

# THE Report



**CUTS UPDATE:** HIV/AIDS services hit

# Bait and switch: Governments using crisis to attack health care

**AS THIS ISSUE OF THE REPORT GOES TO PRESS** British Columbians are bracing for two very austere budgets from the provincial and federal governments. Both Gordon Campbell and Stephen Harper seem poised to use the financial crisis as a rationale for making deep cuts that will permanently damage our health care system.

Sadly, we've seen this before.

Faced with arguments that health care cuts trade short-term savings for greater costs down the line, and confronted with the human cost of cutting programs, some governments believe that crisis presents opportunity.

For several years now, British Columbians have been told that health care costs are growing wildly out of control and will soon consume nearly all the provincial budget, leaving nothing for education, social assistance, child services, environmental protection, policing and transportation. Something must be done to prevent catastrophe, they say.

Then-Finance Minister Carole Taylor first rolled this argument out in 2006 as part of the Conversation on Health. Her centrepiece: a dramatic chart showing health care costs rising from 41 per cent of the 2005 budget to 71 per cent by 2017.

The chart was a masterpiece of propaganda; a highly selective presentation designed to convince the public that health care cuts were not just necessary, but inevitable.

Writing in *The Tyee*, Will McMartin uncovered the twisted logic: Taylor's chart showed health care increasing in proportion to the provincial budget because the budget itself was shrinking in relation to BC's economy.

How did the BC budget get smaller? For one thing, expenditures on welfare and social services, which



Johnson

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grew quickly in the 80s, have shrunk considerably in recent years. For another, successive finance ministers, always striving to balance the books, have removed whole categories of expenditure from the provincial budget. The BC Liberals adopted accounting practices that exclude nearly all capital expenses from the fiscal budget, and transferred BC Ferries costs off the books when they privatized the former Crown Corporation.

So as spending on welfare, capital projects, ferries and much more were removed from the budget, health care spending naturally grew in relation to the whole.

The fact is that health care spending as a proportion to BC's economy hasn't changed much at all: in 1984, health costs were \$3 billion, just 6.1 per cent of BC's \$49.8 billion GDP. By 2005, health costs were \$11.7 billion, just under 7 per cent of the provincial GDP of \$168 billion. And that very slight upward trend isn't absolute: in 2002, health care spending topped out at 7.5 per cent of the economy, meaning the problem has actually been diminishing for most of the last decade.

The bottom line: health care spending is sustainable, and the programs are a good investment in the long term health of BC and its citizens. Let's get on with dealing with the real economic problems of BC, not attacking public health care. **R**

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

**“Our members at AIDS Vancouver tell us that for some areas of Vancouver, the HIV infection rate is at the same level as sub-Saharan Africa.”**

**- REID JOHNSON, HSABC PRESIDENT, PAGE 7**

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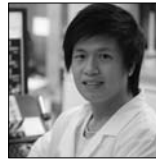
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**THE FRONT COVER**

YouthCO AIDS Society formed a human AIDS ribbon on the steps of the Vancouver Art Gallery to protest cuts announced on World AIDS Day.

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# Letters to the Editor

## IN DEFENCE OF PRIVATE LABS

I read the profile of Kelly Lewis in the October/November issue of *The Report* with mixed feelings.

I moved from Alberta over two years ago after working in the private sector and then in public/private labs in Edmonton for almost 25 years. I worked in Microbiology for the whole time and while efficiency was encouraged, accuracy was never sacrificed.

For the last ten of those 25 years, I was one of 11 supervisors in the department and our mandate was to make sure that only accurate work went out to the doctors and subsequently to the patient. There were four microbiologists who were involved on a daily basis with procedures and work up done in our department.

I realize that she was talking about CLS laboratory in Calgary but I do not like the inference that all private laboratories are of the same mind.

*Joy Kolody  
Ladysmith, BC*

## STILL WAITING

In July, 2009 my daughter's physician ordered a series of x-rays for stomach problems she had been suffering with for four to six weeks. In October we still had not heard

when this would be, despite having checked a few times. At an HSA function I met with two radiology techs from Kamloops hospital. They were astonished by this delay.

They suggested that the request be sent to Kamloops. Before I did so, I contacted the Penticton Hospital and was informed that she was not even on the list. They were fully booked for October and she probably would not be seen in November. The reason they gave is that these x-rays were only done on four days each month. I had the doctor's office fax the request late on Wednesday. I got a return phone call on Thursday morning and had I been available to drive her could have got her in for the x-ray on Friday morning. As it was, we were able to take her the following Friday morning. This meant leaving home around 4:00 am to arrive in Kamloops on time. Her x-ray took 20 minutes and then we drove another three hours home.

Just because a medical problem has not been diagnosed, it doesn't mean that the person is not ill. Unfortunately, we still do not have a diagnosis because we are now waiting for a CAT scan.

I thank God for the HSA members from Kamloops that at least were able to expedite the first test.

*Lynn Kelsey  
Penticton, BC*

## March 1 deadline for scholarships and bursaries

HSA is offering scholarships and bursaries to all members and their children. We will be awarding ten scholarships for full-time studies, 20 bursaries for full-time studies, four bursaries for part-time studies, and two aboriginal scholarships.

The criteria and details are set out on the application forms. To obtain a copy please go to [hsabc.org](http://hsabc.org)

Completed application forms and transcripts must be mailed to the HSA office and post-marked no later than March 1, 2010. Successful applicants will be notified by letter by May.

In addition, the Madden Memorial Fund is open to members to fund approved labour educational courses in labour relations, occupational health and safety, human rights and leadership skills throughout the year. Professional development courses are not eligible for Madden Memorial funding. The Madden Memorial Fund application form is also available on the HSA website.

If you have any questions, please contact the HSA Education Department at 604-439-0994 ext. 503 or 1-800-663-2017 ext. 503.



**HSA BC President meets with Rebecca Maurer, Director of Human Resources and Organizational Development and Maureen Headley, Executive Director of Labour Relations and Legal Services.**

## Bargaining update

**BARGAINING HAS BEGUN** for HSA members who work in community health and community social services, while bargaining on behalf of members in the Health Science Professionals Bargaining Association is expected to begin shortly.

“Our negotiators are working hard,” said Reid Johnson, HSABC President. “The provincial government has made this a very difficult bargaining climate, but we are working hard to represent our members’ interests and strengthen public health care and social services in the process.”

HSA’s negotiating team representing 600 health service and support workers in the Community Bargaining Association were at the

table with the employer in mid-December, not long after meeting in Richmond to set bargaining priorities and elect representatives:

- Deborah Harmon, administrative support worker, Child Development Centre of Prince George;
- Heather Picotte, client advocate and volunteer coordinator, Living Positive Resource Centre;
- Cliff Thorbes, finance assistant and donor relations, AIDS Vancouver.

A settlement with the Health Employers’ Association of BC was achieved late in the day on Saturday, December 19, but HSA’s Board

## HSA recommends rejecting tentative agreement

**HSA’s BOARD OF DIRECTORS** is recommending rejection of the tentative agreement reached in the Community Health Services and Support sector between the bargaining association’s lead union, BCGEU, and the provincial government. CUPE BC is also recommending rejection to its members.

“The agreement asks members to give up too many hard-won benefits, said HSA President Reid Johnson. “We did not make this decision lightly. This tentative agreement guts Long Term Disability coverage, offers no wage increases, and increases the extended health deductible from \$25 to \$100 a year. In exchange, the agreement incorporates a weekend shift premium – although members typically work Monday through Friday.”

HSA is very concerned about the Long Term Disability plan, Johnson said. “The proposal to decrease the coverage period – from 24 months to 19 months – is bad enough. But eliminating pre-existing conditions from coverage is devastating.”

HSA members are getting more information at meetings in their facilities where ballots for a mail-in vote will be distributed, along with a comprehensive report to members. Results of voting, which ends on February 17, will be known in late February. **R**

CONTINUED PAGE 21



HSA members Fleur Cooper (Development and Communications Manager) and Peter Bazovsky (Support Program Coordinator), along with Executive Director David Swan, are deeply concerned about the cuts affecting AIDS Vancouver.

## Provincial cuts hammer HIV/AIDS services

FIRST ROUND OF CUTS ANNOUNCED ON WORLD AIDS DAY, MORE TO COME

**ON DECEMBER 1**, as local and national governments around the world reaffirmed their commitment to continue the fight against HIV and AIDS, BC's government announced plans to do the opposite.

Effective December 1 – World AIDS Day – BC's Ministry of Health imposed funding cuts to community-based HIV and AIDS service organizations, including AIDS Vancouver.

HSA represents members at three

HIV / AIDS advocacy and service organizations in BC: AIDS Vancouver, Positive Women's Network, and the Living Positive Resource Centre in the Okanagan.

HSA President Reid Johnson said the cuts are unconscionable, and services must be restored.

“On World AIDS Day, instead of recognizing the need for maintaining and developing services for the increasing number of British Columbians living with HIV and

AIDS, the Ministry of Health is mandating another set of short-sighted cuts,” he said.

“Our members are the case managers and program coordinators working to support these people and to ensure that their devastating diagnosis doesn't translate into a death sentence,” he said.

“You can't make a so-called 'administrative' cut without having a detrimental impact on program delivery.” Johnson said that in addition

to the funding cut on World AIDS day, another cut is planned for April 1, 2010.

“Cutting HIV and AIDS services makes no sense when BC has a disproportionate number of people living with HIV and AIDS. Our members at AIDS Vancouver tell us that for some areas of Vancouver, the HIV infection rate is at the same level as sub-Saharan Africa.

“We know from BC’s Centre for Excellence in HIV / AIDS that the estimated lifetime cost to BC’s health system of one new infection is \$250,000. If a prevention educator keeps 50 people a year from being infected, how many times over is she paying for herself?”

Johnson said the union joins the call to support HIV / AIDS organizations. Representatives of various HIV / AIDS organizations in Vancouver

“THE ESTIMATED LIFETIME COST TO BC’S HEALTH SYSTEM OF ONE NEW INFECTION IS \$250,000. IF A PREVENTION EDUCATOR KEEPS 50 PEOPLE A YEAR FROM BEING INFECTED, HOW MANY TIMES OVER IS SHE PAYING FOR HERSELF?”

have launched a campaign and website designed to help the public add their voices of concern. At *cancelthecuts.org* British Columbians can send letters to MLAs calling for the protection of public health by restoring full funding to HIV / AIDS service organizations.

“It’s shameful that on this very day, B.C. is rolling out funding cuts to community health based organizations in the Lower Mainland, including, AIDS Vancouver, YouthCO AIDS Society, the Dr. Peter Centre, Health Initiative for Men and

Vancouver Native Health,” said BC NDP Leader Carole James. “These services make a real difference in the lives of people with HIV/AIDS, but also to the broader community.”

“Eradicating this disease requires leadership. It requires investments in research, education and harm reduction, in services for our communities, and in our people. And it requires a coordinated effort from all the world’s citizens. I call on the B.C. Liberal government to reconsider their funding cuts to these critical HIV/AIDS organizations.” **R**

## HIV/AIDS in BC: What’s at stake

Twenty five years ago BC was at the forefront of the response to the HIV/AIDS epidemic, now the province has have an HIV infection rate disproportionately higher than the national average.

In 2005 (the last year in which epi-data on HIV prevalence was published) there were an estimated 10,420 people living with HIV in BC, representing approximately 18% of Canada’s estimated total HIV-positive population

(58,000 individuals). Given that BC represents approximately 13% of the overall population of Canada; BC has a disproportionate share of HIV burden.

In 2007, (the last year for which there is data available) 395 British Columbians were newly diagnosed. The rate of new infections in BC is likewise unparalleled, with 9.1 NI/100,000 people infected annually, versus 7.5 NI/100,000 for all of Canada. In some areas of Vancouver the HIV infection rate is at the same

level as Sub-Saharan Africa.

At a time when vulnerability to HIV is so high, why is the BC Government choosing to cut the one sector of the BC community that is dedicated to reducing HIV prevalence?

Check out *cancelthecuts.org* to learn more or get involved by sending an e-mail to Premier Gordon Campbell, downloading posters, or forwarding information to friends.



HSA's Political Action Committee urges members to engage in the community

# HSA supports member involvement in grassroots political action

## HSA FUNDING AVAILABLE FOR SPECIFIC ACTIVITIES

BY CAROLE RIVIERE

**THE NUMBER OF HSA MEMBERS** involved in political action around the province has increased exponentially over the last few years. HSA has supported more members than ever before to run for political office, work on election campaigns, and attend a range of different workshops to acquire the knowledge and skills to be involved in elections.

But in addition to electoral poli-

tics, HSA members around the province are also increasingly involved in political action at the grassroots level. Members work on a range of social and labour issues with national, provincial and community organizations. For example, HSA labour council delegates have participated in national MP lobbies coordinated by the Canadian Labour Congress on important work-related issues such as reforming employment insurance and pensions. Other mem-

bers have worked with community organizations like the BC Health Coalition to protect and improve public health care.

Members also work in less formal groups, banding together with neighbours to tackle issues in their communities by establishing food banks or homeless shelters and advocating to improve seniors' services.

HSA recognizes the effectiveness of members organizing around these issues to help educate the public and decision makers, and to advocate and lobby for progressive change. Members can apply for support from HSA's Political Action Fund to engage in such grassroots political action, or to obtain training to engage in these activities. Four criteria must be met for an application to be eligible for support:

1. the activity must be non-partisan;
2. the issue and activity must advance one or more of HSA's constitutional objects and purposes;
3. the issue or activity must be a priority for HSA; and
4. HSA must consider the type of action involved to be appropriate.

Members may apply to work on a variety of labour or social justice issues, such as promoting public health care, community social services, anti-poverty initiatives, a provincial or national child care program, or seniors' services.



Support may be available to work on non-partisan campaigns coordinated by affiliated labour organizations, such as NUPGE, the BC Federation of Labour, and the CLC, or campaigns coordinated by progressive, non-partisan community organizations like the BC Health Coalition, Canadian Health Coalition, Council of Canadians, and ACORN.

The types of activities that may be supported include various types of political action (e.g., advocacy, lobbying, organizing, public education), rather than “good works”. For example, the political work involved in pressuring government to act on an anti-poverty initiative such as establishing a homeless shelter may be eligible (e.g., organizing meetings, rallies, petitioning, speaking to elected officials and other decision-makers), whereas fundraising for, or working at, the shelter would not be eligible. An important objective is to assist members to develop the knowledge, skills and networks to be effective political and community activists. Members may also apply for support to attend action-oriented education to enable them to carry out such work.

Members may apply for wage replacement, as well as the usual expenses covered by HSA to participate in activities, such as travel costs, additional child care, meals and workshop fees. Application forms are available at [hsabc.org](http://hsabc.org) or by contacting Carol Riviere at the HSA office. **R**

## PROVINCIAL CUTS UPDATE

In November, HSA launched an extensive ad campaign to let members of the public know how provincial health care cuts have affected services to date. Here’s the latest information. For updates, visit [hsabc.org](http://hsabc.org). If you know of further cuts, contact us at [webmaster@hsabc.org](mailto:webmaster@hsabc.org).

### Here are some of the \$360 million in cuts announced to date:

- cancelled 328 knee and hip operations for people living in the Interior
- cut funding for Atlas Youth Supported Recovery in Terrace, the only residential recovery centre for youth in BC’s Northwest
- cut funding to help young children access Early Intensive Behaviour Intervention autism program at Queen Alexandra Centre for Children
- cut 760 elective surgeries and 3000 MRIs on Vancouver Island
- cut almost 10,000 MRIs -- and possibly cutting 6000 surgeries and closing 25% of operating rooms -- in the Vancouver health region
- cut funding for North Shore Keep Well Society, which helps keep 500 seniors healthy, and Seniors’ One Stop, which gets 5000 calls yearly
- cut funding for the award-winning West Coast Alternatives Society, where drug and alcohol programs for adults, youths and children help 600 residents a year
- cut \$2 million from contracts with community agencies and non-profit societies delivering health services in the Victoria area
- closed a 36-bed geriatric assessment and rehabilitation unit at Victoria General Hospital
- closed a geriatric day hospital in Vancouver
- closed 25-bed convalescent care unit and an 8-bed hospice at Queen’s Park Care Centre in New Westminster
- closing adolescent psychiatric unit at Abbotsford Hospital
- cut social work budget in Fraser Health region hospitals, resulting in loss of 14 positions
- cut funding for 11 residential care beds at Bear Creek Lodge and 11 residential care beds at Newton Regency in Surrey
- closed 42 residential care beds at Peace Arch Hospital
- eliminating the only recreation therapist in an eating disorders clinic
- eliminated key staff for Infant Development Program, Aboriginal Development Program and Supported Child Development Program, leaving parents with special needs kids with less support

# Unions leading fight for women's equality

MARCH 8: INTERNATIONAL WOMEN'S DAY

BY SUZANNE BENNETT

**WHAT IF JOB POSTINGS** still listed “men’s rates” and “women’s rates,” for equivalent work?

Although unbelievable today, this was standard procedure until the 1950s. As the Canadian Labour Congress reminds us, “men and women working side by side, doing exactly the same job, were paid different wages.”

Canadian women and unions fought for legislative changes, finally making this practice illegal.

So, with equal pay for equal work, women have achieved economic equality – right?

Wrong.

The wage gap between women and men remains staggering: almost 30 per cent. Women working full-time year round still only make 70.5 cents for every dollar men are paid. On average, a Canadian woman earns \$39,200, while a man earns \$55,700. The gap is even more appalling for women of colour (68 cents / dollar) and worst for Aboriginal women (46 cents / dollar).

“In the reality of the working world, men and women are concentrated in very different kinds of work,” says the CLC. “Almost 70 per cent of women workers are in clerical,

education, health care, sales, service and administration jobs.” This is reflected in our union’s membership: 85 per cent of us are women. The CLC continues to note that these jobs are skilled and involve heavy responsibility, but are generally undervalued and low paid.

## BRIDGING THE WAGE GAP

Many HSA members, being well-educated and highly skilled, may believe that education helps bridge the wage gap.

Wrong again.

According to the CLC, the trend is actually worse for women with post-secondary education. “In 1985, women earned 75 per cent of what their male peers got paid,” according to the CLC’s pay equity campaign. “By 2005, this dropped to 68 per cent.”

In fact, having union representation was the best way for women to achieve fairness. For example, in 2006, “unionized women earned an average of \$21.86 an hour, or 93 per cent of the wage of unionized men,”

says the CLC.

That’s in addition to the other benefits of being part of a union: better benefits, job security, protection from harassment, and maternity and parental leave benefits.

However much we have achieved, it’s clear that more remains to be done. The recent economic downturn is being used as an excuse to

IN 2005 WOMEN EARNED JUST 68 PER CENT OF THEIR MALE PEERS’ WAGE. BUT UNIONIZED WOMEN EARNED 93 PER CENT.

cut funding for women’s advocacy and research organizations, legal aid, community counselling, and women’s centres. The federal government is ignoring our repeated calls for universal early childhood education and care – essential to lowering employment barriers for women. And Employment Insurance eligibility requirements must be amended to provide relief for the six out of every 10 women who are currently being denied benefits.

This year, as we celebrate International Women’s Day, let’s work to correct the myth that women have achieved equality. And let’s renew our commitment to continue fighting for fairness – for all of us.

*Suzanne Bennett is chair of HSA’s Committee on Equality and Social Action, and represents HSA on the National Union’s Advisory Committee on Women’s Issues. ■*



## Do something important. For others. For yourself.

From diagnosis to recovery, health science professionals help people dealing with a serious illness, condition or injury. And right now, Canada needs to hire more of them.

If you're looking for a fulfilling, secure and well-paid career that helps others, choosing a profession in the health sciences is the right move. Talk to your career and guidance counsellor about how you can train to become a health science professional and make a real difference. For others, and for yourself.



Health Sciences Association. **The union of caring professionals.** [hsabc.org](http://hsabc.org)

**HSA is publishing ads like the one above in YouThink, a magazine distributed to all BC high schools.**

# HSA ads target students

**WITH KEY PROFESSIONS** facing serious shortages across the province, HSA is appealing directly to students just as they're getting serious about career decisions.

Beginning last year, HSA has placed prominent ads in *YouThink*, the only magazine distributed to all highschools in BC. Written by and for students, the publication is handed out in classrooms and made available at the recreation centres

and convenience stores frequented by kids. Ads invite students to train for secure, rewarding and high-paying jobs in health sciences.

"The response has been very encouraging," said Reid Johnson, HSABC President. "It's opened conversation in classrooms, and we've been invited to send our members to talk to kids about how great it is to be a health science professional."

Copies of *YouThink* have been

circulated at regional meetings and the 2009 Convention and members have been excited about the potential to raise profile, alleviate shortage and reach potential new members. Many have already volunteered to go speak to students or teachers who want to know more about the HSA and health sciences careers. If you're interested, please contact Yukie Kurahashi at 604-439-0994 or [ykurahashi@hsabc.org](mailto:ykurahashi@hsabc.org). **R**



# A step backwards

CUTS TO SPIRITUAL CARE STAFF  
IN THE FRASER HEALTH AUTHORITY  
FLY IN THE FACE OF SCIENCE

BY DOUGLAS TODD

**THE FRASER HEALTH AUTHORITY'S DECISION** to terminate 12 spiritual care directors is a sign it is not operating at the highest levels of medical innovation.

To put it more bluntly, the sudden firing of the spiritual care coordinators is a strong indicator that the Fraser Health Authority's leadership is living in the Jurassic Age, when dinosaurs roamed.

Fraser Health's administrators appear painfully ignorant of contemporary scientific research into healing.

They don't seem to realize that, since 2001, more than 5,000 research studies have been published showing a strong correlation between patients' spirituality and their physical and mental well-being.

But Fraser Health does not appear to respect this university research into how spirituality and religion have been shown to, among other things, reduce patients' physical and mental disease rates and the time they spend in hospitals.

Instead, Fraser Health also has been slashing what it questionably calls other "non-core" services, including social workers/counsellors, addiction programs and psychiatry for troubled youths.

There is no doubt strong pressure on rising health care costs.

But those pressures have precious little to do with non-denominational spiritual care coordinators, who used to be known as chaplains.

The high price tag for medical care has mostly to do with the ever-rising expectations of the public and the escalating cost of technology -- equipment and diagnostic testing -- as well as drugs, not to mention the often high earnings of many physicians, medical specialists and administrators.

With Fraser Health running an annual budget of \$2.48 billion, it appears short-sighted to chop 12 spiritual care directors trained in supporting people with all kinds of grave illnesses.

The \$650,000 the spiritual caregivers collectively earn is less than 1/4,000th of the Fraser Health's \$2.48 billion annual budget, which apparently has to be trimmed by \$10 million due to provincial government shortfalls.

ADDITIONAL STUDIES, INCLUDING AT DUKE MEDICAL CENTER, HAVE FOUND THAT PEOPLE WHO RECEIVE SPIRITUAL OR RELIGIOUS SUPPORT ARE LESS PRONE TO DISEASE, AND SPEND FEWER DAYS IN HOSPITAL ON AVERAGE THAN NON-RELIGIOUS PEOPLE WITH THE SAME ACUTE OR CHRONIC CONDITIONS.

There has been an outcry about the November firings by an unusual coalition of religious and secular leaders, according to Christoph Reiners, pastor of Peace Lutheran Church in Abbotsford.

The loose coalition includes mainline Protestants, Catholics, evangelicals, Sikhs, Hindus, Muslims, New Democratic Party MLAs and regional mayors. But the coalition has been told by Fraser Health CEO Nigel Murray not to waste their breath.

Nevertheless, Murray and his advisers would do well to catch up on the extensive scientific research outlined in the seminal book, *Spirituality in Patient Care*, by Dr. Harold Koenig, a Duke University psychiatrist who has arguably done more than anyone to gather academic data on the positive benefits of integrating spirituality into clinical practice.

*Spirituality in Patient Care*, for instance, cites a major study in the *New England Journal of Medicine* showing that 90 per cent of medical patients report using religion and spirituality to cope with and make sense of physical illness. Forty per cent said it's the "most important" way they do so.

Additional studies, including at Duke Medical Center, have found that people who receive spiritual or religious support are less prone to disease, and spend fewer days in hospital on average than non-religious people with

the same acute or chronic conditions.

*Spirituality in Patient Care* also points to dozens of studies showing North Americans who feel sustained by their religious convictions and communities are inclined to live longer and suffer less from depression, anxiety, suicidal tendencies and addictions.

Despite this overwhelming data linking a vibrant spirituality with good health, Koenig is realistic enough to recognize spiritual care coordinators are not a panacea for all that ails patients.

Not every patient wants spiritual support, for instance. Sometimes, as Koenig says, religion can get in the way of healing, including patients who take an unhealthy fatalistic view that their disease is "God's will" or "Allah's will" and there's nothing they should try to do about it.

To be fair, Fraser Health is not the only unimaginative medical organization in North America cutting chaplains and others, such as social workers and counsellors, who often provide spiritual and emotional back-up to patients.

These behind-the-times medical organizations are flagrantly disregarding the recommendations of major mainstream North American-wide professional bodies, including those devoted to hospital accreditation, nursing and medical education.

All these major medical bodies, reports *Spirituality in Patient Care*, have gone on record urging hospitals to improve spiritual care for patients, both through the use of chaplains and by heightening the spiritual literacy of physicians, nurses and social workers.

The recent research linking spirituality with good patient care points to a win-win situation.

At a relatively low cost, the majority of patients who ask for spiritual support could receive the help they need to heal.

As well, Canadian taxpayers could in the long-run save money through reduced incidence of disease and shorter hospital stays.

*This article was originally published in the Vancouver Sun and is reprinted with the author's permission.*

# Building a legacy for David Bland

## VIOLENCE STILL A MAJOR WORKPLACE CONCERN

BY MARTY LOVICK

**JANUARY 9, 2010** marked five years since the death of HSA member David Bland, Community Mental Health Counsellor, who was murdered in the parking lot of his office in Richmond.

His death sparked action on a number of fronts, raising the profile of violence in healthcare and social services. Additional incidents of violence since this tragedy led to the establishment of violence prevention committees provincially, and at the health authority level.

However, in spite of good work in this area, there continue to be violent incidents in all of the sectors in which HSA members work. HSA's position is that WorkSafeBC must scrutinize more carefully these employers who are not in compliance with the violence regulations, in place to minimize risk of injury. The union will continue to demand that WorkSafeBC hold employers accountable through intensive advocacy.

As well, during 2010, HSA will highlight this ongoing concern by making presentations and raising the profile at selected events:

- The presentation of the David Bland Award at the 2010 HSA

Convention will recognize the advocacy efforts of an HSA member in the area of Occupational Health and Safety.

- At the annual day of mourning for workers killed and injured on the job (April 28), HSA will be highlighting the issue of violence in the workplace in ceremonies at a number of locations.
- HSA will ask that violence awareness form part of any work site initiatives during the May 2010 Occupational Health and Safety week (May 2 – 8).
- At the Fall 2010 HSA Occupational Health and Safety Conference, in early November, violence will be one of the core topics of discussion.

The goal of HSA's OHS Committee is to begin 2011 with a safer work force as a result of these efforts in 2010. If you would like more information about how you can make a difference in your workplace, contact Marty Lovick, Senior Labour Relations Officer – OH&S at the HSA office at 604.439.0994 or 1.800.663.2017 or at [mlovick@hsabc.org](mailto:mlovick@hsabc.org). **R**

## Current disputes

For more information and updates, please check the BC Federation of Labour web site at [www.bcfed.com](http://www.bcfed.com).

### **United Steelworkers (USW) Local 2009 - VS - Compass (retail food services in the Fraser Health Authority)**

Major Issues:  
Wages  
Commenced:  
Oct 5, 2009

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

Major Issues:  
Wages, Concessions, Benefits  
Commenced:  
April 1, 2009

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

Major Issues:  
Wages, Job Security  
Commenced:  
Dec. 15, 2008

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

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

# Your sick leave credits are safe

BUT THE CURRENT SYSTEM  
DOESN'T WORK FOR EVERYONE

BY DENNIS BLATCHFORD

**I'm a 62-year-old member thinking about retirement in the next few years and I've heard that the cash-in of sick leave credits at retirement may be cancelled (article 19.12).**

**I am concerned about this because I have over 1100 hours of banked sick leave credits and I am counting on this cash-in as part of my retirement planning.**

**Are you aware of anything like this happening?**

**YOU CAN REST EASY...**your sick leave credits are secure.

What HSA is exploring is alternate forms of sick leave protection that would provide better coverage for those not so fortunate to have a large accumulated sick leave bank like yourself. There are various forms of sick leave coverage that are based more on an insurance model rather than individual accumulations of sick leave credits. Short Term Illness and Injury Plans (STIIP) are fairly common and are based on the pooling of risk; similar to public auto insurance.

Under a STIIP arrangement, everyone would be covered for illness or injury regardless of their length of service. Under the current sick leave system, it can take many years to accumulate enough sick leave credits to bridge a member to Long Term Disability (LTD) benefits.

Too often, members with a recurring health condition can find themselves with no income and can be weeks or months away from qualifying for LTD ben-

efits. It only takes one major illness to draw down on a sick leave bank. A second illness can exhaust the bank altogether.

Some employees have been forced to apply for welfare or Employment Insurance benefits to bridge the gap. Financial insecurity is not a welcome development when one is already battling a significant illness or injury.

**HSA IS EXPLORING ALTERNATE FORMS OF SICK LEAVE PROTECTION THAT WOULD PROVIDE BETTER COVERAGE FOR THOSE WITHOUT A LOT OF SICK LEAVE BANKED.**

Our current sick leave accrual system just doesn't work for everyone; albeit, for those fortunate to stay healthy, there is a considerable cash-in benefit on retirement.

If HSA were to negotiate changes to our current sick leave benefits, we would insist that existing banks would be protected. We wouldn't recommend changes to the sick leave provisions unless existing banks were recognized for the purposes of retirement planning; or for top-up of any losses incurred in moving to a new sick leave system. **R**

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



YOUTH CARE COUNSELLOR CURTIS HINES  
HELPS MENTALLY ILL KIDS – BUT RECENT CUTS  
ARE MAKING IT HARDER

## Bringing hope to shadows

BY LAURA BUSHEIKIN

**ASK YOUTH CARE COUNSELLOR CURTIS HINES** what the best part of his job is and he can answer in one word: “Hope,” he says.

Hines counsels mentally ill youth who are in adolescent psychiatric wards, and provides support for their families. Witnessing young people caught in the suffering of mental illness is not always easy, but what counts, says Hines, is that he can help.

“Lots of times these kids feel hopeless, for instance if they’ve been depressed for a long time, but as they start to feel better they gain some

hope,” he says.

Families, too, can lose hope, especially when they learn their child’s illness is likely to be a life-long condition. Hines’ job is to educate them, letting them know that there are effective ways to manage the illness so that their son or daughter can lead a rewarding, functional life. This information can be deeply meaningful to parents.

“I think the most powerful thing I can do is to give people hope,” he says.

At Abbotsford Regional Hospital, where Hines worked until recently, the goal was to keep adolescents no longer than two weeks in the adolescent unit. “We want to get them back into the community; we really don’t want to be institutionalizing our youth,” Hines explains. He says he often sees big improvements in his clients over the course of their stay.

“It’s so gratifying to see someone make significant changes,” he says.

So it’s all the more frustrating for Hines to have experienced funding cuts to adolescent psychiatry that recently cost him his job.

Hines had a full time position at Abbotsford Regional Hospital’s adolescent psychiatry unit until the program was closed down last November. He currently has a casual position at Surrey Memorial Hospital.

Hines is of course concerned about the change in his employment situation, but he is even more troubled about the program closure. Adolescents in need of in-patient psychiatric care are very much under-served in BC, he says.

“There are a lot of resources poured into adult services, but the lack of psychiatric services for adolescents is huge. There are only three adolescent psychiatric units in the province, while almost every hospital has adult psychiatric beds,” he says.

The closure of the adolescent unit at Abbotsford means youth needing care will ei-

PHOTO: DAVID BIEBER



ther be left in the community or put into the adult unit, which is not the most effective or safe place for them, Hines explains.

“You need to treat them differently according to their age and stage of development. That’s why we have separate units. Also, young people are more vulnerable to many things, for instance, to other patients. And there’s a lot more teaching needed with adolescents,” he explains. Adolescent psychiatric units include a school component and also have a higher staff-to-patient ratio than the adult units.

“I think in BC we’ve lost our focus when it comes to how we allocate resources and how we spend money,” says Hines. “Things seem really skewed right now. For instance, the Olympics are an example of hundreds of millions being spent on something that will last two weeks. They’re spending \$980 million on Olympic security – this would run the Abbotsford adolescent unit for 1000 years,” he says.

Hines’ passion for helping young people, and his ardent support of the programs that do so, is based on personal experience: he is a former crack cocaine addict who successfully went through treatment.

“Having experienced both addiction and what it is to go through a program and be in recovery, it seemed like a natural fit to move into the mental health field,” he says.

While undergoing his drug addiction treatment, Hines realized he wanted to go to college.

“So when I left treatment I said no matter what I am going to go to school. Six months later I enrolled at Douglas College,” he says. Hines graduated with a diploma as a Community Social Service Worker and went on to work in drug addiction treatment. One job involved working with adolescents withdrawing from drugs and alcohol, and Hines found that he enjoyed working with youth. When he saw the posting for a position in adolescent psychiatry at Abbotsford,

he decided to apply.

The shift from the addictions field to mental health came easily, he says.

“Sixty per cent of people with addictions have an underlying mental health issue,” he explains.

One reason he finds his work so compelling, he says, is that he is helping one of the most vulnerable segments of society. Along with the pain and functional challenges of their illness, mentally ill people face daunting social stigmas.

“We hear a lot about people who are mentally ill doing horrible things,” says Hines. “But we know from research that people with mental illness are far more likely to be victimized than to hurt someone.”

C u r r e n t l y, Hines is considering returning to school to a get a degree, in order to increase his employment opportunities. Although he is angry and disappointed about the closure of the Abbotsford unit, he still loves his work and has not lost sight of its value.

“I love working with the kids and families, and I see how I can make a difference.

“For instance, there was a young lady I saw in the Abbotsford Hospital; I think she was about 16 or 17. The diagnosis was bi-polar and when she came in she was very psychotic. She thought there were people watching her, she thought she was Britney Spears, she thought her high-school principal was getting her into porno...She was there about six weeks and by the end of the stay she had cleared completely. It was very gratifying to see that kind of recovery,” says Hines. **R**

“HAVING EXPERIENCED BOTH ADDICTION AND WHAT IT IS TO GO THROUGH A PROGRAM AND BE IN RECOVERY, IT SEEMED LIKE A NATURAL FIT TO MOVE INTO THE MENTAL HEALTH FIELD”



FLOW CYTOMETRIST DAVID KO IS PASSIONATE ABOUT SCIENCE AND MEDICINE

## Fighting cancer one cell at a time

BY LAURA BUSHEIKIN

**UP UNTIL HIS LAST YEAR OF UNIVERSITY,** David Ko didn't have a clue what flow cytometry was. Now, five years later, this highly specialized laboratory technique is what he does every day at work— and he couldn't be happier.

Ko works at the BC Cancer Agency where he provides flow cytometry services to researchers, aiding them in their quest to find a cure for cancer.

A Google search of 'flow cytometry' turns up dozens of definitions that would be incomprehensible to the vast majority of people, but Ko

seems able to sum it up in plain English:

"It is a technology that allows you to analyze individual cells one by one!" he says enthusiastically. "And you can detect molecules on the outside and inside of a cell too. So, you start with a pool of cells – for instance, from a blood or bone marrow sample – and you use high pressure hydrodynamics to push the material through a very small opening, so small the cells go through in single file."

As the cells file through the very small opening, different types of lasers are shone on them. The reflected light helps single out particularly interesting cells and provides an array of useful information about them. Optical filters also come into play; and computers, which analyze the incoming data, are an essential part of the process.

"When I first heard about this technology I said, 'That sounds like magic!'" Ko says.

Magical it may be, but primarily, it is science. Ko's work is immensely useful to the researchers at the BC Cancer Agency. For instance, he explains, many researchers study healthy stem cells, because if they can figure out how a healthy cell works, they stand a better chance of stopping cancerous cells. In particular, if they can find out what 'turns on the switch' for the healthy stem cell to replicate, they can hopefully figure out how to 'turn off the switch' that makes cancer cells proliferate. Flow cytometry, says Ko, is the only lab technology that can literally sort out the stem cells from the other cells and then provide a means to learn more about them.

Ko studied molecular biology and biochemistry at Simon Fraser University. He had been interested in science and medicine since he was a young boy – perhaps because his father worked in first aid and shared many medical stories with him, says Ko.

Ko learned about flow cytometry at a lecture during his final year.

PHOTO: DR. MARK HILLS

“It sounded really tough, because it involved biology, engineering, and optics. I don’t think there’s a single person with a degree in each of those three fields,” says Ko.

After graduating he went to work for Amgen Incorporated, a major biotechnology company, where he worked with cloning and then tissue culturing. His natural curiosity about science led him into flow cytometry.

“I saw all these machines making all these noises and had no idea what they were. So I asked, and got the opportunity to help out in flow cytometry.” He soon discovered he had a knack for fixing the flow cytometry equipment. This is still a part of his job, one he enjoys as much as he does using the equipment.

When he first started working at the BC Cancer Agency two and a half years ago, he was thrilled at the wide range of equipment available. “They had four different types of instruments as opposed to the one I was working with previously.”

Ko enjoys being part of a dynamic team sharing a common focus – finding a cure for cancer.

“I’m working with 15 floors of researchers, doctors from VGH and Victoria, and people from the private sector. They’re all doing different things, so I get lots of exposure. I really have to thank my supervisor Gary de Jong; he’s given me lots of opportunity.

“The more I study molecular biology, the more I love it. There is so much you can do in cancer research. You can clone things, manipulate a cell so it keeps growing or stops growing... all these wonderful things. Doing this with good intention, you are actually doing a very good thing for the world.

“I know I am using lab skills to figure out cures for diseases, and that just makes my day. Even though I’m not a doctor or nurse in the front line of health care, I know that medical research is just as important as what goes on there,

and that makes me love my job even more,” Ko says.

Ko’s enthusiasm for his workplace extends to his union. In January 2010, he became an HSA Steward, even though just three or four months previously he didn’t really know what a steward was.

“How I became a steward is kind of a funny story,” he says. “Although I didn’t know such a thing as a union steward existed, I did know there was a union. A lot of my friends work in hospitals and I hear their stories about workplace conflicts and how unions help. I realized that some people don’t know their rights as a union member. I talked to a friend about this and she said, ‘Well then, why don’t you become a steward?’

“I asked her, ‘What’s that?’ So we went on the HSA website and I found out there was a training session two months down the road. I signed up.”

At the training, Ko realized he had reversed the normal order of such things – he’d gone straight to training before getting elected!

“Apparently I was the only person ever to have done this. But everyone was very happy because I wanted to help out,” he says.

Ko loved the training. “It was like studying conflict resolution. It taught me techniques for how to talk to people and how to set ground-rules before meetings and how to communicate better in a mature and professional way. What I learned helps me not only at work, but in everyday life.”

Not long after completing the training, he got elected as one of five stewards for his site.

“I’m happy to be here to educate fellow union members of their rights and benefits, and if there is a conflict I’d like to help resolve it,” says Ko. **R**

“WHEN I FIRST HEARD ABOUT THIS TECHNOLOGY I SAID, ‘THAT SOUNDS LIKE MAGIC!’”

# Are you eligible for nurses' Retiree Benefit Program?

## DEADLINES FOR APPLICATIONS IN MARCH AND MAY

**RETIRED HSA RPN'S** are getting a little extra help with their MSP premiums.

In December 2009, the Nurses' Bargaining Association Retiree Benefit Program began making payments to eligible retired members.

Fifty-six retired HSA RPN's were reimbursed for the Medical Service Plan premiums they paid through their pension plan between January and November 2009. Reimbursement payments will continue every six months so long as sufficient funds are available.

As a member of the Nurses' Bargaining Association, HSA helped negotiate the Retiree Benefit Program. The program is available to members who retire under the Nurses'

Bargaining Association collective agreement.

Applications are still being accepted and nurses are encouraged to apply as soon as they retire. Information and application materials are available on the HSA website under Pension and Retirement Information.

Applications must be sent in by pay date deadlines to receive reimbursement for the previous six-month period. The 2010 deadlines are:

- Municipal Pension Plan: May 19, 2010 for the pay date of June 4, 2010
- Public Service Pension Plan: March 5, 2010 for pay date of March 18, 2010 **R**

|  |   |  |                          |             |  |
|--|---|--|--------------------------|-------------|--|
| <p><b>MOVING?</b><br/>Your employer does not send us address changes. We depend on you to let us know.</p> <p><b>RETURN TO:</b><br/>Health Sciences Association of BC<br/>300 - 5118 Joyce St.<br/>Vancouver, BC<br/>V5R 4H1</p> <p><b>OR EMAIL:</b><br/>memberlist@hsabc.org</p>  | MEMBER # (AT TOP LEFT OF MAILING LABEL) |  | <b>CHANGE OF ADDRESS</b> |             |  |
|  | SURNAME                                 |  |                          |             |  |
|  | GIVEN NAMES                             |  |                          |             |  |
|  | FACILITY / WORKSITE(S)                  |  |                          |             |  |
|  | NEW HOME ADDRESS                        |  |                          |             |  |
|  | CITY                                    |  | PROVINCE                 | POSTAL CODE |  |
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| <p>HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at <a href="http://www.hsabc.org">www.hsabc.org</a>.</p> |   |  |                          |             |  |

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## Bargaining update

CONTINUED FROM PAGE 5

of Directors is concerned about a number of proposals and is recommending rejection of the tentative agreement (see details on page five).

Talks initiated by the Community Social Services Employer's Association aimed at reaching an early collective agreement broke off in late December.

HSA represents almost 800 members who work at agencies around the province covered by the CSS collective agreement. As *The Report* goes to press, talks are expected to resume shortly.

All eligible community social

services workers should consider enrolling (or not revoking their enrolment) in the Municipal Pension Plan. Casual and part-time employees may be eligible for the MPP. Information meetings on the pension are planned for the spring. In the meantime, please visit [pensions-bc.ca](http://pensions-bc.ca) for information about your entitlement.

The Health Science Professionals bargaining committee, elected at the HSPBA Bargaining Proposal Conference in November, is currently preparing for talks expected to begin before the current agreement expires on March 31.

For updates, please visit [hsabc.org](http://hsabc.org). **R**

## 2010 HSA Convention to be held April 15-17 in Vancouver

The next HSA Annual Convention will take place April 15-17, 2010 at the Fairmont Hotel Vancouver in Vancouver.

All HSA members are welcome to attend and speak at the convention. However, only delegates have the right to vote.

For chapters with 49 or fewer members, the HSA chief steward is the sole delegate. If the chief steward is not attending convention, an alternate should be identified. Chapters with more than 49 members are entitled to one additional delegate for each additional 50 members or portion thereof.

The exact date and time of your delegate selection meeting will be posted on your union notice board.

The deadline for delegates to register for convention is no later than Wednesday, March 10, at 5:00 p.m.

For the first time, on-line registration will be available for registration. Details on how to register on-line will be available at [hsabc.org](http://hsabc.org)

Fax registrations will also be available. Registrations may be faxed to the HSA office at 604.439.0976 or toll free at 1.800.663.6119, attention HSA Convention Registrar.

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## HSA negotiating consolidation

**OVER THE PAST FEW MONTHS**, health care employers in the Metro Vancouver region have been working to restructure systems that affect human resources, reporting, and budget structures. The consolidation project includes Vancouver Coastal Health, Fraser Health Authority, Providence Health Care and the Provincial Health Services Authority.

The project is in response to government's direction to health authorities to realize savings through administrative and other efficiencies.

Committees with union and management involvement are working to

negotiate the structures in five areas: pharmacy, diagnostic imaging, laboratory, biomedical engineering and health information.

HSA has committed dedicated resources to negotiate on behalf of members who may see significant changes in their employment relationships. A senior labour relations officer has been assigned to work on each committee, and is working to ensure HSA members' concerns and interests are well represented.

Members with information about consolidation plans at their worksite are encouraged to contact the HSA office. **R**

## Provincial government putting ideology before common sense

### THE PROVINCIAL GOVERNMENT IS STICKING TO THE SCRIPT.

According to them, the economic situation is forcing deep health care cuts. This is not the time, they tell us, for investments that will preserve or improve public health care.

But a lot of observers are asking tough questions about that script. Take a close look at the record and it's pretty clear the BC Liberals are running out of credibility when they talk about the economic situation.

Just a year ago, as they prepared for a provincial election that was looking too close to call, the BC Liberals assured the public that everything was just fine. The budget would be balanced, and would remain balanced for the years ahead.

That's not what their own economic advisors were saying. Economists from RBC Financial Group, CIBC World Markets, BC Central Credit Union and others warned the government that their forecasts were wildly optimistic.

Faced with a growing barage of evidence, they changed the script, slightly, by insisting they would run a very small deficit – exactly \$495 million – to protect health care.

Once the election was over, we started to learn the truth. The BC Liberals quickly boosted their deficit projection to \$2.8 billion, almost six times the rosy number they promised during the election. And instead of protecting health care, they started to cut almost immediately.

Now, just a year after running a “don't worry, be happy” election campaign, the provincial government is now exceptionally dire in their provincial economic forecasts. Suspiciously so. There's something very wrong with a government that veers from one extreme to another, ignoring economic bad news the one year and good news the next.



Headley

IT'S PRETTY CLEAR THE BC LIBERALS ARE RUNNING OUT OF CREDIBILITY WHEN THEY TALK ABOUT THE ECONOMIC SITUATION.

Much depends on context, of course. Last year it was an election to be won. This year it's contract negotiations.

While it may not be a surprise to see the BC government playing politics with the economic situation, it's sobering to consider the longer-term implications.

For the last several years, wage settlements in BC have lagged seriously behind those of our neighbours in Alberta and Saskatchewan. In 2008 the total first year increase for both private and public sector settlements in BC was 3.99 per cent. Compare that to 12.3 per cent in Alberta. The year before the total for BC was 2.57 per cent, and 12.8 per cent in Alberta. The year before that 2.19 per cent in BC and 9 per cent in Alberta.

Shortages in BC are bad now, but with every year the government is making it harder and harder to compete with these provinces. That means more costs to maintain the health care system, and higher costs down

the line when we inevitably try to catch up.

There's no question BC faces economic challenges right now, but we deserve a government that's honest about the economy and consistent in their approach. Instead, it looks like the government is best on putting their own short-term political and ideological goals ahead of the long-term economic health of our province. **R**

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



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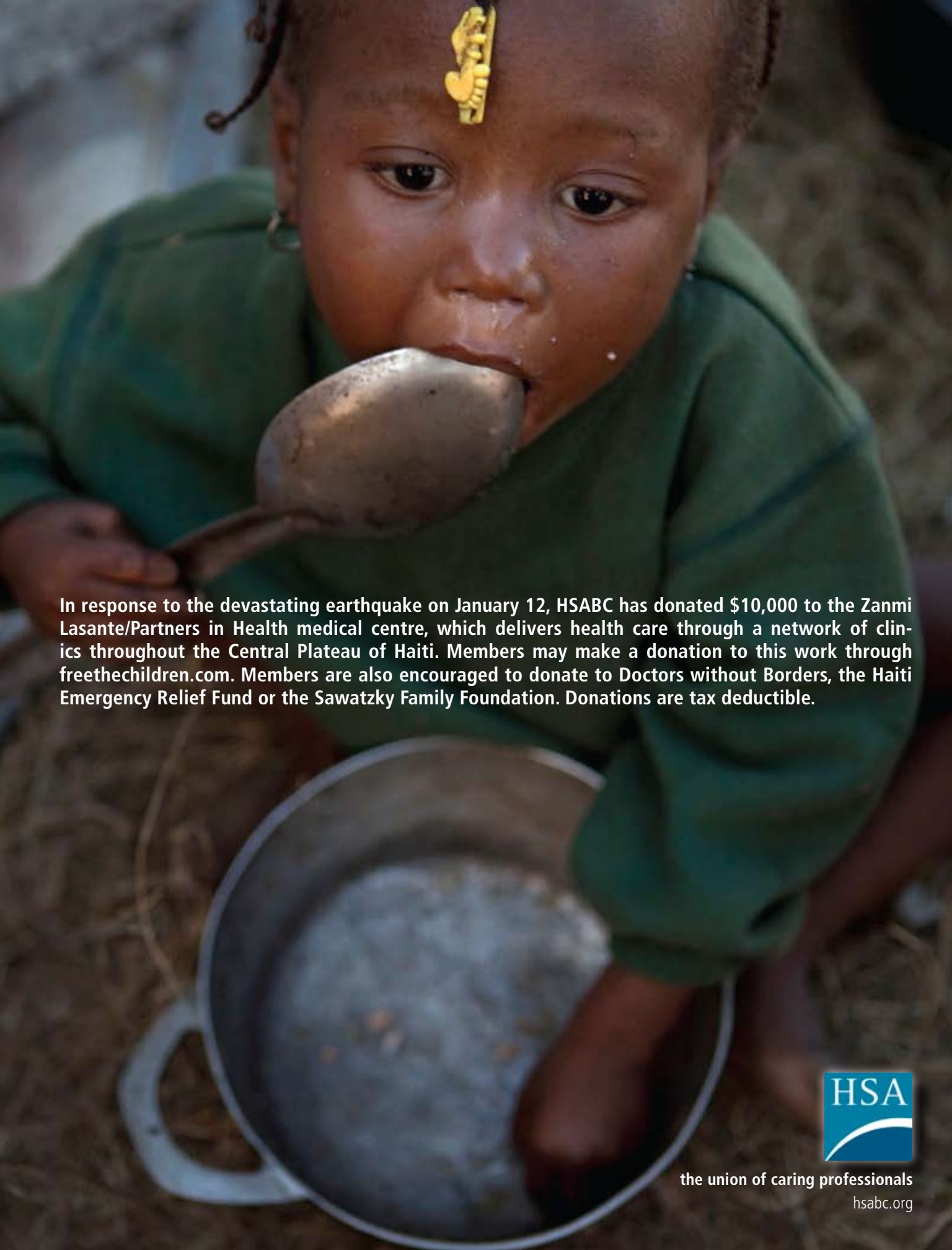
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(from left) Agnes Jackman, Bruce MacDonald, Janice Morrison, Heather Sapergia, Rachel Tutte, Joan Magee, Suzanne Bennett, Marg Beddis, Val Avery, Reid Johnson. (inset) Kimball Finigan.



KIM STALLKNECHT PHOTO



In response to the devastating earthquake on January 12, HSABC has donated \$10,000 to the Zanmi Lasante/Partners in Health medical centre, which delivers health care through a network of clinics throughout the Central Plateau of Haiti. Members may make a donation to this work through [freethechildren.com](http://freethechildren.com). Members are also encouraged to donate to Doctors without Borders, the Haiti Emergency Relief Fund or the Sawatzky Family Foundation. Donations are tax deductible.



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