

THE Report



PROVINCIAL BUDGET 2010

British Columbians should brace themselves for another round of health care cuts affecting services around the province.

Budget announcements a lesson in irony

THE PROVINCIAL GOVERNMENT has settled on a disturbingly ironic tone in recent announcements.

It began a few months ago, on December 1, which marks World AIDS Day. While local and national governments around the world recognized this date by reaffirming their commitment to continue the fight against HIV and AIDS, BC's government chose this very day to announce plans to do exactly the opposite by cutting funds to community based HIV and AIDS organizations including AIDS Vancouver.

Then, in early March, as the world trained its attention on the Paralympic Games about to begin in our province, the BC government unveiled a provincial budget that makes life harder for the disabled.

Starting April 1, the Ministry of Housing and Social Development will no longer pay for off-the-shelf orthotics, leaving people stuck in wheelchairs or waiting for costly customized orthotic devices. The same date marks the end of a \$75 monthly shelter allowance for people with disabilities, between the ages of 60 and 64, who don't pay rent. That leaves these individuals with just \$531 a month to live on, a 12-per-cent cut in income for someone already facing incredible hardship.

But it's not just the disabled being singled out for this shameful treatment.

A BC government news release announced plans to cut services for the province's poorest and sickest citizens. The headline on the release: "Province protects services for low-income clients". It's not too much of a stretch to call this Orwellian.

Among the changes announced: people with AIDS and other serious illnesses will now find it harder to qualify for the Monthly Nutritional Supplement which helps them buy vitamins, special meals and the healthy foods that are so often more costly than fast food.

The government will no longer pay for the glucometers that low-income diabetics need to manage their



Johnson

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condition, putting them at risk of serious medical complications requiring costly care.

Basic dental care for people on assistance will now be paid for just once a year, not twice.

And the government will no longer cover the cost of contraception for women who cannot afford birth control or use it for medical reasons.

As Paul Willcocks wrote in the *Victoria Times-Colonist*, "What can be dumber than measures that increase illness, abortions and unwanted pregnancies?"

Indeed, every one of these announcements is about saving money. And yet each one will have exactly the opposite effect: higher health care costs that could have been prevented with inexpensive and established services. No wonder Provincial Health Officer Dr. Perry Kendall doubts the government bothered to do a

cost-benefit analysis of these announcements.

Here's the final irony: the government expects these petty and short-sighted cuts to save \$25 million over the next two years. That's exactly how much the government spends each year to run the Public Affairs Bureau, the team of public relations experts who came up these very announcements. **R**

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

“When government singles out groups of individuals – by cutting services they depend on, raising fees inequitably, and unfairly shifting taxes – it diminishes all of us. It doesn’t bring us together. It divides us.”

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THE FRONT COVER

Premier Gordon Campbell and Finance Minister Colin Hansen slip off the stage after delivering a budget filled with bad news and lacking a vision for British Columbia.

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HSA President Reid Johnson speaks with media in Victoria following release of the provincial budget.

No-news budget bad news for health care

IN SPITE OF A BUDGET SPEECH that boasts a commitment to health care, British Columbians should brace themselves for another round of cuts to health care services around the province, Reid Johnson, President of the Health Sciences Association of BC said in response to the provincial budget released March 2.

“With a status quo budget for health care, we know that health authorities

will be forced to continue to cut services as they have been doing the past year,” Johnson said.

For the past several months, health authorities around the province have been cutting services in order to balance budgets. For example, the Fraser Health Authority, where CEO Nigel Murray didn’t want to “waste a good recession,” MRIs were cut, elective surgeries were reduced, beds were closed,

and parking fees were increased. They also cut programs, including youth psychiatric services, and funding for a variety of community programs delivering services throughout the region.

“Across the province, the story is the same,” said Johnson. “It’s clear that the impact on patients is severe. Seniors, the mentally ill, and those with addictions issues are hardest hit, but with dramatic MRI reductions and some

10,000 elective surgeries cancelled, everyone is feeling the impact.”

Johnson said the cuts appear to sacrifice long-term cost control in favour of temporary, short-term gains, undermining government claims to fiscal responsibility.

Johnson also said he is disappointed the budget doesn't provide for a strategy to address the long term and increasingly urgent crisis of shortages in the modern health care team.

“Health care is built on a team that delivers the outstanding service British Columbians rely on. Shortages in critical areas need to be addressed. Without a complete health care team, the long-term consequences of delayed diagnosis, treatment and rehabilitation will only get worse.”

In Ottawa, James Clancy, president of the National Union of Public and General Employees (NUPGE) expressed concern about the federal budget, unveiled March 5. Clancy noted the budget fails to provide the types of investments needed to create jobs and help families.

“Canadians need and want the government to make a bigger commitment to job creation, better support for the unemployed and enhanced retirement security for seniors,” said Clancy. “But this budget just doesn't go far enough in addressing these issues.”

Clancy noted that Canada is facing its worst job crisis in a generation. The jobless rate remains stubbornly high – it was 8.3% in January – with more than 1.5 million Canadians out of work. **R**

HSP bargaining begins



The Health Science Professionals Bargaining Association committee members.

TALKS GOT UNDERWAY March 17 for a new collective agreement for health science professionals.

Reid Johnson, HSA President, said the bargaining committee's mandate is to achieve a collective agreement that protects quality health care and values the work of health science professionals.

“We see this round of bargaining as an opportunity for a thoughtful process that will strengthen the system in a way that makes a real difference in the delivery of the specialized skills patients depend on, and that health science professionals bring to the modern health care team,” Johnson said.

Maureen Headley, HSPBA's chief negotiator, tabled a list of bargaining objectives.

“We know our members like their jobs. They want to feel good about their jobs. They want to know they are working in a system that values quality patient care,

and that values the people we all depend on to deliver the diagnosis, treatment, and rehabilitation patients need. Our members also need assurances they will have the resources they need to be successful at their jobs,” she added.

“Our members know there is a real connection between ensuring quality health care and having a voice to ensure we are talking to the right people so we can fix the problems,” she said.

She said the objectives outlined in the union's opening proposal set the tone for a positive and productive bargaining agenda aimed at delivering improvements to the health care system to benefit patients and their families, the members of the modern health care team responsible for their health, and employers working towards a mandate of improved quality of care and smooth delivery of services.

HSA encourages enrolment in Municipal Pension Plan

COMMUNITY SOCIAL SERVICES MEMBERS URGED TO MAKE INFORMED CHOICE

BY YUKIE KURAHASHI

IN 2006, community social services workers represented by HSA finally won access to the Municipal Pension Plan effective this year. HSA strongly recommends all eligible employees enrol starting April 1.

Your employer determines your eligibility, and will send you information if you qualify. You then have 90 days to decide whether you want to enrol.

Do you think you're too young or too old to enrol? Do you have questions about the monthly contribution? Or are you considering a career change in the future? Enrolling in the Municipal Pension Plan is still the best choice for your future.

Let's take a look at the most common concerns:

I can't afford the monthly contribution. I need the money now.

The cost is about seven cents per dollar you earn (6.99% to be exact). The deduction is an investment in your future; it helps to secure your future. By contributing now, your pension will grow larger. You'll have more money in your pocket each month after you retire. You can't afford to not participate. The value you receive from the MPP is far greater than the contribution you'll be making.

I'm too young to join a pension plan.

The earlier you start contributing, the more pension income you'll receive each month after you retire. The difference between starting now and joining the pension ten years from now could mean hundreds of dollars more in your pocket every month after you retire. Your government pension plans (CPP and OAS) may not be enough to live on. You're never too young to start contributing.

I'm just a few years away from retirement.

It's never too late to contribute to the pension plan. It's a valuable asset, even if your pension is based only on a few years of service. After two years of contributions, you are 'vested'. That means the money is locked in and you're guaranteed a paycheque for life after you retire. Membership in the MPP also means you'll have access to reasonably priced health care premiums.

What happens if I leave my job?

The money you contribute to the MPP is yours. If you leave your employer after you're vested, you'll have the option of leaving the money in the MPP and drawing your pension at a later date, or moving it to a locked-

in retirement account (LIRA). Also, it may be portable, meaning you can move your pension to your new employer's pension plan.

When do I have to make the decision to enrol?

Your employer will determine your eligibility. If you have income from more than one employer, you should make sure your employer(s) knows the source and amount of income. Eligible employees will receive information from their employer. You will then have 90 days to decide whether to enrol. If you're eligible and you want to enrol you can do so as of April 1, 2010. If you're not eligible to enrol, familiarize yourself with the eligibility provisions to find out why.

SPECIAL PENSION LEAFLET FOR COMMUNITY SOCIAL SERVICES WORKERS

Unions representing members in the community social services sector have developed a short "Frequently Asked Questions" leaflet to answer these and other questions. The leaflet – developed with the input of workers in your sector – is available for download from HSA's website at hsabc.org. The leaflet provides expert answers about the benefits of enrolling in the Municipal Pension Plan.

HEALTH SERVICES AND SUPPORT (COMMUNITY SUBSECTOR)

Bargaining association votes to accept tentative agreement

The bargaining association representing community health service and support workers has voted in favour of a contract reached between the bargaining association's lead union, BCGEU, and the provincial government in December 2009.

In February, HSA members within this bargaining association voted 91 per cent in favour of rejecting the tentative agreement. However, the BCGEU announced in early March that the bargaining association as a whole voted in favour of the contract. The tallied results indicate 76 per cent of union members represented by the bargaining association voted in favour.

HSA President Reid Johnson said HSA members had good reason to reject the contract, including a proposal to gut Long Term

Disability coverage.

"Members at workplace meetings spoke out passionately against the proposed erosion to their LTD coverage," he said. "Eliminating coverage to colleagues with pre-existing

for our members; HSA members in this sector will now be covered by a contract that they voted against," he said.

"Our members' decision to vote against this contract was princi-

HSA MEMBERS' DECISION TO VOTE AGAINST THIS CONTRACT WAS PRINCIPLED. THE UNION WILL CONTINUE TO ENFORCE THE PROTECTIONS AND BENEFITS THAT MEMBERS STILL HAVE.

conditions was a deal-breaker for our members. The agreement also didn't offer wage increases, and raised the extended health deductible by \$75 per year, in exchange for a weekend shift premium – for a group who typically don't work weekends."

"The final vote is disappointing

pled. Although the new agreement erodes some hard-won rights, HSA will continue to enforce the protections and benefits that our members still have. HSA's stewards and labour relations experts will continue working to ensure members enjoy the best possible working conditions."

IN YOUR COMMUNITY: SPECIAL PENSION INFORMATION MEETINGS

Throughout March, HSA held joint information meetings in communities across BC for members wanting to learn more about enrolling in the

Municipal Pension Plan.

A secure public pension – such as the Municipal Pension Plan – is the gold standard to which other Canadians aspire. Community social services workers have fought for decades for access to this pension; HSA

strongly encourages you to enrol.

To keep up to date on developments, log onto HSA's website with your member ID number (on your mailing label of *The Report* magazine) and sign up to receive updates. **R**

Federal pension reform urgently needed

BY CAROLE RIVIERE

MORE THAN A THIRD of Canadian seniors receiving public pensions live on less than \$11,000 a year: well below the poverty line.

HSA member Brigid Kemp has first-hand knowledge about the hardship represented by this number and the urgent need for pension reform. She has worked for several years with the South Okanagan Women in Need Society (SOWINS). Most of her work has been with senior women over age 50 who have been in abusive relationships.

“Of the clients I’ve worked with who worked for any length of time in the paid workforce, the vast majority worked for low wages, and without a workplace pension plan of any sort,” said Kemp. Some are

entitled to partial CPP benefits, but many of the oldest worked as young women at a time when there was no CPP coverage, or worked in jobs that weren’t covered by CPP.”

Kemp, who has served for several years as President of the South Okanagan Boundary Labour Council, is hopeful that a pension reform plan developed by the Canadian Labour Congress and supported by NUPGE, will help women like her clients, and the millions of other Canadians facing retirement without adequate income.

The CLC proposal has three components:

- increase the Guaranteed Income Supplement (GIS);
- double Canada Pension Plan (CPP) benefits; and

- establish a national program to insure workplace pensions.

The Guaranteed Income Supplement (GIS) is the component of Old Age Security (OAS) paid by the federal government to seniors with the lowest income. Investing an additional \$682 million per year into this program would be enough to immediately lift out of poverty all 1.6 million Canadian seniors currently living under less than \$11,000 per year – including Kemp’s clients.

Gradually increasing the CPP premiums paid by workers and employers from 4.95 per cent of salary to 7.0 per cent would double the CPP benefits that retirees receive, increasing the current maximum of \$820 to \$1,635 per month. This would be a huge improvement for the 61 per cent of Canadian workers without a workplace pension.

Young workers, who are even less likely than older generations to have a workplace pension plan, will arguably benefit most from improving this secure, fully-funded, inflation-protected and completely portable national pension plan.

Establishing a national program to insure workplace pensions would protect the pensions of workers whose employers go bankrupt. This

Retirement income by the numbers

- 61.5 per cent of Canadian workers (11 million people) have no workplace pension
- Only 31 per cent of all Canadians hold any RRSPs
- 35 per cent of seniors receiving public pensions (1.6 million seniors) live on less than \$11,000 per year
- One third of Canadian workers aged 24-64 have no personal retirement savings at all
- \$60,000 is the average amount held in RRSPs for Canadian workers aged 55-64, enough to buy an annuity of \$250 per month

HSA celebrates Community Social Services Month

March is Community Social Services Month in BC. To celebrate, unions representing workers in the community social services sector developed a poster, leaflet, and website to highlight the importance of the wide spectrum of crucial services provided by our members. These include services for women, youths at risk, infants and children, as well as advocacy, rehabilitation, support and counselling services for the community. The website can be viewed at www.communitysocialservicesmatter.ca.

“HSA members know that community social services are critical

to supporting some of the most vulnerable people in BC,” said HSA President Reid Johnson. “But in addition to their intrinsic value, community social services also help to prevent rising acute health costs. For example, a child with autism who is diagnosed early and who receives adequate support and behavioural intervention has an excellent chance at a happy life, contributing to society. The provincial government’s recent cuts to these and other services are short-sighted, and will end up costing the province in the long run.”

Throughout March, celebratory posters and leaflets were made available to chief stewards and distributed in communities to raise awareness of the importance of this work. Community social services workers have distributed posters at community locations such as libraries, community centres, co-ops, and community bulletin boards.

Walk for Community Social Services in Victoria

As in past years, HSA members on Vancouver Island gathered March 27 at Centennial Square in Victoria to participate in the annual “Walk for Community Social Services”.

type of insurance could be funded by charging workers covered by workplace plans a mere \$2.50 per year – less than the cost of a cup of coffee.

Most HSA members are covered by BC’s Municipal Pension Plan (MPP), a defined benefit pension plan that can provide enough for a comfortable retirement. MPP coverage for members in community social services will be available effective April 1, 2010, but eligible members must choose whether or not they want to join the plan (see related article on page 6).

As a member from the community social services sector who has recently retired, Kemp strongly encourages members to enroll in the plan.

“It can make a huge difference to your retirement,” says Kemp. “Having reviewed all the pension information from the CLC, and having worked with so many women with inadequate retirement income, I really understand how valuable a good workplace pension plan can be.”

MORE INFORMATION

CLC’s pension reform plan: www.canadianlabour.ca/action-center/retirement-security-for-everyone **R**



Poster developed for Community Social Services Month



www.betterbc.ca

Build a Better BC!

Rally
to stop
the cuts
April 10

SPONSORED BY
THE COALITION TO
**Build a
Better BC!**

NOON
VANCOUVER ART
GALLERY NORTH SIDE

Together against the cuts

WITH THE SUPPORT OF THE BC FEDERATION OF LABOUR, THE COALITION TO BUILD A BETTER BC AIMS TO BRING UNDER ONE BIG TENT A BROAD RANGE OF COMMUNITY AND ADVOCACY GROUPS AFFECTED BY PROVINCIAL BUDGET CUTS. IT BEGINS ON APRIL 10.

THE STRENGTH OF BRITISH COLUMBIA IS OUR PEOPLE. We each contribute in unique and different ways, through our talents, ideas and hard work to build a better BC.

Building communities where every woman, man and child is treated with fairness and dignity, and respect is a shared responsibility.

When government singles out groups of individuals – by cutting services they depend on, raising fees inequitably, and unfairly shifting taxes – it diminishes all of us. It doesn't bring us together. It divides us.

The purpose of the Coalition to Build a Better BC is to bring us together.

The public, community and cultural services that we have built together over the years contribute greatly to a

vibrant and diverse BC. They help to ensure that every British Columbian can participate and share in a quality of life that is recognized around the world.

Public, community and cultural services are essential cornerstones of a civil society. They are a critical component of our economic well-being, especially in difficult economic times. A strong public sector to support, build and regulate the private sector is vital to the social, environmental and economic health of the province.

Due to drastic funding cuts, chronic underfunding and misaligned political priorities many of these services are at risk of disappearing, and putting our way of life and the environment at risk.

Many of the cuts affect the most vulnerable people in our communities, particularly women, children, isolated seniors, and those with the lowest incomes. It is unacceptable for government to take more from those who have the least, in order to give more to those who have the most.

The Coalition to Build a Better BC calls on the provincial government to:

- Immediately stop eliminating public and community services;
- Fulfill their legislative responsibility to provide adequate, fair and consistent funding to support public services and community groups; and
- Work in substantive consultation with groups and individuals to build public and community services that give every individual the democratic opportunity to participate in building a better BC.

Groups participating in the Coalition to Build a Better BC include a wide spectrum of community, arts, and service organizations, including: social action and advocacy, community services, health services, immigrant services, women's services, student organizations, progressive faith groups, environmental groups, First Nations advocacy, private and public sector unions. **R**

PUBLIC, COMMUNITY AND CULTURAL SERVICES ARE ESSENTIAL CORNERSTONES OF A CIVIL SOCIETY. THEY ARE A CRITICAL COMPONENT OF OUR ECONOMIC WELL-BEING, ESPECIALLY IN DIFFICULT ECONOMIC TIMES.

COALITION MEMBERS

Alliance for Arts and Culture
BC Association of Social Workers
BC/Yukon Association of Drug War Survivors
BC Government and Service Employees' Union
BC Federation of Labour
BC Federation of Retired Union Members
BC Health Coalition
BC Persons with AIDS Society
BC Retired Teachers Association
BC Teachers Federation
Canadian Federation of Students
Coalition of Child Care Advocates of BC
Check Your Head
Council of Senior Citizens Organizations
CUPE BC
Federation of Post Secondary Educators
First Call
Health Sciences Association
Hospital Employees Union
International Association of Machinists and Aerospace Workers, Northwest District 250
Positive Women's Network
Positive Living Fraser Valley
Seniors on Guard for Medicare
South Fraser Community Services Society
Wilderness Committee
Union of BC Indian Chiefs
Vancouver Rape Relief and Women's Shelter

The cuts ... so far

IT'S BEEN ALMOST A YEAR SINCE
THE BC GOVERNMENT WON AN
ELECTION PROMISING TO
PROTECT HEALTH CARE.

INSTEAD, THEY MADE
\$360 MILLION IN CUTS.

HERE ARE JUST SOME OF THE CUTS
ANNOUNCED TO DATE, AND THERE
IS STILL MORE TO COME.

**For updates and the latest
information on cuts, visit hsabc.org**

MENTAL HEALTH AND ADDICTIONS

- cut funding for Atlas Youth Supported Recovery in Terrace, the only residential recovery centre for youth in BC's Northwest
- 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 social work budget in Fraser Health region hospitals, resulting in loss of 14 positions
- closing adolescent psychiatric unit at Abbotsford Hospital
- cut funding for 11 residential care beds at Bear Creek Lodge and 11 residential care beds at Newton Regency in Surrey
- eliminating the only recreation therapist in an eating disorders clinic
- cut funding for Burnaby Family Life, a program for adult survivors of sexual abuse
- cut mental health and addictions services at Capital Mental Health Association in the Victoria area
- cut half the staff hours at Gaumont Resident in Kamloops, specializing in treating mental health and addictions
- closed Waddell's Haven Guest Home in Mission, a residential mental health facility also providing addictions services
- closed the only withdrawal management program in the Fraser Valley, at Chilliwack General Hospital
- eliminated psychology services for adult rehabilitation at Royal Inland Hospital
- elimination of music therapy, other staff cuts including dietitian, social worker, counselor, recreation therapist at Burnaby Centre for Mental Health and Addictions
- closed outpatient psychiatry programs at UBC Hospital: anxiety disorder clinic and integrated personality program
- closing the psychiatric ward – Eric Martin Pavilion – in Victoria

SENIORS' AND RESIDENTIAL CARE

- cut funding for North Shore Keep Well Society, which helps keep 500 seniors healthy, and Seniors' One Stop, which gets 5000 calls yearly
- closed a 36-bed geriatric assessment and rehabilitation unit at Victoria General Hospital
- closed 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
- closed 42 residential care beds at Peace Arch Hospital
- closed Pouce Coupe Care Home
- closing Oak Bay Lodge and Mount Tolmie Hospital in the Victoria area

SERVICES FOR CHILDREN AND INFANTS WITH SPECIAL NEEDS

- cut funding to help young children access Early Intensive Behaviour Intervention autism program at Queen Alexandra Centre for Children
- eliminated key staff for Infant Development Program, Aboriginal Development Program and Supported Child Development Program, leaving parents with special needs kids with less support
- closure of Melissa Park Lodge in Port Coquitlam, a mental health residential facility and child development centre specializing in mental health and addictions services for children and youth
- cut autism intervention services in the Okanagan

SURGERIES, DIAGNOSTIC AND REHABILITATION SERVICES

- cancelled 328 knee and hip operations for people living in the Interior
- cut 760 elective surgeries and 3000 MRIs on Vancouver Island
- cut almost 10,000 MRIs – and possibly cutting 6000 surgeries and closing 25 per cent of operating rooms – in the Vancouver health region
- cancelled 35 per cent of elective surgeries in the Fraser Health Authority during the Olympic games, add-

ing up to an estimated 2000 surgeries; cancelled 450 surgeries in the Vancouver Coastal Health Authority during the same period, as well as implementing extended closures until March 2010, cancelling another 5800 cases

- eliminated speech language pathology services in Golden
- at Kelowna General Hospital, closed six rehab beds for joint surgeries; closed five hospice beds; closed five reactivation beds.
- concerns about inadequate sterilization of surgery equipment caused cancellation of surgeries at Royal Inland Hospital
- cut services for multiple sclerosis patients at UBC

COMMUNITY OUTREACH AND SUPPORT

- cut \$2 million from contracts with community agencies and non-profit societies delivering health services in the Victoria area
- cut crisis line services in the North Island
- closed the Chimo Achievement Centre, a therapeutic day program for adults with disabilities in Coquitlam and the TriCities area, promoting independence, preventing deterioration, and enhancing quality of life
- cuts to support services for people living with HIV/AIDS in both Vancouver and the Okanagan, with more severe cuts announced for the spring
- closure of a specialized food bank for people living with HIV/AIDS, stocked with nutritionally optimized items to support the dietary needs of immune compromised clients
- spiritual care eliminated across Fraser Health Authority
- reduced funding and introduced new charges for Meals on Wheels in Nanaimo
- cut employment and vocational support services for people with mental disabilities and other barriers to employment
- cut 50 per cent of public health dietitians
- cut speech language pathology services at Deaf Children's Society of BC **R**



MLAs Doug Routley (Nanaimo-North Cowichan, NDP), Leonard Krog (Nanaimo, NDP), Ron Cantelon (Parksville-Qualicum, Liberal) and Scott Fraser (Alberni-Pacific Rim, NDP) meet with constituency liaisons Vikki Tellier and Chris Semrick.

Taking your stories to Victoria

CONSTITUENCY LIAISONS HELP POLITICAL REPRESENTATIVES UNDERSTAND YOUR CONCERNS

BY CAROL RIVIERE

DO BC'S POLITICAL REPRESENTATIVES HAVE ANY IDEA who HSA is and what we do? Will they weigh our concerns in balance with those of many other groups who vie for the attention and support of the MLAs who craft the laws we all live by?

Thanks to a dedicated group of HSA volunteers, the answer is 'yes'.

HSA's Constituency Liaison program began as a pilot project back in 2003. Starting with just six participants, the program has grown to involve 55 members who meet with their MLAs to discuss issues affecting

our members' working conditions, and the services they provide. Liaisons are currently meeting with their MLAs to stress that the new health science professionals collective agreement must provide the improvements to wages, benefits and working conditions required to recruit and retain more of these professionals to work in BC's public health care system.

An important aspect of each Liaison's work is educating MLAs about the many professions HSA represents, and their critical roles on the health care team. Vikki Tellier, an HSA physiotherapist at Nanaimo Regional General Hospital, decided the best way to demonstrate this was to tour her MLA through the hospital, focus-

“IF THE GOVERNMENT KNOWS WHO WE ARE, THEN THERE’S A CHANCE OF US ACTUALLY BEING RECOGNIZED FOR OUR WORK.”

ing on areas where health science professionals work. As Tellier worked with hospital management and HSA members in various departments to organize the tour, it quickly expanded. Instead of a tour for just her own MLA, Doug Routley, it eventually involved all of the central Vancouver Island MLAs, including Scott Fraser, and the two MLAs whom HSA respiratory therapist Chris Semrick had been liaising with, Leonard Krog and Ron Cantelon.

The MLAs toured departments where HSA members work, and spoke to several members from a variety of disciplines. Tellier made sure the MLAs realized that many of the staff, whom the MLAs might assume were doctors or nurses, were actually health science professionals.

“We popped up into ICU as a quick and easy way to show the team,” she said. “When you look into the Intensive Care Unit you think you’re looking at doctors and nurses, but then I pointed out that person is the respiratory therapist, and this person is the physiotherapist and this person is the pharmacist.”

The MLAs also gained a personal appreciation of some of the infectious organisms HSA members are exposed to in the workplace.

“When we went to the lab, the supervisor was showing them the petri dishes with bugs growing and explaining what MRSA is,” said Tellier. But when one of the technologists showed them a petri dish with actual MRSA growing on it, “They all took a step backwards,” laughs Tellier. “And as soon as we left that area and they found one of the hand wash stations, they were all washing their hands. The fact that we’re dealing with these bugs all the time was a surprise to them.”

Following the tour, the MLAs joined 40 HSA members for coffee and an hour-long informal question and



MRI technologist Walter Price talks about his work with Scott Fraser and Leonard Krog.

answer session. MLAs asked what our members are looking for in their new contract, and Tellier says members were quick to reply. “We want parity with the nurses. We don’t want to be ignored. The nurses can’t do their job without us. The doctors can’t do their job without us. We have trouble getting people here because we don’t train enough people. We try to get people in from Alberta, but our wages are less than in Alberta and other parts of the country. We’re losing staff to other locations, we’re having trouble with recruitment.”

Tellier is convinced of the value in HSA members meeting with their elected representatives.

“We tend to be invisible within the hospital,” said Tellier. “Everybody knows what a doctor and nurse is. The average person doesn’t know what a health science professional is, and the MLAs don’t know either. If the government knows who we are, then there’s a chance of us actually being recognized for our work.” **R**

How ethical are my pension plan investments?

GROWING FOCUS ON ETHICAL INVESTING BALANCED WITH FINANCIAL GAINS

BY DENNIS BLATCHFORD

I work in the community sector and soon will have an opportunity to join the Municipal Pension Plan (MPP). However, I am concerned about how my money will be invested. What assurances can you give me that my contributions won't in some way be harmful to other people or the environment?

Member contributions are invested through the British Columbia Investment Management Corporation (bcIMC); the investment arm for BC public sector pension plans of which the MPP is the largest. The MPP board of trustees sets the investment criteria by way of the Statement of Investment Policies and Procedures (SIIP). From that framework, bcIMC carries out an investment strategy to meet the primary goal of delivering on the pension promise obligated under the BC Public Sector Pensions Plans Act. The Act specifies that trustees must act in the best financial interests of Plan members; in order to meet current and future payment obligations.

So does the BC Public Sector Pensions Plans Act tie the hands of trustees?

Yes and no. The Act mandates that trustees have a strong fiduciary duty to act in the best financial interest of beneficiaries – but not at all cost. Investments in the tobacco or armaments industries may be very profitable, but it has been successfully argued that such investments can bring reputational harm to investors. On that basis, such investments are screened from the portfolio wherever possible.

That is why the Statement of Investment Policy and Procedures also guides bcIMC in ensuring our investment portfolio also takes into account important global issues like environmental compliance, maintaining high ethical standards, progressive labour relations practices, and prohibits doing business with companies linked to countries known for human rights abuses.

THE ACT MANDATES THAT TRUSTEES HAVE A STRONG FIDUCIARY DUTY TO ACT IN THE BEST FINANCIAL INTEREST OF BENEFICIARIES – BUT NOT AT ALL COST.

So, while trustees have a primary responsibility in meeting the financial test of the Act, the growing focus on ethical investing requires that trustees find a balance that fulfills a growing ethical test, while still meeting the financial obligations of the Plan. **R**

Dennis Blatchford is HSA's Pensions and Benefits Advocate and serves on the MPP Board of Trustees as HSA's appointee.

Do you have questions for HSA's pensions & benefits advocate? Contact Dennis Blatchford at dblatchford@hsabc.org



SHEILA KERR GIVES A LOT,
AND RECEIVES MUCH MORE IN RETURN

Helping people back from the edge

BY LAURA BUSHEIKIN

SHEILA KERR DIDN'T NEED the services of a career counsellor to choose her professional path. In fact, she never even had time to wonder what she wanted to be when she grew up. At the age of 14, her life experience led her to a volunteer position at the Living Positive Resource Centre in Kelowna, and she's been there ever since.

Four years ago, after seven years of consistent volunteer involvement, she took on a staff position as Prevention Outreach and Harm Reduction Coordinator. While she's just 25 years old, she says she's already one of the 'old timers' in the organization.

Kerr provides education around HIV and

Hepatitis B and C throughout the Okanagan Valley, work that takes her to diverse settings – treatment and detox centres, colleges and universities, seniors' facilities, homeless shelters, and more – to teach people about these diseases and motivate them to prevent them. Any given day could see her making a presentation to health care professionals in the morning about the realities of HIV and Hepatitis, and demonstrating correct condom use to sex trade workers in the afternoon.

Speaking to *The Report* in February, Kerr describes herself as 'very, very passionate and motivated' about her work, and she traces this passion right back to her street experiences in her early teens, and then as a volunteer with the Centre.

"I've known people who have lost their lives as a result of behaviours associated with their lifestyles, and many more who have contracted HIV or hepatitis C," she says. "It can be tough to see and tough to rationalise."

At that time, the Living Positive Resource Centre, then called the AIDS Resource Centre, provided an opportunity that changed the course of Kerr's life.

"They put a call out for young people interested in creating a youth theatre to educate others about HIV and AIDS. I loved acting and writing, so I got involved. A neat play came out of it, which became a video.

"I saw a huge amount of value in this and was compelled to keep involved," she says. Over the following years she took part in a rich variety of volunteer activities.

"I got trained to give educational workshops; I was involved with special events such as the AIDS walk; I did some inventory with brochures, volunteered on the Board of Directors, worked on the newsletter, threw a Battle of the Bands event as a fundraiser – basically, I did anything they asked of me," she says.

Although she certainly gave a lot, what stands

out for her is how much she received.

“I feel a great gratitude to this organization; it has contributed a lot to who I am. They gave me guidance; they gave me motivation; they gave me opportunity. The executive director became a father figure to me.”

Kerr feels fortunate to go to work each day for an organization that means so much to her. But what she loves most about her work is seeing that what she does actually makes a difference.

For instance, she says, there are times she encounters the same client more than once, for instance, in a detox centre. “Sometimes they say, ‘I went back to using but now I’m doing it safely. Everything you said stayed with me and your words echoed in my brain.’ It gives me such a great feeling to know I’ve helped motivate them to make changes to stay safe, even if their behavior is reckless.”

Although Kerr is able to celebrate such a moment as evidence that her work is saving lives – and saving our health care system money – not everyone sees it that way.

“The biggest challenge in my work comes from some of the attitudes in the community,” she says. “There are a lot of negative attitudes toward harm reduction as a whole. It’s really sad, because these illnesses already target those who are so marginalized. It’s easy to ignore or condemn those who are affected.”

The other huge challenge in Kerr’s field comes from funding challenges forcing changes this spring. “Yesterday was my first time as a part time worker. All the staff moved from full time to part time yesterday,” she says, with quiet outrage.

Already a tireless advocate for her clients, Kerr is also ready to advocate for her profession. She recently became steward and completed steward training in January.

She has already put what she learned to good use. Based on what she learned at her steward training, she realized that the tentative collective

agreement that is now in place for her workplace was eroding existing rights.

“The agreement cuts long term disability for anyone with pre-existing conditions. But in our workplace, we strongly encourage people with HIV to apply. It would be horrible to not give them what others have access to. It also would apply for people who have chronic conditions such as asthma or heart conditions.

“Because I’m now more informed, thanks to my HSA training, I got staff together and organized an email campaign explaining to people what’s going on,” she says.

Activism comes as naturally to Kerr as her work does. Over the years, she has been involved in many community initiatives. She ran the gay youth group she founded in 2006,

Out With Friends, and sat on the board of Caia Connection, a grassroots organization that helps AIDS orphans in the Caia district of Mozambique. Currently, she is the Vice President of the Hepatitis C Council of BC; she is an active member of Pathways to Open Doors, a Kelowna project trying to create a 24-hour drop in centre for women involved in the sex trade; and she organises health-related events for the gay community in Kelowna.

“We really need to strive for a healthful community, and that includes people who are marginalized and pushed to the edges of society and would maybe not be thought of as community members. But we don’t really have a community unless we incorporate them as well,” Kerr says. **R**

“YESTERDAY WAS MY FIRST TIME AS A PART TIME WORKER. ALL THE STAFF MOVED FROM FULL TIME TO PART TIME YESTERDAY,” SHE SAYS, WITH QUIET OUTRAGE.

Workplace Violence Awareness 2010

FIVE YEARS AFTER DAVID BLAND'S DEATH, THE WORK TO PREVENT VIOLENCE CONTINUES

BY MARTY LOVICK

JANUARY 9, 2010 marked five years since the death of HSA member David Bland, a 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 health care and social services. Along with other recent incidents of violence at work 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 where HSA members work. HSA's position is that WorkSafeBC must scrutinize more carefully those employers who are not in compliance with the violence regulations which are needed to minimize risk of injury. HSA will continue to demand that WorkSafeBC hold employers accountable through intensive advocacy.

Throughout the coming year HSA will highlight this ongoing concern by making presentations and raising the profile of this issue at selected events:

- The presentation of the David Bland Award at the 2010 HSA Convention will recognize the advocacy efforts of the 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.
- We will work to ensure that violence awareness form part of any worksite 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.

It is HSA's wish to begin the year 2011 with a safer work force by making these efforts in 2010. If you would like more information on how you can make a difference in your workplace, contact Marty Lovick, Senior Labour Relations Officer – OHS at the HSA office at 604.439.0994 or 1.800.663.2017 or at mlovick@hsabc.org. 

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. 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).

CURRENT DISPUTES

For more information and updates, please check the BC Federation of Labour web site at www.bcfed.com.

Canadian Office Professional Employees Union (COPE) Local 378 - VS - Hertz Car Rental (Vancouver International Airport)

Major Issues:
Job Security, wages
Commenced:
Feb 2, 2010

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

MOVING?

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

RETURN TO:

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

OR EMAIL:

memberlist@hsabc.org

MEMBER # (AT TOP LEFT OF MAILING LABEL)

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GIVEN NAMES

FACILITY / WORKSITE(S)

NEW HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TEL. ()

WORK TEL. & LOCAL ()

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



HSA President Reid Johnson speaks to 140 members who gathered at Vancouver General Hospital February 26.

HSA President meeting members across BC

PRIOR TO THE START of bargaining in March, HSA President Reid Johnson hosted a number of member meetings across BC last fall and earlier this year.

“Everyone is curious and concerned about bargaining, and people also want to talk about local issues such as merged seniority and health consolidation,” said Johnson. “I want to be an effective representative for HSA members, no matter where they live or what they do. To

me, that means meeting as many as possible and taking time to find out what’s on their minds.”

Johnson added that the meetings are encouraging activism in the union; a meeting held at Vancouver General Hospital recently drew a large crowd and resulted in a significant increase in members elected to attend as delegates to convention.

Johnson noted that strong steward networks in many chapters have done a great job of mobilizing their

members to attend the meetings.

“The level of enthusiasm and engagement among members and stewards is the best I’ve ever seen,” said Johnson.

More meetings are planned for the coming months. If you’d like to find out more about the schedule, or if you’d like to suggest a meeting in your area, please contact your Chief Steward or call the HSA office at 604-439-0994 or toll-free 1-800-663-2017. **R**

Bargaining presents opportunity for thoughtful process

ON MARCH 18, THE NEGOTIATING TEAM for the Health Sciences Professional Bargaining Association, which represents the majority of HSA members, sat down to begin bargaining. Your representatives have put forward a constructive and reasonable proposal that will deliver real improvements to your workplace and the health care system as a whole. We're off to a good start, but this settlement will take some time.

That's a good thing. Let me tell you why.

In the last several rounds of bargaining, the provincial government set a tight deadline. As a result, a lot of important problems were left unresolved.

This time, the government has not set a deadline, so we now have the opportunity for a thoughtful process. This is our chance to deal with the legacy of these historic issues. The end result will be a stronger system and more support for the specialized skills HSA members bring to the modern health care team.

Here's what we're setting out to achieve:

Deliver quality health care through ongoing joint initiatives that recognize the value of health science professionals in health care delivery and that involve and include health science professionals in health care changes.

Achieve fair wage increases that recognize the value of health science professionals and are consistent with increases for members of the modern health care team in BC and across the country.

Modernize the classification system by developing a unified, transparent, rationalized wage schedule that is responsive to the current industry structure while protecting integral features.

Address recruitment and retention problems with initiatives that attract people to health science professional disciplines and attract trained health science profes-

Maureen Headley



Headley

IN THE LAST SEVERAL ROUNDS OF BARGAINING, THE PROVINCIAL GOVERNMENT SET A TIGHT DEADLINE. A LOT OF PROBLEMS WERE LEFT UNRESOLVED.

sionals to work in the BC public health sector.

Enhance quality of work life with initiatives related to workload, scheduling, education, leaves of absence, violence prevention, occupational health and safety, and other healthy workplace improvements.

Improve benefits by maximizing the value of the benefit package to meet the differing needs of the membership.

Develop a seamless and integrated sick leave and disability management scheme that supports early and productive return to work.

Develop job security and seniority initiatives that protect and enhance members' entitlements, particularly in response to consolidation or integration of service.

Improve administration of the collective agreement by clarifying existing provisions to ensure collective agreement language reflects existing entitlements, improved grievance processing, housekeeping changes to streamline the collective agreement, and other initiatives that make the collective agreement more efficient or allow better harmonization and coordination of existing benefits.

These are far-reaching and comprehensive objectives that will make a big difference. They'll be worth the wait. **R**

These are far-reaching and comprehensive objectives that will make a big difference. They'll be worth the wait. **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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(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

