAT PRIVATE LABS ARE ALL ABOUT. AND THAT MEANT THEY WERE COMPROMISING PATIENT CARE."

# Board highlights

## NEW EFFORTS TO ENCOURAGE YOUNG HSA MEMBERS TO ATTEND BC FED CONVENTION

by MIRIAM SOBRINO

**WITH THE BC FEDERATION OF LABOUR CONVENTION** scheduled for November 23 to 25, HSA's Board of Directors discussed at the September meeting a number of resolutions to forward to the policy convention focused on "Confronting the Crisis: An Economy that Really Works for BC."

HSA resolutions forwarded to the BC Federation of Labour's resolution committee include: calling on the Federation, the Canadian Labour Congress and their affiliates to pressure governments to restructure the economy, including an investment in improving public services as a priority response to the economic crisis; educating workers about the need for progressive economic solutions, including strengthening the rights of workers to unionize and bargain collective, as well as dealing with the crisis in the manufacturing and forestry sectors; urging affiliates to support the BC Health Coalition and its work; calling on the BC Fed and the CLC to pressure the federal government to improve the Employment Insurance system, and working to expand the public pension system.

Other resolutions, arising from HSA's April convention, call on BC Fed affiliates to support unionized media outlets in their communities; request that the BC Fed advocate for all members of the health care team, including the health science professionals who deliver the clinical, diagnostic and rehabilitation services in BC hospitals and communities; seek support for increasing the availability of out-patient services throughout the province, and demand that the BC government meet the needs of children with specialized needs by supporting specialized training for early childhood education workers.

Board members also approved a concerted effort by the board to recruit young HSA members (30 and under) to attend the convention and the BC Fed's young

delegates' conference being held in advance of the convention.

Also at the September meeting, board members welcomed new staff at HSA: Maureen Ashfield and Norah Lirag, labour relations officers, David Bieber, publications officer; Keith Ewart, acting director of finance, and Ashley McMullen, administrative assistant. In addition, board members helped a number of staff celebrate their retirement: Peggy LaVigueur, Cheri Henderson, Joy Oxton, and Karen Whitfield all retired in 2009, and were thanked by the board for their commitment and service to HSA members. **R**

### NEED HELP?

HSA's experts are available to help

Contact your steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board. A list of chief stewards for each facility is now also available on HSA's website, at [www.hsabc.org](http://www.hsabc.org). Look under Contact > Find your steward.

For regional labour relations issues, or if your steward can't help, contact the HSA office and speak to a labour relations officer: toll free 1.800/663.2017, or 604/439.0994 in the Lower Mainland.

For all provincial, national, or union policy issues, contact your elected Regional Director (listed inside back cover).

# This is no way to cut health costs

**EARLIER THIS YEAR**, in the face of a too-close-to-call provincial election, the BC Liberal government promised British Columbians they would protect health care services. Not long after the election signs were packed away, newly-minted Health Minister Kevin Falcon ordered the province's health authorities to cut \$360 million from their budgets, cheerfully dismissive of the pre-election commitment.

Now Mr. Falcon is talking about increasing the cost effectiveness of the health care system. Like the pre-election promise, this is a statement that should be treated with a healthy dose of skepticism.

The reality is these cuts are short-term solutions that will create more inefficiencies, increase wait times, add to the suffering of injured and sick British Columbians, and make our health care system more costly in years to come.

Let's look a little closer.

Consider the decision to downgrade hundreds of acute care beds in the Fraser Valley. By removing 234 beds from acute care units, the provincial government is leaving Metro Vancouver short of about 1000 acute care beds, driving more traffic into emergency rooms – increasing both wait times for people in need and costs for the taxpayer.

Consider the news that Interior Health Authority is cutting 14 per cent of medically-necessary hip and knee replacements – a reduction of 328 procedures from last year. With patients left suffering longer, the risk for complications and deterioration goes up, and with it the ultimate cost of treatment.

And consider the \$3 million cut from funding for autistic children, including layoffs for more than 40 staff at Queen Alexandra Centre for Child Health, as well as layoffs at other centres across the province, and the elimination of funding for the Infant Development Program that supports families of infants with develop-

## Maureen Headley



Headley

BRITISH COLUMBIANS WILL BE PAYING MORE BUT GETTING LESS FOR YEARS TO COME AS LONG AS THE PROVINCIAL GOVERNMENT INSISTS ON MANAGING COSTS THROUGH SHORT TERM SOLUTIONS.

timely and efficient care for both patients and taxpayer.

HSA is speaking out on the impact of these cuts, both as they affect patient care and as they impact costs for taxpayers. But we need your help. You're your understanding of what's happening on the ground, members and stewards are in the best position to assist our work to deliver quality care and long-term affordability. I urge you to contact HSA if you have any questions or comments about the cuts already announced and those to come. **R**

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

mental delays. Just think of the terrible burden faced by these families as they lose access to therapies and services they need to help their children overcome crippling obstacles. How much more costly will the treatment of these children become without early intervention? The government will not say.

British Columbians will be paying more but getting less for years to come as long as the provincial government insists on managing costs through short term solutions like overtime reductions, caps on diagnostics, cuts to mental health and addiction programs, reduced surgeries and selling off land.

The problem is made worse by the provincial government's insistence on freezing wages for the professionals who deliver these services. This will only add to the crisis in recruitment and retention of the people who keep the health care system working smoothly – providing

## Val Avery

### HSA plays key role in fight against breast cancer

**WE'RE GETTING SO MUCH CLOSER** to creating a world where breast cancer is not the life-threatening disease we've always known. And health science professionals like you are making huge contributions to this new world.

As a physiotherapist for 20 years, I know that my profession has much to offer breast cancer patients. The knowledge and skill we have to offer can ease their post-operative struggles to retain physical function. We take on that challenge every day so that patients need no longer suffer post-operative neck and back pain, frozen shoulder or delayed radiation treatment secondary to a stiff shoulder. Working with us, they are better educated about monitoring their own health.

But physiotherapy is just one of the many HSA professions caring for breast cancer patients. HSA membership includes mammographers, ultrasonographers, cytotechnologists and laboratory technologists, dietitians, nuclear medicine technologists, radiation therapists, pharmacists, occupational therapists and social workers – each providing the diagnostic, clinical and rehabilitation services breast cancer patients depend upon.

That's why it was such a good fit when the HSA chose to support the Canadian Breast Cancer Foundation (CBCF) and become an official sponsor of The Run for the Cure back in 1997. Eighty-five percent of our members are women, and as health science professionals on the frontlines of breast cancer patient care, the Run for the Cure allows us to demonstrate our commitment to finding a cure for this disease, while at the same time raising the public profile of the work we do daily to prevent, diagnose and treat it.

Each year the HSA gives a \$35,000 donation to the CBCF BC/Yukon division, while our members attempt to match that donation in sponsorship by taking part in Run for the Cure at events across BC. This year was no exception as 168 HSA members, family and friends



Avery

RUN FOR THE  
CURE ALLOWS US  
TO DEMONSTRATE  
OUR COMMITMENT  
TO FINDING A  
CURE FOR THIS  
DISEASE, WHILE  
AT THE SAME  
TIME RAISING THE  
PUBLIC PROFILE OF  
THE WORK WE DO  
DAILY TO PREVENT,  
DIAGNOSE AND  
TREAT IT.

– along with dozens of volunteers – raised \$22,000 through their individual efforts. The photos published elsewhere in this issue of The Report capture the dedication and fun-loving spirit they bring to this event.

Our efforts have not gone unnoticed and this has provided us with some new opportunities. HSA President Reid Johnson chairs a working group looking at health provider work force issues for the CBCF BC/Yukon division. This is part of a larger initiative known as the 2020 Task Force: The Future Without Breast Cancer. HSA was also recently offered a seat on the Board of Directors for the BC/Yukon division of the CBCF and I have been pleased to take that position.

HSA members are essential in the care of breast cancer patients but we are also being given opportunities to decide the future of this disease. We

are making a real difference, and that's something HSA members can be proud of. **R**

*Val Avery is Director of HSA Region 2.*



# 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.

**President** [webpres@hsabc.org]  
Reid Johnson, MSW  
Centre for Ability

**Region 1** [REGION01@hsabc.org]  
Suzanne Bennett,  
Youth Addictions Counsellor,  
John Howard Society

**Region 2** [REGION02@hsabc.org]  
Val Avery (Vice-President)  
Physiotherapist, Victoria General Hospital

**Region 3** [REGION03@hsabc.org]  
Bruce MacDonald (Secretary-Treasurer)  
Social Worker, Royal Columbian Hospital

**Region 4** [REGION04@hsabc.org]  
Agnes Jackman, Physiotherapist  
George Pearson Rehabilitation Centre

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

**Region 6** [REGION06@hsabc.org]  
Rachel Tutte, Physiotherapist  
Holy Family Hospital

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

**Region 8** [REGION08@hsabc.org]  
Joan Magee, Laboratory Technologist  
Cariboo Memorial Hospital

**Region 9** [REGION09@hsabc.org]  
Janice Morrison, Physiotherapist  
Kootenay Lake Hospital

**Region 10** [REGION10@hsabc.org]  
Heather Sapergia, Laboratory Technologist  
Prince George Regional Hospital

## THE Report



### EXECUTIVE DIRECTORS

Maureen Headley, Labour Relations & Legal Services  
Rebecca Maurer, Operations (acting)

### MANAGING EDITOR

Miriam Sobrino

### EDITOR

David Bieber

### DESIGN

www.workingdesign.net 

(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.





**HSA runs for the cure.** On October 4, HSA members from around BC joined friends and family to raised thousands of dollars for breast cancer research at events in Abbotsfrod, Castlegar, Golden, Kamloops, Kelowna, Nanaimo, Port McNeill, Prince George, Vancouver, Vernon and Victoria. **More photos inside.**